



She works hard for the money

**Tackling low pay
in sectors dominated
by women**

Evidence from health and social care

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Executive Summary

LOW PAY IN HEALTH AND SOCIAL CARE This study provides data confirming that workers in lower-skilled health and social care assistant positions earn considerably less than the national average wage in their country. It also shows that the higher the proportion of women in the sector, the lower the average relative income – and this applies also to skilled nurses and midwives as well as lower-skilled assistant professions. However, there is a need for more disaggregated data to properly analyse the income situation in female-dominated jobs. The analysis of the situation of different occupational groups within the health and social care sector yields great variation across occupational groups and countries with regard to care workers' incomes (measured in terms of their relative income positions compared to all other occupations).

FACTORS BEHIND LOW PAY IN HEALTH AND SOCIAL CARE The wage penalty for working in female-dominated sectors and occupations such as health and social care can be explained by economic, industrial relations and sociological factors. Firstly there is the underfinancing of social care as a consequence of the re-organisation and partial retrenchment of the welfare state involving also privatisation and commodification of the provision of state services. Secondly, the employees' relative power in wage negotiations is weaker than in other male-dominated sectors and thirdly low wages in the health and social care sector result from the undervaluation of female work.

TRADE UNION STRATEGIES TO TACKLE LOW PAY A survey of trade unions in the health and social care sector produced responses that can be divided into three broad categories depending on the time horizon and the target of the various measures. Firstly, there are more short-term measures to raise wages and to deal with immediate wage discrimination such as legal measures and the pursuit of specific collective bargaining strategies aiming to improve the pay of low-wage earners in female-dominated sectors. Secondly, there are more long-term measures to deal with structural discrimination by pursuing changes to the existing pay and grading schemes and by addressing the various forms of cultural undervaluation of female work. The latter aims at changing the public perception of female work more generally and work in the health and social sector more particularly. Thirdly, there are measures which are directly addressed to the state such as initiatives to increase the minimum wage and to end austerity policies.

COLLECTIVE BARGAINING STRATEGIES One of the most prominent more short-term approaches to address the issue of low pay in female-dominated sectors is to pursue a collective bargaining strategy which prioritises above-average pay increases for lower wage groups and/or typically female-dominated occupations. Very often such disproportionate increases are achieved by combining flat-rate pay increases for lower wage groups and/or female-dominated occupational groups with overall percentage increases. This can be based on a comparison of wages in typically female-dominated jobs with professions with wages in typically male-dominated jobs and professions which show the same or similar characteristics in terms of qualification and job requirements.

TRAINING Ensuring equal access to training for female workers can help improve their career prospects and their chances to move up the pay scale. With women making up the majority of part-time workers, it is crucial that this group is not denied the right to training and educational leave.

LEGAL MEASURES Pursuing legal action by bringing equal pay claims before court was another means used by trade unions to improve the situation in female-dominated sectors. This strategy has been extensively and successfully adopted in the UK where it has led to hundreds of thousands of equality pay claims and millions in compensation for workers.

CHANGES TO PAY STRUCTURES Changes to pay systems are among more long-term measures to deal with structural discrimination. These can involve abolishing the lowest pay grades and changing the criteria on which the pay scheme is based. The key factors here include : ensuring that prior experience is given equal importance to formal qualifications; increasing the focus on the content of the job performed and on increasing the transparency of the criteria on which pay is based. In most cases, these measures were embedded in a broader approach to establish gender-neutral job evaluation schemes.

ADDRESSING UNDERVALUATION OF FEMALE WORK At the heart of the phenomenon of low pay in female-dominated professions lies the cultural undervaluation of female work. This refers to insufficient recognition, appreciation and remuneration of the skills and task related to the work performed in female-dominated occupations. Here the response is about explicitly addressing the root of the problem by changing the public perception of the work performed in female-dominated sectors like health and social care.

MEASURES AIMED DIRECTLY AT THE STATE These can involve improving the pay of low-paid workers for instance through increases in the minimum wage, ending austerity-induced pay freezes and more supportive conditions for the extension of collective agreements. There are also other initiatives such as improved regulation on pay transparency as a precondition for pay comparisons and the development of gender-neutral job evaluation schemes.



1. Introduction

The gender pay gap in Europe is 16%. This is the figure for 2016, the latest available from the European Union's statistics agency, Eurostat. There are many reasons for this persistently high (unadjusted) gender pay gap.¹ One important factor is gender segregation in the labour market which structurally disadvantages women in two respects. The first disadvantage results from "vertical labour market segregation" within sectors. Women are less likely than men to be in managerial and supervisory positions with the associated higher pay (Fulton 2013). As a consequence, women are often confined to particular roles and jobs. In the health sector, for instance, women work as nurses in much higher proportions than men but are paid less than physicians, among whom the proportion of men is much higher than women. The second form of systematic gender disadvantage results from "horizontal labour market segregation" between sectors. Women are overrepresented in occupations and sectors such as education, health and social work or retail where pay tends to be lower than sectors with the largest share of men's employment such as construction, manufacturing and transport.

Thus, women are not only overrepresented in low paid jobs within specific sectors but they are also predominantly found in sectors which are low paid. As Grimshaw and Rubery (2007: 2) point out, desegregation – both vertical and horizontal – is not necessarily a sufficient answer to reduce gender pay gaps, because even if women move into higher and better paid positions they are all too often paid less than men doing the same job. The same applies to women moving into other better paid sectors. Furthermore, the feminization of occupations which were previously dominated by men – such as bank cashiers, clerical workers, teachers – has often been associated with a lowering of pay and status of these occupations (Grimshaw and Rubery 2007: 2). This shows that systematic undervaluation of women's work is at the heart of the persistent gender pay inequalities, i.e., the insufficient appreciation and remuneration of the work performed by women in specific jobs, occupations or whole sectors.

This study examines different ways in which trade unions have tried to tackle the problem of low pay in female-dominated sectors as a means to combat gender pay inequalities. In order to do so, the study will focus on the health and social care sector as a major example of a female-dominated sector suffering from low pay.

Care work refers to those paid professional services that relate to maintaining or supporting the physical, emotional and social skills of individuals and the satisfaction of human needs under varying circumstances depending on the age or the state of health of the recipient of the care service (England et al. 2002: 459). Work in health and social care is characterized by the following conditions: First, care work is characterized by a high degree of dependence of the well-being of clients on the support of care workers in fundamental – sometimes even existential – ways; second, the quality of care services are based on a stable and trusting relationship between care workers and clients (Hipp and Kelle 2016: 3). This clearly distinguishes work in health and social care from other interactive service jobs, for instance in retail and catering, where service contacts are mostly only short-term and selective (Artus et al. 2017: 17). Third, over the last two decades, the health and social care sector has been heavily affected by measures that have weakened or eroded the welfare state, such as privatisation and commodification of services leading to increasing cost pressure and work intensification. All these are important conditions shaping trade unions' strategies to tackle the problem of low pay and distinguishing the care sector from work in other female-dominated sectors, such as retail and hotels, restaurants and catering. However, they also define specific constraints and opportunities for trade unions in addressing the problem of low pay.

More recently, however, there are some indications that the conditions in the care sector have improved. Looking at the EU28, the number of workers in the health and social care sector has increased steadily in recent years. Even during the crisis years when employment in other sectors dropped sharply, employment in the health and social care sector kept grow-

¹ For a general overview see Boll et al. 2016 and Rubery and Koukiadaki 2016; for the public sector more specifically see Fulton 2013

ing (European Commission 2014a: 4). In the light of the ageing of the European population demand for health and social services is likely to increase even further– and with this also the demand for additional workers. Furthermore, there is an increasing public awareness of the importance of health and social care services for the wider society by “ensuring effective and efficient social protection” and by “improving social cohesion” (European Commission 2014a: 27). Unfortunately, all these generally favourable conditions have not yet translated into a significant improvement of the material conditions of the health and social care workers. Various studies illustrate that health and social care workers earn less than employees with comparable qualifications and work experience in other sectors and occupations (England et al. 2002; Budig and Misra 2010).

This is the starting point of this study: what can be done to tackle this problem and to improve the pay of workers in the health and social care sector? And what lessons can be learned from this for tackling low pay in female-dominated sectors more generally? Measures to this effect can be taken at different levels involving different actors and tools. At European level, for instance, in its most recent action plan to tackle the gender pay gap, the European Commission acknowledges the need “to improve wages in female-dominated occupations as a recognition of the skills, efforts and responsibilities mobilised in female-dominated sectors” (European Commission 2017a: 9-10). In order to achieve this objective, the Commission pledges to continue to raise the awareness of the importance of gender-neutral job classification systems to ensure equal pay in practice. Political actors at national level can address the problem by ensuring compliance with equal pay legislation and – in countries with a statutory minimum wage – by setting the minimum wage at a level that helps to improve the material conditions of workers in female-dominated sectors.

While all these are important supportive measures, the key role in tackling the problem of low pay in female-dominated sectors lies with the trade unions and employers who determine wages through collective bargaining. This is why the focus of this study is on trade union initiatives to raise wages in health and social care through collective bargaining, legal measures or pushes for state support. The key objective is to present some practical examples to encourage mutual learning processes among those public service trade unions which organize workers in health and social care.

The analysis consists of three parts. The first part will set the scene, providing quantitative data on pay and employment in the health and care sector across Europe more generally and on the scale of the problem of low pay in the sector more specifically. The second part will discuss the factors behind the persistence of low pay in these sectors and occupations. The third part will then present what trade unions have been doing to improve the pay of workers in health and social care.





