Gender Equality Action Plan (GEAP)

Echuca Regional Health

Supporting everyone to be healthy and live well

2026 gender equality action plan (GEAP) for: Echuca Regional Health

Organisation name	Echuca Regional Health
Total number of employees (and full time equivalent FTE), as at 30 June 2025	Total employees: 1104 Total FTE: 713.67
Location (metropolitan, regional or rural. If other, please specify)	Regional

Attestation by head of organisation

I confirm that:

☒ I am the head of organisation (CEO or equivalent)

☒ I have reviewed and approved the submission of this gender equality action plan (GEAP) on behalf of my organisation (as named above), and I attest that the implementation of the GEAP will be adequately resourced as required under the Gender Equality Act (2020).

Any comments?	
Name	Carol-Anne Lever
Role title	Chief Executive Officer
Signed	
Date	30 April 2026

A) Planning your GEAP

Section 1: Use insights from your previous gender equality work

The Echuca Regional Health (ERH) 2026 Progress Report demonstrates mixed but meaningful gains, with progress against five of the seven workplace gender equality indicators. Improvements were seen in representation, culture and policy maturity, however ongoing structural challenges persisted across the period. Workforce composition and leadership representation improved, with women continuing to dominate the workforce and increasing their presence at senior levels. Governance achieved gender parity, and perceptions of recruitment, promotion and flexible work all strengthened. There was also improved reporting of sexual harassment, indicating growing trust in systems. However, limited progress was made in redistributing caring responsibilities, occupational segregation remained largely unchanged, and the overall gender pay gap widened by 7.3% (higher at senior levels) highlighting persistent structural inequality.

A number of foundational strategies were successfully progressed, including Gender Impact Assessments (GIAs) across key policies, improvements to recruitment practices, increased flexibility, and stronger reporting and response mechanisms for sexual harassment. These actions contributed to improved employee perceptions and a more inclusive policy framework. However, several strategies were only partially implemented or remain incomplete, particularly those requiring resourcing such as workforce analytics (HRIS), targeted pay gap remediation, and expanded training in gender equality and intersectionality. These should be carried forward into the next GEAP, as they are critical enablers of systemic change.

Not all intended outcomes were achieved. While cultural indicators improved, structural outcomes—particularly pay equity and caring role redistribution—did not shift as intended. This reflects broader constraints including enterprise agreement settings, regional workforce supply challenges, and limited organisational capacity to drive targeted interventions. Some strategies were less effective where they relied on passive change (e.g. availability of flexible work) rather than active uptake and behavioural shift.

Leadership commitment appears present at a strategic level, particularly through policy reform and compliance activities, but is less evident in consistent, organisation-wide ownership of outcomes. The next GEAP should strengthen accountability by embedding gender equality targets into management performance, improving data visibility, and enabling leaders with practical tools and capability.

Additional insights highlight improving employee engagement (e.g. increased confidence in flexibility and recruitment fairness), but also gaps in data maturity, particularly in promotion, turnover and intersectional outcomes. Importantly, intersectional gender equality was strongly considered in policy design, and the next GEAP will build on this by translating policy intent into measurable workforce and service-level outcomes.

Section 2: Processes, record keeping and governance

To support the delivery of our Gender Equality Action Plan (GEAP), we have established clear governance, structured processes, and robust record-keeping systems to ensure accountability, transparency, and continuous improvement. Governance oversight sits with our Executive Leadership Team and Board, with regular reporting embedded into the Executive existing governance cycles. A dedicated Gender Equality Working Group was initially set up, chaired by a senior executive sponsor, to provide operational oversight and monitor progress against agreed actions and performance measures. Over time, this committee has been incorporated within the Health Promoting Health Services (HPHS) committee, with co-Executive Sponsorship from People & Culture and Community Services. Gender equality is a standing agenda item at these meetings, with updates provide via the Population Health Manager. Equality & Respect form a key pillar of our Staff Health & Wellbeing Action Plan 2025 – 2027, ensuring visibility, shared ownership and alignment with organisational strategy and risk management frameworks.

Structured processes and practical tools underpin this work. We have developed standardised templates for GIAs, action planning, reporting and evaluation. Clear procedural guidelines outline when a GIA is required, approval pathways, documentation standards, and escalation processes where risks or inequities are identified. These resources are centrally accessible to all staff via our intranet. Record keeping is managed through a secure, centralised document management system to ensure version control, auditability and ease of reporting. Completed GIAs, action plans and progress reports are stored systematically, enabling trend analysis and evidence-based evaluation of impact over time.

Improvement hasn't occurred in isolation – ERH have been fortunate to collaborate with health service partners across the Loddon Mallee Region on Gender Equality initiatives through a shared resource appointed for a fixed period. Together, these governance structures, defined processes and documentation systems provide a strong foundation to support sustained implementation of our next GEAP and embed gender equality into organisational culture and decision-making.

Section 3: Leadership commitment

As Chief Executive Officer, I remain genuinely committed to advancing gender equality at Echuca Regional Health. It's something I care deeply about, and importantly, it's a shared commitment across our Board and Executive team.
Our latest progress report tells a story of real headway, alongside some very real challenges. We've made strong gains in representation, workplace culture and how we embed gender considerations into our policies and decisions. We're seeing more women in leadership, growing confidence in recruitment and flexible work, and importantly, increased reporting of sexual harassment—an indicator that our people are trusting the systems we have in place.
But if we're being honest, the data also keeps us on our toes. Structural issues like the gender pay gap, occupational segregation and the unequal distribution of caring responsibilities haven't shifted as much as we would like. These are not quick fixes, they will require deliberate, sustained effort and a willingness to do things differently.
Through our previous Gender Equality Action Plan, we've laid some solid groundwork. Gender Impact Assessments, policy improvements, and better reporting mechanisms are all steps in the right direction. That said, a few of our ambitions were only partially achieved. What has prevented us from achieving our ambitions is the need for better data, more capability, and a bit more organisational muscle behind the work. These will be front and centre in our next GEAP.
We've also learned that leadership commitment can't just sit at the strategy table, it needs to show up consistently across the organisation. Our next phase will focus on strengthening accountability, giving leaders clear and targeted data, and equipping them with practical tools to turn good intentions into real outcomes.
One thing we're proud of is the way we've embedded intersectional thinking into our policies. Now the challenge (and opportunity) is to bring that to life in measurable ways for our workforce and community.
This is ongoing work. It requires curiosity, a bit of courage, and a willingness to keep learning (and occasionally being proven wrong by the data). I'm confident that by building on what's working, we'll continue to create a workplace where people feel safe, valued and able to thrive.
And if we can do that while getting a little better each year, we're heading in the right direction.

