



# Joint Report on Social Protection and Social Inclusion 2008

Social inclusion, pensions,  
healthcare and long-term care





# **JOINT REPORT ON SOCIAL PROTECTION AND SOCIAL INCLUSION 2008**

**Social inclusion, pensions,  
healthcare and long-term care**

European Commission  
Directorate-General for Employment, Social Affairs and Equal Opportunities  
Unit E.2

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# Introduction

This leaflet provides a summary of the European Commission and Council 2008 Joint Report on Social Protection and Social Inclusion. It explains the Report's main findings, organised by theme. It also explains how strategies are being developed and coordinated amongst the Member States and the European Commission.

The Joint Report on Social Protection and Social Inclusion is, in 2008, in its fourth year. With no new reports submitted by the Member States, the Joint Report focuses instead on specific themes underlining the long-term dimension of the European strategy.

The Joint Report shows how the Member States are working together through the Open Method of Coordination (OMC), learning from each other to improve their own strategies and better defining the challenges they commonly face.

## Reinforcing Social Aspects

In 2000 the leaders of the European Union came together to agree on a common strategy, called the "Lisbon Agenda". From 2005 its focus has been first and foremost on growth and more and better jobs. This has resulted in substantial improvements in these areas.

While growth and quality jobs are crucial, social priorities remain top of the agenda. That is why the Member States have agreed to participate in joint efforts

to ensure and improve greater social protection and social inclusion amongst their citizens.

In 2007 a new cycle of Structural Funds began. The European Social Fund, whose budget for 2007-2013 is almost €10 billion, is supporting activities that promote social inclusion. Moreover, the European Regional Development Fund is allocating €17 billion in social infrastructure (like education and health). These will support efforts to implement national social strategies.

## Social Inclusion

Around 16% of EU citizens are at risk of income poverty, and this ratio increases for both children and elderly. Poverty manifests itself in many ways. A lack of education and training curtails future opportunities. The socially excluded may also have poorer health and less access to other social services, and the 2008 Joint Report highlights the need to reduce persistent inequalities in health.

The 2007 focus of the EU's social protection and social inclusion strategy is on child poverty and exclusion: not only are children disproportionately at risk of poverty, but helping the younger generations holds the possibility of lessening the likelihood of poverty in the future.

*The EU is committed to making a decisive impact on the eradication of poverty and social exclusion by 2010.*

## Social Protection

The EU is justifiably renowned for its high level of social protection, but inequalities persist. In a fast-changing world, new challenges also need to be faced.

The main threats to EU social protection systems come from the ageing population. The population aged 65 and over is projected to increase by 77% by 2050. Reforms in social protection have led to a projected increase in public expenditure of only 3.4% of GDP<sup>1</sup>. However it is important that social protection reforms still guarantee an adequate income for older people, and that everybody has access to high quality care. Member States are focusing on pensions and long-term care, working to ensure universal and sustainable access.

*The EU supports the modernisation of social protection systems with a view to ensure social justice for all and promote the active participation of all in society.*

## Major Themes

This leaflet outlines the major themes highlighted in the 2008:

- Efforts to reduce child poverty;
- Promoting longer working lives;
- Securing private-funded pensions;
- Reducing inequalities in health outcomes;
- Long-term care.

An explanation of the Open Method of Coordination is given at the end, followed by a conclusion that summarises the main results.

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<sup>1</sup> COM(2008)42final.

# Helping the young, helping the future

## Why Child Poverty?

In most of the EU, children are at greater risk of poverty than the overall population. The reasons for this are complex and include living in a household with few or no jobs, or with jobs that do not pay enough, living with one parent, and / or in a large family, and insufficient income support to families.