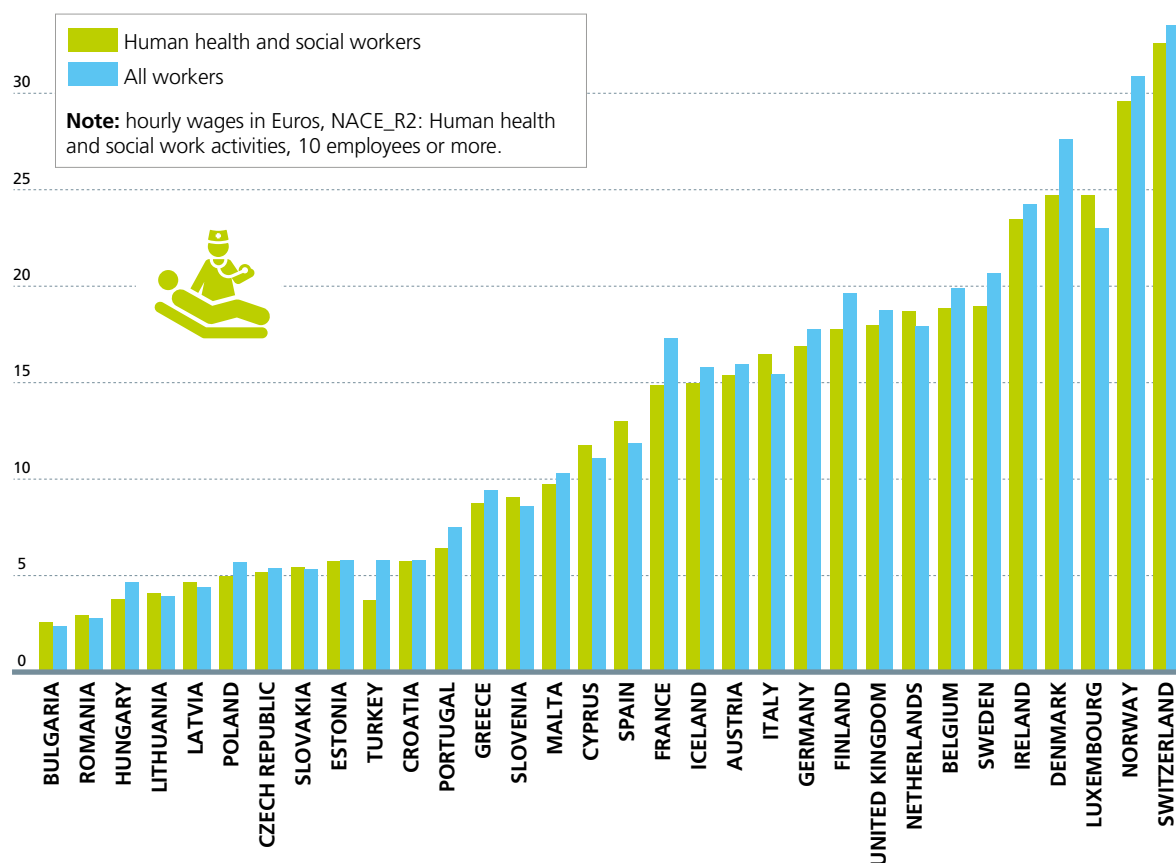
2. Setting the scene: pay and employment in health and social care

To describe the material situation of health and social care workers in Europe, we draw on data from the 2016 European Labour Force Survey (EU-LFS). Using the EU-LFS involves a trade-off between depth and breadth. It enables us to break down the analysis to different occupational groups within the social care sector but unfortunately does not provide (reliable) income information for all EU member states and does also not provide us with information on hourly wages. In consequence, our analyses cover only 20 out of the 28 current EU member states. No meaningful information was available for Bulgaria, Denmark, Croatia, Malta, Poland, Slovenia, Sweden and the UK.

Despite these shortcomings, the EU LFS data have several advantages over alternative data sources as the following example illustrates. Aggregate data on hourly wages provided by Eurostat for 2014 is only available for broad categories, providing an average that includes all occupational groups in the sector. This means that the comparatively high wages for doctors may distort the overall result for the whole sector. As wages for doctors and assistant nurses are combined in this average, it is not surprising that in 12 out of the 32 countries covered by Eurostat the average hourly wage in the health and social care sector is higher than the average wage in the economy as a whole. Figure 1 shows that this applies to Luxembourg, Spain, Italy, Netherlands, Cyprus, Croatia, Latvia, Lithuania, Slovenia, Bulgaria, Romania, and Slovakia.

Figure 1

Average hourly wages of health and social care workers compared to average hourly wages in the economy as a whole (2014)



Source: Eurostat

Thus, in order to investigate the issue of low pay in different health and social care jobs, we need data that allow us to differentiate between different occupational groups. Using the EU LFS data from 2016 in our analyses, we can distinguish between two groups of health care workers: high skilled health care workers, such as nurses, midwives, and ward managers (ISCO 08 322 occupations) on the one hand and assistants in the health care sectors, such as personal care workers and nursing aides (ISCO 08 532 occupations) on the other. Table 1 provides an overview of further examples for each occupational group and the range of tasks workers in these groups perform. A more fine-grained differentiation is unfortunately not possible with the EU LFS data nor with any other internationally comparative data set.

Table 1
Definition of health and social care professions

ISCO 08 – Code	Occupation	Examples	Range of tasks
222/322	Nursing and Midwifery (Associate) Professionals	Clinical nurse consultants, Head nurses, Professional nurses, Professional midwives	Planning, management and evaluation of the care of patients
532	Personal Care Workers in Health Services	Health Care Assistants, Birth assistants, Nursing aides, Patient care assistants, Home care aides	Provision of personal care and assistance with mobility and activities of daily living

Source: Own compilation based on information from the International Labour Organization (ILO).

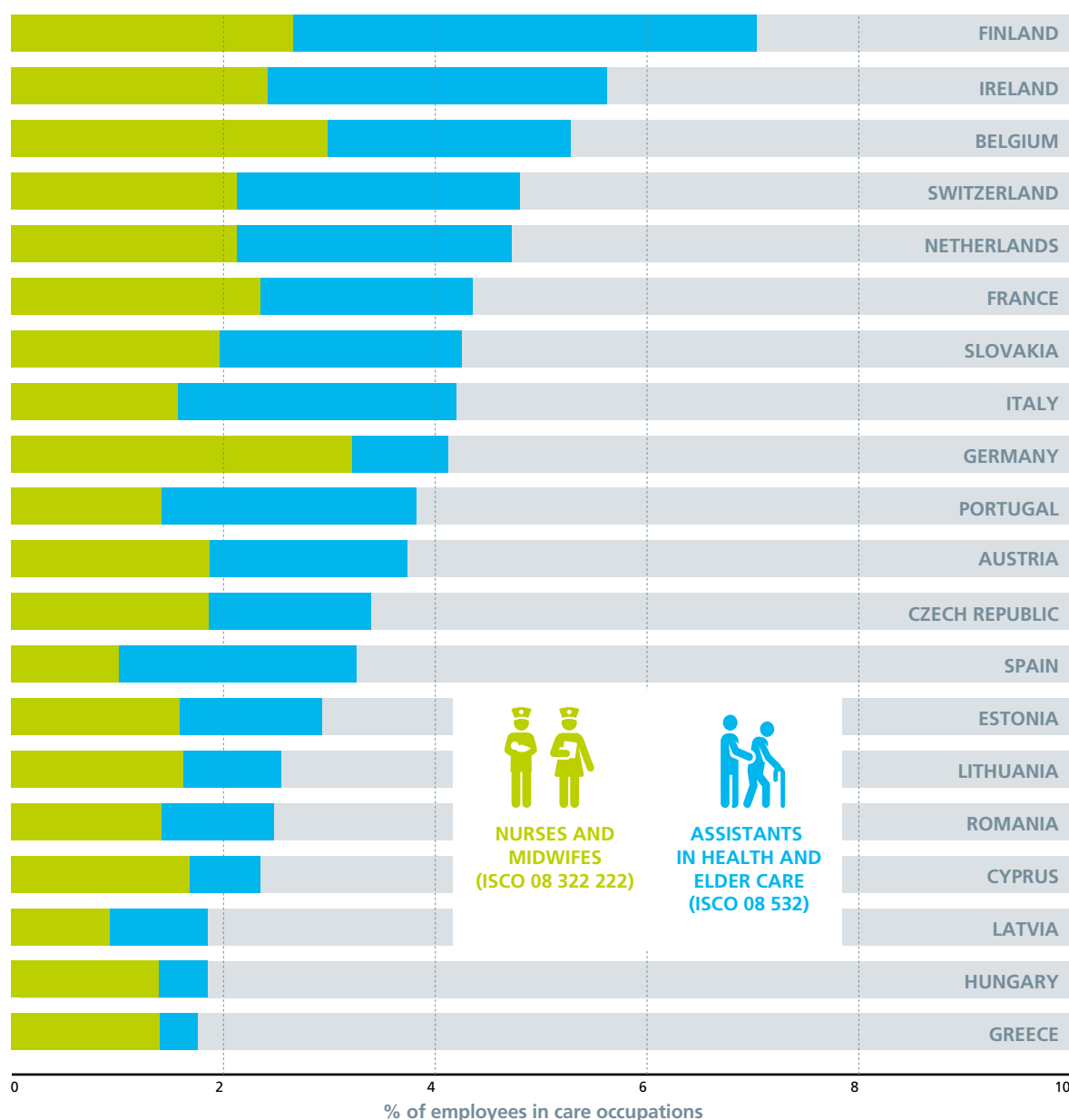
In the following we will provide some descriptive information on pay and employment in the health and social care sector focusing on the two categories of occupations identified above.

Figure 2 shows that the share of these two occupational groups in the total workforce ranges from less than 2% in Greece, Hungary and Latvia to 5% or more in the Netherlands, Belgium, Ireland and Finland. Figure 2 also illustrates the great variation across countries in the distribution of employment among the two occupational groups of skilled nurses and midwives and assistant professions. At one end of the spectrum there are countries like Italy, Finland and Spain in which assistant occupations account for almost two thirds of the jobs in the two occupational groups covered in this study. On the other end of the spectrum we find countries like Cyprus, Hungary, Germany and Greece in which the share of skilled nurses and midwives is more than 70% in these two occupational groups.

Figure 3 illustrates that health and social care is indeed a female-dominated sector. The proportion of female workers is 80% or more for both occupational groups in most of the countries covered. In the three Baltic countries and the Czech Republic, the proportion of women in the skilled group of nurses and midwives even reaches almost 100%. The exceptions – those with a female share below 80% are Italy (76%), Luxembourg (77%) and Portugal (79%) in the group skilled occupations and Greece (78%) and Hungary (70%) in the group of less-skilled assistant occupations. If anything, the proportion of female employment in the sector has increased. Analyses of data for the early 2000s (Budig and Misra, 2010: 448) shows that the share of women working in the social and health care sector then was around 10 percentage points lower in most of the countries also covered in our study. This applies to Belgium, Finland, France, Germany and the Netherlands.

