



## Gender Pay Gap

New Solutions for an Old Problem: Developing Transnational Strategies Together with Trade Unions and Gender Equality Units to Tackle the Gender Pay Gap.

## Comparative Report

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More information available via:

<http://www.genderpaygap.eu>

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# 1 Introduction and Making of the Comparative Report

This '**Comparative Report**' has been prepared as part of the project 'Gender Pay Gap: New Solutions for an Old Problem. Developing Transnational Strategies Together with Trade Unions and Gender Equality Units to Tackle the Gender Pay Gap' which is a project funded by the PROGRESS Programme of the European Union. The main objective of the project is, in close cooperation with trade unions, gender equality units and other relevant stakeholders, to develop new, innovative strategies to tackle the gender pay gap.

On the one hand, the project concentrates on the **gender pay gaps in the financial and insurance sector**, and, on the other hand, on **the human health sector**.

Involved in the project are experts from diverse sorts of institutions in **six countries**: CESI – Center for Education, Counselling and Research – **Croatia**, L&R Social Research – **Austria**, RoSa – Role and Society vzw, Documentation Center, Library and Archives on Equal Opportunities, Feminism and Women's Studies – **Belgium**, The Tavistock Institute for Human Relations – United Kingdom, Tomillo Center for Economic Studies – **Spain**, Brandenburg Technical University Cottbus – **Germany**, and the Praxis Centre for Policy Studies – **Estonia**. Also involved are representatives from European institutions including the ETUC (European Trade Union Confederation).

Researchers from each of the participating countries have contributed extensive country-specific in-depth research (country context and sector specific analysis including the financial and insurance sector and the health sector) in cooperation with representatives from trade unions and gender equality units.

The '**Comparative Report**' at hand is a summary of the work conducted by the researchers in each country. This work is based on different methods and approaches including analyses of literature and statistics, interviews with various experts, focus groups with relevant stakeholders and mutual learning meetings on national and transnational levels. The aim of the '**Comparative Report**' is to give comprehensive insights into the situation of the six involved countries concerning the gender pay gap and to propose actions to close the gap. Similarities and dissimilarities regarding each country's situation might support common action and learning from one another. The focus of the report lies – as in the entire project – on the financial and insurance sector as well as the human health sector.

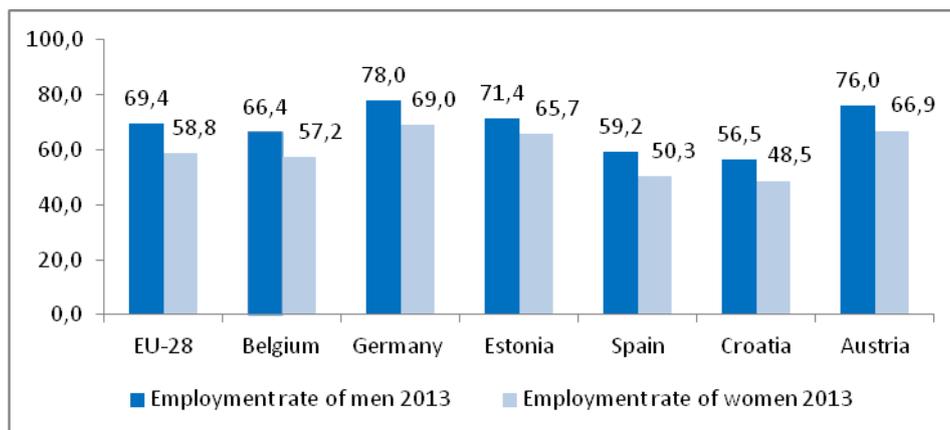
The report is one element of a multi-faceted approach including research, networking, mutual learning, implementation of initiatives, awareness-raising activities and dissemination strategies and should support activists and stakeholders with arguments and ideas in their struggle to close the gender pay gaps.

Important results of research phases and country-specific information– as well as additional information – can be found on the project website: <http://www.genderpaygap.eu>.

## 2 Characteristics of the GPG in the Six Countries

Looking at the **women's and men's employment rates** in the six relevant countries Croatia, Austria, Belgium, Spain, Germany and Estonia, all of them show a lower gender employment gap than the EU average with its difference of 10.6 percentage points. In Estonia the difference between the employment rate of women and men in 2013 was especially small (5.7 percentage points). In general, Germany has the highest employment rates for women as well as for men, followed by Austria and Estonia, whereas Croatia has the lowest, closely followed by Spain.

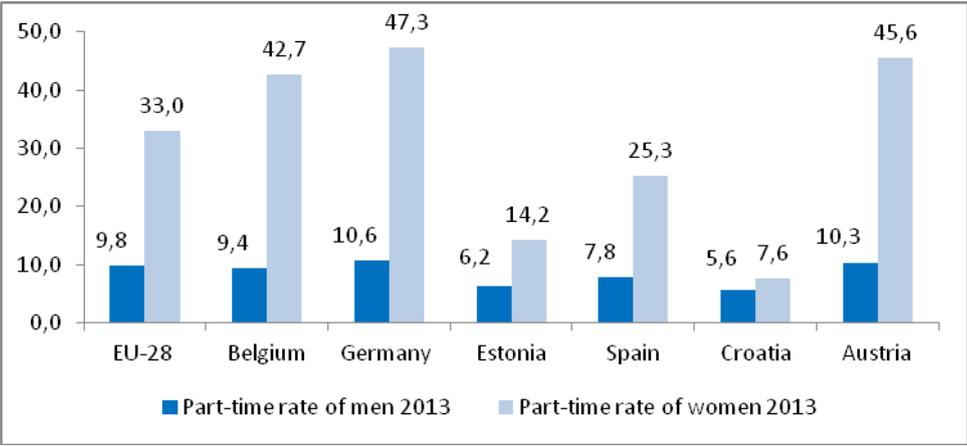
**Figure 1: Women's and Men's 2013 Employment Rates in Relevant Countries**



Source: Eurostat, LFS (online data code: lfsi\_emp\_a)

A more detailed analysis reveals large differences of **part-time rates** in the six countries (see figure 2). Germany, Austria and Belgium have very pronounced female part-time rates with over 40% of employed women working part-time, whereas Estonia and especially Croatia have quite low rates. In Croatia only 7.6% of employed women work part time. Although in each of the countries the women's part-time rate lies above the men's part-time rate, great differences between the gender gaps can be identified. Belgium, Germany and Austria show higher gaps than the EU average with a difference of over 30 percentage points. On the other side, Estonia, Spain and especially Croatia have lower gender disparities. Additionally, the highest male and female part-time rates can be found in Germany and the lowest in Croatia. Concerning the differences of men's and women's part-time rates between the relevant countries, it can be noted, that the women's rates vary more widely, whereas the difference of men's part time rates is not very pronounced; men's part-time participation lies between 5 and 10%.

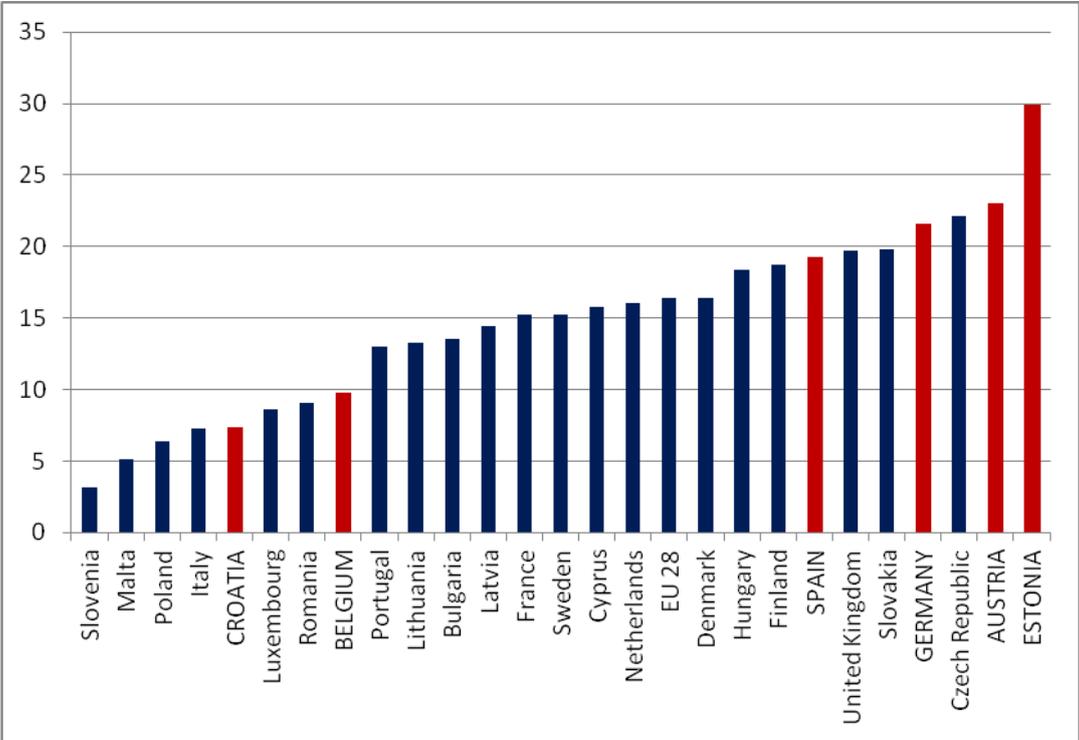
**Figure 2: Women’s and Men’s 2013 Part-time Rate in Relevant Countries**