There was a 19% risk of child poverty across Member States in 2006, a figure that can rise as high as 26% in the worst-affected<sup>2</sup>. A child growing up in poverty is also likely to face more obstacles in the future, be it

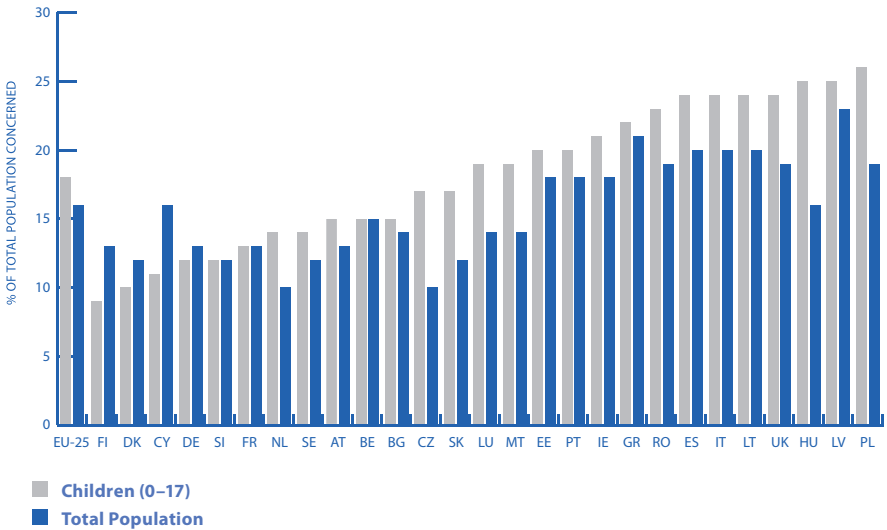
through bad education, health, and/or job prospects. The persistence of child poverty in one of the richest regions in the world is a major cause for concern.

*Fighting child poverty means fighting poverty as a whole, by ensuring it does not pass from one generation to the next.*

## Integrated and long-term

Successful anti-child poverty measures have been those adopting *integrated approaches* to child poverty over the *long-term*, using

At risk of poverty rate, 2006  
(threshold: 60% of median equivalised income after social transfers)



Source: Eurostat EU-SILC (2006); BG and RO: national Household Budget Survey

2 SEC(2008)91.

measures targeting the most disadvantaged (for example children living with a lone parent household) *alongside* a universal approach that supports all families and children, irrespective of status (for example family tax rebates). Early intervention is crucial, to ensure the child is not handicapped by poverty early on. Direct income support plays a key role but must not act as a disincentive to take up a job: child poverty is more common in jobless households or in households where only one parent works, so it is vital to increase job access for both parents and enable services like childcare that reduce the parental burden, while improving job quality for parents that work but still struggle.

*Measures against child poverty work best when they address the problem early on, are well-resourced, and have clear objectives and targets.*

Major issues that are emerging as Member States tackle child poverty are:

- the shift from institutional care to foster care;
- linking child poverty with children's rights;
- fighting discrimination;
- including non-financial measures of child poverty and well-being, like health and social participation.

### Good Practice – Malta<sup>3</sup>

In Malta the Nwar (Late Blossoms) programme has the aim of reducing illiteracy.

The specific objective is to provide an afterschool family literacy service to families whose children risk educational failure through insufficient reading and writing skills. The service is provided for both children and their parents.

Nwar has been successful, because it not only supports vulnerable children's basic literary skills through extra afterschool tuition, but it also actively involves parents in ongoing learning opportunities, thus influencing the domestic learning environment.

### Good Practice – United Kingdom<sup>4</sup>

A fund has been set up in Scotland called Working for Families (WFF). It focuses on access to childcare as the main barrier for parents seeking employment. The fund is being allocated to local authorities based on the number of children in households dependant on unemployment benefits.

The main aim is to improve access to affordable and flexible childcare. A target of 15 000 parents has been set. The main beneficiaries are: single parents, families on low income, and families with other problems that make employment difficult, including mental and physical disabilities or drug abuse.

*The EU is committed to making a decisive impact on the eradication of poverty and social exclusion by 2010.*

3 Malta's "National Report on Strategies for Social Protection and Social Inclusion 2006-2008".

4 "UK National Report on Strategies for Social Protection and Social Inclusion 2006-2008", annex 2.1.

# Longer Working Lives

## Why the focus on working longer?

Life expectancy increases and a greying population are having a negative impact on pensions systems: the dependency ratio (population aged 65+ compared to 15-64) is forecast to nearly double from 25% to 53% between 2004 and 2050<sup>5</sup>.