A comparison of the share of women in the two occupational groups reveals that there is no general pattern observable across the countries covered. In 11 out of the 20 EU member states covered the female share is higher in the skilled occupations and in 9 out of the 20 countries it is the other way round. However, there seems to be a geographical pattern. In all the central and eastern European countries for which data is available the share of female employment is larger among skilled nurses and midwives than among the less-skilled assistant

Figure 2
Proportion of workers in nursing and care occupations at total workforce across countries (2016)



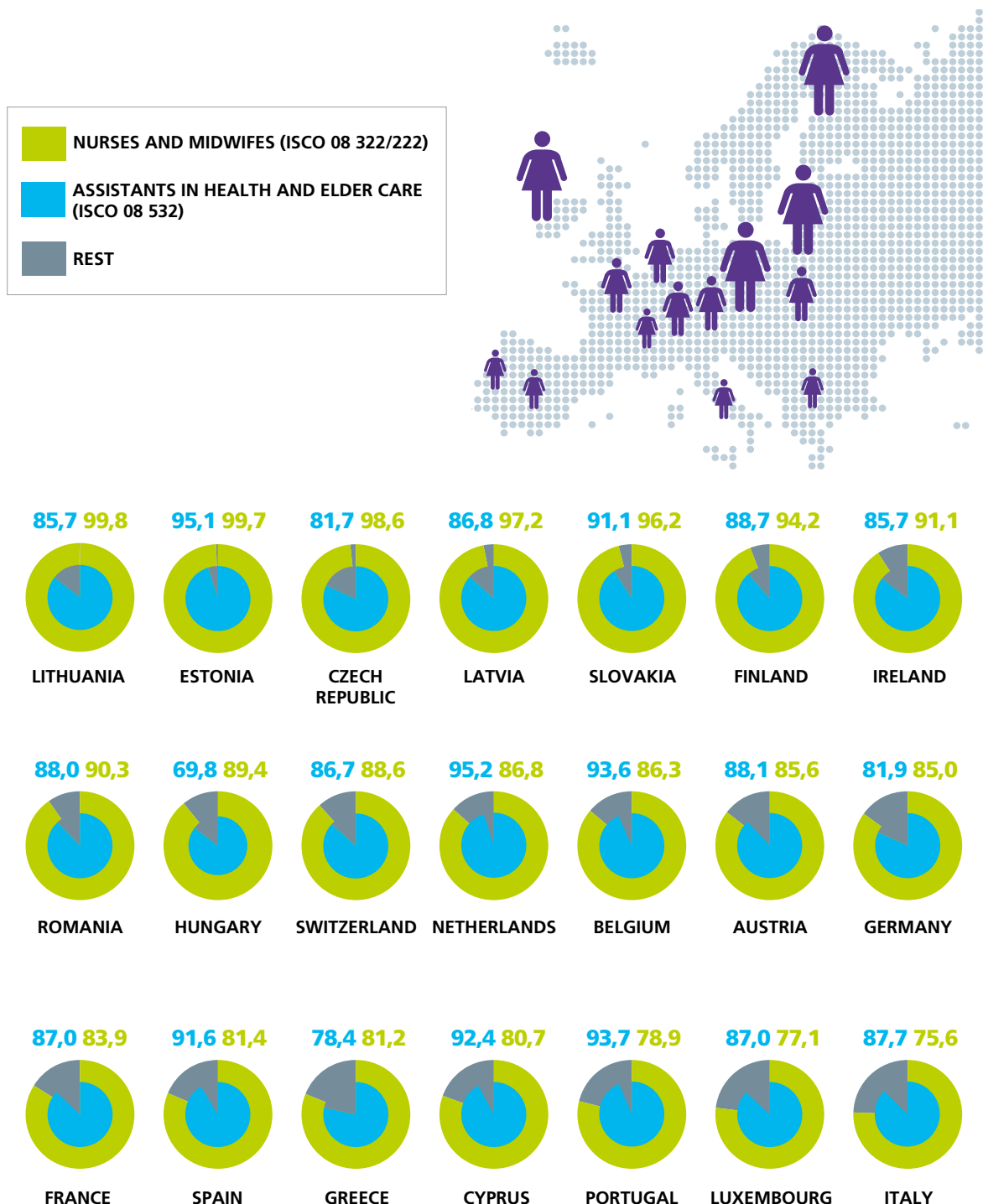
Source: EU LFS 2016, weighted averages, own calculations.

occupations – in Latvia, Lithuania, the Czech Republic and Hungary the difference is greater than 10%. By the same token, in all the southern European countries for which data is available – i.e. Cyprus, Spain, Italy and Portugal – the proportion of female workers is more than 10% higher in assistant occupations than in skilled occupations.

Nursing and care workers' pay

Comparing wages and incomes across countries is notoriously difficult. Hourly wages, for instance, are an insufficient measure to tell how workers fare economically as the amount of their monthly income depends on both hourly wages and working hours. Furthermore, absolute figures on wages are difficult to compare across countries without accounting for living expenses. This is why international comparisons are often based on relative measures of wages. In order to compare wages of health and social care workers across countries, this study uses income deciles. Income deciles reflect individuals' relative monthly incomes and capture their

Figure 3
Proportion of female workers in health and social care occupations (2016)



Source: EU-LFS 2016.

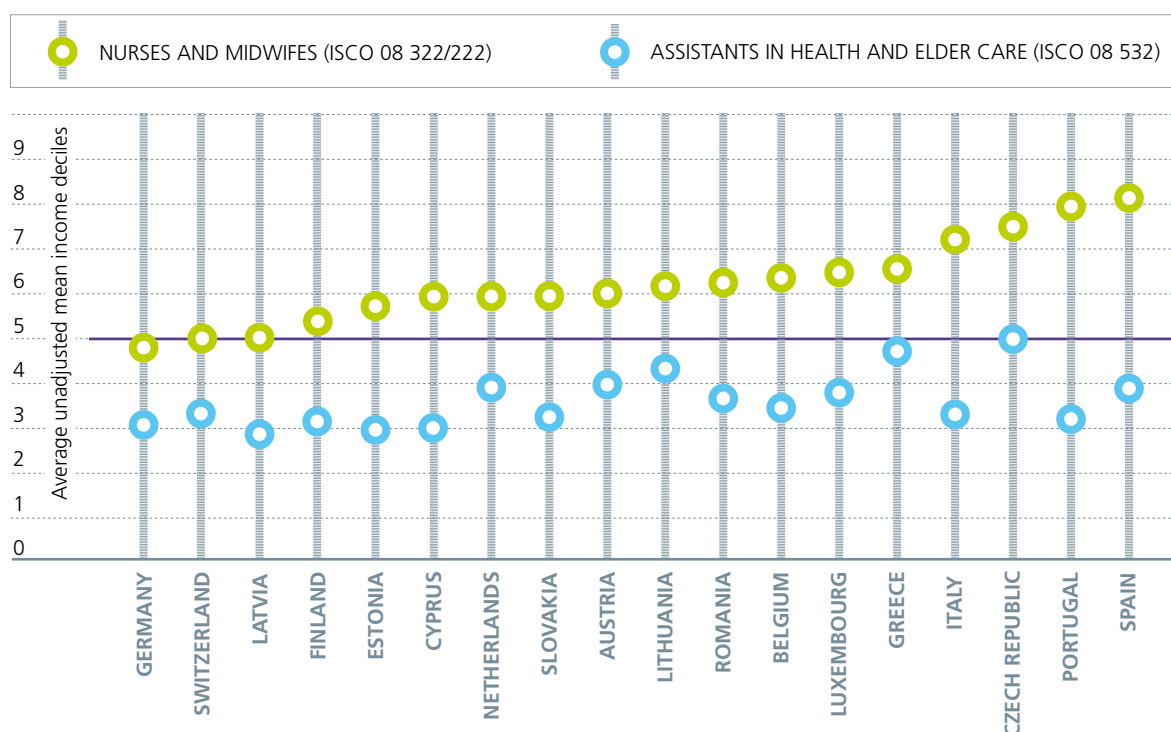
economic positions relative to others in a given society. Using deciles is suitable for comparing wage differences across countries with different degrees of economic development and wage dispersion. It is also the only measure available for cross-country comparisons of care workers' incomes that differentiate between different types of care work.

To analyse health and care workers' relative income positions, we use the income deciles provided in the EU-Labour Force Survey. To calculate the income deciles, all the incomes earned in one country are ordered from high to low and then divided into 10 groups. These groups

each contain the same number of workers. The first decile contains the 10% of the population with the lowest income, while the tenth decile contains the 10% with the highest earnings.

Figure 4 shows the relative income position of care workers compared to all occupations. Since income is illustrated in deciles, mean values above 5 indicate that the average income of the respective health and care occupation group is higher than what 50% of the employees in any given country earn and values under 5 reveal that care workers earn less than 50% of the working population. The information provided in Figure 4 refers to the “unadjusted” relative income positions of health and social care workers– that is, there is no adjustment for any individual and work-related characteristics such as education, hours worked, seniority and company size. Hipp and Kelle (2015) show, however, that the picture remains the same after “controlling” for these variables.

Figure 4
Relative income position of nursing and care workers in the overall income distribution (2016)



Data Source: EU LFS 2016, weighted averages, own calculations.

