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A Case Study of the European Welfare System Model in the Post-communist Countries—Poland

Abstract: The paper on European welfare regimes and policies presents common and shared features of the social development of the post-communist countries that are members of the EU today. This will provide a basis for an attempt to assess if there is a single regime for those countries that distinguishes them from the three classical (and later four) regimes of the Esping-Anderson classification, or if there is an affinity to one of those models *en bloc*, or if there is similarity to one of the regimes, but in a different way for each of the new EU members.

This attempt will be made primarily on the example of Poland, but with salient references to other countries in the group. The basis of the thoughts presented here is that of a project on Diversity and Commonality in European Social Policies: The Forging of a European Social Model (Golinowska, Hengstenberg, Żukowski 2009).

Considerations and analysis done in the paper lead into conclusions that social policy development in the new member states is characterized by a one social model distinguishing them differently than according to the Esping-Andersen classification, in spite of some differences in the outcome of the social policy being pursued. Similarities are mainly of an institutional character, resulting from both the similar past and the similar challenges connected with the systemic transformation towards the democratic system and market economy. In the future this specificity may fade and integration within the EU will cause a Europeanization of social policy of member states, but now this process is not sufficiently advanced.

Keywords: European Social Model; welfare state regimes; social policy; social dialog; social protection; transformation (transition from the central planned to the market economy); new member states of the EU.

Introduction

The classification of social systems, as realized by modern Western states and proposed by Esping-Andersen in 1990 and verified in 1999, has not only been widely accepted in the literature on the subject. Indeed, it has also been internalized in the political world, and used to pinpoint the differing thrusts of social policy in many countries.

Initially (1990), Esping-Andersen proposed a tripartite classification. He divided the Western countries into three groups, taking into account the significance of and relations between three main institutions (and hence, mechanisms) in the formation of social life, i.e., the state, the market, and the family. Thus, he laid out the following criteria:

- the share of state intervention in people's living conditions as a market-correcting component (decommodification)

- the existence and co-operation of private-public mix solutions
- the influence on social stratification
- the scale of new phenomena in the process of family-formation and the increasing role of the social services, i.e., the waning of the traditional family and its role (defamilization).

Taking into account these criteria he distinguished three models or social regimes:

- 1) the liberal regime characteristic for the USA and, with some reservations, the UK
- 2) the conservative welfare regime typical of continental Europe, archetypically of France and Germany
- 3) the social-democratic regime typical of the Scandinavian countries.

In 1999, after several years of debate on the adequacy of his classification system and on the many corrections proposed (Ferrera 1996, Leibfried and Pierson 1995), Esping-Andersen proposed a new classification, one that was also based on his research into the social policies of Italy and Spain. This new classification system included a separate regime for the Southern European countries. The features distinguishing this regime are as follows:

- gaps in the income maintenance system
- a highly 'corporatist' regime
- a low degree of state penetration of the welfare sphere
- the phenomenon of clientelism towards state institutions.

Moreover, what also distinguishes these countries is the National Health Services, which are financed from general taxes, not from contributions to health insurance, as is the case in other continental European countries.

A wealth of comparative research into particular areas of the social systems in Western countries confirmed the accuracy of the Esping-Andersen classification. At the same time however, a process of harmonization of social policy can be observed in the EU countries as a result of the new role of the European Union in this area (Lisbon Strategy and Social Agenda). This fact will certainly make the hitherto differing national social models more similar (Europeanization process—Kvist and Saari 2007).

As a result of the EU's enlargement (2004 and 2007) to include new member states from the former communist bloc (the Czech Republic, Hungary, Poland, Slovakia, Slovenia, the Baltic countries—Latvia, Lithuania, and Estonia—and Romania and Bulgaria), it was necessary to analyze the social regime of these countries. Is there a common social policy regime based on the similar institutional solutions and/or a similar path of changes to be seen in their transformation periods from centrally planned economies and autocratic rule to a market economy and democratic rule? Opinions in the literature on the subject, as well as in documents and reports of the European Commission and certain international organizations, are extremely varied. The Central and Eastern European countries are either treated as a single group of postcommunist countries, or each country is analyzed separately. That latter approach assumes that the solutions and influences brought by the transformation period were so different that they have fewer common features when treated as a single postcommunist group, and hence are importantly similar to one of the groups

already distinguished by Esping-Andersen: liberal, conservative, social-democratic, and Mediterranean.

This paper presents common and shared features of the social development of the postcommunist countries that are members of the EU today. This will provide a basis for an attempt to assess if there is a single regime for those countries that distinguishes them from the four regimes of the Esping-Anderson classification, or if there is an affinity to one of those models *en bloc*, or if there is similarity to one of the regimes, but in a different way for each of the new EU members.

This attempt will be made primarily on the example of Poland, but with salient references to other countries in the group. The basis of the thoughts presented here is that of a project on European Social Regimes, being carried out at the Warsaw Office of the Ebert Foundation, coordinated by Peter Hengstenberg (Golinowska, Hengstenberg, Żukowski eds. 2008).

Similarities

The similarities of social development and social policy in the new EU member states are determined by three factors: (1) their similar beginnings in creating sovereign national states and in their common experience of communism; (2) their simultaneous transformation towards the market economy; and (3) their joining EU structures and adaptation to its best institutional solutions.

The Creation of Modern National States

The new EU member states belong to Central and Eastern Europe (CEE), a region that experienced great misfortune in its history. In the 19th century, these countries were under the rule of Germany, the Austro-Hungarian Empire, and Russia. They regained independence not until after the First World War.¹ The collapse of the Habsburg Monarchy and defeat of Germany in that war was decisive. Russia, transformed into a communist country as a result of the Bolshevik revolution, tried to re-subordinate the countries previously under tsarist rule. But this did not succeed insofar as Poland and the Baltic countries were concerned.

The young national states of Central and Eastern Europe created after the First World War began to establish their political institutions and administration in reference to the solutions existing in their period of dependence. Under the Habsburg Monarchy, Hungary had significant autonomy, Czechia and Slovakia slightly less (but one favouring their development). Poland's Galicia region (under the Austro-Hungarian Empire) enjoyed relatively greater freedom than the regions under German or Russian rule.