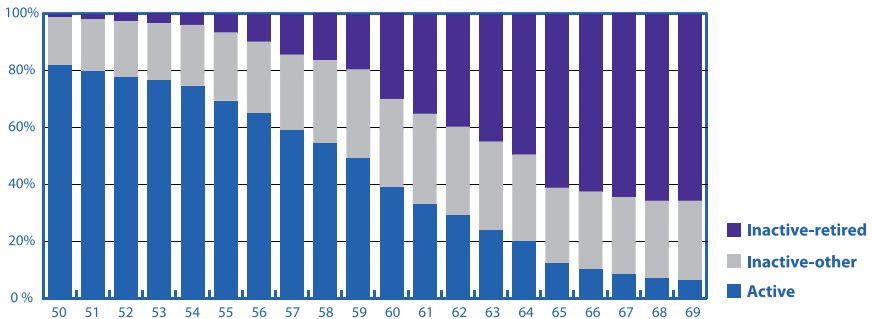
That is why the Member States are adopting active ageing strategies, focusing on keeping older people active throughout their working lives. The focus is on the 55-64 age group as employment rates decline significantly at this stage. The transition to retirement also involves long periods of unemployment or disability benefits, evidence that many older workers find few job opportunities.

## Progress so far

The employment rate of 55-64 year olds in the EU increased from 36% in 1997 to 44% in 2006. This is the result of pension reforms, labour market improvements, and the higher activity rate of the baby-boomer-generation. However it is still below the EU target of 50%<sup>6</sup>.

There is also a rapid fall in late-age employment. Whereas 73% of those aged 50-54 are employed, this falls to 56% for 55-59 year olds and only 28% for 60-64 year olds. Raising employment amongst those aged 55-59 is crucial: this would raise the older employment rate above 50% and allow employment amongst 60-65+ year olds to rise<sup>7</sup>.

Economic activity by age in EU-27 (2006)



Source: Eurostat, Labour Force Survey.

5 Eurostat.

6 Eurostat.

7 Eurostat.

There are still differences in the employment of 55-64 olds:

- **amongst Member States:** those with already lower employment rates tend to progress slower;
- **by gender:** 36% employment for women and 53% for men;
- **by education level:** the increase has been 5 percentage points for the less qualified, compared to 6-7 points for medium and highly qualified<sup>8</sup>.

## Which policies are being adopted?

Member States are engaged in a variety of reforms to encourage longer working lives. The two major policy efforts are retirement flexibility and early exit reforms.

- **Flexibility** means helping those who want to work being able to do so, amending retirement rules and encouraging more appropriate jobs (like part-time).
- **Early exit reforms** involve restricting eligibility (while compensating for work that is hazardous or demanding), increasing incentives (fiscal or social contributions), and enhancing work opportunities (e.g. through training).

## Good Practice – Sweden<sup>9</sup>

Almost 70% of 55-64 year olds in Sweden work, compared to an EU average of 44%.

One of the main reasons is the pensions system, designed to encourage a longer working life, based on the principle of lifetime earnings. A person is entitled to a yearly pension based on the pensions capital divided by the remaining expected life expectancy – those who defer retirement therefore have a higher pension.

Planning early is encouraged: the “orange envelope” is sent every year to individuals, with a detailed pensions profile and a projection of future pension entitlements. In that way, each person can calculate how long he/she should work for and whether extra pension savings are required.

## Good Practice – Lithuania<sup>10</sup>

The Elderly Woman’s Activity Centre (EWAC) carried out a project helping with elderly women’s unemployment through education. During the project, a group was formed of elderly women dissatisfied with unemployment benefits and looking for a job, and training was provided. An employer survey was also conducted, asking employers what they could offer to trained and computer-literate elderly women.

EWAC also teamed up with Kaunas University of Technology to implement a project entitled “Integration of Vulnerable Elderly Women into the Labour market”, targeting 180 socially vulnerable women, and carrying out additional research into the subject.