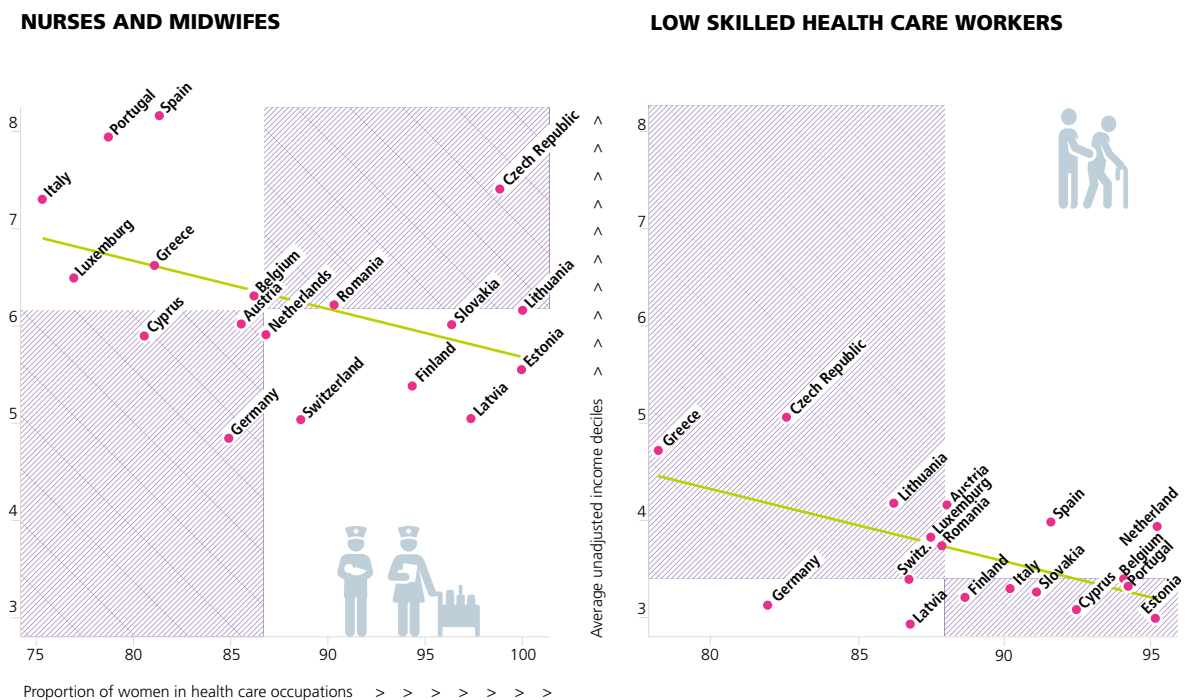
The analysis reveals considerable variation across countries and the two occupational groups. Figure 4 illustrates that the relative income of health and social care assistants is below the respective country median in all the 20 EU countries for which data is available. The only exception is the Czech Republic where the relative income of health and social care assistants corresponds with the median. While most of the countries are located in the 4th decile, the relative income of assistant health and care occupations in Estonia and Latvia are even lower and are located in the 3rd decile.

By contrast, nurses and midwives, i.e., workers in skilled health and care occupations, in most countries earn more than most other workers. Skilled health and social care workers are in the 7th income decile on average for the majority of countries. The only exception is Germany, where skilled and social care workers earn less than the majority of all employees. The upward outliers are The Czech Republic, Italy and Portugal in the 8th decile and Spain in the 9th decile. The three southern European countries – Italy, Portugal and Spain – are also those countries with the largest gap between the relative pay of the two occupational groups. By

contrast, the country with the smallest difference is Germany which could be an indicator for the most egalitarian wage structure in the sector among all the countries. Given the fact that in Germany the relative income of both groups is located at the bottom of the table, it could however, also indicate the need to significantly raise wages for both groups.

Figure 5 links the proportion of women in the two care occupations with the care workers' relative incomes by establishing the relationship between the two variables. It shows that for both skilled and less skilled care workers, the correlation line points downward, which means, that nurses and midwives as well as health and social care assistants have lower relative incomes on average when more women work in these occupations. Figure 5, thus, confirms that the proportion of female workers in the two occupational groups is an important factor explaining low pay in the sector as a whole.

Figure 5
Relationship between proportion of women in health and elderly care occupations and their average relative income



Note: Proportion of women in skilled and un/low skilled health and elderly care occupations are calculated based on the EU LFS data 2016.

While the data provided in figure 4 and 5 shows how nursing and care professions do in comparison with a country's overall workforce, it does not allow us to assess whether they actually earn more or less compared to workers in comparable jobs with similar background characteristics. However, several single-country studies have shown that workers in the health and social care sector indeed tend to earn lower wages than their equally well-qualified and experienced counterparts in other occupations with similar working conditions (see for instance England, 1992; England et al. 2001; Howes et al. 2012; Lillemeier 2017). Thus, the key question dealt with in the next section is how this wage penalty for health and social care workers more specifically and for workers in female-dominated sectors more generally can be explained and which factors are behind the persistently low level of wages in this sector.



3. Explaining low pay in the health and social care sector

It is possible to distinguish three broad strands of explanations why jobs in female-dominated sectors and occupations such as health and social care yield lower wages than jobs in male-dominated ones. These cover economic, industrial relations and sociological factors.

Economic arguments

Traditional economic theory argues that the wage difference between male- and female-dominated sectors and occupations simply reflects the differences in human capital and productivity. Leaving aside the notoriously difficult problem of adequately measuring productivity in personal services, this argument is based on the assumption of a gender-specific division of labour in households according to which men specialize in paid work and invest more in job-specific skills whereas women spend more time on child rearing and housework and therefore specialize in more “family-friendly” occupations that demand less effort and training (Murphy and Oesch 2015).

In a nutshell, this approach, which draws heavily on a school of thought known as “new household economics” (Becker 1981, 1985), explains lower wages in female-dominated sectors with the personal choice of women who opt for (lower paid) jobs that facilitate the combination of paid work with household responsibilities. This gender-specific division of labour leads to a weaker attachment of women to paid work which in turn creates less incentives for employers to invest in the skills and training of their female employees. However, it also means that married women with children in particular tend to choose jobs that compensate for low wages with more family-friendly working conditions (Polavieja 2008).

This economic argument is highly questionable. First of all, as Grimshaw and Rubery (2007) point out, the explanation is based on highly stereotypical views of women’s attitudes and behaviour that do not match recent empirical evidence which shows that women invest as much, or more, in human capital than men. Thus, it is difficult to sustain the argument that women freely choose not to maximise their potential or their monetary return in the labour market – even more so since the whole notion of difference in preferences was introduced to explain why women invest less in human capital than men (Grimshaw and Rubery 2007: 16). According to the analysis by Murphy and Oesch, this approach also fails to explain convincingly why not only women with children but also childless women and men earn lower wages when working in female-dominated occupations (Murphy and Oesch 2015: 21).

A more convincing economic explanation for low wages in the care sector refers to the structural underfinancing of the social care sector which is a consequence of the re-organisation and partial retrenchment of the welfare state and increasing privatisation and commodification of the provision of state services (Artus et. 2017: 11). This means that the provision of services is increasingly dominated by economic considerations of cost containment and improving the cost-effectiveness of the system with potentially negative effects on access to and quality of services (Stamati and Baeten 2014). This dominance of economic considerations has been reinforced after 2009 by the handling of the economic and financial crisis which placed the reform of national health systems at the centre of the reforms put forward by the EU institutions to consolidate public expenditure. The various measures introduced in the context of the crisis in order to reduce and contain costs in the health sector include: general cuts in national health budgets; the introduction of user charges; substantial salary cuts or pay freezes and staff cuts (for more details see European Federation of Nurses Associations 2012; Maucher and Schindler 2013; Stamati and Baeten 2014).

The growing reliance on market-driven actors and mechanisms also affects wages by undermining the public good character of the social care sector. Markets only insufficiently ensure the comprehensive provision of public goods because those providing them cannot capitalise

on these goods. As a consequence, the state has to step in and solve the public good problem by covering the market-induced spending deficit and by ensuring that all services are accessible for everybody. However, due to the increased pressures on public spending states are often no longer in a position to fulfil this function as guarantor of the public good character of social care services (Hipp and Kelle 2016). Another factor that potentially explains low wages in the social care sector is the size of the informal care sector (Hipp and Kelle 2016). A large supply of informal care services can be expected to put pressure on the wages of formally employed social care workers – because domestic care activities in particular are amongst those activities most frequently outsourced to the informal labour market (Theobald 2009).

Industrial relations arguments

From an industrial relations perspective, low wages in the social care sector are linked to the employees' power position in wage negotiations which is weaker than in male-dominated sectors. In the literature, this weaker bargaining position is often explained with reference to the so-called "prisoner of love" dilemma (Folbre 2001). This is a result of two inherent characteristics of care work: first, the asymmetrical character of care interactions in which the recipient of care activities is in many cases existentially dependent on the provision of care services and second the fact that a high level of trust, empathy and at times genuine affection are often an integral part of professional care work and are also reflected in societal norms and expectations. As a consequence, for care workers the well-being of the client often takes priority over the pursuit of their own interests in terms of higher wages and better working conditions. A study by Hussein of frontline long-term care workers in England illustrates that many employers use this specific occupational ethos of care workers to normalise poor wages as an integral part of care work and even question whether those workers who challenge this perception are suitable to work in the care sector (Hussein 2017: 1822).

The "prisoner of love" dilemma also makes it more difficult for trade unions to mobilise care workers for collective action. Due to the specific triangular relationship between care worker, client and employer, strike action tends to affect clients and their families rather than employers who may even save costs in the event of a strike. It is therefore the specific ethos of their occupation and the resulting attitude towards the well-being of their clients that tends to hamper care workers' willingness to pursue their interests via collective action and that makes it difficult for them to ask for higher wages from people who are in need of their help.



However, analyses of more recent strike activity in hospitals and the childcare sector in Germany illustrate that the systematic violation of their occupational ethos can be utilised by trade unions as a basis for collective mobilisation (Becker et al. 2017). The current, mainly cost-driven re-organisation of care work violates care workers' occupational ethos in two respects: first, budget cuts and the intensification and rationalisation of care work leads to a situation in which care workers feel that they cannot perform their job in a way that ensures the well-being of their clients. Second, the growing discrepancy between rhetorical acknowledgement of the significance of care work and the actual financial reward creates a feeling of being treated unfairly. In the most recent strikes in hospitals and childcare institutions in Germany these two factors were essential in mobilising care workers for collective action (Becker et al. 2017).