¹ Poland regained independence in November 1918 after over 123 years of having been partitioned into three parts ruled separately by Germany, the Austro-Hungarian Empire, and Russia. Also following WWI Czechoslovakia, Hungary, and Romania emerged independent from the collapsed Habsburg Monarchy. The Baltic countries of Estonia, Latvia, and Lithuania at that same time gained independence from Russia.

Bulgaria and Romania, however, had gained more freedom earlier, although they had remained under the influence of the Great Powers. Thus, their drawing upon institutional models from the previous era was natural. With reference to social institutions, the Bismarckian statutory social insurance model was the pattern for the CEE countries. As industrialization in those countries (excepting Czechoslovakia) was significantly weaker than in Germany at the end of the 19th century, social insurance (designed mainly for factory workers) would have covered but a small part of the population. Along with the progress of industrialization, social insurance was extended to cover employees in administration, as well. Young countries strengthened their institutions by creating advantageous solutions in the social security field for state officers and public servants—for example, soldiers, police, and employees of the railway and post office. Generous old-age pensions for these groups were in fact privileges.

In all the countries mentioned above, the social assistance and social care institutions created were directed at mitigating the phenomenon of poverty and helping people who were in particularly difficult situations. The law on social assistance and social care passed in Poland in 1923 endured until 1990, and was a pattern for other Central and Eastern European countries (Zalewski 2005). The idea of social assistance was based on the local authorities' cooperation with local civic organizations responsible for the fate of the poorest people. In Poland, the main partners of territorial self-governments included the Catholic Church and religious organizations (mainly religious orders). Yet it must be admitted that cooperation was largely declarative, as in fact there were two systems: secular and church. Thus, there was not enough sustained effort on behalf of the needy in Poland, even though the country was destroyed² and poor. Even by 1929 the estimated per capita value of industrial and agriculture production was about three times lower than in Germany (GUS 1939).

The social assistance institutions provided only benefits in kind: meals, accommodation, and fuel in winter. They also ran orphanages and day nurseries for small children of working mothers (who were most often employed as house maids). Another significant part of their activity concerned nursing homes for the disabled, chronically ill, and the elderly.

The Second World War ended the operation of national public institutions in numerous important spheres of public life. Wartime experiences strengthened self-help and opposition, with underground institutions and campaigns repeatedly being carried out against the law of the occupiers—and at the risk of death.

The Communist Past and its Legacy

After the Second World War, the Central and Eastern Europe countries were left to the Soviet sphere of influence, and the Baltic countries were outright incorporated into the USSR as Soviet republics. Conveniently called the “Yalta order,” this repre-

² The fronts of World War I had moved back and forth across Poland several times. Moreover, again in 1920 at the very gates of Warsaw the Polish army only “miraculously” managed to stop the Red Army, which had swept in across Poland’s eastern provinces in the aim of carrying the revolution to Western Europe.

sented a concession, as it were, for communist Russia's wartime services as one of the strongest allies against Hitler.

By the end of the 1940s, the CEE countries were forced to adopt not only the Soviet political system, but also its "socialist" social regime, which was described in Western literature as the Soviet regime. The period of the Soviet regime extended for the whole 45 years of the USSR's postwar period, although the period of its imposed implementation lasted until the mid-1950s. That is why one need agree with those authors (for example, Inglot 2007) who stress that in the postwar period, the Stalinist regime of social and economic policy was formed and deeply determined the design and activities of institutions, thereby shaping social relationships. From the late 1950s differentiating factors appeared.

As a result of imposing the Stalinist idea of development in the CEE countries, very similar public institutions were set up across the region (the beginning was in 1948–1950). Pre-war social law was changed and the activity of institutions was included in the process of central planning. The Stalinist regime in social affairs had the following features:

- full employment, sometimes achieved via compulsion
- benefits in-kind (social services) dominating over benefits in-cash realized in the form of state collective consumption establishments
- the complete elimination of non-state institutions of civil society and social organizations: associations, foundations, religious organizations, territorial and professional self-governments
- control of people's mobility and closing state borders
- introducing programs for women's emancipation; equal and full employment of women and development of social services to reconcile family and work: day nursery and kindergartens
- introducing common and extended elementary education (7–8 classes), carried out with strong ideological control
- universal access to health care as a result of establishing a state health service, implementation of programs to combat infectious diseases and care services for the mother and child (reproductive health)—free and standardized (highly unified) housing (with limited access, however, because of supply difficulties).

The first postwar social and economic plans were oriented towards reconstruction from wartime destruction and the commencement of intensive industrialization and urbanization. Social solutions were conformed to these goals. As a consequence, real social policy did not have a homogenous line, as it was written in slogans and plans (Golinowska 1990). On the one hand, visions were created and jointly advantageous social solutions were introduced: equal access to health care, housing, education, and culture. On the other hand, this access was not possible as a result of limitations in the development of infrastructure and production of consumption goods. As a consequence, the groups indispensable in the industrialization process were privileged, i.e., workers and engineers, at the cost of farmers and other professional groups.

Admittedly, the social values of the system being created were based on egalitarian communist ideology, with however, accent on the leading role and driving force of the

working class in the process of development. Along with intensive industrialization, which dramatically transformed previously agricultural countries such as Poland, one could observe the lowering of living standards and political repression. After the death of Stalin in 1953, the first anti-regime demonstrations, and correction of development policy in the USSR, developmental plans were changed in the CEE countries as well.

Differences

The main element distinguishing the Central and Eastern Europe countries was their developmental level. They were treated as a backward part of Europe in terms of industrialization and modernization processes. However, some of these countries at the beginning of their state history had a high economic potential (Czechoslovakia especially, Hungary less so) and in the interwar period they developed very dynamically. Others, behind in the development process, started intensive industrialization not until the period of the USSR's domination. Poland was the classic example of a country that was developmentally behind and having to play catch up.

At the end of the 1950s a period began when there was an attempt to reconcile national institutional traditions with the imposed Soviet model. In some countries, native elements were predominant,³ in others they were not, although they were nevertheless decisive for differences in the social regimes in Central and Eastern Europe. In the following years one could observe more differences. The division of production tasks inside the Council for Mutual Economic Assistance (COMECON) was one of the differentiating factors. So-called "national specializations" influenced education, the type of industrial development, and the living conditions of "chosen" professional groups. As a result, the scope of social protection differed.