<sup>8</sup> SEC(2008)91.  
[http://ec.europa.eu/employment\\_social/spsi/docs/social\\_inclusion/2008/sec\\_2008\\_91\\_en.pdf](http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/sec_2008_91_en.pdf)

<sup>9</sup> “Sweden’s Strategy Report for Social Protection and Social Inclusion, 2006 – 2008”, update 2007.

<sup>10</sup> “National Report on Strategies of Lithuania for Social Protection and Social Inclusion 2006-2008”

# Securing Private Pensions

## Why a move to private pensions?

European pensions systems face a threat: demand is growing at a faster pace than contributions. A key answer is to encourage longer working lives, and in some Member States, this can also be accompanied by strengthening of private-funded pensions schemes. This does not mean a retreat in public policy. Public pension schemes will remain the main source of income for most pensioners, and governments need to regulate private schemes and foster increased financial literacy.

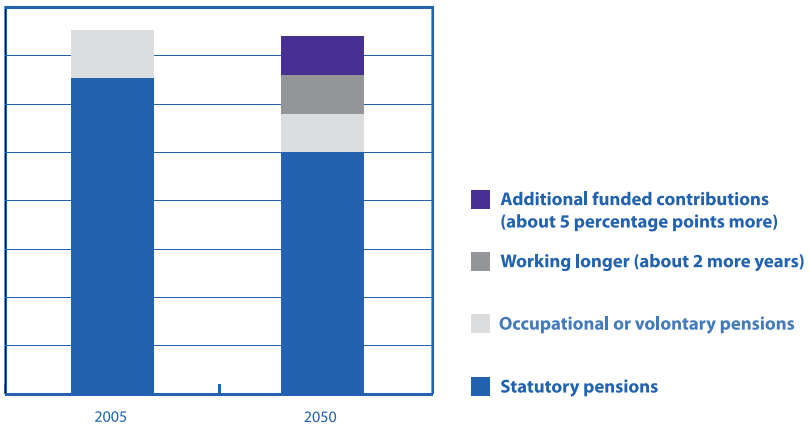
*The EU works with the Member States towards ensuring adequate and sustainable pensions for its citizens.*

## Public oversight

Private pension schemes in the EU currently have an average 50-60% coverage level<sup>11</sup>. In Member States where these schemes are expected to contribute significantly to adequacy of pensions, this is inadequate and will need to be increased substantially to ensure that the whole working population can accumulate private pension rights.

Some countries have introduced mandatory private pensions. In these countries, **transition mechanisms** are important and still evolving. Governments have managed costs in various ways, for example through tax transfers and higher contribution rates. In some Member States, these reforms have

Stylised evolution of theoretical replacement rates, working longer and privately managed pension provision



Source: Stylised illustration of ISG projections (statutory pensions also include funded tiers), based on 2006 ISG report on theoretical replacement rates.

<sup>11</sup> SEC(2008)91.

had the added bonus of increasing compliance and reducing the size of the informal economy.

Governments are also **defining the rules** for private schemes. These include pay-out conditions, appropriate supervision of fund operations and investments, and transparent public information. These are all geared towards ensuring adequate payments for pensioners.

## Financial literacy

Private pensions systems mean more choice and more complexity. The public must be aware of the financial issues so they can make informed decisions, especially the close correlation between risks and returns.

This includes having a view of the funds' investment strategies. For example, it may be seen as good practice to move to funds that invest in more stable bonds prior to retirement: the returns will be less, but the pension capital will be more secure.

## Good Practice – Germany<sup>12</sup>

As well as addressing the sustainability of the state pensions and increasing the age of retirement, the German authorities are expanding additional old age pensions as company and/or private capital-based pensions, reaching people with low and average incomes in particular.

Just under two-thirds of employees now make additional provisions using company pension contracts. In addition, uptake of the voluntary *Riester* pension, a private-funded pension scheme publicly supported has increased dramatically, reaching around 10.8 million citizens by end 2007<sup>13</sup> (compared to around 5.5 million at end 2005). The *Riester* pension has successfully attracted low earners, women and families in particular, with attractive targeted fiscal incentives.