Sociological arguments

Finally, from a sociological perspective low wages in the social care sector are explained by labour market discrimination against women based on the cultural undervaluation of female work. According to this strand of explanation, work in typically female-dominated sectors and occupations is paid less than work in typically male-dominated sectors and occupations regardless of work and qualification requirements and workload simply because female work is perceived as less valuable than male work. The first factor here is the assumed link between social status and occupational and skills categories according to which the pay level attached to a job and occupation reflects the status of the occupant of the job. This means that care work is undervalued because of the widespread belief that the status of women in society is lower than the status of men which in turn informs the perception of jobs predominantly performed by women as inferior to the jobs mainly performed by men (Lillemeier 2017: 3). This is reinforced by fact that care work has been traditionally performed by women at home and "for free" (Grimshaw and Rubery 2007).

The second factor is the gender-stereotypical perception of the helping and caring character of these jobs and occupations which are perceived as "typically female". This means that the skills involved in performing health and care work are often not recognised and visible because they are often not formally certified and they are often considered as "natural skills" deriving from women's essence as mothers and carers (Grimshaw and Rubery 2007: 60). The undervaluation of female jobs compared to male jobs gets entrenched in pay and grading structures through the use of non-gender-neutral job evaluation schemes which are still often based on typically male-type skills (or definitions of the same). An example would be if "responsibility" is mainly identified with managerial tasks and responsibility for staff rather than with the responsibility for the well-being of other people (Lillemeier 2017: 3).



4. Trade union strategies to tackle low pay in the health and social care sector

To get a clearer picture of the different measures which trade unions use to tackle the problem of low pay in female-dominated sectors a survey was undertaken among affiliates of EPSU, the European federation for public service unions and which represent workers in the health and social care sector. A total of 20 unions from 16 different countries replied. From the survey responses it emerges that trade union action can be divided into three broad categories depending on the time horizon and the target of the various measures. The first category comprises more short-term measures to raise wages and to deal with immediate wage discrimination such as legal measures and the pursuit of specific collective bargaining strategies aiming to improve the pay of low-wage earners in female-dominated sectors. The second category comprises more long-term measures to deal with structural discrimination by pursuing changes to the existing pay and grading schemes and by addressing the various forms of cultural undervaluation of female work. The latter aims at changing the public perception of female work more generally and work in the health and social sector more particularly. And finally, the third category comprises measures which are directly addressed to the state such as initiatives to increase the minimum wage and to end austerity policies.

4.1 Short-term measures: collective bargaining strategies and legal measures

Collective bargaining strategies

The responses to the questionnaire reveal that one of the most prominent more short-term approaches to address the issue of low pay in female-dominated sectors is to pursue a collective bargaining strategy which prioritizes above average pay increases for lower wage groups and/or typically female-dominated occupations. The Belgian trade union ACV-CSC reports that this strategy has been pursued in the negotiations of the cross-sector agreement which take place every two years and which sets the wage norm for the ensuing sectoral negotiations. Very often such disproportionate increases are achieved by combining flat-rate pay increases for lower wage groups and/or female-dominated occupational groups with overall percentage increases. Lower wage groups benefit from a flat-rate payment because its percentage value is higher than the overall percentage increase agreed for the workers higher up the wage scale. As a consequence, flat-rate pay increases serve to flatten the pay structure and – since women are usually overrepresented at the bottom of the pay scale – to narrow the gender pay gap.

The survey furthermore shows that this bargaining strategy is often based on a comparison of wages in typically female-dominated jobs with professions with wages in typically male-dominated jobs and professions which show the same or similar characteristics in terms of qualification and job requirements. The following two more in-depth examples of the approach pursued by Kommunal, the Swedish municipal workers' union, and by JHL, the largest trade union in the Finnish welfare sector, illustrate how these different bargaining elements – disproportional wage increases, flat-rate payments and comparisons of female- and male dominated occupations – have been combined to tackle the issue of low pay in female-dominated occupations.

Example 1: Bargaining for equality by Kommunal, Sweden

As part of the overall objective to end the undervaluation of female-dominated occupations, Kommunal pursued the strategy of ensuring higher wage increases for certain groups of workers by way of comparing the wages of typically female-dominated occupations with the wages of typically male-dominated occupations. The group chosen by Kommunal for wage increases were nursing assistants employed by municipalities in the elderly care sector and hospitals. Numbering around 150,000, this is the biggest group of Kommunal's membership. In order to achieve disproportionate wage increases for nursing assistants the union compared their



wages with blue-collar workers in the manufacturing industry with comparable levels of qualification, experience and requirements at work.

The comparison revealed a wage difference of approximately SEK 3,000 (about €295) per month. The objective was to reduce this pay gap starting with the negotiation of a new sector agreement in 2016. From 2014, long before the start of the negotiations, Kommunal had already prepared the ground by extensive lobbying of politicians, metalworking unions and the municipal employers. This was important because in order to reduce this pay gap the wage increase for nursing assistants had to go beyond the going rate set by the manufacturing trade unions since the same percentage increases for all sectors cements the discrimination of female-dominated occupations.

This demand resulted in a lively debate among the trade unions in the LO confederation because in the Swedish system of pattern bargaining the manufacturing unions usually take the lead and they have an interest in negotiating wage increases that maintain the cost competitiveness of their export-oriented industries. Disproportionate wage increases for certain groups of employees in sectors not exposed to international competition, such as the care sector may interfere with this “export-oriented” wage policy. However, in the end, the support of the other LO unions was secured. This meant a disproportionate increase for nurse assistants while the other groups settled for the going rate.

In April 2016, Kommunal and SALAR, the Swedish Association of local authorities and regions, concluded a three-year central agreement running from 1 May 2016 until 30 April 2019. This agreement – which was later extended for one year until 2020 so that the negotiation cycle is in line with that of the other industries – stipulates the following flat-rate increases for nursing assistance in addition to the going rate: SEK 500 (approximately €48) in the first year; SEK 180 (approximately €17) in the second year and SEK 150 (approximately €14) in the third year. This means that under the current agreement the wages of nursing assistants will rise by SEK 830 (approx. €79) more than in other sectors which follow the going rate. For the fourth year no specific flat-rate has been specified in the agreement – instead it is left to local negotiators to decide on how to allocate the wage increase to the different groups of employees.

An analysis carried out by Kommunal reveals that the 2016 agreement helped to reduce the pay gap between nursing assistants and blue-collar workers in the metalworking sector. While in 2015 the wage of a nurse assistant was 87% of the wage of a blue-collar worker in manufacturing, in 2016 this proportion increased to 91%. However, the agreement not only helped to reduce the pay gap by ensuring flat-rate increases for nursing assistants but also made contribution to solving the recruitment problem in the elder care sector. The agreement furthermore includes another two important provisions. The first says that the employers should place more emphasis on full-time employment because involuntary part-time employment is

another source of low pay in the sector and the second is a five-year plan to improve the career opportunities of nurses. Kommunal intends to apply the same strategy of increasing wages to nurse assistants in the private sector where Kommunal negotiates with two other employers' federations.

According to the union, one of the key challenges in closing the wage gap between female-dominated professions such as nursing assistants and typically male-dominated professions in the manufacturing industry is to address the negative wage drift which often exists in the care sector where actual wages lag behind the wage increase stipulated in the agreement. Negative wage drift can be caused by many factors but a key one is the fact that employers often replace experienced workers with younger less experienced – and therefore “cheaper” – workers.

Example 2: Bargaining for equality by JHL, Finland

JHL has 220,000 members and organises workers in welfare services including both public and private health and social care. Since a large share of JHL's membership is female (approx. 70%) and belongs to the lower-paid segment of the labour market, the trade union, in cooperation with other Finnish public service unions, has long been working on a strategy to tackle low pay in sectors dominated by women. This strategy links different elements such as ensuring higher pay increases for lower pay grades, ensuring flat-rate pay increases as well as percentage increases, comparing female dominated jobs and professions to typically male dominated jobs and professions in other sectors and, finally measures to narrow the pay gap that existed between workers in the public sector and in private industries.

The Finnish unions' strategy of ensuring higher pay increases for lower pay grades has to be seen in the context of what was, until recently, the traditional Finnish incomes policy system – an institutionalised tripartite arrangement of political exchange for the mutual benefit of all parties involved. In this system the three parties – government, employers and trade unions – agreed on a central pay increase that applied to all sectors. Very often unions were asked to agree to fairly moderate pay increases in exchange for tax relief for employees or improvements in social benefits such as childcare provisions or improved possibilities to take care of family members in need of individual care. However, since such a system of centrally determined pay increases cements gaps between different categories of workers and sectors, JHL traditionally pursued different strategies to ensure additional wage increases for their low paid and – in most of the cases – female members.

In the 2005 bargaining round, one such strategy was to include a so-called “equality allowance” into the central income policy agreements which specifically aimed at improving the situation of female employees in low paid jobs. A similar approach had been pursued in the 1988 and 2001 bargaining rounds. This equality allowance ensured an additional pay increase that comes on top of the centrally agreed pay increase. The equality allowance was calculated on the basis of a specific formula which takes into account the women's relative share of all employees in a sector and the relative share of employees whose earnings were below a certain threshold. In the central incomes policy agreement concluded in 2005 the formula was as follows: the women's relative share of all employees multiplied by 0.45 + the relative share of employees earning less than €10.67 per hour or €1,782 per month multiplied by 0.15. Thus, if all the employees would have been women and if all the employees would have earned less than the threshold specified, the maximum additional wage increase would have been: $(1 \times 0.45) + (1 \times 0.15) = 0,6\%$.





Another element in JHL's strategy was to ensure flat-rate increases for those employees earning less than a specified amount. In the most recent sector agreement concluded in March 2018, JHL agreed an increase of at least 1.25% with a minimum guaranteed increase of €26. The cut-off point for the flat-rate increase was a monthly salary of €2,080 – i.e. for workers below that threshold the flat-rate increase was more beneficial than the percentage increase.

In order to close the wage gap between comparable jobs and professions in the public sector and private industries, JHL and all the other unions representing members in the municipal sector, agreed a so-called “wage programme” with the municipal employers’ organization. This wage programme was based on a scientific study comparing professions in the health care sector (for instance nursing assistants) with a profession in the metal industry that is comparable in terms of educational level and the level of responsibility involved in performing the task and job. As a consequence of this study the municipal trade unions agreed with the employers on a special increment of 3 per cent for municipal workers between 2003 and 2007 in order to reduce the pay gap with the private sector. The increases did not only apply to the specific profession that was compared but to the broader wage category to which this specific profession belongs.

