



Terang and Mortlake Health service



Gender Equality Action Plan

2021-2025

Acknowledgement of Country



Terang and Mortlake Health Service respectfully acknowledges the traditional owners of the land on which we work, the Kirrae Whurrong people, and their Elders past and present.



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MESSAGE FROM THE BOARD CHAIR AND CHIEF EXECUTIVE

It gives me great pleasure to present Terang and Mortlake Health service's first Gender Equality Action Plan.

The Gender Equality Act is the first legislation in Australia that requires public sector organisations ('defined entities') to take positive action towards achieving workplace gender equality. It was passed through the Victorian Parliament in February 2020 and came into effect on 31st March 2021.

The Gender Equality Action planning process has enabled Terang and Mortlake Health Service (TMHS) to analyse our data and identify initiatives that will reinforce and further progress our values:

Compassion & Responsiveness – We care for the needs of our consumers and each other

Equity & fairness – We make decisions objectively, without favouritism and bias

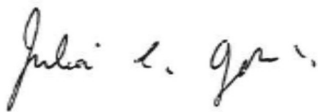
Ethical behavior – We act in a transparent & confidential way

Accountability – We use resources efficiently & act responsibly

Excellence – We strive for excellence in the delivery of healthcare

Respect – We respect the rights of the individual

We look forward to the implementation of the Gender Equality Action Plan to ensure Terang and Mortlake Health Service is an employer where everyone is able to access the same opportunities, resources and rewards, regardless of gender.



Julia Ogden
Chief Executive
Terang and Mortlake Health Service



Ben Dennis
Board Chair
Terang and Mortlake Health Service

TMHS Commitment

- TMHS recognises that gender equality is a human right, and a foundation to social justice. TMHS is committed to creating a gender inclusive culture, which empowers our people and harnesses our diversity to deliver better services to our patients, consumers and the community.
- As a health service and one of the largest employer in the Moyne and Corangamite shires in the South West Coast, we understand that by improving gender equality in our organisation and our community we will help to bring about significant social and health benefits, contributing to reduced family violence and reducing the historical discrimination and disadvantage that women have experienced based on their sex and gender.
- The South West Coast has a diverse population including Aboriginal and Torres Strait Islander people, people from the LGBTIQ+ community, people from differing cultural backgrounds and religions. We know that our employees also reflect these diversities of the community. As such, it is essential to TMHS that we provide a welcoming environment that is accessible and equitable for all.
- We understand that other forms of intersectional disadvantage and discrimination may compound gender equality and as such, we will ensure intersectionality is considered in our actions.
- By implementing the initiatives within our Gender Equality Action Plan (the “Plan”) we will work to ensure that our services, facilities, and most of all the attitudes and practices of our workforce, recognise and accommodate diversity including;
 - Gender
 - Age
 - Aboriginality
 - Disability
 - Ethnicity and race
 - Religion
 - Sexual orientation
- We will ensure that our Plan aligns, supports and links with TMHS strategic actions, plans, programs and initiatives including;
 - Terang and Mortlake Health Service Strategic Plan 2022-26
 - Disability Action Plan 2017-2022
- When preparing our Plan Terang and Mortlake health service has considered the gender equality principles outlined in the Gender Equality Act 2020 (Victoria).

BACKGROUND AND CONTEXT

- At May 2020, women's average weekly ordinary full-time earnings across all industries and occupations was \$1,558.40 compared to men's average weekly ordinary full-time earnings of \$1,812.00¹
- There is still a gap in workforce participation for people with young children. 64% of women with children 5 years old or younger participate, compared with 95% of men.²
- Women are still retiring with significant less superannuation than men.³
- Violence against women is more damaging to the health of Victorian women aged 15 to 44 than any other risk factors for chronic disease.⁴
- 2 to 3 times more women than men experience mental health problems like depression and anxiety. Harmful stereotypes about sexuality and body image play a part in this.⁵
- The gender pay gap and Inequality at work puts women at higher risk of physical and mental illness⁶.
- Men are more likely to engage in risky behaviours - like drinking too much alcohol - that put them at greater risk of harm and injury. They are less likely to go to the doctor or seek help when they need it.
- Gender norms and stereotypes mean health outcomes for LGBTI people are often worse than for non-LGBTI people.
- Women are overwhelmingly concentrated in part time employment, resulting in fewer opportunities to progress to senior leadership roles.
- Caring responsibilities continue to fall disproportionately on women, who spend twice as much time providing unpaid care as men.
- Increased gender equality in the workplace can improve performance, reduce staff turnover and encourage creativity.

