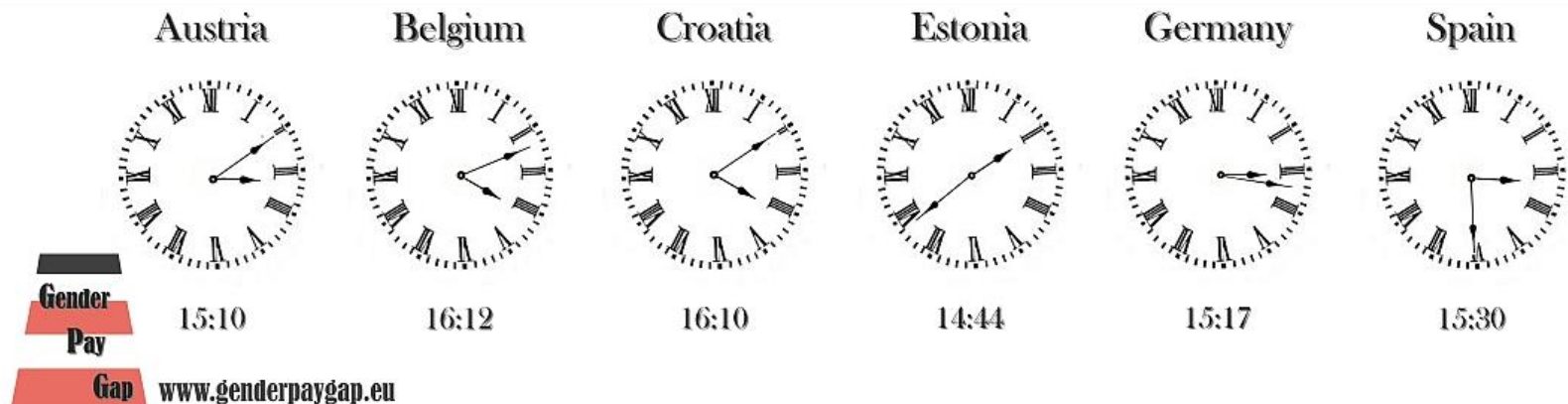


Gender Pay Gap: New Solutions for an Old Problem

Developing Transnational Strategies Together with Trade Unions and Gender Equality Units to Tackle the Gender Pay Gap

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Final Conference, Zagreb, 8 June 2016



Making of the Comparative Report:

Leading questions for the project and country specific research:

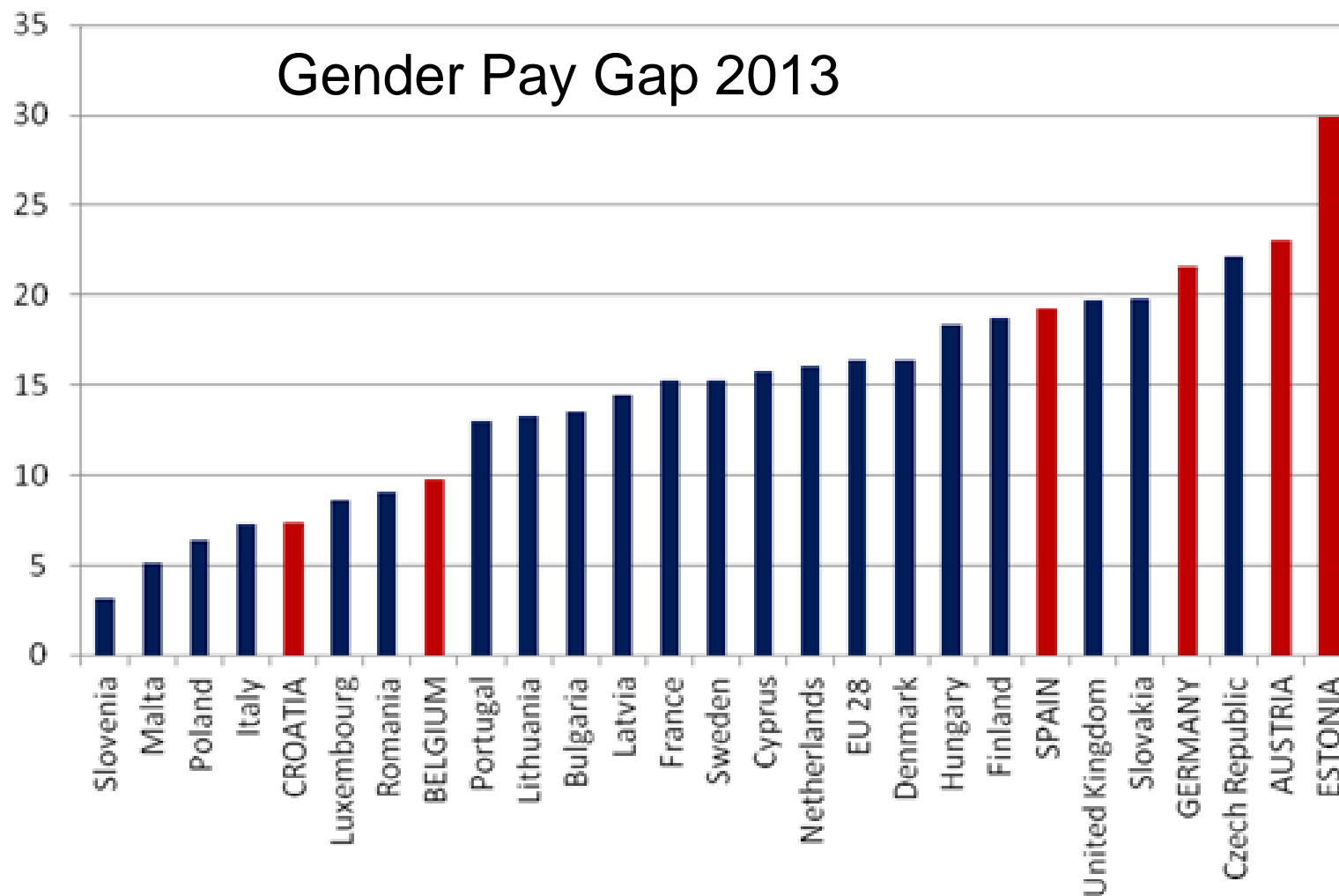
- How is the situation in the involved countries regarding the GPG in financial and insurance as well as human health sectors?
- Which similarities and dissimilarities can be observed?
- What are the possibilities of trade unions, gender equality institutions and other relevant actors to close the GPG (overall and in the selected sectors)?