## Good Practice – Netherlands<sup>14</sup>

The Dutch authorities are boosting confidence in their pension system through the introduction of a new Financial Assessment Framework (FTK). The FTK makes the pensions system more secure by guaranteeing solvability. Liabilities are to be valued at the market rate with a minimum coverage ratio of 105%. Tests will also be implemented that should encourage more investments in stable assets like fixed income.

The FTK also imposes requirements about the reserve size and the break-even contribution rate. These measures may put additional burdens on pension funds, but they will encourage them to concentrate on liabilities as well as assets and adopt a more risk management approach.

<sup>12</sup> Germany's "National Strategy Report Social Protection and Social Inclusion 2006"

<sup>13</sup> Figures from Germany Ministry of Labour and Social Affairs.

<sup>14</sup> "National Strategy Report on Social Protection and Inclusion in the Netherlands 2006-2008" & 2007 update.

# Keeping Everyone Healthy

## How can health be unequal?

Despite the good health care systems, there are still striking inequalities in the health of European citizens. Those with less education, wealth or a worse job status tend to suffer more from disease and illness, while inequalities can also appear along geographic, ethnic or gender lines.

Life expectancy is higher for the better educated and for those with professional rather than manual occupations: 4-6 years for men and 2-4 years for women<sup>15</sup>. In some Member States this gap can rise to 10 years, and the gap has been increasing.

These inequalities are avoidable, therefore not acceptable. They aggravate social exclusion and economic inequality and represent a loss of human potential.

*The EU supports high quality, accessible and sustainable health care for its citizens.*

## Actions to reduce health inequality

Governments are pursuing a number of measures to reduce these inequalities, combining general policies with those targeted at lower socio-economic groups:

- Health promotion activities (like those addressing alcohol use and obesity);

- The decreased prevalence of certain diseases, like heart diseases;
- Extension of care to day care, schools and community centres;
- More effective prevention activities, like screening and vaccination;
- The broader development of information systems to monitor health.

The areas identified that still need to be improved include:

- Addressing financial barriers and extending health insurance coverage to groups not yet covered;
- Tackling geographic disparities, for example by defining minimum distances to care and allowing cross-border care;
- Enhancing promotion and preventive care vis-à-vis curative treatment;
- Understanding the needs of specific groups and adapting care provision accordingly;
- Improving access by reducing waste and thus releasing resources – greater efficiency through both market forces and better coordination.

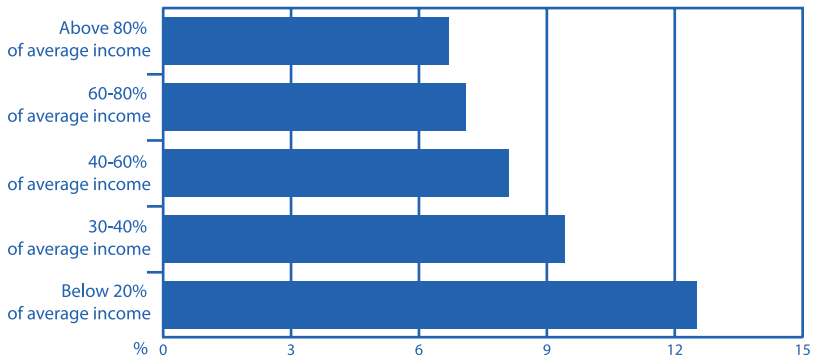
## Good Practice – Austria<sup>16</sup>

Austria is implementing healthcare reforms to ensure a more integrated healthcare system. Provincial health platforms have been set up, and greater coordination between the federal state, provinces and the social

15 SEC(2008)91.  
[http://ec.europa.eu/employment\\_social/spsi/docs/social\\_inclusion/2008/sec\\_2008\\_91\\_en.pdf](http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/sec_2008_91_en.pdf)

16 Austria's "National Report on Strategies for Social Protection and Social Inclusion" & "Supplementary Report 2007".

Percentage of EU citizens with unmet medical needs by income group, 2005



Source: Eurostat

health insurance system to ensure “one-stop financing”: joint control, planning, and funding of benefits and services at the various levels of healthcare.