¹ <https://www.wgea.gov.au/data/wgea-research/womens-economic-security-in-retirement>

² <https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators-australia/latest-release>

³ <https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators-australia/latest-release>

⁴ VicHealth 2004, The health costs of violence: Measuring the burden of disease caused by intimate partner violence, Victorian Health Promotion Foundation, Melbourne

⁵ [Gender equality in health and wellbeing | Victorian Government \(www.vic.gov.au\)](#)

⁶ [Gender equality in health and wellbeing | Victorian Government \(www.vic.gov.au\)](#)

OUR CASE FOR CHANGE

TERANG AND MORTLAKE HEALTH SERVICE SHARES THE VISION AND MISSION OF OUR BARWON SOUTH WEST REGIONAL PARTNERS:

“TO CREATE FAIR AND EQUITABLE OPPORTUNITIES FOR STAFF, CONSUMERS AND OUR COMMUNITY IN WHICH EVERYONE IS ABLE TO ACCESS THE SAME OPPORTUNITIES, RESOURCES AND REWARDS REGARDLESS OF GENDER”

OUR VALUES :

We recognise that gender equality is a human right, and a foundation to social justice. It is a shared responsibility. Gender equality, diversity and inclusion are an intrinsic part of who we are: they drive how we work together, how we do business, how we serve our consumers and how we contribute to the health and wellbeing outcomes of our community. We know that gender inequality may be compounded by other forms of intersectional disadvantage and discrimination.

The Benefits:

Gender equality, diversity and inclusion add value to the care we provide for all patients, staff, and our community: they support higher performance, deliver stronger outcomes, and help us achieve better health outcomes for our community. Through greater equality our organisation will bring about significant social and health benefits to our community, we will reduce family violence and other forms of violence in our community and redress the historical discrimination and disadvantage that women have experienced based on their sex, gender, age, disability, ethnicity, indigeneity, ability, sexual orientation, religion, identity and race.



Key Terms and Definitions

In order to develop an inclusive workplace, the following terms and definitions are provided to support awareness and for use in workplace interactions.

Term	Definition
Gender	Part of a person's social and personal identity. It refers to each person's deeply felt internal and individual identity, and the way a person presents and is recognised within the community. ⁷
Gender Equity (the means to get there)	The process to achieve gender equality. Entails the provision of fairness and justice in the distribution of benefits and responsibilities on the basis of gender. The concept recognises that people may have different needs and power related to their gender and that these differences should be identified and addressed in a manner that rectifies gender related imbalances. ⁸
Gender Equality (the end goal)	The equal rights, responsibilities and opportunities of women, men and trans and gender diverse people. Equality does not mean that women, men and trans and gender diverse people will become the same but that their rights, responsibilities and opportunities will not depend on their gender. ²
Intersectionality	Refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. Aspects of a person's identity can include social characteristics such as: gender, Aboriginality, sex, sexual orientation, ability, ethnicity, religion etc. ⁹
Diversity	Recognising, respecting and valuing differences based on ethnicity, gender, age, race, religion, disability and sexual orientation. ¹⁰
Trans and gender diverse	Transgender (often shortened to 'trans') refers to a person whose gender identity, gender expression or behaviour does not align with their sex assigned at birth. Gender diverse and non-binary refers to people who do not identify as a woman or a man. In the same way that sexual orientation and gender expression are not binaries, gender identity is not a binary either. ²
Inclusion	Occurs when people feel, and are, valued and respected regardless of their personal characteristics or circumstances. ⁴

⁷ [Australian Government Guidelines on the Recognition of Sex and Gender \(ag.gov.au\)](https://www.ag.gov.au/sexual-orientation-diversity/sexual-orientation-diversity-guidelines)

⁸ [Safe-and-Strong-Victorian_Gender_Equality_Strategy.pdf](#)

⁹ [Understanding intersectionality | Victorian Government \(www.vic.gov.au\)](https://www.vic.gov.au/understanding-intersectionality)

¹⁰ [What do we mean by diversity and inclusion? | Victorian Government \(www.vic.gov.au\)](#)

Gender Audit Findings

Terang and Mortlake Health Service developed a working party to address our responsibilities under the gender equality planning process. The working party consisted of executive and senior staff members and reported through the Workforce Capability and Culture committee. Our first workplace gender audit (WGA) was undertaken and submitted to the commission in December 2021.

Measured work force data included gendered composition, remuneration, sexual harassment flexible working arrangements and support related to family violence as well as family and caring responsibilities. This data was obtained via internal data collection systems, the South West regional alliance payroll system and the People Matters Survey (PMS).

TMHS actively promotes and encourages participation in the PMS and the 2021 People Matters Survey saw a participation rate of 31%. The employee experience data was used to complement the workforce data and provide the opportunity for comparison.

Analysis of the 7 indicators revealed the following:

- In a number of areas (Age, Australian Defense Force service, level of formal education, ATSI, disability, gender, Trans, non-binary or gender diverse, intersex, sexual orientation and Language other than English spoken) of the VPMS people have chosen “prefer not to say” it was determined by the committee that survey responders may be fearful of identification, particularly with regard to the free text comments or there may be resistance to engage due to a lack of understanding of work that seeks to be accomplished by the gender equality action planning process
- We are currently unable to disaggregate by gender and intersectionality, but not gender and management responsibility or gender and gross annual wage. The committee agreed disaggregation in our small rural health service could lead to unintentional identification of sensitive subject and would be more appropriate as a regional or state level finding.
- Our organisation has limited data to support interpretation on salary gaps for cohorts. Data system functionality and non-disclosure impacts these results.
- No reported incidents of sexual harassment in 2020/2021, however there is a variation between workforce data and experience data, it is unable to be determined if this is related to colleague sexual harassment or from clients/patients.
- Our Board is 55% men and 45% women and our staff are 6% men and 94% women so are not reflective of the gender ratios of our organisation
- The gender balance of our board has evened over the last 10 years, in 2011, the board consisted of 85% who identified as men
- TMHS has limited diversity, one board member who identifies as culturally diverse.
- Family violence leave has been accessed only by women. Discussion alerted that in small rural health this sensitive information can make victims identifiable, particularly if disaggregated with diversity.
- Small rural health services often experience difficulties attracting and retaining qualified and experienced staff.