Source: Eurostat, LFS (online data code: lfsi\_emp\_a)

A comparison of the **total gender pay gaps** in the selected countries (figure 3) shows the differing situations: whereas in Croatia (7%) and Belgium (10%) the gender pay gap is relatively low and lies below the EU average of 16.4%, the opposite is true for the other participating countries, especially Estonia (30%), Austria (23%) and Germany (22%), but also Spain with a gender pay gap of 19%.

**Figure 3: Gender Pay Gap in Unadjusted Form in %\*, 2013**



Eurostat, LFS (online data code: earn\_gr\_gpgr2); \* NACE Rev. 2 (structure of earnings survey methodology); total GPG except public administration, defense, compulsory social security; latest year available for Austria: 2010; extracted on April 16<sup>th</sup>, 2015

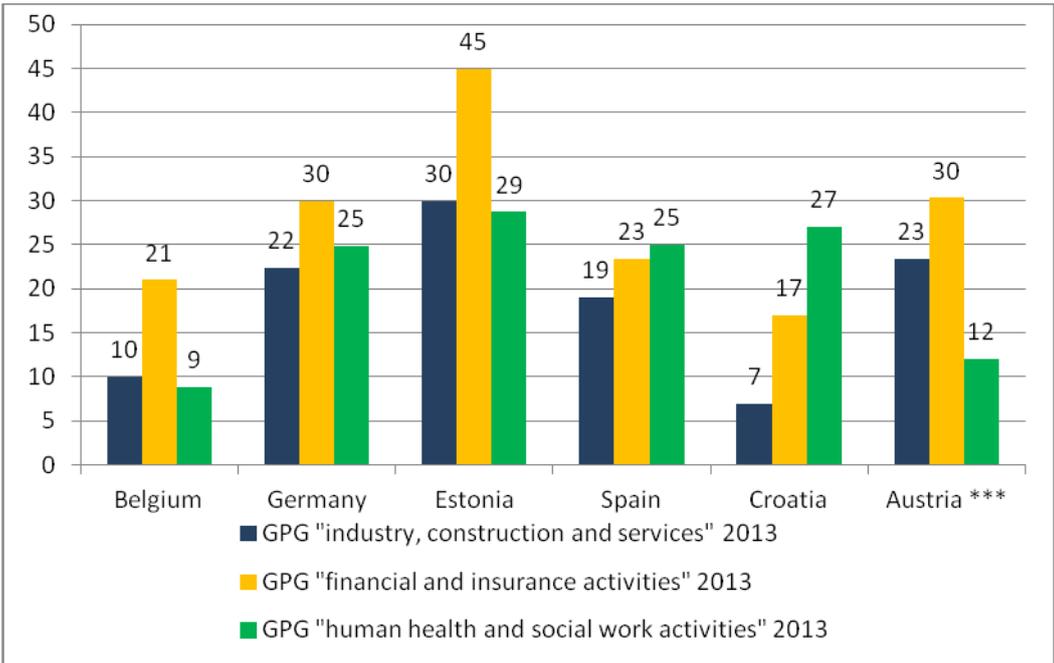
When drawing attention to the extent of the gender pay gap in the selected sectors, **the financial and insurance sector** (yellow bars in figure 4) and the **human health sector**

(green bars in figure 4), the great differences between the sectors per country and also different patterns between the countries become visible. In most of the countries the gender pay gap in the financial and insurance sector is much more pronounced (Estonia, Austria, Germany and Belgium) than the total gender pay gap and the gender pay gap in the human health sector.

The difference between the gender pay gap in the financial and insurance sector in comparison to the other sectors is especially pronounced in Estonia with a gender pay gap of 45%, but also in Belgium where it lies at 21% (which is nevertheless twice as high as in the other relevant sectors).

In Croatia and Spain the gender pay gap in the human health sector is higher than the others. With Spain, it can be stated that all selected gender pay gaps are of a similar level with smaller differences between them than is the case with the other selected countries. In general, the lowest gender pay gap in the field of human health and social work activities can be found in Belgium at only 9%. Whereas Croatia additionally shows the lowest amounts at 17% and 7% in the other two sectors, Estonia has the highest gender pay gaps in the two selected sectors and also in the total GPG.

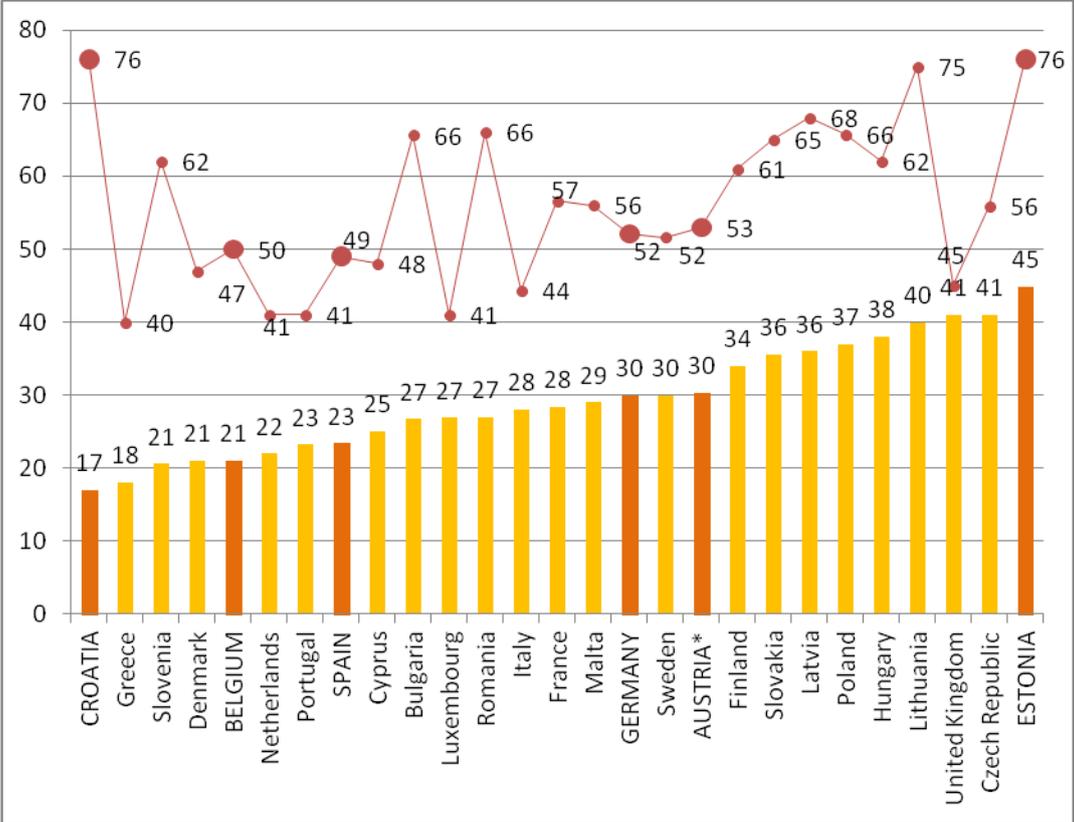
**Figure 4: Gender Pay Gap in Unadjusted Form in %\* for “Financial and Insurance Activities”, “Human Health and Social Work Activities” and Total GPG\*\* in 2013 in Relevant Countries**



Source: Eurostat, LFS (online data code: earn\_gr\_gpgr2); \* NACE Rev. 2 (structure of earnings survey methodology); extracted on April 16<sup>th</sup>, 2015; \*\* total GPG except public administration, defence, compulsory social security

Focusing only on the **gender pay gap in the financial and insurance sector**, figure 5 depicts the percentages for each European country including **the percentage of female employment in this sector**. In general, the share of female employment in this sector varies considerably across the countries. Out of the six relevant countries Croatia and Estonia have the highest female share at 76%, whereas Spain, at 49%, has the lowest. Additionally, concerning the gender pay gap in the financial and insurance sector, the lowest can be found in Croatia (17%), followed by Belgium (21%) and Spain (23%). Estonia has the highest at 45%.