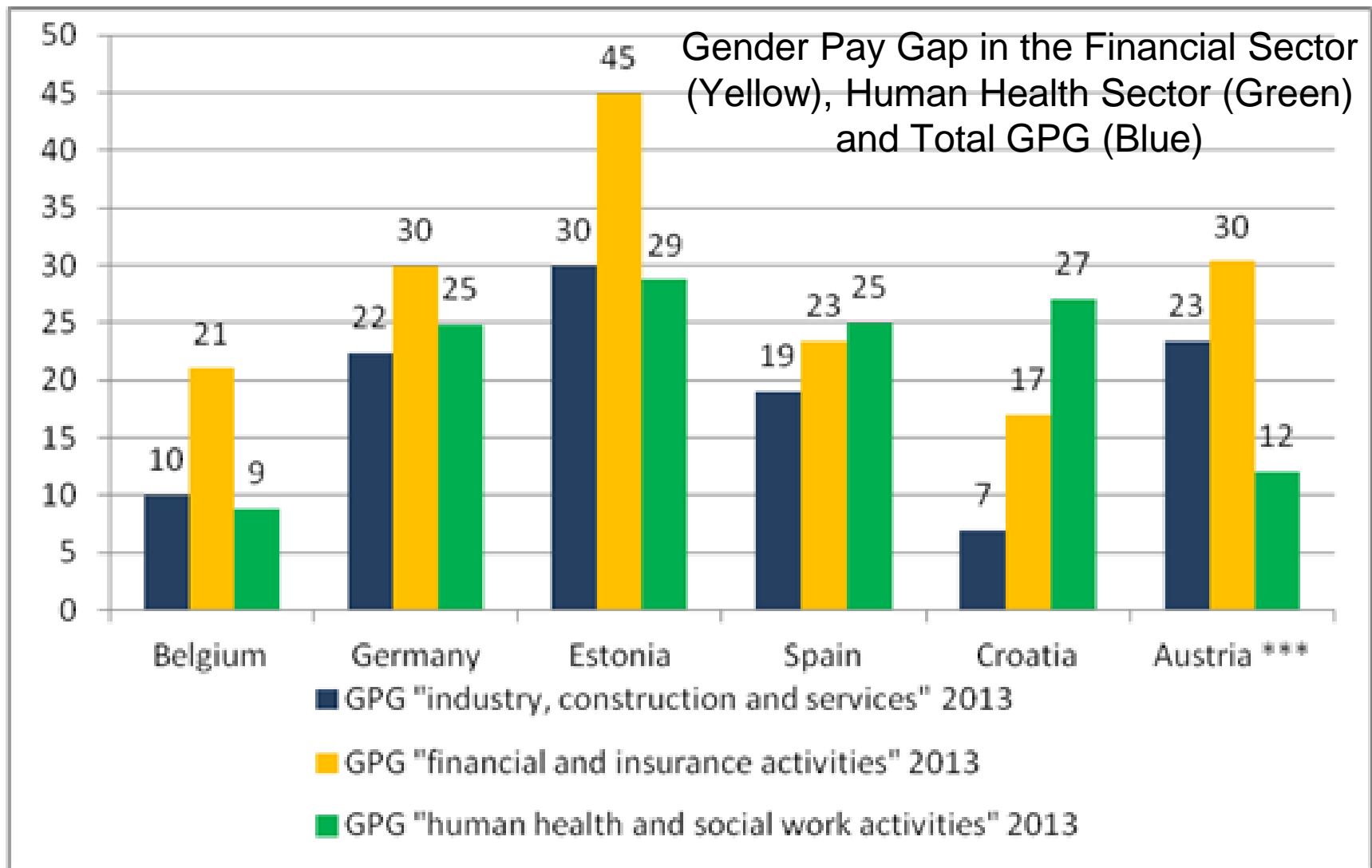
Methodology:

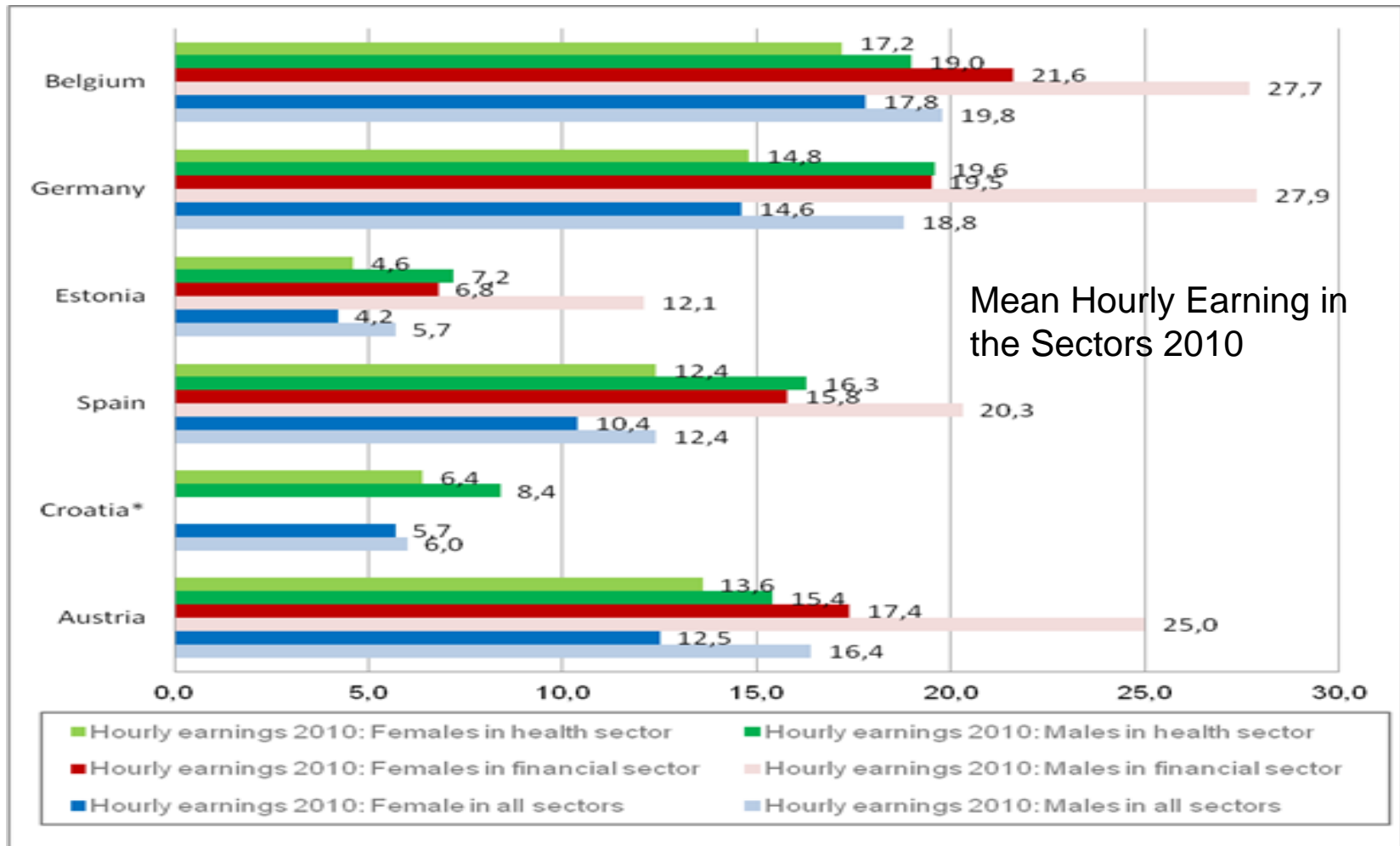
- Along these questions country specific research was conducted and national reports and national fact sheets written
- The country specific research included:
 - interviews and focus groups with stakeholders, mutual learning meetings on national and transnational levels, literature review and data analysis



Gender Pay Gap 2013







GPG in the Financial and Insurance Sector

- Female dominated sector in Croatia and Estonia, in other countries quite balanced
- Pronounced vertical segregation: low share of women in top positions, even when, far less paid
- Individual negotiations or collective agreements with large scope for individual bargaining → great importance of bonus and appraisal-based payment schemes seems to be of disadvantage for women
- Female dominated jobs and units (e.g. private customer advice) less valued than male dominated jobs (e.g. sales, investment banking)
- GPG not high on the agenda: sector relatively well-paid, “other problems” related to structural changes and crises, a bit more focus on women in leadership positions and reconciliation of work and family



GPG in the Human Health Sector

- Female dominated sector
- Pronounced vertical segregation in some countries: low share of women in top positions, even when, far less paid
- Care work under evaluated – rising cost pressure due to problems of public funding of health sector
- High moral standards – financial interest not highest priority
- Large subsectors dominated by small and micro enterprises (e.g. medical practices)
- Reduction of GPG not high on the agenda: public wage setting is seen as “faire”, general cost pressure in the sector, re-evaluation of care work necessary



Main conclusions

Some explaining (or not so) factors of the GPG and differences between the 6 countries:

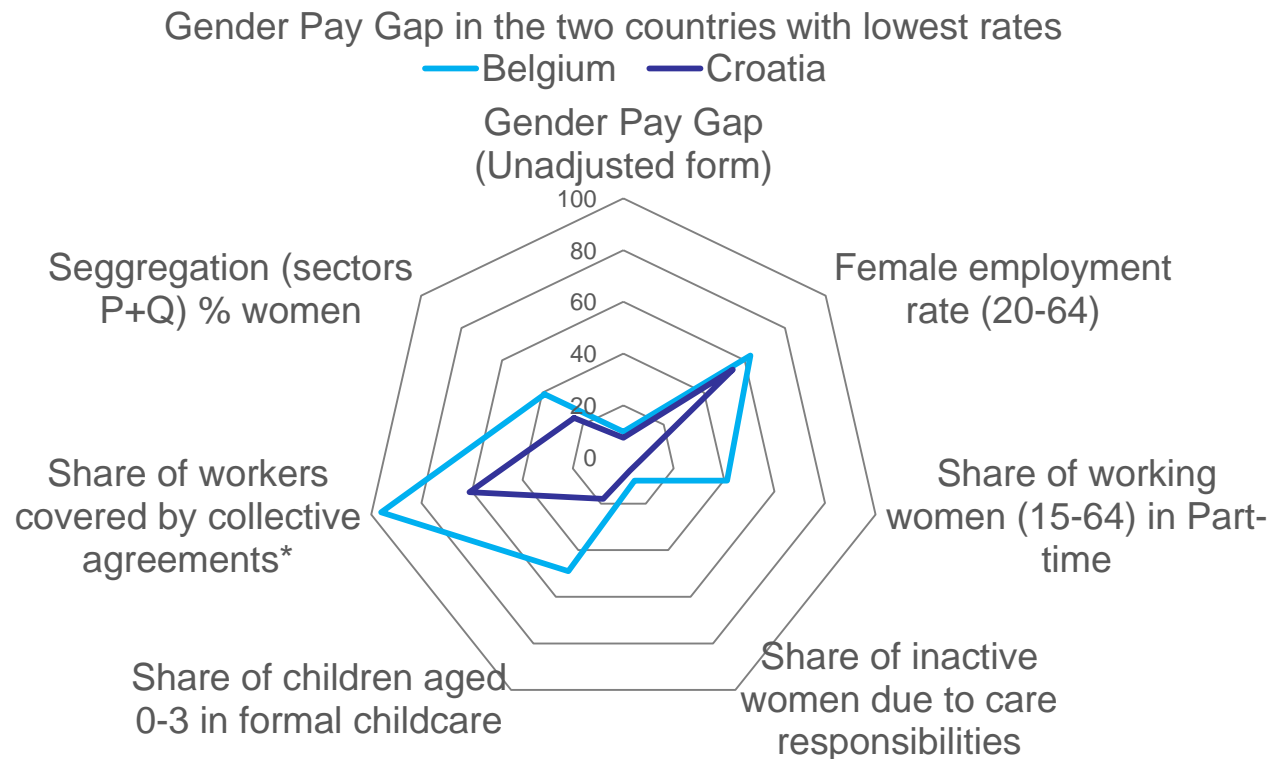
	Gender Pay Gap (Unadjusted form)	Female employment rate (20-64)	Share of working women (15-64) in Part-time	Share of inactive women due to care responsibilities	Share of children aged 0-3 in formal childcare	Share of workers covered by collective agreements*	Segregation (sectors P+Q) % women
EU 28	16,4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