Poland belonged to the countries in which the scope of social security was significantly smaller. Firstly, farmers were not covered by any of the forms of social insurance. A cooperative health service was developed for them, but this was in fact a form of developing a group of private medical practices for specialists (Golinowska, Tymowska 1992). At the end of the 1960s farmers could get a very modest old-age pension provided they gave their farms to the state. The social infrastructure in the country was not being developed. Farmers' children did not participate in pre-school education and the quality of the village schools was much worse than that of schools in the cities. In the 1970s the policy towards farmers was changed due to the fact that investment in agriculture was regarded as a way for the general improvement of the population's consumption.

Secondly, as a result of the under-development of social infrastructure, access to the social services was limited in cities as well. Thus, private services, sometimes in the grey zone and sometimes with state acquiescence, were developed by religious organizations: child-care services, care for the disabled and elderly. Thirdly, as a result of

³ For example, in Poland the collectivization of agriculture was soon abandoned and over 80% of the acreage of farmlands was left for private farmers, part of what was termed *'the Polish road to socialism'* (Golinowska 1990).

the primacy of industrialization and modernization policy, the branches leading in this development (so-called “development engines”) had much better living conditions in the framework of the collective consumption of enterprises. They had separate health care, the so-called industrial health service, company flats, branch holiday homes, their own shops, and coupons for attractive consumer goods. The pension rules also differed. Pension benefits were a form of gratification for work in the heavy industries, as well as in other branches privileged for economic or political reasons (the uniformed services, state and party administration). Treating future old-age pensions as remuneration was a specific feature of Soviet bloc social policy, and it is always stressed in the comparative analysis of institutions (Inglot 2008).

Despite numerous opinions to the contrary, one cannot say that the welfare state model formed in CEE in the post-Stalinist period was an egalitarian model. For indeed, access to many consumer goods and social benefits was different. While analyzing the problem from the comparative perspective, one should notice that all the attractive consumer goods were modest and the social services were of lower quality than in the Western countries. Very small and uniformed flats in big blocks, low quality of collective consumption, long queues in the social service offices and in public transport—these are some of the indelible features of the communist-era welfare state. For explorations into the difficulties in gaining access to consumer goods as a whole, we can find literature devoted to the shortage economy theory (Kornai 1980). I have analyzed the results of accelerated industrialization carried out in the low efficiency of a centrally planned economy (Golinowska 1990).

The quality of consumer goods improved a little in the 1970s. During this period, the Iron Curtain separating the communist countries from the capitalist West was slightly lifted, especially in Poland and Hungary. The possibility of traveling and experiencing living conditions in capitalism in comparison with communism prompted far-reaching results. On the one hand, it fueled emigration, and on the other, the increase of consumption aspirations, pressure to improve living conditions, and the loud voicing of discontent because of the authorities’ benefits for some employment groups (the “favourites of the Polish People’s Republic”). In Poland political opposition started to spread. In 1980 it coalesced around the organization of independent self-governing trade unions—*Solidarność*.

The crisis of expansive industrialization policy revealed itself fully at the end of the 1970s,⁴ and contributed to an attempt to pursue a policy of reducing the welfare state. The official retrenchment policy was very difficult to implement because of the legitimacy problem; a need of further maintaining communist ideology in the social sphere. One should not forget that the official propaganda touted the advantageous living conditions and social security in the Soviet bloc countries versus the capitalist countries. The factor of competition in that area sometimes led to the maintenance of too generous social programs on a financial base that was very fragile, and this had

⁴ In Poland it was started first, because the scale of industrialization (the third stage of industrialization) was the biggest. Additionally, it was implemented using credits from Western countries (at that time relatively cheap petrodollars) that were to be repaid soon.

a disruptive influence on the economy. For these two reasons, the social policy being carried out was ambiguous.

On the one hand, there were attempts to put the social services and collective consumption on a market basis (or rather to commercialize them), but on the other the level of consumer goods prices was kept unchanged, which resulted in rationing (using a coupon system).

Such a drastic crisis of the Soviet bloc welfare state as took place in Poland was not observed in any other CEE country, but crisis mechanisms were nevertheless deeply present in their economies and politics.

Transformation Towards a Market Economy and Democratic State

In the 1990s, the countries of Central and Eastern Europe liberated themselves from Soviet hegemony and opened up to the West. Thus started a deep transformation of their political and economic systems and their social policy. However, the dynamics of the transformations varied. Poland, suffering the deepest economic and political crisis during the period preceding the transformation, applied a policy of “shock therapy.” Changes of law advantageous for private property and economic freedom started freeing prices and the process of privatization happened almost overnight. The policy of shock therapy was assessed in numerous studies in both Polish and other countries and it continues to divide opinion to this day,⁵ although presently its justification is predominant.

The first few years of the transformation brought a serious economic crisis⁶ and what was called “transformation poverty” (Golinowska 1996). Poverty during the period was severe and was quite unexpected for many people. It was connected mainly with job loss or lack of employment as a result of the systemic transformation, the collapse of hitherto existing foreign trade structures, and the restructuring of the economy. Moreover, the protectiveness of the state and various collective economic and social institutions, for example PGRs (state-run agriculture farms), social activities of employers, and social establishments of enterprises (e.g., hostels for workers, company flats, company provision of consumer products with price subsidies for it), stopped functioning in the new conditions and market-oriented phase of economic development. People’s fates were dramatic as they depended on the previous social solutions of their enterprises (Tarkowska 2000).

The social policy of the transformation period had two goals:

(1) social protection of those citizen groups that had lost the opportunity for a better situation due to the transformation and market reforms; mainly elderly citizens with low and/or specific industrial qualifications.

⁵ Critical opinions of the Balcerowicz Plan, which meant to make a giant leap, were always presented by Grzegorz Kołodko (2007).

⁶ The deepest GDP decline was over 50% in Latvia (1993), in Hungary 18% (1993), in Poland 14% (1991) (Fischer and Sahay 2001).

(2) forming a new social security system, appropriate to the philosophy of the market economy; promotion of entrepreneurship, responsibility for one's own life, and foresight instead of redistribution of income realized by price subsidies and universal social benefits with privileges for selected employment groups.