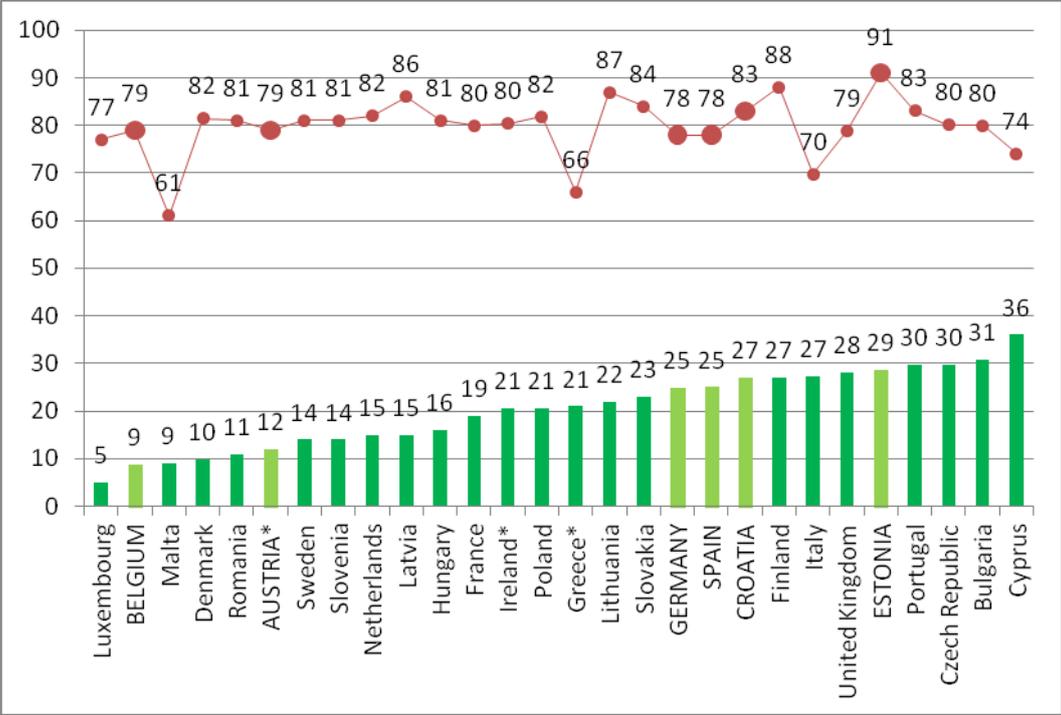
**Figure 5: Gender Pay Gap in Unadjusted Form in %\*\* for “Financial and Insurance Activities” and % of Female Employment in this Field in 2013\***



Source: Eurostat, LFS (online data code: earn\_gr\_gpgr2 and lfsa\_egan2); \*\* NACE Rev. 2 (structure of earnings survey methodology); extracted on April 16<sup>th</sup>, 2015; \* latest year available for Austria: 2010; yellow bars: gender pay gap, red spots dots: % of female employment in this field

In comparison to the financial and insurance sector, the **percentage of female employment in the human health sector** is much more stable across the different countries, as revealed in figure 6. With slightly higher or lower rates, there are just a few outliers. Estonia, for example, has the highest rate at 91% and, at 29%, its gender pay gap is also among the highest. On the other hand, Belgium, at 9%, has the second lowest gender pay gap of all countries, followed by Austria at 12% - the female employment rate is, on average, quite high for both at 79%. The other relevant countries have middle-high gender pay gaps (between 25 and 27%) in the human health sector.

**Figure 6: Gender Gay Gap in Unadjusted Form in %\*\* for “Human Health and Social Work Activities” and % of Female Employment in this Field in 2013\***

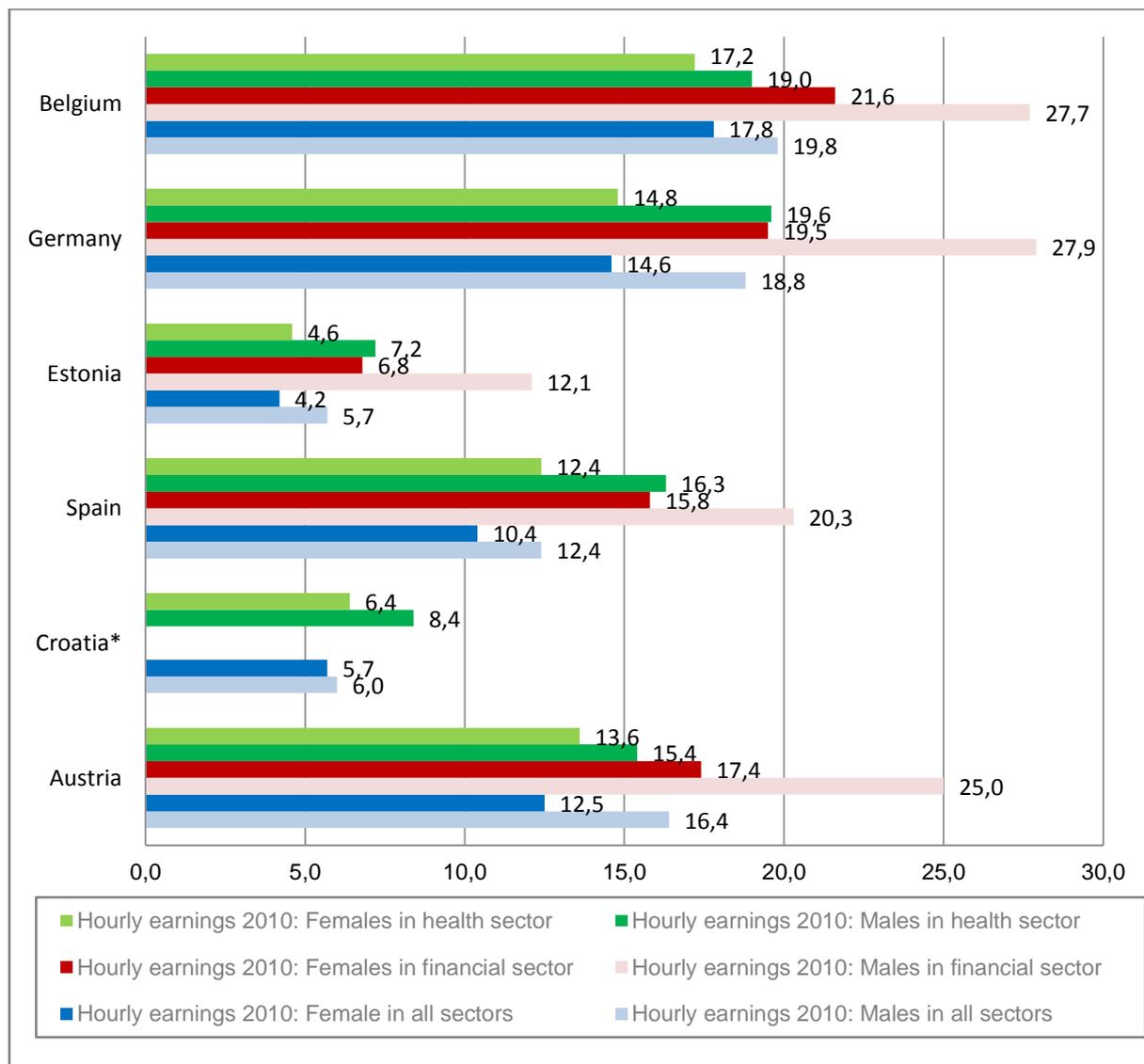


Source: Eurostat, LFS (online data code: earn\_gr\_gpgr2 and lfsa\_egan2); \*\* NACE Rev. 2 (structure of earnings survey methodology); extracted on Jan. 12<sup>th</sup>, 2015; \* latest year available for Austria and Greece: 2010, for Ireland: 2012