The planning priorities from this process included the following:

- Review of our demographic data collection methods of our employees.
- Broaden the Health Services understanding of intersectionality and the need for gender equality in the workforce.
- Management of resistance to disclosure/ non- disclosure.
- Board education to ensure the understanding of the need to apply an intersectionality lens to strategy and decision making.
- Data collection from a regional approach to allow us to review our comparator results
- Targeting diversity groups for board recruitment.
- Identify opportunities to increase the comfort of our workforce to disclose sensitive information.
- Increase the understanding of our workforce on how collecting and analysing this data helps future workers.
- Systems to differentiate between colleague based sexual harassment and work related sexual harassment.
- Developing a workplace culture that calls out inappropriate behavior and understand that formal reporting/Riskman reporting is not a punitive action.
- Education of managers/recruiting staff of our inherent unconscious bias in recruiting.
- Develop staff confidence in the quantitative elements of the recruitment process.
- Identify opportunities to advocate for disaggregated data only at a regional or state level to protect staff accessing family violence leave.
- Workforce consultation to further explore the above themes for example, “what does a culturally safe workplace look like to you?”
- Inclusion of more diversity in advisory groups.
- Exploration of cultural safety from an emotional, environmental and satisfaction perspective.

Terang and Mortlake Health Service Gender Equality Workplace Audit



Colour Key for infographics
Women = ■
Men = ■

The below infographics show the key Gender Equality Workplace Audit 2021 results for Terang and Mortlake Health Service, as at 30 June 2021.

Total Staff

- 90.54% of our staff were women
- 9.46% of our staff were men



Gender composition by employment status



81% of 2021 People Matter Survey respondents agreed that Terang and Mortlake Health Service has a positive culture in relation to people of different sexes/genders.

PARENTAL LEAVE

Between 1 July 2020 - 30 June 2021, 6 Terang and Mortlake Health Service staff members took parental leave (4.05% of all staff). No male staff members took parental leave during this period. No staff exited the organisation during their period of parental leave.



From 1 July 2020 to 30 June 2021 there were no sexual harassment complaints made by staff at Terang and Mortlake Health Service.

SEXUAL HARASSMENT

People Matter Survey Question	Agree %
Percentage of survey respondents who experienced sexual harassment, by gender	No data published due to less than 10 respondents
I feel safe to challenge inappropriate behaviour at work	73%
My organisation takes steps to eliminate bullying, harassment and discrimination	72%
My organisation encourages respectful workplace behaviours	91%

FLEXIBLE WORKING ARRANGEMENTS

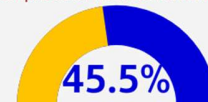
The below table shows the proportion of staff using formal flexible working arrangements by gender

	Women	Men	Total
FWA	4	0	4
Staff	134	14	148
%	2.99%	0%	2.70%

People Matter Survey Question	Agree %
My organisation would support me if I needed to take family violence leave	94%
I am confident that if I requested a flexible work arrangement, it would be given due consideration	81%
My organisation supports employees with family or other caring responsibilities regardless of gender	88%

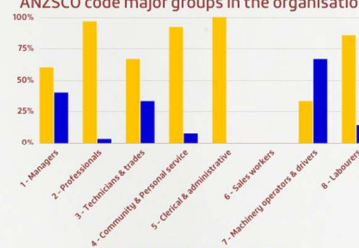
Governing Body

The Terang and Mortlake Health Service Board was comprised of five women and six men



Gendered Segregation

The below graph outlines the gender composition of ANZSCO code major groups in the organisation



GENDER PAY GAP

Terang and Mortlake Health Service's overall gender pay gap was 5.1%. A positive percentage indicates that men are being paid more than women whereas a negative percentage indicates women are being paid more than men. The below data shows the gender pay gap by CEO level.



RECRUITMENT AND PROMOTION

People Matter Survey Question	Agree %
My organisation makes fair recruitment and promotion decisions, based on merit	66%
I feel I have an equal chance at promotion in my organisation	59%
Gender is not a barrier to success in my organisation	97%
Being Aboriginal and/or Torres Strait Islander is not a barrier to success in my organisation	83%
Cultural background is not a barrier to success in my organisation	86%
Sexual orientation is not a barrier to success in my organisation	88%
Disability is not a barrier to success in my organisation	78%
Age is not a barrier to success in my organisation	80%

Consultation

On the 9th of March 2022 all staff were sent a link via Survey Monkey with two questions to enable understanding of staff experience with gender equality at TMHS.

Have you observed/are you aware of gender inequality here at TMHS? What does it look like?