To make the parallel and simultaneous realization of these two goals possible, debate, understandings, and agreements were necessary for social dialogue. However, the social and political situation in Poland started to become complicated. The change of the political system was carried out under the aegis of *Solidarność*, which demanded both economic freedom, and more justice in the redistribution of income and elimination of privileges. Simultaneously, everyone was surprised by the crisis at the beginning of transformation.

Having extended a protective umbrella over the market reforms in the first years, *Solidarność* distanced itself from radical solutions, as it did not want to lose political legitimization.

Development of Social Dialogue

Forming the institutional basis for social dialogue was a difficult process connected with many conflicts. It was started in 1993–1994 with the negotiating of the rules of privatization of the state enterprises (Friedrich Ebert Stiftung in Warsaw 2005). Initially the trade unions were significantly predominant over the unions of employers. Moreover, they were divided. Trade unions deriving from the oppositionist *Solidarność* competed for supporters and an electorate with the union created by the communists, namely, the All-Poland Alliance Unions Agreement (OPZZ). Gaining a consensus with employers on the basis of balancing the interests of all parties was very difficult. About 10 years later, together with privatization and the development of a private economy, the significance of the unions of employers increased. Nowadays there is an imbalance to the disadvantage of trade unions.

A very large decrease in unionization was a symptom of the weakening power of trade unions (see table 1). On one hand, this is a natural process in an environment of dynamic privatization and rapid development of the service sector in the economy. However, in the case of Poland, there were also specific factors that played a role in the decline in trade union membership. These include the strong political involvement of trade unions, the quarrels between the main unions and their participation in power structures, as this often resulted in shifting the failures of the authorities onto the trade unions supporting them.⁷ Another factor is the considerable organizational dispersion of the union movement. Most public employers would have two (or more) competing unions, of which none was able to dominate the others to an extent that would allow it to assume the role of the representative of all employees. As a result, they all began to lose the ability to express the interests of the entire staff and were gradually marginalized.

⁷ In the case of the government of 1997–2001, one could even say that the Solidarity trade union was the leading force in the government, at least for half of its term.

The increase of the significance of employers' organizations was brought about by the maturing of the economic structure from the viewpoint of ownership criterion and an increase in role awareness and the common interests of employers of the private sector. This increase in awareness led to the foundation in 1999 of the Polish Confederation of Private Employers ('Leviathan'), a powerful organization with a clear orientation on promoting and protecting employers' interests. An example of the significant success of the employers' organizations is the introduction of a regulation allowing more flexible forms of employment. As a result, Poland became the country with the highest reliance on contracts of limited duration. In 2007, the share of workers with such a contract was 28%, while in the EU 27 it was 14.5% on average (Eurostat—<http://epp.eurostat.ec.europa.eu/tgm>). At the end of the 1990s (before Leviathan joined the Tripartite Commission) this indicator amounted to 5.8%.

The lowest level of labour relations, namely enterprise-level collective bargaining agreements (CBA), is relatively poorly developed in the CEE countries, especially in Poland. After European Union accession, social dialogue at the micro level changed due to the EU directive 2002/14/WE on workers' councils. This was to be created in companies with 100 or more employees (initially 50). Out of several thousand such companies in mid-2007, only around 3000 had workers' councils in Poland. Not incidentally, it is not necessary to have a workers' council in a firm where a trade union exists.

Generally, the development of social dialogue at the company level is rather slow. Employers perceive it as a way to more flexibility in labour regulations, while employees see it as an institution supporting these regulations.

Table 1

Union Density and Workplace Representation

Countries	Union density	Workplace representation (trade unions and work councils)	Collective agreement coverage
EU average	25 (EU 25)	59 (EU 15)	71 (EU 15)
Bulgaria	20	—	35
Czech Republic	22	35	33
Estonia	11	22	20
Latvia	16	25	18
Lithuania	14	20	15
Hungary	17	36	40
Poland	16	20	25
Romania	30	—	50
Slovenia	44	50	100
Slovakia	30	40	40

Source: <http://www.worker-participation.eu/layout/set/print/content/view/full/778> and Kohl 2008.

To sum up, the development of social dialogue, despite the diminishing role of trade unions in enterprises, was slowly supplemented by new forms: CBAs and workers' councils. Social dialogue also emerged in Poland in the area of local self-government. At the same time, relations between social partners became more sym-

metrical. Employers unions are now more powerful in the process of political decision-making and trade unions have lost their former political role. This concerns mainly unions from the traditionally powerful sectors like miners, railways, education, but they are also an example for other branches, e.g., the health care sector, where employees' problems have been neglected for the longest time.

Reform of the Old-Age Pension System

The reform of social institutions in Poland was not addressed for many years. At the end of the 1990s, a concept for four big reforms was prepared: 1) of the pension system; 2) of health protection; 3) education; and 4) decentralization of state administration. Each of these reforms was radical. Especially radical was the concept for the pension system. With assistance from the World Bank, the program was prepared with a focus on changing the pay-as-you-go financing scheme, formulated on the basis of the defined benefit rule, to the capital funded scheme with benefits determined according to the defined contribution formula.

Tailoring the social sphere to the market institutional reforms lasted longer in Poland than in the other CEE countries, which is undoubtedly connected with the specific situation of social dialogue burdened by the political competition among trade unions. Why, however, were the reforms prepared so radically, especially pension reform, and with the participation of the World Bank? There are various answers to this question. As far as the first problem is concerned, i.e., why the pension reform was accepted for creating, like in Chile, a fully funded system, in spite of the high costs of the transformation, this should be answered by two arguments advanced especially by economists (Golinowska, Zukowski 2006):

The first argument is related to the significance of capital funding, which is crucial to generate internal capital. Pension funds were regarded as an attractive source of capital for a poor country seeking rapid modernization. Generating domestic capital accumulation was a strong economic argument in favour of the capital-funded segment of the pension system, and this supported Bismarck's idea. This argument was presented mainly among Polish experts. The argument was also reinforced by Jose Pinera, the architect of the pension reform in Chile, who, during his visit in Poland, stressed the significance of a certain independence of the flow of foreign capital to the country, and advocated the generation of native internal capital accumulation for the country's economic development.