Equitable access is being further improved through performance quantity standards that ensure a more uniform regional distribution of services. Outpatient centres with needs-oriented healthcare packages have been set up to improve healthcare in rural areas, and incentives are being created for participants in family-doctor programmes.

been introduced targeting those earning less than €7 046 per year. The CMU-C is free, and beneficiaries do not have to pay for a range of services, like medicines, eyeglasses, dental prosthetics and hearing aids.

The CMU-C has succeeded in reducing the number of people renouncing medical treatment, and has increased the coverage ratio of complementary insurance from 84% to 92%. For those who do not qualify for the free CMU-C but still struggle to afford their own complementary insurance, tax credits are available.

## Good Practice – France<sup>17</sup>

Despite the fact that public health insurance takes on three-quarters of the cost, many poor people in France still used to forego medical treatment. A complementary universal health cover (CMU-C) has

<sup>17</sup> France’s “Rapport sur les stratégies pour la protection sociale et l’inclusion sociale 2006-2008”, annex 4.1.

# Better Care for the Needy

## Why the focus on long-term care?

Higher life expectancy and socio-economic changes are driving demand for long-term care. Member States are committed to ensuring access to quality long-term care, irrespective of income, and are searching for a sustainable mix between public and private financing. Support is being given for more residential community-based systems, while the quality of the workforce is also being addressed.

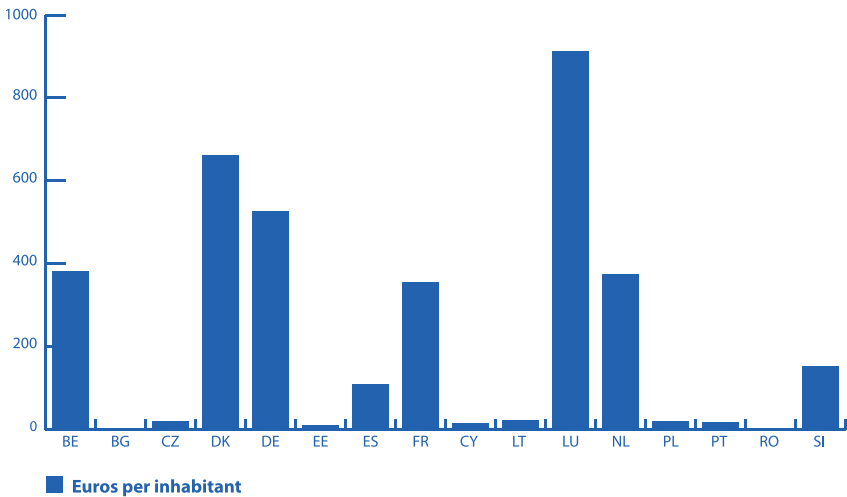
*The EU supports high quality, accessible and sustainable long-term care for its citizens.*

## Meeting the costs

The costs of long-term care are expected to increase substantially. One focus is on prevention: encouraging healthier lifestyles that reduce the need for care in old age.

Some Member States are ensuring sufficient resources through universal social insurance schemes or taxation. There is also a focus on better coordination, between medical and social services and informal care for example, and the most successful policies are adopting an integrated approach to long-term care.

Health care expenditure on Long-Term Care, 2004



Source: Eurostat

## Home Care

The emphasis is moving from institutional to home and community care. The goal is to help individuals remain at home for as long as possible. This reflects most individuals' preferences. It is also considered cheaper than institutional care, and it could be enhanced through e-health solutions like tele-monitoring. Institutions will be kept mostly for those with severe disabilities and conditions.

## Workforce training

Equally important is the issue of the long-term care workforce. Particularly in countries facing shortages, adequate recruitment, training, and retraining remain a challenge as does the coordination of formal and informal care. The improvement of working conditions and social security formalisation are possible ways to ensure high level of quality in informal provision.

## Good Practice – Portugal<sup>18</sup>

The National Network of Integrated Continuous Care has been established as an integrated model between the health and social sectors. The Network provides care through various institutional units (e.g. convalescence or rehabilitation), as well as home care service teams providing primary care, social support and palliative care.