Question 2: What priority actions would you like to see included in the TMHS Gender Equality Action Plan to help rebalance any inequality?

A summary of this survey is attached in appendix 3 **GEAP staff consultation**

Key actions as nominated by staff during the consultation process included:

- Normalising pronouns, adding to badges and Trak patient management system
- Encourage more Male and LGBTIQ+ employees in health services
- Staff education on what gender inequality looks like in the work place and address resistance to equality
- Removing titles from minutes and official documents
- Addition of gender equality commitment on website, job descriptions and strategic documents
- Technology investment for flexible workplace models
- Ability to job share management roles

To assist with our requirements of the Act, Terang and Mortlake Health Service requested consultation with the Unions that represent our staff members on gender equality themes relevant to our staff, the Australian Nurses and Midwives Federation (ANMF), Health Workers Union (HWU) and the Victorian Allied Health Professionals Association (VAHPA). The unions were asked if they were aware of gender inequality at TMHS as reported by their members and what priority actions would they like to see included in our action plan to rebalance inequality. We did not receive any correspondence in response.

The TMHS board were also consulted on the development of the plan and provided the working party with valuable support.

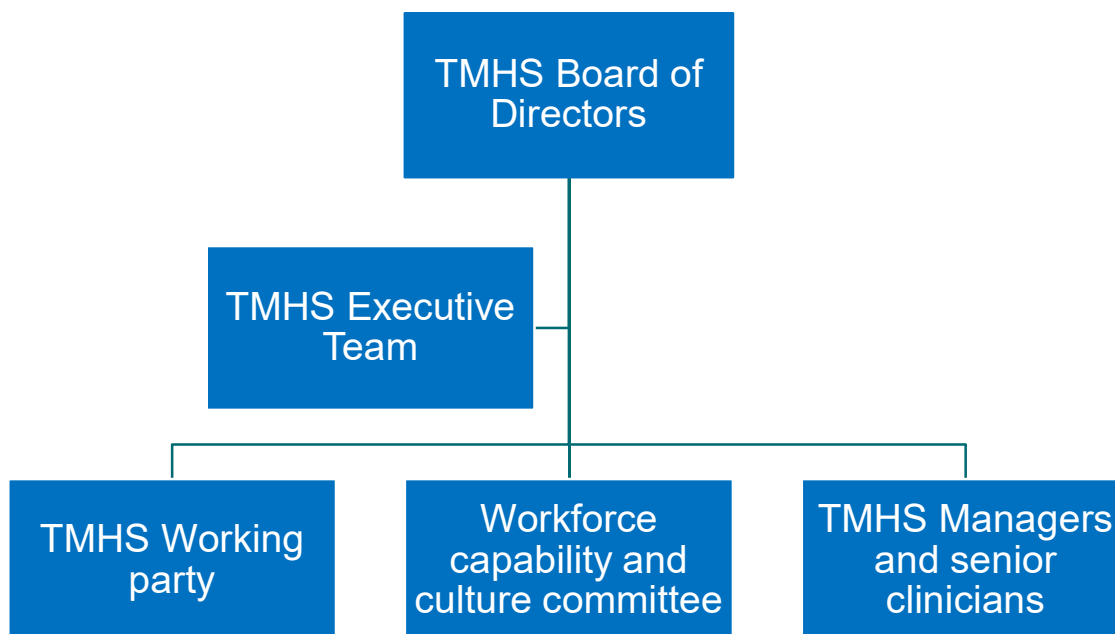
TMHS have been fortunate to join our regional partners to participate in the creation of the Barwon South West Regional Health Service Gender Equality Network

Leadership, Resourcing and Governance



Leadership – TMHS has appointed the Director of Community Health as the Executive Sponsor of the Plan who will lead the TMHS Gender working party, comprising the Executive team, and senior clinicians monitor the plan.




Resourcing - The Workforce Capability and Culture Committee has been allocated to support key tasks such as overseeing the audits, coordinating the consultation process, coordinating the development of the Plan, communications and establishing governance and reporting mechanisms.



Governance - A governance structure has been developed to support and monitor the effective and timely implementation of the Plan, as well as the other requirements under the Gender Equality Act. The governance structure is outlined below.



The Action Plan

Workplace gender equality indicator	Action	Leadership responsibility	Success/process measure
Gender composition of the workforce 	<p>Identify strategies to collect missing gender and intersectional data across the organisation</p> <p>Advocate for data collection from a regional approach to allow us to review our comparator results</p> <p>Explore opportunities to enable more flexibility to job sharing of management roles</p> <p>Exploration of cultural safety from an emotional, environmental and satisfaction perspective.</p>	<p>BOD, CEO, Exec</p> <p>BOD, CEO, Exec</p> <p>CEO, Exec</p> <p>CEO, Exec</p>	<p>Regional strategies identified</p> <p>Shared data to build regional profile</p> <p>“If not, why not” culture</p> <p>Apply a Gender and diversity lens to all health service business</p>
Gender composition of the governing body 	<p>Board education to ensure the understanding of the need to apply an intersectionality lens to strategy and decision making</p>	<p>BOD, Exec</p>	<p>completion of gender equality/intersectionality training by board members</p>