B) Consult on your audit results and strategies

Section 4: Confirm consultation groups

You must consult with your…	Confirm yes or no	If no, why not?
Governing body (if your organisation has one)	Yes	
Employees	Yes	
Employee representatives, including relevant trade unions	Yes	
You might consult with…	**Confirm yes or no**	**Please describe additional people and/or groups**
Other relevant people	Yes	Key committees and representative groups

Section 5: Document your consultation process

Development of the Gender Equality Action Plan (GEAP) was informed by a structured and inclusive consultation process across governance, workforce and key stakeholders. The governing body and Executive team have been continually engaged to set direction, review progress data and provide oversight of emerging priorities. Regular briefings ensured alignment with ERH's Strategic Plan and enabled informed decision-making throughout the development process.

Employee consultation was primarily informed through the 2025 People Matter Survey, which provided valuable insights into employee experience, perceptions of fairness, flexible work and workplace culture. These findings were complemented by targeted discussions with staff and leaders to explore key themes in more depth and test proposed actions. Employee representatives were engaged through existing consultative forums, ensuring alignment with enterprise agreement obligations and providing an opportunity to incorporate workforce perspectives into the GEAP. This supported transparency and strengthened the credibility of the proposed actions.

GIAs undertaken across key policies also played a critical role, incorporating feedback from consumers, Aboriginal Liaison Officers and community representatives. This ensured that diverse and intersectional perspectives—including those of First Nations people, people with disability and culturally diverse communities—were considered. This multi-layered approach has ensured the GEAP is evidence-based, informed by lived experience, and aligned with both organisational priorities and community expectations.

Section 6: Findings from your consultation

Consultation on the audit data and proposed strategies provided critical insight into both the strengths and limitations of our current approach to gender equality. While the data highlighted clear trends such as improvements in representation and culture, alongside a widening gender pay gap and persistent caring inequities, consultation helped to unpack the "why" behind these results.

Leaders and employees provided context to the data, identifying structural drivers such as enterprise agreement settings, workforce supply constraints, and the impact of new high-paid roles on pay gap outcomes. This ensured the audit findings were interpreted accurately and grounded in operational reality, rather than viewed in isolation.

Consultation also strengthened the quality of our strategies. Feedback highlighted where previous actions had been effective, particularly in flexible work and policy reform, and where they had fallen short - often due to reliance on passive uptake or limited resourcing. This has led to a stronger focus on targeted, measurable actions in the next GEAP.

Importantly, engagement with employees, representatives and community voices reinforced the need to move beyond compliance and embed accountability at all levels. It also strengthened our understanding of intersectional impacts, ensuring future strategies better reflect diverse experiences. Overall, consultation has enabled a more nuanced, practical and achievable GEAP, grounded in both data and lived experience.

C) Consider the gender equality and the gender pay equity principles, and intersectionality

Section 7: Consider the gender equality principles

ERH's Gender Equality Action Plan (GEAP) is guided by the principle that gender inequality can be compounded by other forms of disadvantage and discrimination. The organisation recognises that employees' experiences of gender are shaped by intersecting factors such as age, disability, cultural background, Aboriginality, sexual orientation and gender identity.

An intersectional approach has been embedded throughout the development of this GEAP to ensure that actions respond to the diverse and lived experiences of all employees. This includes analysing workforce data across multiple attributes, engaging with employees from diverse backgrounds through consultation processes, and identifying where outcomes differ between groups.

The organisation acknowledges the historical and ongoing disadvantage experienced by women, and that these impacts may be more pronounced for some groups. In response, this GEAP includes targeted actions such as improving inclusive recruitment and progression practices, strengthening flexible work arrangements, and reviewing policies to remove systemic barriers that may disproportionately affect certain groups of employees.

By applying an intersectional lens, the organisation aims to create a workplace where all employees are treated with dignity, respect and fairness, and are able to fully participate and progress without being limited by gender or other forms of discrimination.

Section 8: Consider the gender pay equity principles

ERH's GEAP has been developed with careful consideration of the Gender Equity principles to ensure fair, transparent and inclusive employment and remuneration practices across the organisation.

A remuneration review undertaken as part of our previous GEAP identified a number of gender pay gaps. In response, ERH has committed to addressing these through targeted and ongoing actions, outlined in this GEAP. Whilst we acknowledge that broader systemic factors can influence the pace and extent of change (including Enterprise Agreements, occupational structures and workforce composition), ERH remains committed to implementing practical strategies that represent meaningful steps towards improving gender pay equity over time.

Employment and remuneration practices are being progressively strengthened to minimise bias and discrimination, supported by clearer processes, objective decision-making criteria and increased awareness of unconscious bias. Transparency is also being enhanced through improved documentation and communication of pay structures and employment practices, ensuring employees have access to clear and understandable information.

The actions outlined in this plan are designed to be sustainable and embedded within organisational practices. Ongoing monitoring will be supported through the collection and analysis of workforce data, regular reporting, and a commitment to continuous improvement.

Overall, ERH's GEAP reflects a structured and realistic approach to advancing gender pay equity, acknowledging existing challenges while maintaining a clear focus on achieving fair and equitable outcomes over time.

Section 9: Consider intersectionality

In developing this GEAP, ERH has considered intersectionality across consultation, audit analysis, and strategy development. Consultation processes have sought to incorporate a diverse range of employee perspectives, including those who may experience overlapping forms of disadvantage, to better understand how gender inequality is experienced across the organisation.

Intersectionality has also been considered in the analysis of workforce and remuneration data, where available, to identify any patterns of inequality that may be influenced by factors such as employment type, classification level, and caring responsibilities, in addition to gender. This has supported a more informed understanding of where inequities may be more pronounced.

This insight has informed the development of targeted and inclusive strategies within the GEAP, ensuring actions are responsive to the differing experiences of employees and do not take a one size fits all approach.

ERH acknowledges that its approach to intersectionality will continue to evolve and is committed to strengthening data capability and ongoing engagement to better identify and address intersecting forms of inequality over time.

D) Making a case for change

Section 10: Make a case for change and create a vision (recommended)

Gender equality matters at Echuca Regional Health because it goes to the heart of who we are and how we deliver care. As a regional health service striving to "*Support everyone to be healthy and live well"*, our strength comes from our people. Creating a workplace where everyone, regardless of gender, has fair access to opportunity, safety, flexibility and reward is not only the right thing to do, it directly impacts our ability to attract, retain and support a capable and engaged workforce.

Our recent progress has shown that change is possible. We have strengthened representation, particularly in leadership, improved confidence in recruitment and flexible work practices, and built more robust systems for reporting and responding to workplace issues. These are important foundations. They reflect a workforce that is increasingly engaged and a culture that is becoming more inclusive.