Training and legal measures

Another measure to tackle the problem of low pay in female-dominated sectors and occupations is to ensure equal access to training for female workers in order to improve their career prospects and their chances to move up the pay scale. This was reported by trade unions from Belgium, Bulgaria, Lithuania, Norway, Russia and Slovenia as an issue they engaged with. The Belgian ACV-CSC said that in the retail sector it had managed to include in the collective agreement the right to paid educational leave for women who are employed on a part-time basis. The right to paid educational leave is an important issue because often em-

ployers do not see the need to invest in the human resources of part-time workers and favour more senior (and full-time) staff. Since as a rule the proportion of women among part-time and less senior staff is very large a legal right to paid educational leave helps to ensure that training is provided on a more equal basis. However, the right to training is one thing, but actually having the time and opportunity to attend training is a different matter. The OSZSP health union in the Czech Republic reports that despite having access to training female workers in healthcare and social services often find it difficult to take part in training measures because of personnel shortages and the problem that nobody can stand in for the person attending the training. Thus, addressing the issue of personnel shortages is another aspect to be considered in designing measures to ensure equal access to training for female workers.

While ensuring access to training plays an important role for women as a prerequisite for advancing into more senior and better paid positions, all too often unions observe that employers insist on formal qualifications in their recruitment strategies. This is why unions for instance in France, Sweden and the UK have tried to push employers to give prior experience the same importance as formal qualifications when recruiting people for senior positions. Fulton (2013: 14) reports an initiative pursued by CFTD Santé-Sociaux in the health service sector in France which obliges the employer to look at internal candidates before recruiting from outside. Combined with training and recognition of prior experience this offers opportunities for promotion of (female) employees who might otherwise not be considered.

Pursuing legal action by bringing equal pay claims before court was another means used by trade unions to improve the situation in female-dominated sectors. This strategy has been

extensively and successfully adopted by UNISON in the UK. One high-profile case involved Birmingham City Council in central England where in October 2013 UNISON reached an agreement with the local authority to settle around 11,000 equal pay claims which had been outstanding since 2008 (Fulton 2013: 20). The settlement, which followed a court ruling the previous October, was about ensuring that jobs like care, catering and cleaning, dominated by women, had access to the same level of bonuses as equivalent jobs dominated by men in areas like waste and grounds maintenance.

Another similar high-profile case involved Glasgow City Council in Scotland. In August 2017, the Court found that the job evaluation scheme applied by the council did not comply with the *Equal Pay Act 1970* (now part of the *Equality Act 2010*). As a consequence, female workers employed in areas like care, catering and cleaning have not benefited for many years from sizeable bonuses that were available in equivalent jobs mainly carried out by men – many of the claims date back to 2006. The court ruling provides the basis for the negotiation between the unions and the city council of a settlement of approx. 10,000 claims which could be worth as much as £500 million (Naysmith 2018). Overall UNISON has brought over 100,000 mass equality pay claims before courts negotiating and winning millions in compensation and legal redress.

However, it is not just in the UK that trade unions pursue legal action to address the problem of pay discrimination of female workers. In the survey, this kind of legal action has also been reported by trade unions from Belgium, France, Germany, Ireland and Finland. The CGT trade union confederation in France reports that some lawsuits based on the principle of equal pay for equal work have been won. One problem in France is, however, to bring a case before the Constitutional Council in order to get a ruling whether legislative provisions are in compliance with the principle of equality as stated in the constitution. To bring a case to the Constitutional Court the trade unions need to pass the high hurdle of the Council of State which checks the admissibility of the case. Often the Council of State denies the trade unions access to the Constitutional Court as was the case when the CGT recently tried to improve the situation of nurses through a ruling of the Constitutional Court.

The Finnish trade union JHL reports that the right to legal action by an association was an important prerequisite for successfully pursuing this strategy. This means that the trade union has the right to bring such cases before court and that it is not the individual who needs to bring the case before the court. According to JHL, another important prerequisite for legal action was that a local shop steward alerted the trade union that there is a problem. The trade union lawyers would evaluate each case and would recommend legal action if they verified the problem and saw a chance to win the case. The objective was to establish precedents that could serve to improve the situation of workers across the whole country. As in the UK, very often these cases were about bonuses for overtime, shift and/or night work that were not appropriately paid by the employers.

4.2. More long-term measures to deal with structural discrimination and undervaluation of women's jobs

Changes to pay structures

Structural pay discrimination of female work and occupations is often reflected in a gender bias in the way wage structures operate and in the criteria on which pay schemes are based. As outlined above, the gender bias in pay structures is a result of the underlying more far-reaching cultural undervaluation of female work. This means that in many cases job evaluation schemes are still not gender-neutral and award a pay premium to tasks associated with typically male-type skills. Often pay structures have been negotiated by men who are not necessarily aware of the inherent gender bias and in doing so unintentionally help to perpetuate structural discrimination of female work. To change this underlying cultural undervaluation is a long process because it involves a change of how female work is perceived by the wider public and by key decision-makers within trade unions and employers.

Against this background it is no surprise that in the survey of EPSU affiliates changes to the pay system were the most frequently mentioned measures to deal with structural discrimination. Abolishing the lowest pay grade was the measure with the most immediate positive impact on pay of female workers because the workers in the lowest pay grade automatically moved up to the next grade. This measure was reported from trade unions in Bulgaria, Croatia, the Czech Republic, Lithuania and the UK.

Other measures aimed at changing the criteria on which the pay scheme is based. The key focus here was on the following issues: ensuring that prior experience is given equal importance to formal qualifications, increasing the focus on the content of the job performed and on increasing the transparency of the criteria on which pay is based. In most cases, these measures were embedded in a broader approach to establish gender-neutral job evaluation schemes.

One example is JHL's initiative to introduce new gender-neutral job evaluation criteria in municipal services in Finland. Within JHL, job evaluation has been a particularly important issue since the late 1990s. The debate was triggered by the frustration with the existing system of job classification which was perceived as very bureaucratic and static with a set list of pay grades which ascribed a fixed amount of money to certain professions. The union criticised the system arguing that it offers no incentives for employees to improve their position in the pay structure through further education and neither does it take into account a worker's experience.

Against this background, JHL included a job evaluation scheme in the 2001 collective agreement for municipal services which covers more than 400,000 workers. The system foresaw the evaluation of each job and task according to a certain set of criteria such as the expertise and responsibility involved in performing the task (as regards money and responsibility for staff), and the conditions under which the task is performed referring to factors such as temperature of the working environment, stress, or dangerous situations for instance through the potential exposure to violence. The objective was to create a grading system in which pay is based on more transparent characteristics of the jobs and tasks to be performed. This also included the recognition that for some tasks experience can be as important as formal qualifications and should therefore be awarded equal importance as regards the classification in the pay grade system.

An important element in developing a new gender-neutral job evaluation scheme is having "objective" criteria on which the comparison of equal work across different sectors, occupations and jobs is based. The Belgian unions report the important role which the Institute of Gender Equality played in this regard. In Belgium, the 2012 equal pay law obliges employers to enter into negotiations on measures to close the gender pay gap. This includes the obligation to negotiate at sector level collective agreements establishing gender-neutral and non-discriminatory job classifications. Since there were serious problems in implementing such a gender-neutral scheme and particularly in agreeing on common criteria, the unions in cooperation with Institute for Gender Equality developed a set of guidelines containing indicators and gender-neutral criteria for equal value comparisons (Pillinger 2014: 42).

The guidelines provide help for introducing job evaluation projects, for describing and evaluating jobs using "objective" criteria and for developing a gender-neutral job classification system based on the following six broad categories: knowledge and qualifications, problem solving, responsibilities, communication, team work and team management, and the working





environment (Pillinger 2014: 43). The trade unions' activities to develop a gender-neutral evaluation scheme also included specific training and guidelines for trade union negotiators for the implementation of the legislation.

The introduction of the Agenda for Change agreement in the National Health Service (NHS) in the UK is another example of how a gender-neutral job evaluation scheme was used to provide greater transparency and to remove discriminatory payment structures. Agenda for Change was introduced in December 2004 based on an agreement negotiated by unions, employers and the Ministry of Health. It replaced the old pay and grading system which essentially had been in place since the establishment of the NHS in 1948. The key objectives were to set up new standardised pay scales and a mandatory annual personal development review that applied to all staff groups apart from doctors and dentists.

From a trade union point of view, the key problem of the old pay and grading system was that it led to low pay in the NHS compared to other parts of the public sector and that it did not comply with the objective of equal pay legislation to ensure equal pay for work of equal value. The Agenda for Change reform tried to address these problems by standardizing pay scales and by matching professional responsibilities to a list of explicit pay criteria (McCafferty and Hill 2015: 168). The main point was that it was the job performed which was evaluated rather than the person in it and in doing so to ensure equity between similar posts in different areas.

The second element to address the problem of low pay was the introduction of a personal development review based on a knowledge and skills framework defining criteria for career development and pay progression. The purpose of this personal development review was to "provide clear and consistent objectives for the professional development of staff and to provide support from management for skills and knowledge acquisition that is necessary for career development" (McCafferty and Hill 2015: 168). The knowledge and skills framework is based on six generic competencies that apply to all (also non-medical) groups of NHS staff: communication; personal and people development; health, safety and security; service development; quality; and equality, diversity and rights. This catalogue of more general competencies involved in a job is supplemented with an additional catalogue of 24 competencies that cover requirements of more specific NHS professions.

Measures to address cultural undervaluation of jobs dominated by women

At the heart of the phenomenon of low pay in female-dominated professions lies the cultural undervaluation of female work based on a perception that it is less valuable than male work. Even though all the measures dealt with so far – collective bargaining strategies, legal measures and changes to pay structures – implicitly also address the problem of cultural undervaluation, they primarily deal with the symptoms of a deeper problem. The following two examples

explicitly address the root of the problem by seeking to change the public perception of female work. The first is the revaluation campaign by services union ver.di in the German care sector and the second is the equal pay project run by the FOA public services union in Denmark.