The second argument came from the global discussion on the ageing of populations. In the near future, the dynamics of demographic change (in Poland as well) will sharply raise the ratio between the size of the working-age and retirement-age population. This tendency threatens the stability of financing the pension systems in the long term. A capital-funded scheme was considered to provide a way to decrease demographic dependency in the long run, and restore financial balance to the system. This argument was widely discussed in a worldwide debate on the impact of ageing on the financial balance of pension systems. It was concluded that capital-funded financing was not so important for preserving the sustainability of the pension systems

(Stiglitz, Barr), while other factors were regarded as significant solutions, like later retirement or family-oriented social policy.

The problem of the World Bank's presence in Poland was raised in investigations by many foreign authors. And it was Katharina Mueller who turned attention to the high internal debt of Poland and Hungary as the factor determining the presence and expertise services of the World Bank and other international financial institutions (Mueller 1999). However, there were additional internal factors that contributed to the elaboration of the Bank's concepts as described in the famous book *Averting the Old Age Crisis* (The World Bank 1994). This was a very important analysis carried out by a specially set up institution, the high ranking inter-ministerial unit Governmental Plenipotentiary for Social Securities Reform,⁸ a professional office with rather politically neutral memberships.

Moreover, the draft on pension reforms, *Security through Diversity*, had an extraordinarily professional promotion campaign. However, not only the "packaging" of the conception was decisive for the approval of reform, although neither was money skimmed for its promotion; the World Bank also gave a loan for this task. A reform of the old-age pension system, similar to the reforms in Poland and Hungary, was undertaken in Estonia (Fultz 2006, Leppik 2006).

Health and Health Protection

The health status of the populations in the countries of Central and Eastern Europe is lower than in old Europe. Despite many pro-health campaigns undertaken after the Second World War, the health service in Central and Eastern Europe during Soviet times did not manage to catch up with the Western countries. Of decisive importance in this process were the inferior living conditions and the risky lifestyle in this rapidly industrializing part of Europe.

Initially one could observe noticeable successes: liquidation of infectious diseases connected with the introduction of obligatory vaccinations, improved hygienic practices, and workplace safety and its monitoring. However, only in the 1960s did health status indicators improve (Okólski 2004). In circumstances of accelerated industrialization, a phenomenon of over-mortality appeared, something connected with high rates of injuries, circulatory diseases, and diseases caused by alcohol abuse and smoking. Conversely, the health status of women slowly but systematically improved, and this led to a big disparity of health indicators in terms of gender (see the table).

A return to advantageous health trends appeared not until the 1990s and mainly in two CEE countries: the Czech Republic and Poland. In both countries, mortality due to circulatory diseases, which are the main causes of mortality, declined significantly. The health service functioned within the framework of the state's centralized health

⁸ One important factor for the acceptance of the unit was the leading role of Michał Rutkowski, a World Bank expert who was Polish, and possessed a deep knowledge on local (Polish) cultural, social and political milieu.

Table 2

Indicators Describing Demographic Changes and Family Development Conditions

Countries	Total fertility rate, 2006	Old-age dependency ratio, 2007	Inactive rates of women due to family responsibilities, 2006	Four-year old children in pre-school, 2006
EU average	1.48 (EU 25)	25.3 (EU 25)	10.0 (EU 27)	92.3 (EU 15)
Bulgaria	1.37	24.9	7.7	68.4
Czech Republic	1.33	20.2	12.4	86.5
Estonia	1.55	25.1	8.5	86.1
Latvia	1.35	24.8	8.8	73.5
Lithuania	1.31	22.7	7.1	59.7
Hungary	1.34	23.2	11.6	92.8
Poland	1.27	19.0	12.0	41.2
Romania	1.31	21.3	11.7	75.8
Slovenia	1.31	22.7	3.9	79.3
Slovakia	1.24	16.5	11.4	73.1

Source: Eurostat 2007, OECD 2007.

protection institution. This state health service (according to the Semashko model⁹) was introduced in place of a health insurance system developed before the Second World War. It was poorly financed in the main and used various forms of regulating the health care services: regional assignment, a system of referrals and above all, the system of branch privileges. However, its advantage was the integration of all kinds of protection: basic, specialist, hospital, and rehabilitation.

As mentioned before, in Soviet-era Poland, private health protection developed that was directed initially to farmers. On its basis, the private sector of health benefits developed, which in the 1990s covered basic protection and ambulatory specialization. The health protection reforms undertaken in all the CEE countries in the 1990s consisted of introducing obligatory health insurance in place of the state health services, introducing the public contracts of insurers with the health service providers (also private), and using the method of financing hospitality services, called diagnosis related groups (DRG) instead of global budget or hospitalization. Simultaneously, a general supervision and ownership function on benefits and donors were given to the territorial self-governments (Golinowska with Sowa 2007).

The problems with the health protection system occurring now in the CEE countries mainly concern the dramatic increase in the cost of providing services as a result of new medical technologies and medicines. In the postcommunist countries there are serious deficits in the management of this complex sector (also on the micro scale) regarding the market environment, market prices, institutions acting in a market way, and decentralization. The problems appear connected with the insufficient managerial education of medical specialists such as doctors and nurses.¹⁰ The earnings

⁹ Nikolai Semashko was a Russian physician and politician (1874–1949), the first health commissioner in the USSR, who designed a vision of health care operations within the framework of a centrally planned system (Golinowska with Sowa 2007).

¹⁰ The problem of lack of medical personnel is universal. WHO estimates that there is a shortage of specialists in the world (WHO 2006).

differences between old and new EU countries has caused the migration of specialists, and this has made the employment situation in the health sector even more difficult.

The improvement in the health sector is treated as the main challenge before the EU's new member states, especially because an increase in health insurance protection will be particularly important in the upcoming years (the baby boomers born after WW2 will soon be over 60 years old), and an increase of insurance health premiums will still be rather limited because of the need to keep a rein on labour costs.

Family Policy

Another area of specific development, in comparison to the other CEE countries, concerns family policy. For centuries, the Catholic Church created family law and the rules of family life in Poland. Church law in the field of family issues was very conservative: it did not accept divorce, maintained the privileged position of the husband towards the wife, and his decisive parental authority. Moreover, it discriminated against illegitimate children who did not have a right to their father's surname and his legacy. Moreover, adjudication of child support for such fathers was extremely difficult.