At the same time, our data clearly shows that gender equality is not yet fully realised. Structural challenges remain, particularly in relation to the gender pay gap, occupational segregation and the unequal distribution of caring responsibilities. These are not unique to ERH, but they are ours to address. Left unchallenged, they can limit career progression, reduce workforce participation and ultimately impact the quality and sustainability of the services we provide.

Gender equality also matters because our workforce reflects our community. Understanding and responding to the diverse and intersectional experiences of our people—across gender, culture, ability, age and background—strengthens how we design services and care for patients. When our workplace is inclusive and equitable, our care is safer, more responsive and more person-centred.

Our vision is to move beyond incremental progress toward meaningful, sustained change. This means addressing both cultural and structural drivers of inequality. It means equipping our leaders with the tools, data and accountability to make informed decisions. It means continuing to invest in flexible work, fair and transparent processes, and targeted actions to reduce inequities where they exist.

Importantly, it also means listening—to our people, to our community and to what the data is telling us. Gender equality is not a one-off initiative, but an ongoing commitment that requires curiosity, honesty and persistence. At ERH, our goal is clear: to create a workplace where everyone feels safe, valued and able to thrive, and where equity is embedded in how we work every day. This is how we build a stronger organisation and deliver better outcomes for our community.

E) Analysing your data to identify forms of gender inequality AND developing your strategies

Section 11: Identifying underlying causes of gender inequality

The results of the 2025 workforce data audit point to a set of interrelated structural, cultural and system-level drivers underpinning gender inequality at ERH.

A primary underlying cause is occupational gender segregation, which remains largely unchanged over time. Women continue to be concentrated in caring, administrative and support roles such as Nursing, Allied Health and Administration, while men are more likely to be represented in higher-paying or more specialised roles, particularly within Medical and certain technical areas. Although there are small shifts toward greater diversity in some groups, these have not been sufficient to disrupt entrenched patterns. This segregation reinforces inequality by funnelling women into lower-remunerated career pathways and limiting access to higher-paying roles.

A second key driver is the structure of remuneration systems and workforce design. Pay outcomes are heavily influenced by enterprise agreements, classification systems and tenure-based progression, which can unintentionally entrench inequity. For example, progression linked to years of service can disadvantage women who are more likely to experience career interruptions due to caring responsibilities. At the same time, growth in higher-paid roles—such as Clinical Directors and senior medical positions—has disproportionately benefited men, contributing to a widening gender pay gap, particularly at senior levels.

Closely linked to this is the gendered distribution of caring responsibilities. The data shows a persistent pattern where women overwhelmingly take on primary carer roles, reflected in significantly higher uptake and duration of parental and carer's leave. Men's participation in these roles remains low and inconsistent. This imbalance impacts women's workforce participation, availability for full-time work, and long-term earning potential, reinforcing structural inequality over time.

Another contributing factor is the interaction between workforce supply constraints and organisational context. As a regional health service, the organisation operates within limited labour markets and relies on profession-specific pipelines that are already gendered. This restricts the ability to rapidly shift gender composition, particularly in clinical roles. Operational pressures, including workforce shortages and service delivery demands, further prioritise immediate staffing needs over longer-term equity strategies.

Cultural and systemic factors also play a role, particularly in relation to workplace behaviours and reporting confidence. While formal reporting of sexual harassment has increased, survey data indicates ongoing underreporting driven by perceptions that behaviours are not serious enough or that reporting will not lead to meaningful action. This suggests lingering cultural barriers and uneven trust in organisational systems.

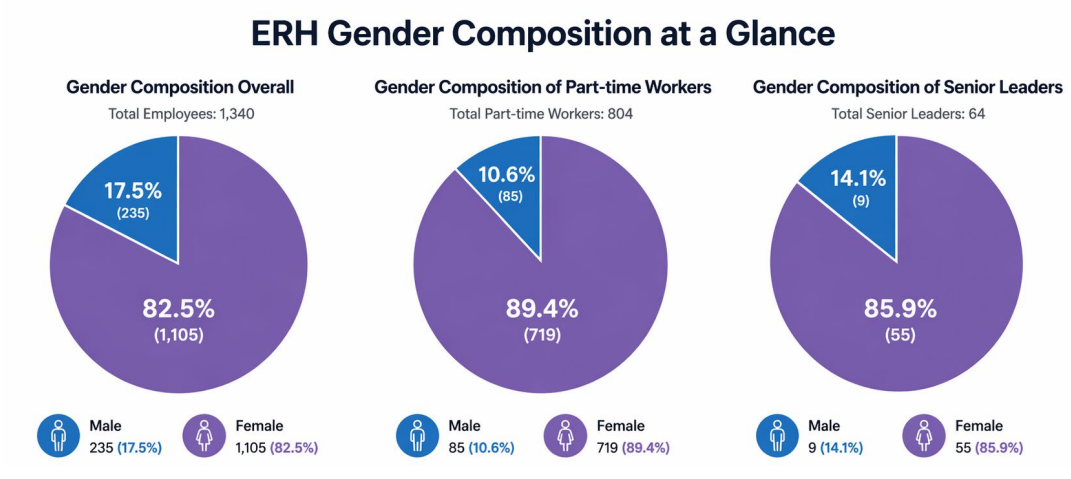
Finally, data limitations and system maturity contribute to the persistence of inequality. Gaps in workforce data, particularly in areas such as promotions and flexible work uptake, reduce the organisation's ability to fully diagnose and respond to inequities. The transition toward more robust HR systems is expected to improve this over time, but currently constrains targeted action.

Overall, gender inequality at the organisation is not driven by a single issue, but by the cumulative effect of entrenched workforce patterns, structural pay mechanisms, gendered social norms, and system constraints. Addressing these underlying causes will require coordinated, long-term strategies that move beyond incremental change toward more systemic reform.

Section 12: Analysing your data and documenting your strategies

Indicator 1: Gender composition of all levels of the workforce

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:**  The data presents a clear and consistent picture of a highly feminised workforce across ERH, with women representing the majority overall (82.5%), within part-time roles (89.4%), and across senior leadership (85.9%). At face value, this reflects strong representation of women, including at senior levels. However, a deeper analysis highlights that representation alone does not equate to gender equality. The concentration of women in part-time roles is particularly significant. While flexible work arrangements are a positive enabler of workforce participation, the disproportionate uptake by women suggests that caring responsibilities remain heavily gendered. This has broader implications for career progression, access to leadership pathways, and long-term earning potential. At the same time, male representation remains low across all categories, particularly in part-time work and leadership, indicating limited progress toward a more balanced and diverse workforce. The data also suggests that while women are well represented in leadership numerically, this does not necessarily translate to equitable outcomes. When considered alongside the widening gender pay gap identified elsewhere in the report, it indicates that higher-paying roles and remuneration growth may still be disproportionately concentrated among men, particularly in specific occupational groups. There are also gaps in what the data can tell us. It does not capture intersectional factors such as cultural background, disability, or age, nor does it explain the underlying drivers influencing workforce patterns and choices. This limits the ability to fully understand how different groups experience the workplace. Experience has shown that a rigid 40/40/20 target can unintentionally shift focus toward compliance rather than meaningful change. A more effective strategy is to reshape the pipeline, visibility and narrative of who belongs in different roles, so that workforce composition evolves naturally and sustainably over time. The core problem, therefore, is not a lack of representation, but the persistence of structural and cultural factors that shape how different genders participate in the workforce.