Example 1: Ver.di's revaluation campaign in the German social care sector

The key feature of Ver.di's revaluation campaign is its encompassing character aiming at the material but also the ideational revaluation of female work by raising public awareness of the importance of care work and by mobilising public support for the legitimacy of higher wages in the sector. The strong focus of the Ver.di campaign on revaluation was explicitly expressed in the slogan of the 2015 bargaining round which was "Really good – revalue now!".

The campaign in the social care sector which started in the second half of the 2000s has a long history and can be traced to the early 1990s. At the time, ÖTV – the largest of Ver.di's five predecessor organisations – conducted a campaign to revalue female work in public administration. The main objectives of this early campaign were, for instance, to remove "hidden" forms of gender discrimination in collective agreements involving the gender-neutral redefinition of wage and job evaluation criteria and better career prospects for women for instance by recognizing "family time" – i.e. time spent outside the job to take care of family members – in the context of time-related job promotions (for more details see Gumpert et al. 2016).

After Ver.di was created in 2001, the new organisation continued the revaluation campaign with a particular focus on the development of gender-neutral job evaluation schemes based on comparisons of typical female and typical male jobs and occupations with comparable profiles as regards qualification and work requirements. The establishment of gender-neutral wage classification schemes was also a key objective in the 2005 negotiations of a new general framework agreement (*Tarifvertrag öffentlicher Dienst, TVöD*) to establish a uniform pay scale for blue- and white-collar workers in the public sector. Since the employers rejected the introduction of gender-neutral wage classification schemes for the whole of the public sector, Ver.di started separate campaigns to revalue specific occupations.

The revaluation campaign in the social care sector focused on childcare workers and was based on the narrative that in the light of new societal demands for qualified pre-school education childcare workers should be recognized as skilled pedagogical workers who make an important contribution to the education of children and the wider society. Thus, in order to ensure high quality work and in order to attract sufficient numbers of skilled (and also male) workers, pay needed to be improved and more money invested in childcare institutions to improve working conditions and to address the problem of understaffing (Kerber-Clasen 2017: 49).

The campaign centred around the two bargaining rounds in 2009 and 2015 and involved the following elements: first, a mixture of quantitative demands for new job classification structures resulting in substantial wage increases and qualitative demands for improved working conditions. In support of these demands Ver.di organised strike action during both bargaining rounds. The strike in 2009 was the first national strike of child care workers in Germany. Second, another core element of the campaign was public relations activities in order to influence the public debate in support of the demands put forward by the union. This was important because strikes in the childcare sector do not (economically) harm the employer but the clients who in this case are the parents. It is one of the peculiarities of the childcare sector that employers may even save money during a strike (Schulten and Seikel 2018). Mobilising the support of parents and the wider public was also important to create legitimacy for the wage claims because wages in the public sector are tax-funded and are therefore "public money". A third, element of the campaign concerned demands for a reform of the education of childcare workers by including them into the German system of dual vocational training. This would mean that childcare workers no longer had to pay for their education but would instead receive free education and a vocational training salary from their employer.

In 2009, Ver.di concluded an agreement on the introduction of a new wage grid for childcare and social workers leading to wage increases of between €100 and €400 per month depending on the individual's position and seniority (Schulten and Seikel 2018). In the 2015 bargaining round, due to fierce resistance from the employers Ver.di did not succeed in negotiating further changes to the job classification scheme that would have resulted in a substantial increase of childcare workers' pay of 10% on average. Instead, the increase was 3.7% on average, which, even though still substantial, remained below the expectations of many childcare workers. Despite this only partial success in achieving a substantial upgrading of childcare

workers' wages, the campaign was very successful in stimulating an intensive public debate about the value of work in the health and social care sector more generally. It considerably increased the public recognition of the importance of the work in health and social care and put the issue of undervaluation at the centre of the wider political debate. An indicator for this is the healthcare reform programme of the new government formed in spring 2018 which explicitly foresees support for wage increases for healthcare workers and the introduction of statutory minimum staff levels for care workers in hospitals in order to address the serious problem of understaffing.

Example 2: FOA's Equal Pay Project in Denmark

Another example to address the undervaluation of work in female-dominated sectors is the Equal Pay project conducted by the Danish public services union FOA. The project combines measures that explicitly aim at raising public awareness of the high responsibility of care workers and the broader societal importance of care work more generally with a bargaining strategy that for instance in the most recent bargaining round at the beginning of 2018 explicitly included action on equal pay and on low pay in female-dominated sectors as a priority. The project also involved measures to tackle part-time work as one of the reasons behind low pay in female dominated sectors by pushing employers to establish full-time work as the norm.

The public sector bargaining round 2018 was one of the most conflictual for years, involving threats of strikes from the unions and threats of massive lock-outs from the employer side. However, FOA in cooperation with other public service unions stuck to its demand for higher pay increases for low-paid groups and workers in female-dominated sectors, referring explicitly to the fact that despite similar qualifications and training workers in female-dominated sectors face a considerable pay penalty compared to workers in sectors dominated by men. The unions were successful with their demands because at the end of April 2018, both sides agreed to the results of the mediation process which included provisions on setting up special funds worth 0.34% of the wage bill for priority groups such as low-paid workers and workers in female-dominated sectors.

4.3. Measures aimed directly at the state

The measures aimed directly at the state mainly comprise three areas: pushing for increases of the statutory minimum wage and for more state support of collective bargaining by facilitating the extension of collective agreements; legislation aiming at the improvement of pay transparency; and finally pushing national governments to end austerity policies. The first area concerning minimum wages and the extension of collective bargaining was the one most frequently mentioned in the survey.

The effect of minimum wages on low pay

Minimum wages can help to tackle the problem of low pay in various ways. The most obvious and direct impact of minimum wages on low pay is by defining a minimum floor that prevents downward wage competition and exploitative wage levels. International comparative analyses show that there is a clear link between the relative level of the minimum wage measured in relation to the median wage and the incidence of low pay – thus, the higher the value of the minimum wage the lower the proportion of workers in low-paid jobs (Grimshaw and Rubery 2013: 93). Since women are more likely to work in low-paid jobs and occupations than men, women tend to benefit most from minimum wage increases.



Minimum wages also fulfil an important distributive function by compressing the whole wage structure which means that wages of (predominantly female) workers at the bottom of the wage structure rise more rapidly than wages of (predominantly male workers) higher up the wage distribution. Research by Grimshaw and Rubery into the distributive function of minimum wages illustrates that there is a link between the level of minimum wages and positive pay equity effects: “countries with higher minimum wages tend to have smaller shares of low-wage employment, more compressed wage structure (in the bottom half of the distribution) and better indicators of pay equity” (2013: 101).

However, as Grimshaw and Rubery rightly point out, minimum wages are a necessary but not a sufficient condition to combat low-wage work and with this low pay in female-dominated sectors (2013: 93). The Netherlands and Spain are two examples where despite a low relative minimum wage level measured in relation to the median wage there is also a comparatively low incidence of low-paid employment. By the same token, Romania is an example of a country where despite a high relative minimum wage level there is a comparatively high incidence of low pay. This illustrates that other factors must be at play in addressing the problem of low pay.

One such factor is collective bargaining coverage which shows an even stronger correlation with the incidence of low pay than minimum wages (Schulten 2015); i.e. the higher the coverage of collective agreements the lower the incidence of low pay tends to be. The positive effect of high collective bargaining coverage in addressing low pay can be explained with the general functions of collective agreements. They fulfil a protective function by safeguarding

certain (minimum) standards for a particular sector or region which in turn puts a halt to a competitive downward spiral of deteriorating wages and working conditions. They, secondly, fulfil a distributive function as part of a solidaristic wage policy whose key objective is to ensure that productivity gains are shared equally by all workers on the one hand and to ensure a more egalitarian wage structure by propping up wages at the bottom of the wage distribution on the other (Schulten et al. 2015).

There is a complementary relationship between high minimum wage levels and high collective bargaining coverage. Strong collective bargaining with high bargaining coverage, for instance, ensures that the positive redistributive effect of high minimum wages is not limited to the lowest level of the pay distribution. By generating so-called “ripple effects” strong collective bargaining ensures that increases in the minimum wage also lead to wage increases higher up the wage distribution by preserving wage differentials. The primary example of this kind of interaction between high minimum wages and high collective bargaining coverage is France where the minimum wage serves as a platform for negotiations of the whole wage structure. This ensures that a rise in the minimum wage is, in principle, diffused through the wage structure – thereby supporting overall wage growth (Grimshaw and Bosch 2013). As a matter of fact, the smallest incidence of low pay employment can be found in countries with strong collective bargaining coverage and high minimum wages. The Nordic countries are the prime example for this complementary and mutually reinforcing relationship. In the Nordic countries, where minimum wages are set in sector collective agreements, both high bargaining coverage and high levels of minimum wages are based on the high organising density of the two sides of industry – particularly trade unions.

The Nordic countries are, however, a special case which is bound up with a whole range of political and institutional peculiarities of the Nordic model of capitalism. In



the majority of EU member states, trade unions rely on state support to ensure sufficiently high minimum wages and extensive collective bargaining coverage. Against this background it is not surprising that initiatives to put pressure on the state for higher minimum wages and more extensive bargaining coverage were particularly prominent among trade unions from central and eastern European countries where both the relative level of minimum wages as well as collective bargaining coverage tends to be much lower than in most western European countries.

However, such initiatives were also reported from Germany, where Ver.di was one of the key trade union players campaigning for a statutory minimum wage, which was eventually introduced on 1 January 2015. With more than 13% of employees in the German health and social care sector earning below the initial rate set for minimum wage, workers in this sector benefitted significantly from its introduction (Amlinger et al. 2016: 8). Research by Amlinger et al. (2016: 10) shows that the wages of low-skilled female workers in the health sector in the East of Germany increased by 12.9% after the introduction of the minimum wage. This compares to the 8.9% increase for low-skilled male workers in the same region and sector.