Another way to characterise the gender pay gaps and earning patterns in the relevant countries is by having insights into the **mean hourly earnings** by sex. Regarding figure 7, the most obvious aspect in all countries is the considerably higher amount of mean hourly earnings of men in the financial and insurance sector. Although the corresponding amount in Estonia can be identified as the lowest of all observed countries, it is twice as high as the mean hourly earnings of men and women in the other Estonian sectors. In addition, the mean hourly earnings of women are comparably high in the financial and insurance sectors and lie at least above average earnings in all countries, but not as high as the exceptionally high male hourly earnings.

In contrast to the relatively high hourly earnings in the financial and insurance sector, the mean hourly earnings in the human health sector for women and men alike are more or less at average income levels for women and men in all sectors. Only in Spain and Croatia are men’s and women’s mean hourly earnings a bit above the respective average income levels.

**Figure 7: Mean Hourly Earnings According to Gender 2010 in Relevant Countries**



Source: Eurostat, LFS, Structure of earnings survey (online data code: earn\_ses10\_13), hourly earnings include industry, construction and services (except public administration, defence, compulsory social security); \*no data available for the financial sector and insurance sector for Croatia

Brief looks at the gender pay gaps and the mean hourly earnings reveal **some common patterns** despite all the countries' differences:

- In the human health sector the gender pay gaps of most participant countries are relatively modest and the hourly earnings are quite similar to the earnings average in all sectors.
- In the financial and insurance sector the gender pay gaps in most participant countries (with the exception of Croatia) are comparably pronounced and the mean hourly earnings of men are also very high (no data available for Croatia), while female hourly earnings are only slightly above average incomes.

## 2.1 Wage-setting Mechanisms

		Austria	Belgium	Croatia	Estonia	Germany	Spain
<b>Collective agreements</b>		✓	✓	✓		✓	✓
<b>Bipartite negotiations</b>					✓		
<b>Coverage and level</b>							
	<b>Covered by collective bargaining (%)</b>	95%	96%	61%	33%	59%	70%
	<b>Key level of collective bargaining</b>	Industry	National (sets framework)	Industry and company	Company	Industry	Industry*

\*the new law gives precedence to company agreements.

Source: <http://www.worker-participation.eu/National-Industrial-Relations/Across-Europe/Collective-Bargaining2>

In general, **collective agreements** can be identified as the dominant type of wage-setting mechanisms within the relevant countries. They are used by all of the relevant countries except for Estonia. In Belgium many subsectors also use collectively-agreed schemes according to classifications of functions. Social partners set the general minimum wage, and often agree upon specific, higher minima for subsectors. In Germany, some sectoral agreements are furthermore divided into separate regional agreements. Other agreements are federal agreements in force for all employers and employees in one sector throughout Germany. Furthermore, large companies often have their own company-level agreements. The proportion of employees covered by collective wage agreements (“Tarifbindung”) is declining. Minimum wages have only been in force since January 2015. In Austria, collective agreements are negotiated, almost without exception, at the multi-employer sectoral level (no standardised pay agreements) and company level negotiations are subordinated to sectoral level agreements. There is no central wage norm setting done by the federal trade union, but in general, unions aim for an increase in real earnings in line with economic growth. Approximately 90 to 95% of the private-sector employees are included. In Croatia, the institutional and legal framework for wages is regulated by the labour laws, while public sector wages are unilaterally set by the government. In Spain, around 75% of agreements are company specific, but 92% of workers are covered by sector/product agreements. According to the Workers’ Statute, collective bargaining is carried out by both workers’ and employers’ representatives endowed with equal bargaining powers.

In Estonia however, most employees’ working conditions and remuneration are set by **bipartite negotiations** between employer and employee, meaning that collective bargaining is not very common; all in all, just 33% of the workforce are covered by collective bargaining.

## 2.2 Initiatives to Reduce the GPG

	Austria	Belgium	Croatia	Estonia	Germany	Spain
Laws and regulations	Equal Treatment Act	Law on the Gender Pay Gap Collective Labour Agreement	Gender Equality Law Labour Law	Gender Equality Act Equal Treatment Act	General Act on Equal Treatment; (planned) Law on Pay Transparency	Law for the Effective Equality
Equal Pay Reports	Income reports compulsory for companies with more than 150 employees (since 2014)	annual general statistics every two years: compulsory for companies with at least 50 employees				
Pay Days	two pay days	one pay day		one pay day	two pay days	one pay day
Online tools	wage calculator	interactive website to compare wages			tool to analyse earning structures of companies tool to check pay discrimination wage calculator	tool for companies to self-measure their GPG
Campaigns	seminars for members of the works council				campaigns	
Projects	several projects	EVA evaluation project		action plan project by Statistics Estonia		several projects

To summarise, in order to reduce the gender pay gap, the following initiatives were used by the relevant countries:

- laws and regulations
- (annual) equal pay reports
- equal pay days
- online tools
- campaigns
- projects

Upon looking more closely at initiatives and strategies within the relevant countries **laws and regulations** can be identified in all countries. In Belgium and Croatia two kinds of laws to reduce the gender pay gap can be found. Since 2012 in Belgium a law exists, 'Law on the Gender Pay Gap', which states that the gender pay gap should be discussed at all levels of collective labour negotiation (national, sector, subsector, company). All job classification

systems have to be analysed on their gender neutrality by the Federal Public Service Employment, Labour and Social Dialogue. Before 2012 the question of equal pay was already addressed by collective labour agreements, which are legally binding in Belgium. In the past, classifications of functions sometimes explicitly mentioned different pay levels for women and men. In 1975 the principle of equal pay for equal work was adopted in CLA 25, concerning the equal compensation of male and female employees. Differentiating pay on the basis of sex was explicitly forbidden. However, since this CLA did not result in the elimination of the gender pay gap, the principle was amended with an additional agreement (CLA 25bis, 2001) in order to raise awareness on this subject, stating that joint committees 'should' review all classifications of functions on gender neutrality. In 2008 this recommendation was changed to an obligation to do so (CLA 25ter, 2008). A Gender Equality Law has existed in Croatia since 1998 and a new labour law has existed since 2014. Although these two laws could be identified and the GPG has been mentioned in the National Policy for Gender Equality 2011-2015 on multiple occasions, a serious lack of initiatives to combat the gender pay gap in Croatia can be observed. The above-mentioned laws are the only initiatives in Croatia tackling the gender pay gap. This can be drawn back to the fact that most common initiatives include educating social partners in regards to the process of collective bargaining, preparing statistical reports, publishing press releases, or organizing public actions. But publically, the initiatives are not widely recognised and there is a lack of evaluating mechanisms. In addition, multiple stakeholders expressed opinions that the lack of initiatives can be explained by the unlikelihood of their success in the current economic crisis. Concerning existing initiatives, Croatia appears to be one stage behind the other relevant countries. So far, the focus seems to be on institutions already implementing existing initiatives and which are able to take actions to combat the gender pay gap in a follow-up step.

In Austria the Equal Treatment Act for the private sector entered into force in 1979. Already at that time, the "Act on the Equal Treatment of Women and Men with regard to Remuneration" (Federal Law Gazette No. 108/1979) explicitly addressed pay inequality between women and men. After nine amendments and various development stages, today the Equal Treatment Act also includes obligation for the income report for companies having more than 150 employees (since 2014).