Setting metrics (see step 6)

Measures	**Critical performance measures:** Gender composition of the duty holder organisation. Gender composition of part time workers in the duty holder organisation. Gender composition of senior leaders in the duty holder organisation. **Additional measures (optional):**
Target/s (recommended)	Acknowledging that public health is a highly gendered industry, ERH will aim for gradual rebalancing, with: 1. An increase of male representation in the overall workforce by 2–4% over the GEAP period; 2. Lift male participation in part-time work by 3–5% to support more equitable sharing of caring responsibilities; and 3. Increase male representation in senior leadership by 3–5%, while maintaining merit-based, balanced recruitment and succession pipelines.

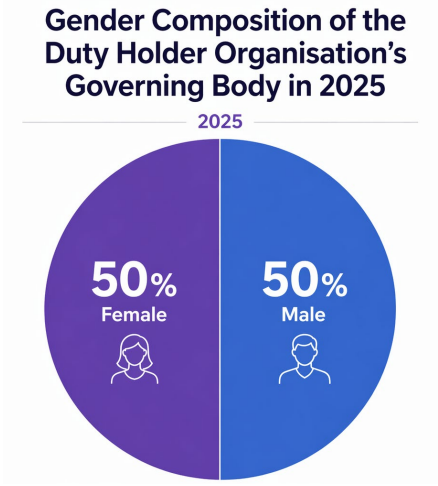
Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Adopt a gender-lens to pre-employment pipelines including our partnerships with schools, TAFEs, universities and local communities to actively broaden the pool of people considering careers in underrepresented areas. This includes targeted focus on pathways that intentionally attract more men into nursing and caring roles, and women into clinical, technical or leadership streams where they remain underrepresented. The aim is to influence career decisions earlier, before occupational preferences are fixed.	HRM/DETR		

Actively showcase diverse role models in everyday organisational materials and external marketing. Normalise images and stories of male nurses, female technical specialists, and non-traditional career journeys across all channels.	HRM/DETR/ Public Relations		

Indicator 2: Gender composition of the governing body

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:** Gender composition of the duty holder organisation's governing body in 2025:  Gender equality has been achieved and sustained for more than 12 months, with state and governance policies in place to support this balance ongoing. While never becoming complacent, ERH will focus attention on Indicators which require more focus to achieve meaningful progress, rather than developing strategies for this indicator.

Setting metrics (see step 6)

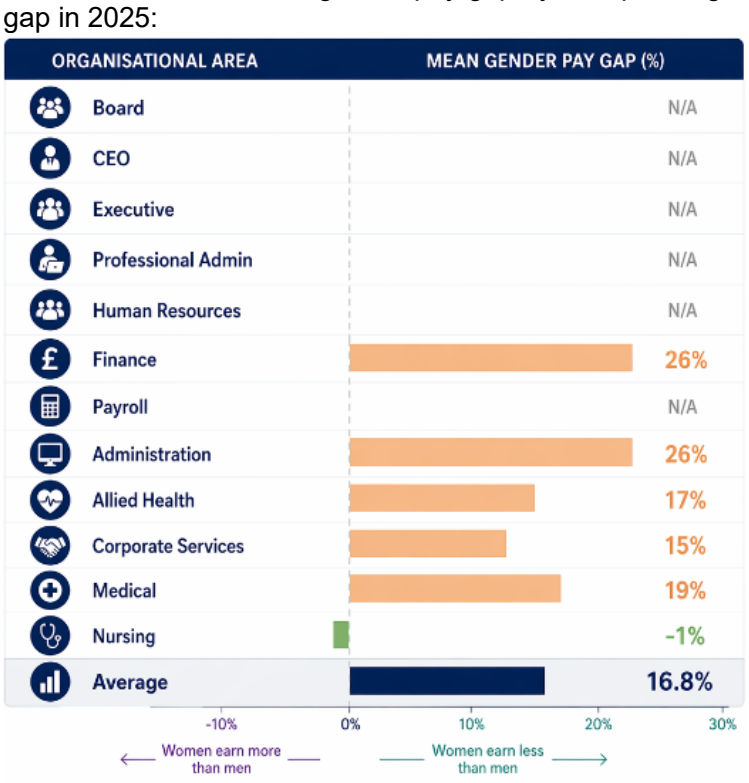
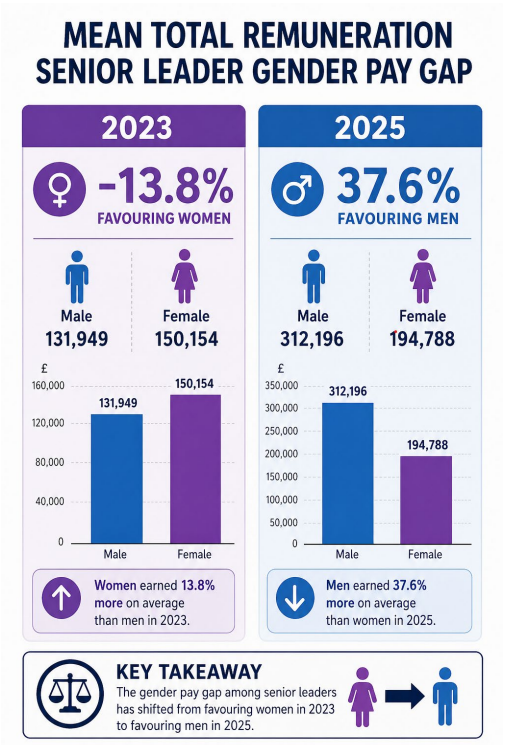
Measures	**Critical performance measures:** Gender composition of the duty holder organisation's governing body. **Additional measures (optional):**
Target/s (recommended)	Maintain existing gender balance.