The Network ensures continuity and coordination in care treatment, the promotion of family participation and home care, better use of resources, and a care model based on the individual. The ultimate aim is to ensure better long-term care for dependent people through a better connected system tailored to their needs.

## Good Practice – Slovakia<sup>19</sup>

In Banská Bystrica, Slovakia, the local authorities have taken a holistic approach to their disabled citizens. A community planning approach has been adopted that involves all stakeholders, helping to identifying local needs and channelling resources to where they are most needed. Partnerships have also been created with NGOs to enrich the scope of intervention.

The approach used has focused on improving the quality of life for handicapped individuals and their families. Basic care is provided, but other negative impacts of handicapped life are also addressed: education, employment, the provision of accessible housing and transportation and leisure activities.

<sup>18</sup> Portugal's "National Report on Strategies for Social Protection and Social Inclusion".

<sup>19</sup> Slovakia's "National Report on the Strategies for Social Protection and Social Inclusion 2006-2008", annex 4.2.

Member States face similar challenges in economic, employment and social policy. Greater collaboration is therefore a natural choice.

A framework for this collaboration was adopted in March 2000, called the **Open Method of Coordination** (OMC). It provides a structure whereby Member States can learn from each other, identifying the most effective policies.

These are achieved through the following methods.

### *Agreeing common objectives*

Objectives are regularly revised. The overall objectives agreed upon in 2006 relate to social cohesion, gender equality and equal opportunities; effective interaction between economic, social and sustainable development priorities; and good governance, transparency and policy participation. In addition there are specific objectives for each strand of the OMC, i.e. social inclusion, pensions and healthcare, and long term care<sup>20</sup>.

### *Establishing common indicators*

Common indicators have been developed – for example, “people living in jobless households” or “percentage of individuals with perceived unmet medical needs”. These measure progress across Member States towards common objectives and allow comparisons to be made.

### *Preparing national strategic reports*

Member States submit reports every three years, outlining their strategies and progress, and highlighting examples of good practice.

### *Evaluating these strategies*

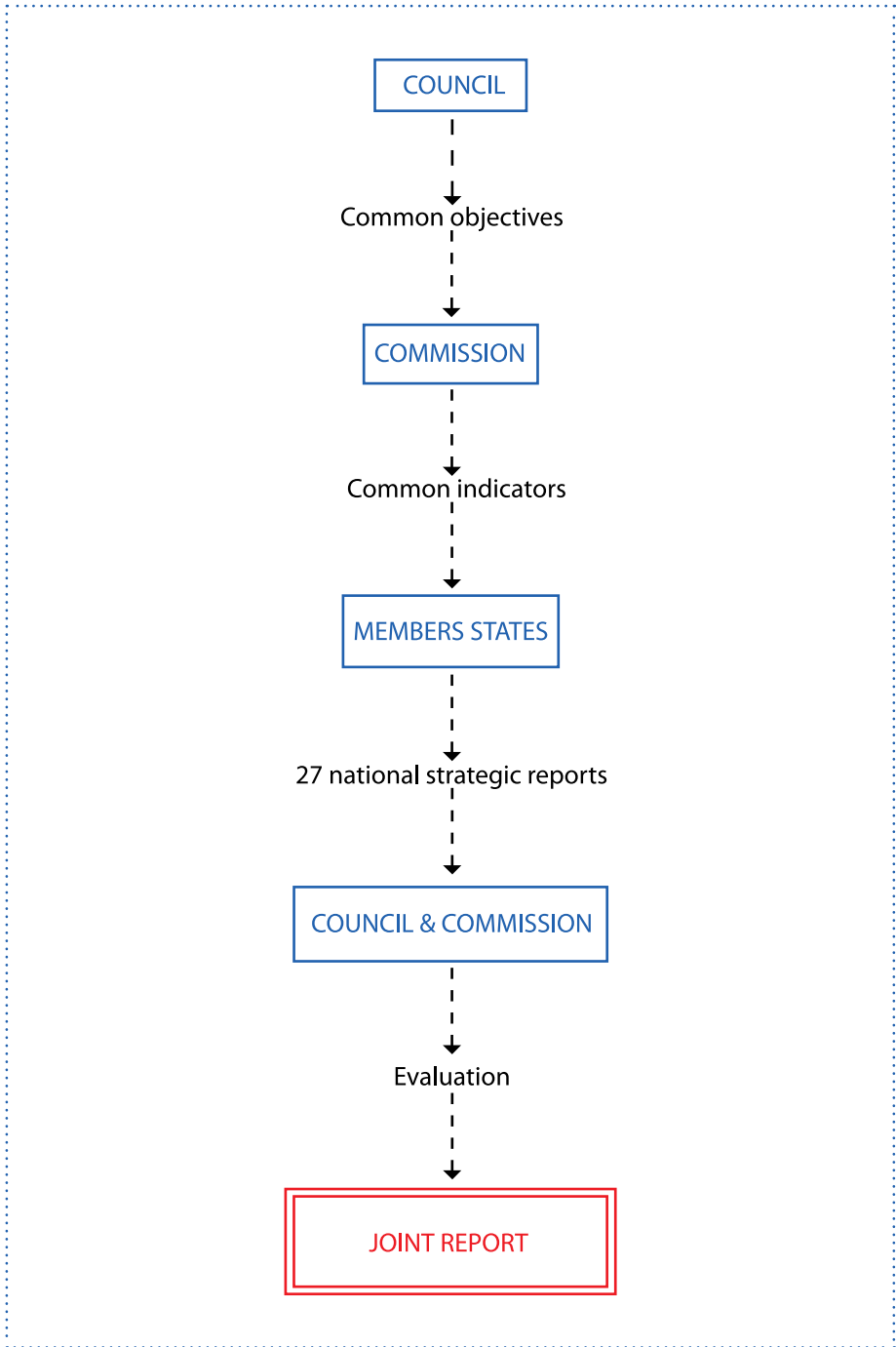
The European Commission and the Council provide a joint analysis of these national reports, assessing progress, setting priorities and identifying innovative approaches. These reports are published annually<sup>21</sup>. The Joint reports published in the years without full national reporting have a thematic focus.