In Germany the main focus of the recently presented draft bill on gaining more pay transparency ("*Gesetz für mehr Lohntransparenz*")<sup>1</sup>. It will oblige large corporations (those having more than 500 employees) to report on their activities to guarantee equal pay for women and men. Companies will further be asked to detect existing discrimination structures and mechanisms and – together with collective bargaining partners – to develop and then implement measures to close the gender pay gap. Furthermore, each employee will be entitled to know his/her job grading. It is planned that the law will come into force in 2016.

In Estonia, the Gender Equality Act and the Equal Treatment Act are in force, which include stipulations that prohibit discrimination in working life based upon gender (including paying different remuneration for men and women doing the same work or work of equal value).

The last law to mention is that of Spain. Under the Law for the Effective Equality between Women and Men (2007), equality reports in companies having more than 250 workers are compulsory. With great difficulty (in particular the lack of data), they often address GPG.

More specific **equal pay reports** (or income reports) have been implemented in Austria and Belgium. In Austria, the income reports are compulsory for companies having more than 150

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<sup>1</sup> By the completion of this report it was not yet decided if the new legal act will come into force in 2016.

employees and are currently subjects of an evaluation. In 2006 the federal government in Belgium decided that there was a need for official gender pay gap data annually. Up until then, contradictory figures and studies were in the media. As of 2007, the Institute for the Equality of Women and Men, in cooperation with the Federal Public Service Employment, Labour and Social Dialogue, and the Directorate-general Statistics published an annual report, which contains clear policy recommendations. In 2008 the Federal Planning Bureau joined in. These reports have received a lot of media attention, and have helped in keeping the gender pay gap on the political agenda. In addition to that, in accordance with the law on gender pay gap, all enterprises having at least 50 employees must complete a gender pay gap report every two years. Also, in companies, a mediator for claims of unequal pay can be appointed.

Upon looking more closely at initiatives within the relevant countries, **equal pay days** can be found in all but one – namely, in Croatia. Although some county committees for gender equality have included in their action plans the practice of the European Pay Day, only a few of them have actually followed through.

In Austria and Germany however, two different equal pay days take place. In Austria, the first occurs in spring and is mainly promoted by “BPW Austria – Business and Professional Women” (an international women’s network) and is also supported by the Minister for Women (see <http://www.equalpayday.at>), and the second takes place in October and marks the day men have already earned what women will have earned at the end of the same year. In Germany, the equal pay day in spring has taken place since 2008. It was also initiated by the organisation “Business and Professional Women” (BPW). Taking up the idea from a corresponding organisation in the USA (which introduced a ‘Red Purse Campaign’ in 1988), the “Red Purse” (“*Rote Tasche*”) initiative asked women and men to carry such an accessory to show the income difference between women and men. Since then, this equal pay day has been held every year. Additionally, in 2013 the Federal Confederation of Trade Unions, DGB, initiated the first day of equal pay in companies (“Tag der betrieblichen Entgeltgleichheit”). Similar to Austria, it points out the date after which women should stop working as it corresponds with their part of the average annual earnings of men.

Second well-known kind of initiatives to combat the gender pay gap are laws and regulations and the provision of internet tools. Both types of initiatives can be found in four of the six relevant countries. Additionally, no internet tools could be identified in Croatia and Estonia and in Austria, there were no laws mentioned. Concerning **internet tools** provided to reduce gender pay gaps, Austria and Germany offer wage calculators to assist in making salary differences more transparent. Within this device Germany also provides an additional one to analyse earning structures of companies in order to calculate which part of the gender pay gap in the company is due to (1) years of vocational training, (2) years of work life, (3) hierarchical position, (4) part time, (5) size of team and, (last but not least), (6) gender. Thus enabling employers, employee representatives, collective bargaining parties and – as long as data is provided – employees themselves to check pay regulations and pay practices to be able to identify possible direct and indirect pay discrimination. Taking this into consideration, Germany offers the most initiatives within this type. A company tool also can also be found in Spain; it enables enterprises to determine their GPGs themselves. In addition, Belgium provides an interactive website which allows visitors to compare their own wages with people in similar professions. The underlying idea is to fuel the discussion and to make people aware of (gender) pay differences.

Further specific **campaigns** to reduce the gender pay gap exist in Austria and Germany. In Austria, since 2011, the Ombuds for Equal Treatment, in cooperation with trade unions, holds equal pay seminars for members of the works council. In Germany, unions have initiated several equal pay initiatives: in 2014, the Industrial Metal Union (IG Metall) launched the campaign "Come on - Fair Pay for Women" ("Auf geht's - Faires Entgelt für Frauen"), The Food, Beverage and Catering Industry Trade Union (NGG) planned to check all collective agreements for hidden discriminatory provisions affecting women and part-time workers and they wanted to raise awareness of these mechanisms among members of bargaining commissions. In 2014, ver.di launched a campaign to upgrade social and teaching occupations ([www.soziale-berufe-aufwerten.de](http://www.soziale-berufe-aufwerten.de)) and are demanded a 10% increase of their wages and higher valuation of the work that is done. Another project is called "Pflege 3000" (Care 3000) and aims at future wage increases greater than at least 3000 euros for qualified full-time workers in the nursing care sector. Furthermore, ver.di took part in a funding programme financed by the EU and the Federal government, called "Gleichstellen" (Treat Equally). The project aimed at improving working conditions for women and men through branch-oriented equality policies.

Furthermore, from 2001 until 2006, an evaluation project, the EVA **project**, addressing the gender neutrality of job classifications was organised in Belgium. The project was an initiative of the Institute for the Equality of Women and Men in cooperation with the Federal Public Service of Employment, Labour and Social Dialogue, the trade unions and the employers' organisations. The project resulted in a manual on how to review classification of functions in order to make it 'analytical', i.e. to base it on qualities and competences needed for certain jobs.

In 2012 the Estonian government approved an Action Plan for the reduction of gender pay gap that included:

- 1) Improving the implementation of the existing gender equality act
- 2) Improving the policies for family, work and private life reconciliation
- 3) Gender mainstreaming, especially in the fields of education and employment
- 4) Reducing the gender segregation in the labour market and in education
- 5) Analysing the organisational practices and pay systems.

Additionally, a project by Statistics Estonia 'Increased Availability of Gender Pay Gap Statistics' was launched to have timely statistics together with relevant data that would describe the reasons for the GPG and help decision makers to develop necessary measures based on knowledge-based analyses.

Since 2014 and 2015, several projects in Spain addressing the GPG have been being developed by social partners and universities, with funding by the European Economic Area (EEA grants) and coordinated by the Women's Institute under the general reference of the *Programme of Gender Equality and Work-Life Balance* (<http://www.eeagrants.spain.msssi.gob.es/>). At present, three trade unions, three employers' representatives and three universities are working on their respective projects.

## 3 GPG in the Financial Service and Insurance Sector

### 3.1 Important Characteristics of the Financial and Insurance Sector in Relation to its GPG

Concerning the gender pay gap within the financial and insurance sector, **Croatia**, at 16.8%, has the lowest in the EU. There, women's wages amount to 78.9% of men's wages, but the gender pay gap is widening due to the constant increase of women in the labour market.

On the other side, the highest GPG in the EU can be identified (44.9% in 2013) in **Estonia**. This fact is strongly related to the vertical segregation of the financial and insurance sector – 77% of all employees in the sector are women however, most top jobs are filled by men. Another reason for the high percentage of GPG in Estonia is that working conditions (especially pay) are fully determined via individual negotiations between the employer and employee. In addition, salaries are not public making it very difficult to determine GPGs. As of 2013, a sectoral level trade union was created, but their focus has not been on the GPG.

The problem of a strong **vertical segregation** within the financial and insurance sector also exists in the other relevant countries. This is primarily caused by the low share of women in managerial positions. For example, in 2012 in Germany, the percentage of women at the first management level was only 12%, at the second management level it was 26% - compared to an overall participation rate of women in the sector of 57%. Looking at executive boards in 2014, women's shares are even lower – between 6.7% and 8.5%. On supervisory boards women's share was between 18% and 17.2%. Also in Austria the conclusion must be drawn that women are poorly represented within higher-qualified and higher-paid positions. Even when women hold higher-qualified positions, they earn far less than their male colleagues.