Main conclusions

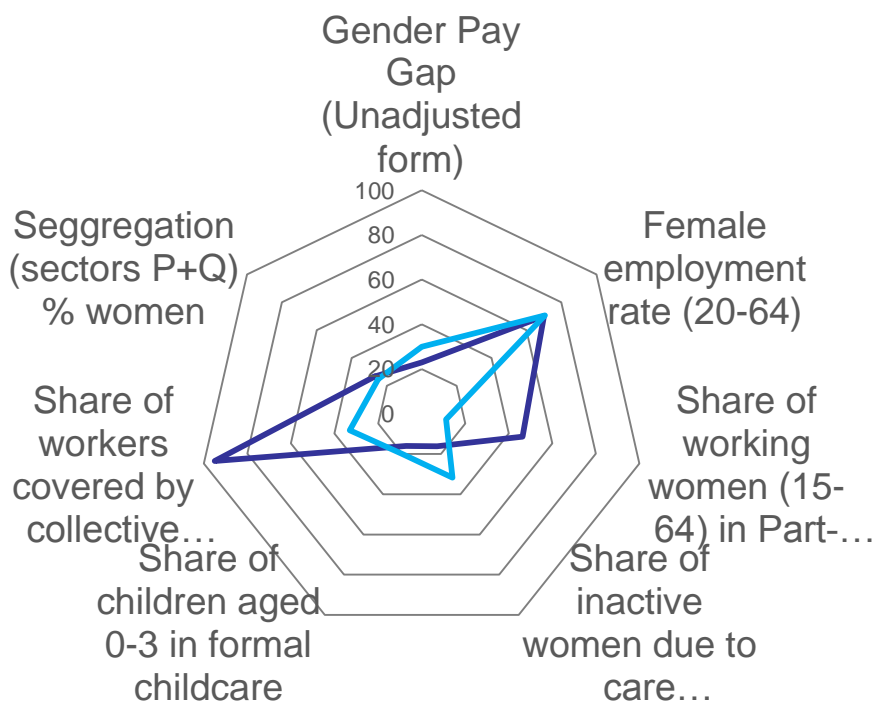


These two extreme situations lead to a similar result in terms of the GPG, with the (lack of) policies to fight it interacting in this framework

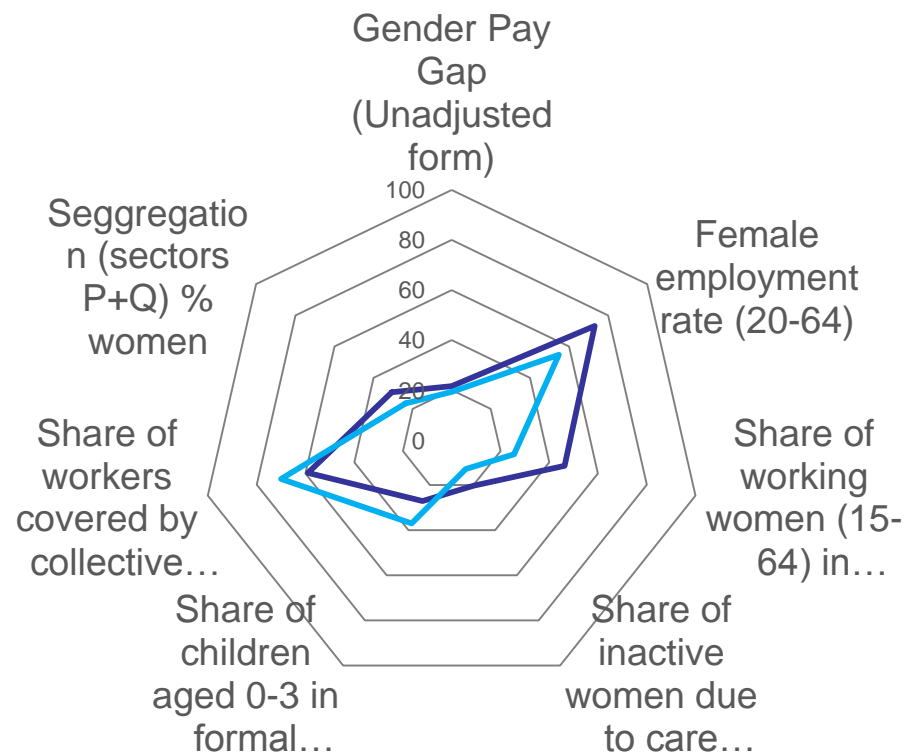


Main conclusions

The GPG in the two countries with the highest rates
Austria (dark), Estonia (bright)



The GPG in the two middle rated countries
Germany (dark) and Spain (bright)



Main conclusions

- 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 and wage setting 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**.
- Despite all differences between the countries, the analyses of the specific sectors clearly indicate that different patterns lead to gender pay gaps in the relevant sectors. The first conclusion is that **sector- specific initiatives**, in addition to the general instruments which may (or may not) have been implemented, are necessary to reduce the gender pay gap.
- Initiatives in the **financial and insurance sector** should focus on the topic of intransparent flexible payment and bonus schemes. In the **human health activities and social work**, the work of professionals (nurses) should be better valued and paid.



Main conclusions

- 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.
- It is of utter importance to have **strong ties and cooperation with social partners** (such as trade unions), governmental bodies and gender equality bodies. The general and sector specific reasons for the gender pay gaps highlight the structural nature of the gender-based stereotypes 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.

**THIS IS WHAT WE HAVE BEEN WORKING ON AND WHAT WE ALL CAN SO
HERE TODAY!**