The OMC is being reinforced, so that the coordination can result in better policy-making.

*The EU promotes an integrated approach to policymaking in the social field. Consistent and coordinated policies, which take on board the many dimensions of poverty and exclusion, are essential to improve the situation of the most vulnerable.*

<sup>20</sup> [http://ec.europa.eu/employment\\_social/spsi/common\\_objectives\\_en.htm](http://ec.europa.eu/employment_social/spsi/common_objectives_en.htm)

<sup>21</sup> [http://ec.europa.eu/employment\\_social/spsi/joint\\_reports\\_en.htm](http://ec.europa.eu/employment_social/spsi/joint_reports_en.htm)



# Conclusion

The 2008 Joint Report confirms the importance of integrated solutions, i.e. those that approach a problem from multiple perspectives.

*Modernising social protection, ensuring adequacy and financial stability, and tackling poverty and social exclusion are fundamental to Europe's sustainable development.*

## Main findings

- Children remain disproportionately at risk from poverty – addressing this challenge is necessary to break the intergenerational transfer of poverty.
- Low employment rates amongst older workers mean missed potential and pensions deficits – active ageing strategies are addressing these concerns.
- Public pensions cannot support the ageing population. Better coordination and oversight of public and private pensions schemes ensure future entitlements.
- Modern health systems belie persistent inequalities in health – these are being addressed through targeted measures, increased coverage and prevention.
- The demand for long-term care is growing. To address this, financial options are being assessed, alongside a shift to non-institutional care and a better workforce.

## Common threats – a common goal

The 2008 edition of the Joint Report recognises that progress has been made. Social protection systems are being modernised to ensure adequate and universal access. Efforts are being undertaken by many Member States, notably through comprehensive Active Inclusion strategies, aiming to integrate the most vulnerable into society.

But much work still needs to be done. Member States are comparing and contrasting their experiences through the Open Method of Coordination. In that way, emerging problems can be noticed early and good practices in policymaking shared. By learning from each other, Member States work towards the common goal:

**A more cohesive,  
and thereby a stronger, Europe.**

European Commission

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