To combat the gender pay gap, **bonus and commission schemes, appraisal-based payment schemes and individual bargaining elements** are of great importance in this sector, all categories in which women are evidently especially disadvantaged. Though in some countries wages are set by collective agreements at sector level and at company level for large banks or insurance companies, these agreements are characterised by large scopes for bargaining at company or at individual levels. It cannot be ensured that demands in female-dominated jobs and units (e.g. private customer advice, service units) are valued and paid properly in comparison to male-dominated jobs and units (e.g. sales, investment banking). In addition, regulations for example on performance-related pay are quite abstract and leave a wide range of configuration options at the company level. This may lead to arbitrary wage-setting decisions and be a disadvantage for women.

In summary, on the one hand the gender pay gap in the financial and insurance sector is even more pronounced than the overall GPGs, on the other hand, the income levels for women and men alike are among the highest. The sector can be characterised by strong vertical segregation within most of the relevant countries. Concerning Spain, it is worth mentioning that the banking sector has established a shorter working time in the collective agreement, so it has better conditions to balance work and family life. However, the usual necessity of longer working hours in order to be promoted explains in part the gendered vertical segregation and the GPG. Co-responsibility is not recognised as a principle of reconciliation of work and family life.

## 3.2 Initiatives (or Lack thereof) in the Financial and Insurance Sector to Reduce the GPG

Which initiatives do currently exist in the financial and insurance sector to reduce the GPG in the six relevant?

In **Belgium** for example, a new classification of functions for the insurance sector was developed by a joint committee although communication with the employees was not optimal and, as a consequence, many appeals were filed by individual employees. In the banking sector however, Belgium does have to deal with obstacles. The large banks use their own pay scales and resist the elaboration of an analytical classification of functions for the entire subsector. The small banks are not well represented in the joint committee, so there is little support there. The old classification of functions of lower levels of employees in the banking sector did not pass the evaluation of gender neutrality by the Federal Public Service Employment, Labour and Social Dialogue, and will have to be adapted. In one of the large banks, KBC, a network was developed: the Gender Action Group. Its goal is to strengthen the organisation by incorporating diversity and inclusion on all levels. It organises network events, lectures and workshops. Although the gender pay gap and the glass ceiling inspired women to form the network, its scope for the moment is much broader.

In **Austria**, although the responsible trade union (GPA-djp services) has some awareness of the GPG and gender equality is one of the aims within the collective bargaining process, the respective initiatives are quite limited:

- The main focus lies on counting parental leave periods as working periods, which also has an impact on equal pay.
- Another focus is to support worker's representatives to better use the equal pay reports as transparency and argumentation instruments for negotiations on company levels.

Further initiatives concerning the gender pay gap are not well known. A widespread assumption is that important reasons for the gender pay gap, e.g. flexible (appraisal-based) payment, regional differences as well as income differences between hierarchies, are impossible to influence with collective agreement bargaining processes. Additionally, the huge structural changes in this sector and the pressure on employees are seen as main challenges for trade unions and therefore less priority is given to gender equality issues.

When looking through the statistics of GPG for the financial sector in the previous years in **Croatia**, one can see that there has not been much change. We can say that there was an increase in the gender pay gap from 2006 to 2012 (although it has decreased in the last two years), but these are all minor changes. During recent years either full-time employees' salaries haven't been reduced or the auxiliary activities have been outsourced in large companies, and employees working on fixed-term contracts were laid off which has only led to average salary increases statistically, but not necessarily to real salary growth for employees. There were no specific initiatives in the financial sector as it is seen as something which is secondary to the current economic crisis. There is however, a level of GPG awareness when it comes to the reconciliation of work and family life – something which the unions had argued for. There are also fewer women in top management positions (where the highest salaries are), which could be a result of the impossibility to balance work and family life.

Specific measures and initiatives to tackle gender pay gap in the financial and insurance sector in **Estonia** are also rare, although the GPG in this field is the highest (44.9% in 2013). The main reasons for this are:

- the awareness of the GPG in the sector is low it is common knowledge that in this sector, the average wage is much higher compared to national average wage and working conditions, compared to other sectors, are considered to be one of the best
- trade union focus is on problematic and questionable termination of employment contracts, redundancies and other labour law violations that frequently occur in this sector, also common concerns of parents returning to work from parental leave.

In **Germany**, awareness for gender issues exists only “in parts of the sector”. The focus of gender discussions, activities and measures lies upon the reconciliation of family and working life and on increasing the share of women in leadership positions. Thus, the gender pay gap is not discussed in the sector. Another explanation may be the comparatively high wages in this sector in relation to other female-dominated sectors. The gender pay gap is also of no priority for unions and work councils since they have to cope with a difficult situation as a consequence of the deep changes of the sector. These changes are industrialisation and digitalisation, continuous restructuring and personnel reduction and finally, the legal demands of regulation. Therefore the focus lies on securing jobs and keeping collective agreements binding.

Additionally, two main initiatives within collective bargaining can be highlighted in **Spain**: on the one side, to, as systematically as possible, include trade union representatives with gender training and expertise in every bargaining process and, on the other side, to demand the creation of a catalogue of positions (including tasks) so that equal work (detailed in position and task descriptions) can be objectively categorised to particular levels of wages. The financial sector pioneered the elaboration of equality plans after the approval of the Equality Law in 2007. These plans included good quality diagnosis of the gender inequalities, including to some extent the GPG, however, substantial improvements, (in particular the availability of detailed data on wages and pay (bonuses, commissions and appraisal-based payments)), are required. In general, the reevaluation of the plans after eight years of their first implementation is long overdue. Specific initiatives may be found in particular cases, more frequently among larger corporations, although not at sector levels. They may include voluntary agreements to increase the number of women in the directive positions or, very often, measures to ease reconciliation of work and personal life (e.g. extension of compulsory maternity leave). However, as co-responsibility is not yet a principle, these measures may even play against gender equality and enhance the GPG.

Overall, it can be said that initiatives in this sector are rare and not at sector levels. If any exist, they often tackle the reconciliation of work and family life, aiming at increasing the share of women in leadership positions. But the GPG in the sector is often not discussed.

## 4 GPG in the Human Health Activities Sector

### 4.1 Important Characteristics of the Human Health Sector in Relation to its GPG

Overall, both male and female employees working in the human health activities and social work sector earn approximately the **average income** of all sectors. Just in Germany, according to national statistics, wages in the health and social sector belong to the lowest of all industries. They are lower than the average of all service industries, with the exception of gastronomy being at the end of the scale. No sector of the producing industry pays lower average wages, even in the construction industry – the sector with the lowest wages in the producing industry – wages are higher.

Additionally, the sector is strongly **female dominated** (e.g. 91% in Estonia and 78.8% of employees in Belgium in this sector are women) and can be characterised by **high degrees of vertical and occupational segregation**. In Croatia for example, the largest gender pay gap can be found in the human health sector (26.5%) and in Spain the GPG in the human health and social work activities is the second highest. Also, in Germany the gender pay gap in the human health activities sector is 35.1% and thus highly above the average. Women are underrepresented in leading positions and jobs with high qualification requirements. But those who take hierarchically higher positions are paid less than their male colleagues in the same performance group: the higher the job level the higher the GPG. In Germany, the high gender pay gap and the low wage level can be also explained by sectoral characteristics: nursing establishments have to work hard under pressures related to cost because of changes over the last decades in the social security system – privatisation and cost reduction. In the private sector there are many establishments without collective agreements. Both facts, in combination with low union density, lead to low wages in the sector. Although the human health sector is one of two sectors in Estonia that is covered by a sectoral collective agreement, GPG has also not been discussed between social partners. Furthermore, in Germany the subsector medical and dental practice (where 95% of the employees are female) is characterised, to a large extent, by small and micro enterprises. In these enterprises there is no employee representative to support women in standing up for their interests. There is no legal dismissal protection and the collective agreement is valid only for a small number of these medical and dental practices. Additionally, work in the health sector is characterised by high moral standards which cause employees to make the well-being and care of their patients the highest priority; at best, their financial interests are ranked as the second priority.

On the other hand, in Austria the GPG in the human health sector is low in comparison to other sectors with women earning 80.4% (gross hourly earnings), 68.7% (gross monthly earnings) and 66% (gross annual earnings) of male average income.