	Targeting diversity groups for Board recruitment.	BOD, Exec	Increased diversity on BOM
<p>Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender.</p> 	<p>TMHS will act upon unequal pay (like for like) gender pay gaps immediately, allocating budget to ameliorate any inequities identified</p> <p>Gender pay equity data is regarded as routine management information and collective action is a business process which continues until stable</p> <p>Pay equity reporting includes year-on year trend data for all key populations and is used as a basis for corrective action where inequities are identified.</p>	<p>CEO, Exec</p> <p>Exec</p> <p>Exec</p>	<p>Pay equity is analysed and addressed.</p> <p>Stable pay equity</p> <p>Sustained pay equity</p>
<p>Sexual harassment in the workplace</p> 	<p>Increase staff confidence that those who report improper conduct will be protected from reprisal</p> <p>Systems to differentiate between colleague based sexual harassment and work related sexual harassment</p>	<p>CEO, Exec, CO,FVCO,SM</p> <p>CEO, Exec</p>	<p>Increased confidence via PMS</p> <p>Targeted education ensures compliance</p>
<p>Recruitment and promotion in the workplace</p> 	<p>Explore opportunities to encourage more male and LGBTIQ+ employees to apply for roles in our Health services</p> <p>Increase the understanding of our workforce of how collecting and analysing this data helps future workers</p> <p>Education of managers/recruiting staff of our inherent unconscious bias in recruiting</p>	<p>Exec, SPPWP, Ed, WC</p> <p>Exec, SPPWP, Ed, WC</p> <p>Exec, Ed, WC</p>	<p>Increase to gender balance across organization</p> <p>Staff confidence in PMS</p> <p>Education sessions attended</p>

Availability and utilisation of terms, conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities 	<p>Staff education on what gender inequality looks like in the work place and address resistance to equality</p> <p>Management of resistance to disclosure or non-disclosure.</p> <p>Identify opportunities to increase the comfort of our workforce to disclose sensitive information</p> <p>Identify opportunities to advocate for disaggregated data only at a regional or state level to protect staff accessing family violence leave</p>	<p>Exec, SPPWP, Ed, WC</p> <p>Exec, SPPWP, Ed, WC, FVCO</p> <p>Exec, SPPWP, Ed, WC, FVCO</p> <p>Exec, SPPWP, Ed, WC</p>	<p>Staff education sessions,</p> <p>Resistance is recognised and addressed</p> <p>Strategies designed and delivered</p> <p>Victim survivors are not identifiable or deterred from disclosure</p>
Gendered segregation within the workforce 	<p>Normalising pronouns, adding to badges and Trak patient management system</p> <p>Removing titles from minutes and official documents</p> <p>Developing a workplace culture that calls out inappropriate behavior and understand that formal reporting/Riskman reporting is not a punitive action.</p>	<p>SGPWG, Exec</p> <p>BOD, CEO, Exec,</p> <p>BOD, CEO, Exec, SM, CO, FVCO</p>	<p>PMS results, regional support for adding to Trak</p> <p>Titles eliminated from official documents</p> <p>Riskman reports, PMS results</p>

	Workforce consultation to further explore the above themes for example, “what does a cultural safe workplace look like to you?”	BOD, CEO, Exec, WC, SM	Staff workshops
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BOD- Board of Directors

CEO-Chief Executive Officer

Exec-TMHS Executive team

SGPWG- Specialist Gender Program Working Group

SM-Senior Management Team

ED-Education

WC-Workplace Coach

CO-Contact officers

FVCO-Family Violence Contact Officers

PMS- People Matters Survey

Appendix 1 Analysis of Workplace Audits

*Remember our initial focus during the analysis stage is to identify what our data is telling us, not why the pattern exists.

Indicator 1: Gender composition of all levels of the workforce

*In a gender equitable workplace, all employees will have equitable access to opportunities, responsibilities and outcomes.

Victorian People Matters Survey (VPMS):

There is a positive culture within my organisation in relation to employees of different age groups	<div><div>80%</div><div>14%</div></div>	80%	-	89%	79%	Improve
There is a positive culture within my organisation in relation to employees of different sexes/ge...	<div><div>81%</div><div>16%</div></div>	81%	-	95%	81%	Improve
There is a positive culture within my organisation in relation to employees who identify as LGBTIQ+	<div><div>73%</div><div>23%</div></div>	73%	-	83%	72%	Improve
There is a positive culture within my organisation in relation to employees from varied cultural...	<div><div>86%</div><div>13%</div></div>	86%	-	93%	81%	Improve
There is a positive culture within my organisation in relation to employees who are Aboriginal an...	<div><div>78%</div><div>20%</div></div>	78%	-	88%	73%	Improve
There is a positive culture within my organisation in relation to employees with disability	<div><div>72%</div><div>27%</div></div>	72%	-	80%	68%	Improve

Demographic comparisons WFD/VPMS

How would you describe your gender?	(n)	%
Woman	53	83%
Prefer not to say	7	11%
Man	4	6%