Only in 1947 were secular regulations concerning the family prepared and passed. These regulations equalized both the family and property rights of husband and wife, along with the rights of all children, both marital and non-marital. Moreover, the law overruled the religious character of marriage, permitted divorces, and introduced the principle of children's rights. Codified in 1950, family law also introduced state support for families.

An important element of change concerning the family was the women's liberation movement, which initially created improvement in the areas of education and professional activity for women. As a result of the under-development of childcare institutions, and due to limited access to consumer goods, women were doubly burdened: professionally and at home. Partnership in the family, in spite of propaganda and its promotion, has never developed in Poland to the desired extent (Firlit-Fesnak 1996).

State support for the family in the Polish People's Republic was definitely weaker than in other countries of the Soviet bloc. The way family allowances were introduced after the Second World War made the level of benefits dependent on the number of children in a family. Initially there was some support for families with children, and in the period between 1947 and 1956, Poland registered the largest number of children born in the whole of Europe. Soon, family allowances completely lost their importance, and in the mid-90s their construction was changed to means tested. In this way, this classic instrument of family policy changed its character; it was transformed *de facto* from the universal benefit to the social assistance benefit for poor families.

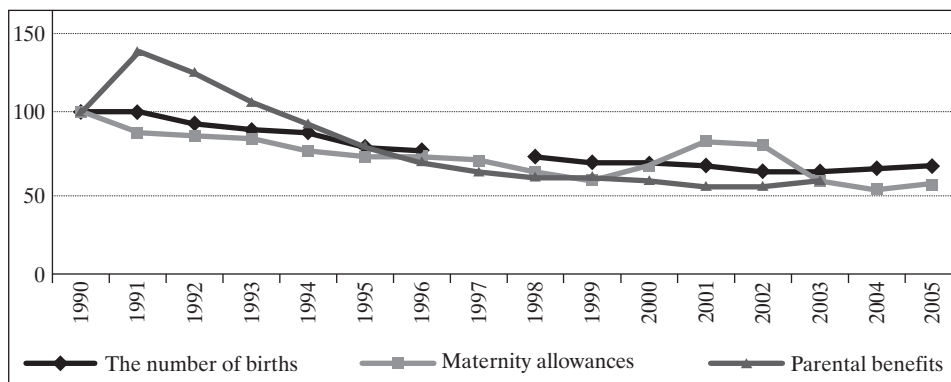
Alimony payments were an important program of family support by the socialist state. The program for these benefits and the Alimony Fund were set up in the mid-50s as a response to the social problems of accelerated industrialization. Mass migration from country to the city resulted in an increase of divorces and abandoned

families, mainly by husbands and fathers. The source of financing the Alimony Fund was mainly that of subsidies from the state budget and partly funds collected from “resistant” payers, who had to pay alimony according to the court decision. The share of sources from spouses who left their children usually amounted to between ten and twenty percent of the whole Alimony Fund; it never exceeded 20 percent. A court decided on the awarding of alimony and its amount. Alimony could not be higher than 30% of the average salary. During the transformation period, there was an attempt to liquidate the Alimony Fund by introducing alimony benefits via social assistance. However, the social protests (mainly from single women and partly from women’s organizations) led to restoring and maintaining former rules and judicial awarding of the benefits.

In the 1990s and now as well, in the field of family policy there is still a huge controversy between the conservative approach, represented by the parties right of center and the Catholic Church, and the modernized approach, rather weakly articulated by the parties on the left. Because of this dispute, successive governments no longer present determined activities supporting the family in a modern way, for fear of exposure to attack from the conservative side. In fact, all the benefits are of a declining tendency.

Figure 1

Decrease in the Number of Births, Maternity Allowances, and Parental Benefits (1990 year = 100)



Source: GUS 2006, taken from: Balcerzak-Paradowska 2007.

Thus, the Polish situation is characterized by a low fertility rate (one of the lowest in Europe), very low participation of children in kindergartens, low professional activity of young women, and the early retirement of older women. The approach to family policy in other CEE countries is definitely less conservative, and in the Czech Republic and partly in Hungary, there is an even generous program of supporting the families by the state. However, family policy has been significantly burdened by the costs of the transformation, and health care and educational services have also been commercialized.

The New Member States' Economic and Social Problems

The wealth of the new member states (NMS), estimated using the GDP *per capita* indicator, ranges from 30% to 80% of the level of the old EU countries. Only the GDP *per capita* of Slovenia and the Czech Republic is close to the average level in the old EU. However, the NMS have been developing much more dynamically than the old Europe. Nowadays the highest economic growth is observed in the Baltic states and Slovakia. Thus, there is a convergence as far as material growth is concerned, although its dynamics are different. Currently, the countries which carried out the radical reforms towards marketization of the economy developed faster.

The transformation from a centrally planned, command economy into a market economy, and its structural and technological modernization in the circumstances of global competition, was accompanied by severe social consequences. The biggest social problem is the relatively low employment rate. The lowest level of employment and, ironically, relatively high economic growth can be observed in Poland, Lithuania, and Romania. Such economic growth can be described as jobless growth (Boeri 2000, Kwiatkowski 2005, Cazes and Nesporova 2007). This is because the economy's modernization does not lead to a sufficient increase in new jobs, while at the same time jobs in the restructured branches are reduced on a large scale, larger than the scale of new job creation (Rutkowski, Scarpetta 2005).

The low employment rate in Poland also has a specific etiology; it is connected with the deactivation of persons aged between 55–64 from occupational life as a result of a policy of special social protection for this group during the period of transformation, and economic restructuring to avoid massive unemployment. In terms of political economy, it can be treated as a result of the attitude of the trade unions engaged in forming the new political system (*Solidarność* was present as a political power in successive governments) and paying attention to maintaining societal peace at the same time.

Additional tools of protection against unemployment for older workers were and still are partly used in maintaining earlier retirement in some economic branches and introducing pre-retirement benefits. Moreover, according to the social security law, women can retire 5 years earlier than men. Attempts to equalize the retirement age for both genders are strongly opposed by society. As a result of underdevelopment of services for children and older people, Polish women after retiring to take up caring functions for their grandchildren and elderly parents. Family functions are more important for them rather than professional work. Not incidentally, the level of old-age pensions in Poland is relatively decent.