Discussing the issue of occupational segregation it is also quite pronounced in some countries. In Belgium for example, almost half of managers are men, while more than 80% of unskilled workers are women. Furthermore, differences in working hours can be identified; in Croatia nurses and medical technicians are more likely to have unpaid overtime than doctors. In Spain flexible and non standard working time arrangements in the health sector are also very common and directly related to salaries structuring. Women's lower availability in meeting these flexible and non standard time arrangements is considered a key factor in explaining the GPG in the health sector. The lack of a co-responsibility principle, which includes women covering mainly the role of carers, is seen as the main element

underpinning this situation. In Belgium the share of part-time work in this sector is higher than the general part-time employment rates: 54.1% of women's paid work is part-time, for men it's just 17.6%.

## 4.2 Initiatives (or Lack thereof) in the Human Health Sector to Reduce the GPG

As a consequence of the EVA project, in **Belgium** a new and analytical classification of functions was developed for the health sector. The classification was very accurate. The gender dimension was taken in account in every step. The new classification was approved by the joint committee. However, since the sector is largely dependent on public funding, there is no money for the actual implementation of the new classification. The old pay scales are still in use.

In **Austria** initiatives tackling this sector are mainly concentrated in low income groups:

- One responsible trade union (GPA-djp services) has implemented a campaign over pay and conditions for the 160,000 workers in the private health and social care sector. The union's goal is a sector minimum wage of €1,700 and better working conditions (working time, breaks and workplace conditions) for the predominately female workforce
- The GPA-djp services union has negotiated collective agreements for the employees of doctors; in eight out of nine states the employees of doctors now have a minimum wage of €1,500.

In addition, with the new working time law for hospitals (enforced on 1st January 2015) not only the working time of medical doctors is reduced but also that of nurses and medical technician assistants. In some states medical doctors and nurses are demanding compensation for the loss of payment due to the reduction of working time.

To date in **Germany** equal pay between women and men in the human health sector has not been the focus of collective bargaining, but rather the general wage level in the health sector. Because of the high percentage of women in the sector this can be seen as a gender-oriented issue as well. It points out the fact that the female-dominated sector and the work that is mainly done by women within this sector is regarded as undervalued by many persons.

- With the goal of the revaluation of health occupations, the United Services Union (ver.di) started a campaign called "Pflege 3000" (Care 3000). The name stands for the demand that every qualified care work should earn at least 3,000 euro per month.
- The Marienhaus Group, a large hospital corporation with more than 20 hospitals and further health companies and nearly 14,000 employees, took part in the Logib-D programme of the BMFSFJ. The effects of this statistical analysis of the wage structure have not yet been published.

Furthermore, the Association of Medical Professions (vmf) bargained a new collective agreement which now focuses on demands and necessary qualifications and led to wage increases for many medical and dental assistants.

The remaining relevant countries have a **lack of initiatives** to reduce the gender pay gap in the human health sector.

In **Croatia** for example, this is related to the fact that medical professionals mostly work in the public sector where wages for certain professions are regulated by the law. Therefore, there is no discrimination against women in the classic sense of a short-changing of equal pay for the same job. Since the biggest part of the gender pay gap can be explained by differences in occupation or in the educational background of men and women employed in the sector of health care, almost all interlocutors believe that on this point, nothing much can be done.

In **Estonia** on the other hand, there is a low awareness of the concept, reasons and consequences of gender wage gaps among trade union and employer association representatives and their members. In addition, since the majority of the workforce in the sector (75% of all doctors and 98% of all nurses) are women, the issue of gender wage gap and also gender segregation has not been raised by trade unions or employer associations and their members. Since the sector is covered by a sectoral collective agreement, there is the perception that the salary system in the sector is transparent and excludes the possibility for gender wage gaps within occupations. Information on salaries is not public therefore it is currently not possible to determine whether gender pay gaps in specific organisations exist and whether this can be justified by objective characteristics.

Furthermore, in **Spain** the general worsening of labour conditions including wages has reduced the importance given to the GPG. Recently, a state collective bargaining roundtable which includes representatives from the Ministry of Health, Social Affairs and Equality and the main trade unions (at the state level) has been created. The way this roundtable deals with the GPG, especially regarding public employment, is expected to affect the health sector. This framework could launch some initiatives regarding the GPG at the sector level, however to date there has been no particular development. Actions to promote and develop the equality plans in each institution, especially those larger than 250 workers, could somehow develop and implement initiatives to address the GPG in companies in the health sector.

## 5 Conclusions

### 5.1 The general approach

Throughout the comparative report, several references appear to some explaining (or not so) factors of the GPG and the differences between the six countries. They mostly refer to the different situation of women and men in the labour market, that result in different pays. Among others, a high female employment rate has been put forward as an explanation of (part of) a high GPG, although this is far from being an automatic rule. Additionally, the difficulties that women have in conciliating their personal and professional lives are allegedly at the centre of their obstacles to promote in their jobs and to earn similar to their male colleagues. Certainly the different gender and welfare regimes of the six countries are behind the care gap and the different roles women and men still play in the productive and care spheres<sup>2</sup>. The occupational segregation adds to the very marked sectoral segregation coupled with general worse labour conditions in female dominated sectors. As discussed in depth in the report, the different six national frameworks are furthermore shaped also by the wage setting and collective bargaining mechanisms prevailing in the countries: differences in wage bargaining regimes explain differences in pay<sup>3</sup>, can arguably explain why there are differences in GPG and what aspects of wage-bargaining the social partners shall target at in their action. Finally, the existence of specific policies that fight gender inequalities, including specifically the GPG, explain (part of) the results observed. As a matter of fact, all these factors interact reinforcing and/or counteracting, being the cause and/or the consequence at the same time of (at least part of) the GPG.

The next table and the three charts below summarise, in terms of some relevant statistic indicators, the situation in the six countries. The indicators selected are: female employment rate; share of female part-timers, of inactive women due to care responsibilities and share of children aged 0-3 in formal care; share of workers covered by collective agreements; and sector segregation<sup>4</sup>.

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<sup>2</sup> See Mandel, Hadas, and Michael Shalev. 2009. "How Welfare States Shape the Gender Pay Gap: A Theoretical and Comparative Analysis." *Social Forces* 87 (4): 1873–1911. doi:10.1353/sof.0.0187; see also Brush, Lisa D. 2002. "Changing the Subject: Gender and Welfare Regime Studies." *Social Politics: International Studies in Gender, State & Society* 9 (2): 161–86. doi:10.1093/sp/9.2.161; and Sainsbury, Diane. 1999. *Gender and Welfare State Regimes*. OUP Oxford.

<sup>3</sup> Eurofound (2015), *Pay in Europe in different wage-bargaining regimes*, Publications Office of the European Union, Luxembourg.

<sup>4</sup> As approached in the Gender Equality Index developed by the EIGE, through the share of women in sectors P (Education) and Q (Human Health and Social Services).

**Table 1. The GPG in the six countries and some related factors**

	<b>Gender Pay Gap (Unadjusted form)</b>	Female employment rate (20-64)	Share of working women (15-64) in Part-time	Share of inactive women due to care responsibilities	Share of children aged 0-3 in formal childcare	Share of workers covered by collective agreements*	Segregation (sectors P+Q) % women
EU 28	<b>16,4</b>	63,4	32,2	18,5	28,0	62,0	30,4
Belgium	<b>9,8</b>	62,9	41,2	10,1	49,0	96,0	38,9
Germany	<b>21,6</b>	73,1	46,3	20,2	27,0	59,0	30,6
Estonia	<b>29,9</b>	70,6	11,2	31,7	20,0	33,0	24,9
Spain	<b>19,3</b>	54,8	25,5	12,8	37,0	70,0	23,5
Croatia	<b>7,4</b>	54,2	6,7	5,9	18,0	61,0	24,3
Austria	<b>23,0</b>	70,1	46,3	16,1	16,0	95,0	26,8

Source: Eurostat, LFS, EU-SILC, Structure of earnings Survey. Year 2014.

\* In <http://www.worker-participation.eu/National-Industrial-Relations/Across-Europe/Collective-Bargaining2>. Several years

Chart 1. The GPG and some explaining factors in the six countries



Source: Eurostat, LFS, EU-SILC, Structure of earnings Survey. Year 2014. The share of workers covered by collective agreements come from <http://www.worker-participation.eu/National-Industrial-Relations/Across-Europe/Collective-Bargaining2>. Several years.