Strategies (see step 6)

Strategy	**Responsible (recommended)**	**Timeline (recommended)**	**Related to other indicators? (recommended)**
Comply with statewide and ERH governance policies during the annual Board Director recruitment process, with the goal of maintaining gender balance on the Board of Directors.	ERH Board of Directors	Annual	

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

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:** Mean total remuneration gender pay gap by occupation group and mean total remuneration senior leader gender pay gap in 2025:   **Supplementary measures:** Mean base salary pay gap in 2025: 35.8% Median total remuneration pay gap in 2025: 7.1% Median base salary pay gap in 2025: 7.5% The gender audit highlights a pattern of uneven and, in some areas, deteriorating gender equity across the organisation, pointing to structural rather than incidental causes. While there has been a slight improvement overall, as well as isolated material improvements, particularly within Nursing and Medical groups, these gains are not consistent and are balanced out by regressions in other areas, resulting in an overall minimal reduction of the gender pay gap in 2025 . This suggests that recent workforce and remuneration changes have failed to shift the dial in a meaningful way. A key concern is the sharp increase in pay disparities within traditionally female-dominated groups such as Administration and Allied Health. In Administration, the introduction of a highly paid male-dominated leadership role has skewed earnings significantly, highlighting how structural decisions about role design and classification can rapidly exacerbate inequality. Similarly, the growing gap in Allied Health indicates that even previously equitable areas are vulnerable without deliberate safeguards. At senior levels, the data reveals a particularly concerning reversal. A shift from a pay gap favouring women to one heavily favouring men reflects how changes in workforce composition, such as the creation of new senior medical roles largely filled by men, can quickly undo progress. This demonstrates the sensitivity of gender equity outcomes to leadership appointments and organisational design, especially in smaller cohorts where individual roles carry greater weight. Importantly, the audit also points to systemic drivers embedded within enterprise agreement frameworks and career progression pathways. Pay progression linked to tenure and access to additional qualifications tends to advantage those without primary caring responsibilities, reinforcing gendered disparities over time. Overall, the findings indicate that gender inequality is being perpetuated through a combination of occupational segregation, structural workforce changes, and systemic remuneration settings. Without targeted, organisation-wide intervention, these factors will continue to undermine progress and entrench inequity.

Setting metrics (see step 6)

Measures	**Critical performance measures:** Mean total remuneration gender pay gap by occupation group. Mean total remuneration senior leader gender pay gap. **Supplementary measures:** Mean base salary pay gap. Median total remuneration pay gap. Median base salary pay gap. **Additional measures (optional):**

Target/s (recommended)	1. Mean total remuneration gender pay gap reduced in all occupation group gaps to within ±10%, with no group exceeding +15% 2. Mean total remuneration senior leader gender pay gap reduced from 37.6% to below 15% within 3 years, with a longer term objective to achieve and maintain a range within ±5%

Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Require a Gender Impact Assessment (GIA) to be completed and approved for all new or significantly changed roles within occupational groups where the gender pay gap exceeds 20%, to ensure role design and remuneration decisions do not exacerbate existing inequities.	HRM		
Establish robust data capture and reporting processes across all occupational groups to ensure compliance with gender equality reporting requirements and enable ongoing identification and targeted action on gender pay gaps.	EDPCS		
Embed visible leadership accountability for gender equality by requiring senior leaders to actively communicate the importance of closing the gender pay gap, set and track clear targets and KPIs, regularly share progress with staff, and proactively address gaps.	EXECUTIVE TEAM		

Indicator 4: Sexual harassment in the workplace

Describing the problem (see step 2)

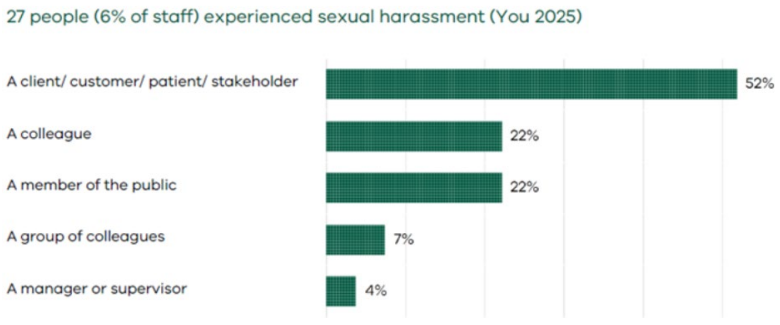
Analyse audit data

Critical performance measures:
Anonymous experience rate of sexual harassment in 2025: 6% (27 people)
Number of formal reports of sexual harassment in 2025: 5 (18.5% of anonymous experience rate)

Supplementary measures:
Participants who said they reported sexual harassment in 2025: 7% (2 people)
Reasons for not making a formal sexual harassment complaint in 2025:

What was your reason for not submitting a formal complaint?	You 2024	You 2025
I didn't think it was serious enough	63%	44%
I didn't think it would make a difference	25%	40%
I believed there would be negative consequences for my reputation	0%	12%
I didn't need to because I made the harassment stop	9%	12%
I didn't need to because I no longer had contact with the person(s) who harassed me	16%	12%
Other	16%	12%
I didn't know how to make a complaint	0%	4%

Satisfaction with handling of workplace sexual harassment complaint in 2025: Data unavailable
Satisfaction with handling of formal workplace sexual harassment complaint in 2025: Data unavailable



The data presents a complex and somewhat conflicting picture of sexual harassment within the organisation, highlighting both progress and ongoing risk. The 2023 People Matter Survey identified a 6% rate of reported experiences, equating to 37 individuals. Response rates to the survey in 2025 were lower overall, and results showed a reduction of 10 individuals reporting such experiences. While this may suggest a decrease in prevalence, it is equally likely that it reflects variability in response rates rather than a meaningful reduction in incidents, indicating that sexual harassment remains a persistent issue.

The vast majority (>60%) of sexual harassment anonymously indicated via the PMS was experienced from a member of the public, client, customer, patient or stakeholder. Approximately 6 – 8 individuals indicated that the experience came from a colleague, group of colleagues or manager/supervisor.

Encouragingly, 2025 saw five formal complaints lodged, compared to zero in 2023, despite earlier indications that incidents were occurring. This shift suggests growing awareness of reporting pathways and increased confidence in the system. The fact that three substantiated cases resulted in termination demonstrates that when matters are reported, they are taken seriously and lead to decisive action. However, the relatively low number of formal complaints compared to survey-reported experiences indicates that underreporting remains substantial, particularly as it relates to client-care based incidents.

	Perception continues to be a key barrier. A large proportion of employees still do not report incidents because they do not believe the behaviour is serious enough or that reporting will lead to a meaningful outcome, although there has been some improvement in these perceptions between 2023 and 2025. This points to ongoing cultural challenges in recognising unacceptable behaviour and trusting organisational responses. Additionally, gaps in data limit the organisation's ability to fully understand the effectiveness of its response, particularly in relation to employee satisfaction with complaint handling. This weakens the organisation's capacity to evaluate progress and target interventions. Overall, the problem is not solely the occurrence of sexual harassment, but a system where inconsistent reporting, variable perceptions of seriousness, and incomplete data combine to obscure the true extent of the issue and limit the organisation's ability to respond effectively and proactively.