More recently, Ver.di was also one of the main advocates of a more dynamic increase of the minimum wage from the current €8.84 to at least €10. In the UK, where a national statutory minimum wage has existed since 1999, trade unions have been campaigning for a living wage. In contrast to the national minimum wage which merely defines a minimum wage floor, a living wage is calculated by the independent Living Wage Foundation to actually cover the costs of a basic basket of goods and services needed to ensure a decent living standard. At the time of writing (May 2018), the living wage for the UK is £8.75 (€10.00) and £10.20 (€11.60) for London – compared to the national minimum wage rate at £7.38 (€8.40) and only payable to those aged 25 or over. As a result of the living wage campaign by trade unions and other civil society organisations, the NHS in Scotland and Wales decided to pay their staff a living wage. UNISON reports that the decision of the NHS in Wales in March 2017 meant that the wages of more than 7000 of its lowest paid employees were lifted to the living wage level which at the time was £8.45 (€9.65). UNISON is continuing its campaign by calling on the UK government to also enable the NHS in England and Northern Ireland to pay its workers a living wage and lift almost 80,000 health workers out of poverty (UNISON 2017).

Pay transparency

Ensuring pay transparency is another important measure to combat low pay in female-dominated sectors by way of comparison with typically male-dominated sector. According to a survey conducted among affiliates of the European Trade Union Confederation (ETUC), just over half of unions responding to the survey report that they had access to gender disaggregated data (Pillinger 2014: 21). Thus, for trade unions to successfully develop strategies to reduce pay inequalities it is essential that political actors both at European and national level create framework conditions which facilitate access to gender disaggregated pay data. At European level, the European Commission (2014b) adopted a legally non-binding recommendation on “strengthening the principle of equal pay between men and women through transparency” which contains the following four core measures:

- an employee’s right to request information on gender pay levels for the same work or work of equal value;
- an employer’s duty to report on average gender pay levels by category of employee or position;
- an employer’s duty to conduct an audit of pay and pay differentials on grounds of gender; and
- measures to ensure that the issue of equal pay, including pay audits, is discussed at the appropriate collective bargaining level.

A recent analysis of the implementation of these non-binding recommendations is sobering. Only three countries (Finland, Ireland, Norway) have implemented an employee’s right to obtain pay information; only five countries (Austria, Belgium, Denmark, France and Italy) have implemented a pay reporting duty; only three countries (Finland, France and Sweden) have implemented a pay auditing duty; and only five countries (Belgium, Finland, France, Germany and Sweden) have implemented the recommended measures on collective bargaining (European Commission 2017b: 8).

According to the European Commission, mature plans or drafts by the government or parliament on introducing pay transparency measures in view of strengthening the gender equal



pay principle exist in Germany, Ireland, Italy, Lithuania, the Netherlands and the UK (European Commission 2017b: 8). In Germany, a “Wage Transparency Law” (Entgelttransparenzgesetz) has been adopted in the meantime in July 2017. Ver.di, which fought for such a law for a long time, welcomed it as a first – even though not sufficient – step in the right direction.

The objective of the legislation is to ensure the principle of equal pay for equal work by prohibiting any form of direct or indirect discrimination on grounds of sex with regard to all components of pay. The law therefore stipulates that on the request of the employee, employers with more than 200 employees must disclose the criteria on which the pay is based. For employers with more than 500 employees who are required by law to prepare a management report also need to prepare a report on equality and equal pay. In this they should list their measures to promote equality between women and men and their effects, as well as their measures for equal pay for women and men. The idea behind the law is that an increase in pay transparency will lead to more gender equality. According to Ver.di, two key problems remain: firstly, the law does not foresee a right to legal action by associations so that the pressure to take legal action remains with the individual. And secondly, the law does not include an obligation to establish a comprehensive procedure to check wage schemes for discriminatory elements. It is still too early to assess the concrete impact of the law.



5. Conclusion

The objective of this study was to analyse the problem of low pay in health and social care, as a prime example of a female-dominated sector, and to provide an overview of how trade unions in this sector tackle this problem. Our main findings can be summarized as follows. First, we need disaggregated data to properly analyse the income situation in female dominated jobs. Our findings illustrate that it makes little sense to use aggregated data at the broad industry level (NACE-one-digit-level) that averages wages of all occupational groups in the health and social care sector into one number. According to these figures, everything seems more or less fine for workers in the health and social care sector – in nine out of 24 countries for which data was available they even earn more than the average wages in the economy as a whole.

Our analysis of the situation of different occupational groups within the sector, however, shows that workers in lower-skilled assistant positions in particular earn considerably less than the national average and suffer from low pay. This leads to the second major finding of our analyses. There is quite some variation across occupational groups and countries with regard to care workers' incomes (measured in terms of their relative income positions compared to all other occupations). The fact that in the majority of countries skilled nurses and midwives earn more than most other workers does not mean that they do not suffer from low pay in relative terms. There is sufficient empirical evidence from single-country studies which illustrates that compared to equally qualified and experienced workers in other occupations and sectors with similar working conditions skilled workers in the health and social care sector still earn less than one could expect and therefore suffer a wage penalty for working in this specific sector. Third, our analyses highlight the negative relationship between the proportion of female workers in the health and social care sector and the average relative income. The higher the proportion of women in the sector, the lower the average relative income – and this applies to both occupational groups: skilled nurses and midwives as well as lower-skilled assistant professions.

The wage penalty for working in the health and social care sector can have many reasons. In this study we discussed economic, industrial relations and sociological explanations of the phenomenon. The analysis of the trade union strategies to tackle low pay in the health and social care sector suggests that the undervaluation of female work is the core of the problem. This refers to insufficient recognition, appreciation and remuneration of the skills and task related to the work performed in female-dominated occupations. The problem of undervaluation is hence ultimately linked with the more general perception of the position and role of women in society. From this it follows that tackling the problem of low pay in female-dominated occupations and sectors requires what Grimshaw and Rubery (2007: xvi) call a “multi-dimensional” approach which not only tries to improve the position of low-paid workers or groups in the currently existing wage structure, but which also takes a more long-term view by changing the way that work in these occupations and sectors is valued and how accordingly the wage grid is constructed.

The trade union strategies reported in the survey take into account this multi-dimensional nature of low pay in the health and social care sector. Depending on the institutional framework conditions and the specific industrial relations customs and practices, the trade union strategies comprise a country-specific mix of more short-term measures, involving collective bargaining strategies and legal measures to improve the pay of low-paid workers, and more long-term measures such as changes to the pay structure and job evaluation schemes (for a summary see Table 2).

In some cases, these measures are embedded into a more comprehensive revaluation campaign that specifically aims at improving the public perception of the work performed in the health and social care sector. As a third element, the unions selectively call on state support.

This applies to both kind of measures: short-term measures to improve the pay of low-paid workers, such as through increases in the minimum wage, ending austerity-induced pay freezes and more supportive conditions for the extension of collective agreements; and long-term measures, for instance, through improved regulation on pay transparency as a precondition for pay comparisons and the development of gender-neutral job evaluation schemes.

Table 2: Trade union strategies to tackle low pay in female-dominated sectors

Short-term measures...	Long-term measures...	State-aimed measures...
... to improve the position of low-paid workers in the currently existing wage structure	... to address how work in female-dominated sectors is valued	... to support the unions' short-term and long-term measures
<p>Collective bargaining strategies:</p> <ul style="list-style-type: none"> • Above-average pay increases for low-paid workers. • Flat-rate pay increases in combination with percentage increases. • Comparison of wages in female- and male-dominated sectors and occupations. <p>Training to improve women's career prospects and their chances to move up the pay scale.</p> <p>Legal measures by bringing equal pay claims before court.</p>	<p>Changes to pay structure:</p> <ul style="list-style-type: none"> • Abolishing lowest pay grade. • Changing the criteria on which pay is based by developing gender-neutral job evaluation schemes. <p>Addressing undervaluation of female work by specific revaluation campaigns which aim at changing the public perception of female work.</p>	<p>Pushing for Increases in statutory minimum wage.</p> <p>Pushing for end of austerity-induced pay freezes.</p> <p>Pushing for more supportive regulation on the extension of collective agreements.</p> <p>Pushing for stronger regulation and enforcement of wage transparency rules.</p>

The key to solving the problem of low pay in female-dominated sectors is a change in the way work in these sectors is perceived. However, changing perceptions takes time – and this is why political support in this respect is so important in particular from European level. The most recent action plan of the European Commission to tackle the gender pay gap is a first step. It explicitly acknowledges the need for measures to improve the recognition of skills in female-dominated sectors in the context of its New Skills Agenda (European Commission 2017b: 10). However, despite this recognition there is still an implicit bias towards measures that merely aim at curing the symptoms of undervaluation by combating labour market segregation. This is not to say that combating labour market segregation does not help to tackle the problem of low pay in female-dominated sectors. Reducing vertical segregation, for instance, by breaking the glass ceiling for women through training, career development plans based on gender-neutral criteria and work-life balance initiatives are all important measures. In particular in the health and social care sector such measures can help to ensure that better paid senior positions are not monopolized by the minority of male workers in these sectors. Nonetheless, the problem remains that there is also high demand for lower-skilled assistant care jobs which can only be met by ensuring decent and appropriate pay and working conditions that attracts both men and women to these kinds of jobs.

The same applies to combatting horizontal segregation. The European Commission's action plan places great emphasis on attracting more women to traditionally male-dominated sectors such as science, technology and engineering (European Commission 2017b: 6). This may help to improve the gender pay gap at the aggregate level. However, the measures proposed in-

sufficiently take into account the fact that tackling undervaluation means aiming at a moving target. Without a change in the perception of female work more generally, undervaluation follows women to other sectors. Grimshaw and Rubery convincingly showed how the feminisation of formerly male-dominated occupations such as bank cashiers, clerical workers and teachers has often been associated with a lowering over time of their pay and status (2007: 2).

Thus, tackling low pay in female-dominated sectors requires a multi-dimensional policy approach that combines short-term measures to improve the situation of low-paid workers in the existing wage structures and long-term measures that also include the ideational revaluation of work performed in female-dominated occupations. This study provides an overview of trade union strategies to realize this objective. However, for a more resounding success this idea also needs to be embraced by governments and employers – who in the health and social care sector often are the same actors.





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