Problems connected with the insufficient creation of new jobs during the particularly dynamic period of economic restructuring and strong influence of global competition are the main source of mass social problems: unemployment, emigration, poverty and social exclusion. The postcommunist countries operate a social policies-oriented protection of groups that can be potentially affected by systemic changes.

However, the protection is not balanced. Some countries focus their concern on the older generation, which benefits from the free market (mass consumption and

Table 3

Main Indicators Describing the Economic and Social Development of the NMS

Countries	GDP per capita PPS; EU 27 = 100, 2007	GDP growth rate, 2007	Employment rate, 2007	Employment rate of older workers aged 55–64, 2006	Long-term unemployment rate, 2006	Youth unemployment rate aged < 25 years, 2006
EU average	111.6 (EU 15)	2.7 (EU 15)	66.9 (EU 15)	41.7 (EU 15)	3.8 (EU 15)	16.3 (euro area)
Bulgaria	38.1	6.2	61.7	39.6	5.0	19.5
Czech Republic	81.5	6.6	66.1	45.2	3.9	17.5
Estonia	72.1	7.1	69.4	58.5	2.8	12.0
Latvia	58.0	10.3	68.3	53.3	2.5	12.2
Lithuania	62.2	8.8	64.9	49.6	2.5	9.8
Hungary	63.4	1.3	57.3	33.6	3.4	19.1
Poland	53.6	6.5	57.0	28.1	7.8	29.8
Romania	40.7	6.0	58.8	41.7	4.2	21.4
Slovenia	88.7	6.1	67.8	32.6	2.9	13.9
Slovakia	68.5	10.4	60.7	33.1	10.2	26.6

Source: Eurostat 2008, European Commission 2008.

products of new technologies) in a much more modest way. Others turn to younger people, having only their own or their parents' foresight to help them while they are studying and later on when entering a difficult labour market. The biggest asymmetry in income redistribution from the point of view of a generational cross-section is observed in Poland, where older people are favoured. Thus, childhood poverty is the biggest in Poland and the difference in living conditions between the oldest and the youngest generation is dramatically high.

Social problems have emerged in the field of employment as well. Safety of working conditions in the NMS has considerably improved, both as a result of the change of the economic structure (i.e., the smaller share of heavy industry and of industry as a whole), and rather demanding workplace safety regulations, as requested by the EU from all the member states. However, pressure on labour market flexibility regulation has caused other growing problems: there is uncertainty as far as work continuity and earnings levels are concerned, with longer working hours and more stress. Again, Poles lead in that field, and this is confirmed by one of the indicators in Table 5, concerning employment contracts of limited duration.

Odd jobs were characteristic for the period of the centrally planned economy. Workers used to have additional jobs after hours. Representatives of the intelligentsia also performed other work; not only officially, but sometimes in the grey zone (for example physicians or teachers). Nowadays the phenomenon of the second job is still present, but the tendency is weakening in most CEE countries.

The biggest change in comparison to the previous years is the dramatic fall in the presence of trade unions. At the same time, the employers' organizations have become stronger. Asymmetry in labour relations have been slowly demonstrated in the way decisions in the field of public matters are made. However, the discussion

Table 4

Main Indicators Describing Poverty Risk in the CEE Countries

Countries	At-risk-of-poverty,* 2005	Adults aged 15–59 living in jobless households	Child poverty versus older person poverty: differences between indicators of at risk of poverty, percentage points, 2005	Inequality of income distribution: income quintile share ratio, 2006
EU average	15 (EU 25)	9.9 (EU 25)	0	4.6 (EU 15)
Bulgaria	—	11.6	—	3.5
Czech Republic	8	7.3	+13	3.5
Estonia	17	6.0	+1	5.5
Latvia	19	7.0	+1	7.9
Lithuania	19	7.1	+10	6.3
Hungary	12	11.6	+14	5.5
Poland	18	14.4	+22	5.6
Romania	—	9.7	—	5.3
Slovenia	12	7.2	–8	3.4
Slovakia	12	9.6	+12	4.0

* the share of persons with an equalized disposable income below the risk-of-poverty line, which is set at 60% of the national median equalized income after social transfers.

Source: Eurostat 2008, European Commission 2008.

about new social problems and ways of combating them nowadays is waged within the framework of political parties' structures. The political parties' programs are more meaningful, and the struggle in establishing them is so fierce that it often causes disagreement and quarrels as far as important public matters are concerned.

EU Accession

Membership in the EU for the 10 formerly communist countries means that a new period of social policy development has started for them. The European Community initially concentrated on economic integration, leaving social matters to the national states, but in time it turned out that this was unfavourable for further economic integration. Establishing a basis for wider social integration started in the mid-90s.

This basis covered European regulations concerning health security standards (workplace safety directives), employment rights (European Employment Rights Charter), harmonization of education systems (Bologna and Copenhagen processes), exchange of students (Socrates and Erasmus programs) and common scientific programs, and information programs as well those carried out by Eurostat. Simultaneously, by purposive allocation of Structural Funds and Cohesion Fund, the EU supported the realization of common values and objectives: removing regional disparities (cohesion policy), elimination of gender discrimination (gender mainstreaming), promotion of full employment (employment strategy) and combating poverty

Table 5
Workload and Employment Forms

Countries	Usual hours worked, full time employees, 2006	Employees with a contract of limited duration—% of total number of employees, 2007	Persons employed working part-time, 2006	Persons in employment with second job, 2006
EU average	40.0	14.8	19.5	3.2
EU average (Euro area)	(Euro area)	(EU 15)	(Euro area)	(Euro area)
Bulgaria	41.3	5.2	2.0	0.8
Czech Republic	41.3	8.6	5.0	2.1
Estonia	41.0	2.1	7.8	3.5
Latvia	42.2	4.2	6.5	5.7
Lithuania	39.7	3.5	9.9	6.0
Hungary	40.7	7.3	4.0	1.8
Poland	41.2	28.2	9.8	7.5
Romania	41.3	1.6	9.7	2.7
Slovenia	41.4	18.5	9.2	3.3
Slovakia	40.9	5.1	2.8	1.2
				(+0.4)**

* change in percentage points in the period 1996–2006,

** change in the percentage points in the period 2001–2006.

Source: Eurostat 2008, <http://www.worker-participation.eu/layout/set/print/content/view/full/778>

and social exclusion (inclusion policy). The two latter objectives are realized in the framework of the Lisbon Strategy, in which for the first time both economic and social objectives were included. The Lisbon Strategy is realized by the open coordination method (OMC), which is a kind of soft planning (management by objectives). The common defining of objectives, then monitoring and evaluating them in the aim of showing good practices are perhaps too slow, but this is an unquestionable tool of European social policy. Reforms undertaken in some countries in the social sphere clearly show the influence of EU ideas and strategies (for example in Germany—Hinrich 2007).