Setting metrics (see step 6)

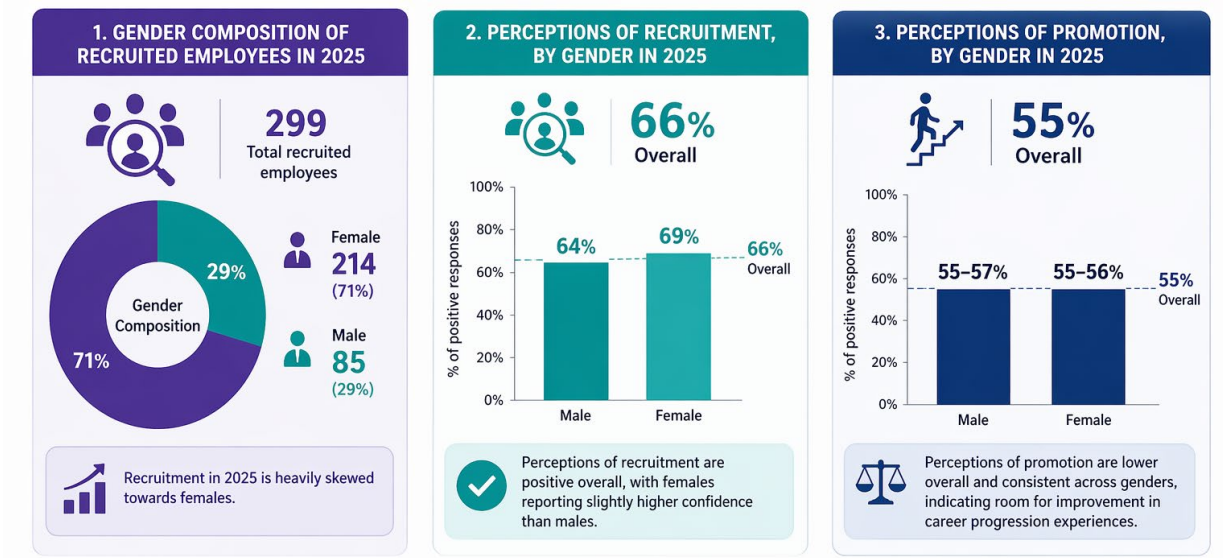
Measures	**Critical performance measures:** Anonymous experience rate of sexual harassment. Number of formal reports of sexual harassment. **Supplementary measures:** Participants who said they reported sexual harassment. Reasons for not making a formal sexual harassment complaint. Satisfaction with handling of workplace sexual harassment complaint. Satisfaction with handling of formal workplace sexual harassment complaint. **Additional measures (optional):**
Target/s (recommended)	1. Anonymous experience rate of sexual harassment reduces by 2% year on year. 2. Number of formal reports of sexual harassment increases incrementally by 10% year on year, to shift from <20% of anonymous experience rate, to 50% of anonymous experience rate after 4 years.

Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Leverage Respect X and SuccessFactors to provide accessible, confidential reporting pathways and integrated data insights, strengthening employee confidence to report sexual harassment and enabling timely, transparent organisational responses.	HRM		
Embed inclusive, accessible and psychologically safe reporting and feedback mechanisms that protect privacy, accommodate diverse needs, connect individuals to appropriate advocacy and support services, and minimise fear of judgement, retaliation or loss of supports.	EDPCS		
Equip and hold leaders accountable to proactively identify, prevent and respond to sexual harassment across both workplace and clinical settings, including behaviours from staff, patients and visitors, through safe team cultures, early intervention and clear escalation pathways.	Executive Team		

Indicator 5: Recruitment and promotion practices in the workplace

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:**  Gender composition of employees who were promoted in 2025: Data unavailable

	The available data presents a mixed picture of progress and ongoing gaps in achieving equitable recruitment and promotion outcomes. There has been a modest increase in male representation among new hires, rising by 6.6% between 2023 and 2025. While women remain the majority of recruits, the proportional increase in males signals a subtle rebalancing. At the same time, the absence of any recruits identifying as gender diverse in 2025, compared to 2.8% in 2023, raises questions about inclusion, visibility and confidence in disclosure. Although small sample sizes and workforce factors such as rotating medical staff may influence this result, it highlights potential limitations in data capture processes and the need to strengthen inclusive practices. Limitations in reliable data on the gender composition of promotions across both reporting periods is a known issue creating a critical blind spot, limiting the organisation's ability to assess whether equitable recruitment outcomes are translating into equitable career progression. While the transition to a new HRIS is expected to address this gap, the current lack of data constrains meaningful analysis and accountability. Encouragingly, employee perceptions of fairness in recruitment and promotion processes have improved over time. Perceived fairness in recruitment increased from 61% to 66%, with stronger gains among female employees. Similarly, perceptions of promotion fairness rose from 49% to 55%, with gender differences narrowing by 2025. Despite this positive trend, overall confidence remains moderate, suggesting that a significant proportion of the workforce continues to question the transparency and consistency of these processes. The problem, therefore, is not one of declining performance, but of incomplete progress. While perceptions are improving and some indicators suggest movement toward greater equity, gaps in data, reduced visibility of gender diverse employees, and only moderate levels of trust indicate that recruitment and promotion systems are not yet consistently experienced as fair, transparent or inclusive across the organisation.

Setting metrics (see step 6)

Measures	**Critical performance measures:** Gender composition of recruited employees. Gender composition of employees who were promoted. Perceptions of recruitment, by gender. Perceptions of promotion, by gender. **Additional measures (optional):**
Target/s (recommended)	1. Achieve a recruitment gender composition of 70–75% female and 25–30% male by 2027, while re-establishing at least 1–3% representation of gender diverse employees. 2. Gender composition of employees who were promoted will be recorded and analysed, with improvement targets identified once data is available and benchmarking is possible. 3. Perceptions of recruitment, by gender to improve by 2% for both genders year on year. 4. Perceptions of promotion, by gender to improve by 2% for both genders year on year.