The first of the three charts presented plots the situation of the two countries in our selection with the lowest GPG rates, Belgium and Croatia, with 9.8% and 7.4% respectively. However, these two countries have little in common as regards the indicators considered and the gender and welfare state background: Croatia, with the lowest GPG, shows also a much lower share of workers covered by collective agreements (61%, compared to 96% in Belgium); a comparatively very low share of women working part-time (6.7%, compared to 41.2% in Belgium) or being inactive due to care responsibilities rate (5.9% and 10.1% respectively), or a very low share of children in formal care (18% and 49%). On the contrary, Belgium shows the highest segregation rate among the six countries (38.9%). It can thus be argued that these two extreme situations lead to a similar result in terms of the GPG, with the (lack of) policies to fight it interacting in this framework. Indeed, whereas Croatia would fit in a traditional gender and welfare state regime, characterised by marked gender roles as regards care and employment, minimizing women's participation in the labour market (strong male breadwinner model), Belgium would belong to the conservative group of countries, with general family support and social policy focusing on rewarding women for unpaid labour (moderate male breadwinner model)<sup>5</sup>.

Spain and Germany share the middle positions, with only 2 percentage points difference in their GPG (19.3% and 21.6 respectively), but yet with large differences, in particular as regards the female employment rate (54.8% and 73.1% respectively) and the share of part-time working women (25.5% and 46.3%). In both cases, Germany shows the highest rates among the six countries and Spain the second lowest (only after Croatia). On the contrary, Spain performs much better with respect to the share of inactive women due to care responsibilities (12.8% and 20.2%), the share of children in formal care (37% and 27%) and the share of workers covered by collective agreements (70% and 59%). As it has been seen in the report, these two countries address very differently their wage setting mechanisms, the fight against the GPG and the policies to re-conciliate the work and personal lives of women and men. In the common typologies of gender and welfare states, Spain, similar to Croatia, belongs to the Southern group of countries with traditional familist gender orientation and strong male breadwinner model, whereas Germany shares the group of conservative continental countries with Belgium, in a moderate male breadwinner orientation.

Finally, the third chart presents the cases of the two countries of our group with the highest GPG rates, Austria and Estonia (23% and 29.9%). These two countries share the fact that female employment rate is high (70.1% and 70.6%), formal childcare relatively similar (16% and 20%) and segregation rather low (26.8% and 24.9%); however, they perform very differently with respect to female part-time (46.3% compared to 11.2% in Estonia), inactive women due to care responsibilities (16.1% in Austria, almost half as much as the 31.7% record in Estonia) and share of workers covered by collective agreements, with Austria at 95% and Estonia at only 33%. As regards the gender and welfare state regimes, Austria shares largely the conservative features of Germany and Belgium, and Estonia, on its side, is rather the "female mobilizing type" country<sup>6</sup> (with very high female full-time employment rate), coupled with a long period for parental leave and parental benefits, but weak public care support<sup>7</sup>.

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<sup>5</sup> We follow here the traditional typologies of Esping Andersen (liberal, social democratic, conservative/continental and southern countries) and Lewis (strong, moderate and weak (dual earner) male breadwinner models), considering the gender interpretations in the references in footnote 2.

<sup>6</sup> Diana Auth (2010) "Welfare states and gender in Central and Eastern Europe: the current state of research and prospective research" in ETUI (2010) "Welfare states and gender in Central and Eastern Europe"

<sup>7</sup> Anspal, S., Kallaste, E., Karu, M. (2010) "Gender Pay Gap in Estonia: Policy Recommendations"

This analysis points to the **need to look further in depth to the roots of the GPG** in more specific situations. The extent to which the situation of women in the labour market, the legislative framework and the GPG (lack of) initiatives interact and shape the final outcomes is not that straightforward and conclusive. This report has intended to fill in this gap and to shed some light in two specific sectors.

## 5.2 The need for a sectoral approach

Contrary to many other comparative studies focusing on the gender pay gap in all sectors, this project concentrates on the gender pay gaps within specific sectors: the financial and insurance sector, and the human health sector. This approach reveals specific patterns of and reasons for the gender pay gap in these sectors, and interestingly, there are quite similar reasons in all participating countries. These findings emphasise the necessity to set initiatives to close gender pay gaps not only generally, but also at sector-specific levels.

Up to now, **initiatives to reduce the gender pay gap** can be found in each country, although often only generally and not tailored to specific sectorial needs.

The following strategies are implemented in the six relevant countries:

- (annual) equal pay reports
- campaigns
- equal pay daysonline tools
- laws and regulations
- projects

Equal pay days and internet tools are the most common strategies used. In Croatia, initiatives are rarely found; only two laws exist to tackle the gender pay gap.

When drawing attention to the extent of the gender pay gap in specific sectors, different causes can be identified for each sector, but quite similar causes can be identified in all countries. In short: on the one hand the gender pay gap in the **financial and insurance sector** is even more pronounced than the overall GPGs, yet on the other, the income levels for women and men alike are among the highest. The sector can be characterised by a strong vertical segregation within most of the relevant countries, primarily due to the low share of women in managerial positions. Initiatives in this sector are rare and not at the sector level. If some do exist, they often only tackle the reconciliation of work and family life, aiming at increasing the share of women in leadership positions. The GPG in the sector is often not discussed.

Both male and female employees working in the **human health activities and social work** sector earn approximately the average income of all sectors. Only in Germany do wages in this sector belong to the lowest of all industries. Additionally, the human health sector is strongly female dominated and can be characterised by high degrees of vertical and occupational segregation. Women are underrepresented in leading positions and jobs with high qualification requirements. But the women who have hierarchically higher positions are paid less than their male colleagues in the same performance group.

There are some initiatives to tackle the gender pay gap within the human health sector. Those are taking place in Belgium, Austria and Germany. The rest of the relevant countries

have a lack of initiatives to reduce the gender pay gap in the human health sector. Different country-specific reasons can therefore be identified. In Spain the lack of initiatives is due to the general worsening of the labour conditions including the worsening of wages, which has reduced the importance given to the GPG. In Croatia it is related to the fact that medical professionals mostly work in the public sector where wages for certain professions are regulated by the law. Therefore, there is no discrimination against women in the classic sense of the shortchanging of equal pay for the same job. In Estonia, as the majority of the workforce in the sector – 75% of all doctors and 98% of all nurses are women, the issue of gender wage gap and also gender segregation has not been raised. Furthermore, because the sector is covered by a sectoral collective agreement, there is a perception that the salary system in the sector is transparent and excludes the possibility for gender wage gap within occupations.

The analyses of the specific sectors clearly indicate that different patterns lead to gender pay gaps in the relevant sectors. Keeping this fact in mind, **the first conclusion** is that sector-specific initiatives, in addition to the general instruments which may (or may not have been implemented) in all countries are necessary to reduce the gender pay gap. In human health activities and social work that would mean having an initiative in order for the nurses' work to be valued more (including but not exclusive to higher wages).

It is important not to forget that gender pay gap is a structural problem and without serious structural changes these specific initiatives will only have partial impacts.

Following the similar patterns within the sectors – despite all differences between the countries – **a second conclusion** is that initiatives in the financial and insurance sector should focus on the topic of intransparent flexible payment and bonus schemes, which seem to be very disadvantageous for women and contribute considerably the pronounced vertical segregation in this sector.

The **third conclusion** is that in this day and age, where flexibilisation, precariousness, unstable forms of employment and the deterioration of workers' rights are becoming more prevalent in the entire European Union, it is of utter importance to have strong ties and cooperation with social partners (such as syndicates), governmental bodies and gender equality bodies. The general focus should be to concentrate on counteracting the undervaluation of female-dominated care work, which is one of the main reasons for the gender pay gap in the human health activities and social work sector, as well as an underlining cause of the gender pay gap in all sectors. However, the reasons for the gender pay gaps highlight the structural nature of the gender-based stereotypes which lead to discrimination and segregation in the labour market and are still deeply rooted in European societies and therefore strongly necessitate new approaches and new coalitions between different action groups. Stronger co-operation between gender equality units, NGOs and trade unions in the different sectors, for example, would create new awareness and activity to combat gender pay gap and gender-based discrimination.

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