Age	(n)	%
15-34 years	6	9%
35-54 years	26	41%
55+ years	18	28%
Prefer not to say	14	22%

Highest level of formal education	(n)	%
Master Degree level	2	3%
Graduate Diploma or Graduate Certificate level	9	14%
Bachelor Degree level incl. honours degrees	20	31%
Advanced Diploma or Diploma level	5	8%
Certificate III or IV level	4	6%
Year 12 or equivalent (VCE/Leaving certificate)	4	6%
Certificate I or II level	1	2%
Lower than Certificate I or equivalent	3	5%
Prefer not to say	16	25%

Gross base salary (ongoing/fixed term only)	(n)	%
Below \$65k	26	48%
\$65k to \$95k	7	13%
\$95k to \$125k	5	9%
\$125k or more	2	4%
Prefer not to say	14	26%

Aboriginal and/or Torres Strait Islander	(n)	%
Yes	0	0%
Non Aboriginal and/or Torres Strait Islander	58	91%
Prefer not to say	6	9%

Do you identify as a person with a disability?	(n)	%
Yes	2	3%
No	55	86%
Prefer not to say	7	11%

Do our VPMS survey results reflect our work force data results?

Yes, most results are reflective however there is a significantly high number of “prefer not to say” answers for gendered based questions in the VPMS results

Can we reasonably collect data on intersectionality for analysis? (ATSI, age, Cultural identity, disability, gender, sexual orientation and religion)

At present, some data on intersectionality may not be collected, for example disability-particularly mental health, religion, self-described gender and sexual orientation.

It was felt that ATSI status, age and cultural identity is reliably captured.

What do our response rates tell us about hesitation/willingness to disclose sensitive demographic information formally versus anonymous survey?

In a number of areas (Age, Australian Defense Force service, level of formal education, ATSI, disability, gender, Trans, non-binary or gender diverse, intersex, sexual orientation and Language other than English spoken) of the VPMS people have chosen “prefer not to say” it was determined by the committee that survey responders may be fearful of identification, particularly with regard to the free text comments or there may be resistance to engage due to a lack of understanding of work that seeks to be accomplished by the gender equality action planning process.

Can we disaggregate these responses by gender, gender and intersectionality, gender and management responsibility or gross annual wage?

We are currently unable to disaggregate by gender and intersectionality, but not gender and management responsibility or gender and gross annual wage. The committee agreed disaggregation in our small rural health service could lead to unintentional identification of sensitive subject and would be more appropriate as a regional or state level finding.

Priority for planning:

- Review of our demographic data collection methods of our employees
- Broaden the Health Services understanding of intersectionality and the need for gender equality in the workforce
- Management of resistance to disclosure/ non-disclosure.

Indicator 2 Gender composition of the governing body

Key benefits of gender diversity and inclusion in governing bodies include: improved business performance, greater productivity where gender diversity is present, reduction in pay gaps for manager’s and a greater likelihood of identifying and meeting community needs.

WFD:

The 2020/2021 TMHS Board of Directors consisted of six men and five women

Do we have intersectional data of our governing body?

We do not actively or reliably collect intersectionality data on our Board members

Does our board reflect our organisational data?

Our Board is 55% men and 45% women and our staff are 6% men and 94% women so are not reflective of the gender ratios of our organization.

Are there barriers to gender of board chairs?

The gender balance of our board has evened over the last 10 years, in 2011, the board consisted of 85% men.

Is the gender balance of our board similar to those around us?

The TMHS board would be more gender balanced than most of the surrounding boards.

How diverse is our governing body?

TMHS has limited diversity, one board member who identifies as culturally diverse.

Priority for planning:

- Board education to ensure the understanding of the need to apply an intersectionality lens to strategy and decision making.
- Data collection from a regional approach to allow us to review our comparator results.
- Targeting diversity groups for board recruitment.

Indicator 3: Equal remuneration for work of equal or comparable value across all levels of the work force, irrespective of gender.

*Across the Victorian public sector, there is currently a 10.7% gender pay gap. While women make up 68% of the public sector workforce, they are significantly over represented in lower paying roles.

Compare the overall pay gap for annualised based salary (Median) with overall pay gap for total remuneration- are there differences?

Compare the pay gap for annualised base salary both mean and median across all classification levels.

Compare total remuneration (both mean and median) across all classification levels.

Are we able to identify the annualised salary gap for cohorts (ATSI, Gender identity and cultural identity)?

Our organisation has limited data to support interpretation on salary gaps for cohorts. Data system functionality and non-disclosure impacts these results.