The new member states had joined the OMC at the beginning of the decade, before their accession, with the aim of learning new integration rules. This process is controlled by the government administration rather than from the level of the cabinet. However, it is realized not only by government institutions, but by non-governmental organizations and businesses (in the framework of Corporate Social Responsibility—

CSR) as well. At the regional and local level, the EU programs of infrastructure alignment have been implemented.

In summing up, the influence of EU policy on social life in the new member states is performed by many actors and many channels that are not always monitored and not always sufficiently publicized. However, one can state with conviction that accession causes greater focus on strategically defined objectives. In domestic politics, social matters are subjected mainly to political goals: societal peace and support for parties fighting for power, and are the subjects of open or cloaked populist slogans, or games of different interests. Asymmetry between the economic goals (GDP growth, balancing of public finance, and joining the euro zone) and social goals—without the EU employment strategy and other social strategies (inclusion, pension and health) realized by the open method of coordination (OMC) is nowadays in many NMS noticeably smaller than it would have been without accession. Is this possible because of the fact that the NMS societies trust EU institutions more than they do the societies of the old EU states (European Commission—Eurobarometer 2007)?

A Unique Social Model for the NMS?

Would it be proper to say that the Central and Eastern European countries, now the new member states, are characterized by a social model distinguishing them differently than according to the Esping-Andersen classification? It seems that there are reasons confirming this thesis, in spite of differences in the outcome of the social policy being pursued. These similarities are mainly of an institutional character, resulting from both the similar past and the similar challenges connected with the systemic transformation towards the democratic system and market economy. In the future this specificity may fade and integration within the EU will cause a Europeanization of social policy of member states, but now this process is not sufficiently advanced.

What distinguishes the new member states today:

- very high dynamic of demographic changes; accelerated demographic transformation of those countries, faster than it was in the old EU countries
- bigger problems with the labour market resulting from the economic restructuring in the process of globalization and greater attention to matters connected with unemployment
- defending the former welfare state as far as common access to pension-disability payments and health protection are concerned
- carrying out courageous social reforms towards an increase of individual initiative, manageability, and activation, sometimes risky from the point of view of equality tendencies and political results by using the suggestions of external experts and organizations
- weakness of non-governmental organizations and lower social control of undertaken activities—appearance of corrupt practices
- high education aspirations of the young generation, higher than in the old EU countries

- high labour emigration in order to find a job and higher earnings. The NMS are mainly the sending countries
- dynamic reduction of material poverty and growing problems connected with social exclusion.

At the end of this deliberation, it is worth showing how difficult it was to assign the features of the current welfare state in Poland to one of the European welfare state regimes as distinguished by Esping-Andersen. Firstly, Poland belongs to those countries in transition that very quickly introduced market solutions to the economy, and that did so on the largest scale in comparison to the other countries in the region. The scope of the private sector in the social protection area is also large in health protection, the social services, pension system, and education. From this point of view and because of marked income inequalities, the Polish social model could be classified as liberal. Secondly however, the traditional family and very conservative family policy and still corporate-based organizing of labour relations locates Poland in the group of countries with a conservative model. Thirdly, Polish society is characterized by low trust in formal institutions, high informality in societal life, also official and spontaneous organization in the case of an emergency, which in turn makes Poland similar to the countries in Southern Europe.

Poland's low position in the social capital ranking was created on the basis of a special survey of the European Commission on social behaviour (European Commission, Eurobarometer 2005), and it needs an explanatory comment. Indeed, social capital, measured by trust and institutionalized societal relationships, is low. However, creation of informal contact networks (and assistance received through them) are characteristics noticeable in the Poles' behaviour (Rychard 2006). Without them the *Solidarność* movement would not have been possible. Nor would the shift have been possible from the authoritarian and centrally planned economic system to the system of a market economy. Nor should we forget the very high aspirations for freedom and democratic institutions.

Table 6

Positioning of Poland According to the Features of the Distinguished Esping-Andersen Welfare State Regimes

Welfare state regimes	Decommodification	Defamilization	Private-public mix	Social ties and social capital	Inequalities
Liberal	×				×
Conservative		×			
Social democratic					
Southern Europe			×	×	

According to the European Commission's Eurobarometer, low trust in formal institutions is a feature characterizing all the postcommunist countries, not only Poland. However, Polish society is characterized by a bigger belief in the resourcefulness, individual manageability, and self-help inside the family and contact networks with

friends, fellow-workers, and the religious community. Along with the significant scale of informality in social life in the new member states, present also are phenomena such as corruption, networks, and clientelism. By taking this into account, the post-communist countries are indeed closer to the countries of Southern Europe.

It would seem that in this mix of elements of different welfare state models, the features of the social democratic regime are the least visible. However, having carefully observed the social demands in different periods, one may notice that in Polish society, like in other societies of the former communist bloc, there is a limit for the tolerance of inequalities. If that tolerance is exceeded, then the searching for social programs is referred to the political parties that undertake them (Grosfeld, Senik 2008).

The postcommunist countries have great trust in the European Union and its institutions, yet trust for the old European countries is not so great (European Commission—Eurobarometer 2007). This can be a significant factor for the convergence of European social models, although not towards one of the models distinguished by Esping-Andersen, but rather towards the direction set by the social policy of the European Union. This process is based in rational diagnoses and aims at coping with the challenges of the modern world, something which can be achieved by tapping into the national experiences and by referring to best practices.

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