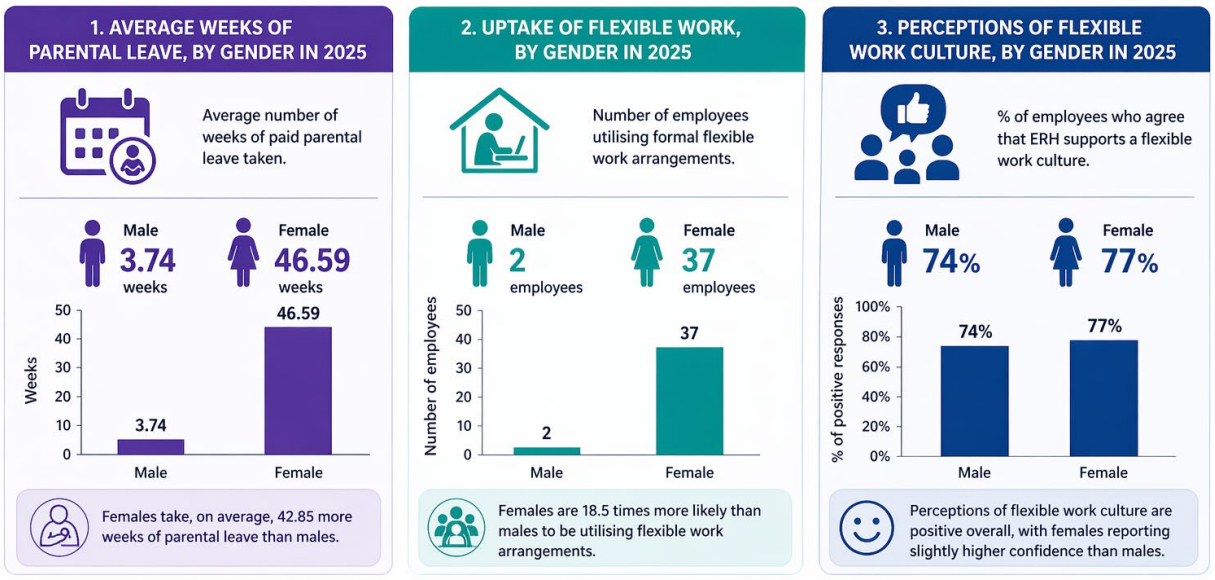
Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Utilise SuccessFactors to provide accessible, meaningful and integrated data insights regarding recruitment and promotion enabling timely, practical organisational responses.	HRM		
Establish a formal stakeholder feedback mechanism via the Gender Impact Champions group to evaluate the real-world gendered impacts of recruitment and promotion policies, programs and services over time.	HRM/HPM		
Undertake a systematic review of Leaders' access to gender equality training and development, performance evaluation processes, and promotion decisions to identify and address any gender imbalances.	EDPCS		

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

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:**



Supplementary measures:

Gender composition of parental leave takers in 2025:

Male	4 (443 hours)
Female	70 (37,630 hours)

Gender gap in carer's leave in 2025:

Male	54 (1,120 hours)
Female	345 (9,051 hours)

The data highlights a persistent and deeply embedded pattern of gendered caring responsibilities, with only limited signs of change over time. Parental leave usage remains overwhelmingly concentrated among women, who consistently access leave as primary carers and take the full entitlement. In contrast, men continue to access only short periods of leave as non-primary carers. This is not a result of inequitable access to entitlements, but rather reflects entrenched norms around caregiving roles. The widening gap in average leave duration partly reflects increasing entitlements, but the differences between men and women reinforces this dynamic and suggests that structural and cultural factors continue to influence how leave is taken.

Participation data further illustrates the imbalance. Women account for more than 90% of parental leave takers across both reporting periods and almost all leave hours. While there has been a slight increase in the average hours taken by men, the number of male participants has decreased, indicating that uptake remains inconsistent and limited in scale. This suggests that parental leave for men is not yet normalised within the organisation.
A similar pattern is evident in flexible work and carer's leave. Women disproportionately access formal flexible work arrangements, while male participation remains very low. Although there has been some increase in men accessing carer's leave, women still carry the vast majority of caring responsibilities. Encouragingly, perceptions of flexible work culture have improved significantly, indicating that organisational efforts are being recognised. However, this improvement has not yet translated into a meaningful redistribution of caring roles.

The problem is therefore one of structural imbalance rather than policy absence. While supportive provisions exist and perceptions of flexibility are strong, men are not engaging with these supports at a level that shifts the overall distribution of care. As a result, women continue to bear the primary caring load, with flow-on impacts for workforce participation, career progression, and long-term earnings. This indicates that current approaches are enabling access but are not yet effectively challenging the underlying norms that drive unequal uptake.

Setting metrics (see step 6)

Measures	**Critical performance measures:** Average weeks of parental leave, by gender. Uptake of flexible work, by gender. Perceptions of flexible work culture, by gender. **Supplementary measures:** Gender composition of parental leave takers. Gender gap in carer's leave. **Additional measures (optional):**
Target/s (recommended)	1. Reduce the gap in average parental leave duration between men and women by 5–10% over the GEAP period, rather than focusing on absolute weeks. 2. Uptake of flexible work, by gender to more closely mirror gender composition of workforce. 3. Perceptions of flexible work culture, by gender to remain, on average >75%.

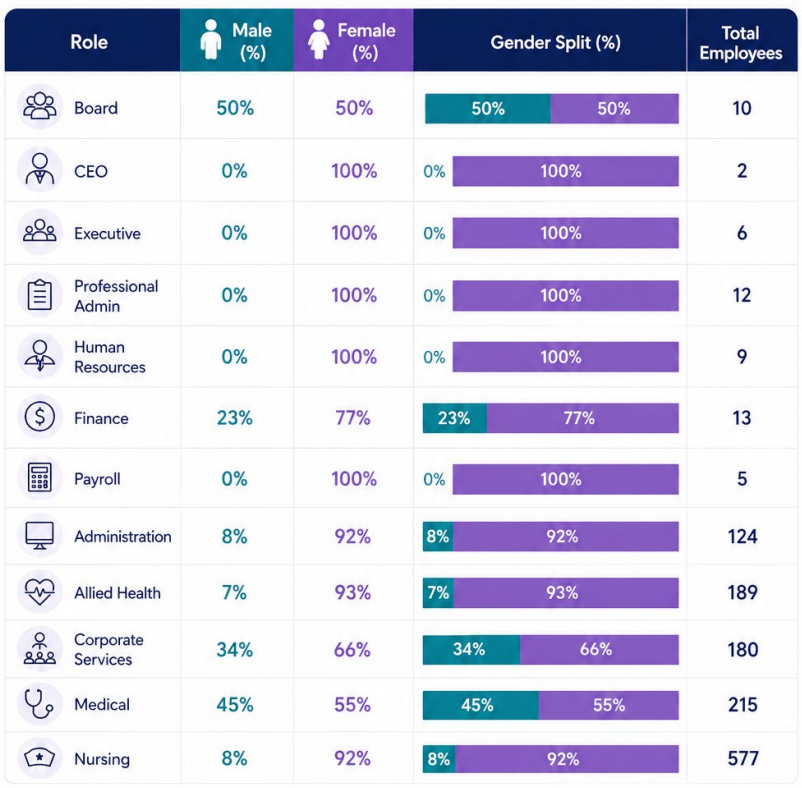
Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Engage Gender Impact Assessment (GIA) Champions across key departments to build capability and embed gender-responsive practice in day-to-day decision-making.	HRM/HPM		