Priority for planning:

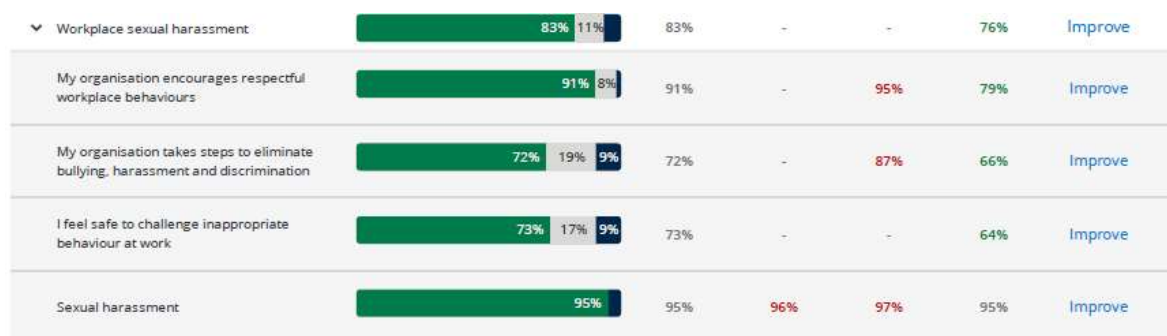
- Identify opportunities to increase the comfort of our workforce to disclose sensitive information.
- Increase the understanding of our workforce of how collecting and analysing this data helps future workers

Indicator 4 sexual harassment in the work place

*Women aged 15-24, those with a self-described gender identity, LGBTIQ+, ATSI and those who earned less than \$75,000 at higher risk of sexual harassment

No reported incidents of sexual harassment in 2020/2021

VPMS data:



Are there differences in the number of formal complaints and the number of respondents who report experiencing or witnessing sexual harassment?

Whilst there is a variation between workforce data and experience data, it is unable to be determined if the is related to colleague sexual harassment or from clients/patients.

Are there different types of harassment experienced by different genders?

Disaggregation of this data is not available.

Are there gendered differences on who did or did not submit a complaint?

Nil complaints submitted via Riskman.

Priority for planning :

- Systems to differentiate between colleague based sexual harassment and work related sexual harassment
- Developing a workplace culture that calls out inappropriate behaviour and understand that formal reporting/riskman reporting is not a punitive action.

Indicator 5: Recruitment and promotion practices in the workplace

*Under the cover of “hiring the person for the job” a focus on ill-defined notions of ‘merit’ may actually work to justify recruiting and promoting “those who think, look and act like us”

VPMS Data



Calculate our overall recruitment numbers and compare this with gender composition of employees recruited at each classification level

Compare the % of different genders at each level who are recruited into different employment bases.

Explore gendered differences in perceptions of leadership and workgroup support for workplace diversity and inclusion, access to equal employment opportunity and learning and development.

Priorities for planning:

- Education of managers/recruiting staff of our inherent unconscious bias in recruiting
- Develop staff confidence in the quantitative elements of the recruitment process

Indicator 6: Availability and utilisation of terms and conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities.

*As Public sector workplaces transition through Covid-related remote working arrangements, the need to provide ongoing and equitable access to workplace flexibility and arrangements that support workers with family and caring responsibilities will be stronger than ever

VPHS:



Explore the gendered differences in perceptions of workplace flexibility.

Consultation required to inform gendered perceptions .

Compare the breakdown of those utilising parental leave, family violence leave and carers leave across classification levels and employment types.

Family violence leave has been accessed by only women. Discussion alerted that in small rural health this sensitive information can make victims identifiable, particularly if disaggregated with diversity.

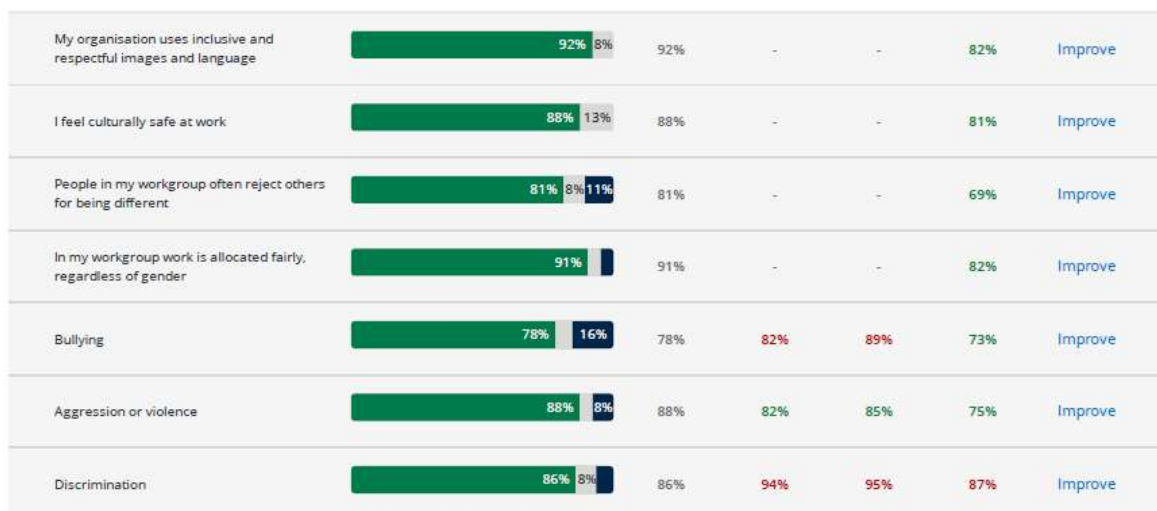
Could this vary between different cohorts?

Planning priorities:

Identify opportunities to advocate for disaggregated data only at a regional or state level to protect victims.