Champions to receive targeted training and peer support, and act as local advisors to guide teams through the GIA process when developing or reviewing policies, programs and major initiatives.	HPM		
Promotion of flexible work arrangements to men.	HRM		

Indicator 7: Gendered segregation within the workplace

Describing the problem (see step 2)

Analyse audit data	**Critical performance measures:** Occupational gender segregation in 2025:  The data confirms that occupational gender segregation remains a deeply embedded and largely unchanged feature of the workforce, despite some incremental shifts between 2023 and 2025. Female dominance continues across the majority of occupational groups, particularly in Nursing, Administration, Allied Health, Human Resources and Professional Administration. Growth within these areas has largely been driven by increases in female employees, reinforcing existing gender patterns rather than disrupting them. While there has been a modest increase in male representation in some of these groups, the scale of change has not been sufficient to materially alter the overall gender profile or challenge entrenched norms about “women’s work.” There are some positive signs of movement, most notably within the Medical workforce, where a previously male-dominated group has shifted to a female majority. This demonstrates that change is possible where there are deliberate shifts in pipeline, access and opportunity. Similarly, gender parity at Board level reflects strong governance commitment. However, these examples are not yet translating into broader, organisation-wide change. A key concern is the continued absence or near absence of men in roles such as Human Resources, Professional Administration and some Executive functions, alongside the concentration of women in caring and administrative occupations. This indicates that occupational pathways remain highly gendered, with limited crossover between traditionally male- and female-dominated roles. These patterns are likely reinforced by social norms, recruitment pipelines, career progression structures and perceptions of role suitability. Overall, the problem is not simply a lack of representation in isolated areas, but a systemic pattern of occupational segregation that continues to shape workforce composition. Without targeted and sustained intervention to broaden participation across all occupational groups, the organisation will continue to reproduce gendered workforce patterns, limiting diversity, reinforcing inequity and constraining access to the full talent pool.

Role	Male (%)	Female (%)	Gender Split (%)	Total Employees
Board	50%	50%	50% / 50%	10
CEO	0%	100%	0% / 100%	2
Executive	0%	100%	0% / 100%	6
Professional Admin	0%	100%	0% / 100%	12
Human Resources	0%	100%	0% / 100%	9
Finance	23%	77%	23% / 77%	13
Payroll	0%	100%	0% / 100%	5
Administration	8%	92%	8% / 92%	124
Allied Health	7%	93%	7% / 93%	189
Corporate Services	34%	66%	34% / 66%	180
Medical	45%	55%	45% / 55%	215
Nursing	8%	92%	8% / 92%	577

Setting metrics (see step 6)

Measures	**Critical performance measures:** Occupational gender segregation. **Additional measures (optional):**
Target/s (recommended)	1. Increase gender diversity of candidates applying for roles in specific occupational groups by 3% year on year 2. Increase representation of the underrepresented gender in identified occupational groups by 5% over the GEAP period, with annual progress monitoring. 3. Ensure year-on-year improvement in gender diversity across all occupational groups, with no group becoming more gender-segregated over time.

Strategies (see step 6)

Strategy	Responsible (recommended)	Timeline (recommended)	Related to other indicators? (recommended)
Adopt a gender-informed approach to early career pipelines by partnering with education providers and using targeted attraction strategies to increase participation of underrepresented genders in non-traditional roles.	HRM		
Create structured internal pathways that support employees to transition across occupational groups through secondments, job rotations and development opportunities.	EDPCS		
Address structural and cultural barriers by embedding flexible work, challenging role stereotypes and holding leaders accountable for building inclusive, gender-balanced teams.	EDPCS		
Embed ongoing workforce monitoring and governance processes that track gender composition trends by occupational group, enabling early intervention where segregation risks emerge and ensuring continuous year-on-year progress.	HRM		

F) Resourcing your GEAP

Section 13: Identifying current and required resources

ERH's approach to resourcing gender equality reflects the realities of operating within a constrained public health funding environment, while still meeting its obligations under the Gender Equality Act 2020 (Vic). Rather than establishing a standalone program with dedicated staffing, the first Gender Equality Action Plan (GEAP) has been delivered through an integrated model that embeds responsibility across existing roles, systems and governance structures. This has enabled progress to be made in a way that is both practical and aligned with broader organisational priorities.

Responsibility for implementation has largely sat within People & Culture and Population Health functions, supported by Executive leaders, managers and Board oversight. A small cross-functional working group, drawing members from both clinical and non-clinical areas, has provided additional coordination and input. This shared accountability model has ensured that gender equality is not treated as a separate initiative, but rather incorporated into core organisational processes such as recruitment, workforce planning, policy development, employee relations and training. Governance mechanisms, including regular Executive and Board reporting, have reinforced visibility and accountability, while alignment with related priorities such as workforce strategy, employee engagement and psychosocial safety has strengthened relevance and traction.

This integrated approach has delivered steady, incremental progress and has helped to build internal capability and awareness. However, it has also highlighted clear limitations. The absence of dedicated resourcing has constrained the pace and consistency of implementation, with competing operational priorities impacting the ability to sustain momentum across all actions. In particular, limited capacity within the People & Culture function has affected the organisation's ability to undertake detailed workforce data analysis, enhance reporting systems, and deliver training at scale. These challenges have been further compounded by gaps in enabling infrastructure, including the absence of a fully integrated HR information system and advanced workforce analytics capability.

Looking ahead, there is a recognised need to strengthen both human and system-based resourcing to support the next phase of the GEAP. This includes consideration of clearly defined FTE allocation to lead and coordinate implementation, alongside targeted investment in HR capability and digital systems to enable more efficient data capture, monitoring and reporting. Strengthening these foundations will support more consistent delivery, improved governance oversight, and a greater capacity to embed gender equality in a sustainable and measurable way across the organisation.

Section 14: Developing a resourcing plan

Implementation of the GEAP will continue to build on the model described above, with strengthened resourcing to support more consistent and measurable progress across all workplace gender equality indicators. Responsibility for delivery will remain embedded across leadership roles, with clear accountabilities incorporated into business plans and performance expectations. This will be complemented by consideration of a dedicated FTE to coordinate GEAP implementation, alongside targeted investment in People & Culture capability and enabling systems, including improved HR information and reporting tools.

Resourcing effectiveness will be actively monitored through established governance mechanisms, including regular Executive and Board reporting, progress tracking against GEAP actions, and review of workforce data and key indicators. This will be supported by periodic review points to assess whether resourcing levels are sufficient to maintain momentum and achieve intended outcomes. Where gaps or delays are identified, adjustments will be made, including reprioritisation of activities, reallocation of resources, or escalation through governance channels. This adaptive approach will ensure the organisation remains responsive and is able to demonstrate reasonable and material progress over the life of the plan.