Indicator 7: Gendered segregation within the workplace

*Many workforces across Australia remain dominated by a particular gender, with little change over the past 20 years. Segregation tends to follow traditional gender lines with women disproportionately represented in caring and administrative roles and men disproportionately represented in building and construction trades, engineering and technical occupations as well as leadership across all industries.



What workplace culture underpins the daily experience of employees from non-dominant genders?

Difficult to determine from a data perspective but consultation may aid understanding. It would be worthwhile comparing gendered graduate data in nursing to our recruiting/workforce.

What is the availability of appropriately trained potential employees of other genders?

Small rural health services often experience difficulties attracting and retaining qualified and experienced staff.

Do people of different genders have different perceptions of cultural safety in the workplace?

Unable to determine from data analysis, but consultation could be informative.

Planning priorities:

- Workforce consultation to further explore the above themes for example, “what does a cultural safe workplace look like to you?”
- Inclusion of more diversity in advisory groups.
- Exploration of cultural safety from an emotional, environmental and satisfaction perspective.

Appendix 2 GEAP staff Consultation

On the 9th of March 2022 all staff were sent a link via survey monkey with two questions to enable understanding of staff experience with gender equality at TMHS.

Have you observed/are you aware of gender inequality here at TMHS? What does it look like?

We had 17 staff members reply to this question, 10 answered “No”

- No I have not seen any gender inequality in this current workplace. The staff are very respectful and treat each individual equally.

Other comments included

- Lack of understanding from staff as to the importance of respecting pronouns. Witnessed mocking of pronouns on email signatures. Discussion and disgust re dating transgender people- this took place in the work place. Denied flexible work arrangements due to staffing constraints. Meetings always scheduled at the same time makes it difficult to attend if at school pick up time.
- A new mum returning to the workforce was asked to work above what she was hoping to be able to best support her ability to work with a baby. Women staff should have access to free period products. Use the word Paternity instead of Maternity for time off around a newborn arriving. Making sure we get in the habit of using pronouns
- Need more men in the mix, too top heavy with women.
- Less males in active roles across the organisation as a whole.
- In general, I think TMHS is quite productive in this space, we have a female CEO, females in management positions and female representatives on the board. I have never feels disadvantaged in this organisation because of my gender.
- If unable to perform a management position in full time hours (due to caring responsibilities) you are ineligible for the position- no considerations is given to job sharing and the staff member told “we really need someone full-time in a management position”
- It is promoted at the centre with a huge flag attached to the front desk and a welcome sign.
- At TMHS, I am proud to have strong female representation at the executive and board level. We are a predominately female dominated workforce in traditionally female roles with limited intersectionality.

Question 2: What priority actions would you like to see included in the TMHS Gender Equality Action Plan to help rebalance any inequality?

We received 16 responses to this question, four responses did not offer actions as they did not feel inequality was occurring.

Other comments included:

- Normalise pronouns in the workplace. Allow flexible work arrangements. Rotate meeting times and days to be more inclusive. Add pronouns to name badges if staff are happy to share.
- No Suggestions- (I have) not been here long enough to identify problems, let alone solutions

- Would be great to have the option of recording consumers preferred pronouns on Trak- we can indicate their preferred name easily, but not preferred pronoun. Would be a helpful way of ensuring we are respectful in our conversations with consumers.
- I have been in the workplace for 51 years. I have worked with people from different cultures, religions, colours and sexualities. They are your work mates, you get along. No divides just colleagues working together. These things do not matter to a great deals of people and pushing this agenda alienates the people it's supposed to support and workers feel that because they are not in the trendy group, they are sidelined.
- More male and perhaps LGBTI employees.
- Marketing what gender inequality looks like, many people do not fully understand how it applies to the workforce. Create a better understanding and dealing with resistance when talking about gendered inequality.
- Pay equality.
- I would like to see more male staff being hired by TMHS. There seems to be more female staff in either nursing or the environmental sector. It would be good to see equal number of both male and female staff in all sectors of TMHS.
- I think we are doing a good job considering we have been able to employ male applicants where applicable, I think we have 12 in all at a last head count, keep up the good work. We have a structure to address family violence issues. Flexible working arrangements are utilized where able.
- One small thing that has always bugged me is that people's titles are included on meeting agendas and minutes. I just find it unnecessary and irrelevant. Names are more than enough! Also, just a greater visibility around TMHS' stance on gender equality i.e. a couple of lines in position descriptions, the website, strategic documents etc.
- In Our post covid world, I believe TMHS needs to continue to build and develop flexible working arrangements for parents and carers. This may involve investment in technology to achieve this as well as considering a change to traditional shift times.

To summarise:

Suggested action	Achievable? Actionable?	Priority (quick win, step up or ambitious)
Normalise pronouns, add to badges and Trak		
Encourage Male and LGBTIQ+ employees		
Staff education on what gender inequality looks like in the work place and address resistance to equality		
Removing title from minutes and official documents		

Addition of Gender equality commitment on website, Job descriptions and strategic documents		
Technology investment for flexible workplace models		
Ability to job share management role		
Changes to traditional shift times.		
