

MARCH 2022

Gender Equality Action Plan 2021 – 2025

Gender Equality Act 2020

PRESENTED TO

Boort District Health

PRESENTED BY

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Gender Equality
Regional Consultancy



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Introduction

Boort District Health is building on a foundation of strong community engagement that will support its implementation of the Gender Equality Act. This community focus is outlined in the Strategic Plan 2019-2022¹ highlighting a partnerships and collaborations approach which will assist with the legislated requirements of community engagement. The strategic direction of access and equity and inclusivity, including gender and culture, will provide a strong framework for ongoing work aligned to the Gender Equality Act 2020 obligations.

The organisation is a member of the *Collective Action for Respect and Equality (CARE)* partnership which aligns work towards gender equality and primary prevention of violence against women across the Loddon Mallee. The CARE partnership may provide access to localised training/workshops and other supports for the team at Boort District Health to implement key elements of the Gender Equality Action Plan. The team's engagement with the *16 Days of Activism* illustrate commitment to gender equality and an emerging understanding of the benefits of gender equality as a critical mechanism for the primary prevention of family violence. The development of the Healing Garden also illustrates Boort District Health's ongoing respect and engagement with First Nations culture and to increase the organisations cultural responsiveness.

Acknowledgement

We would like to acknowledge and extend our appreciation to the Dja Dja Wurrung People, the Traditional Custodians of the land that we are living and working on. We pay our respects to Elders past, present and emerging for they hold the memories, the traditions, the culture and the hopes of all the Dja Dja Wurrung People. We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we may walk forward together in harmony and in the spirit of healing.



¹ bdh.vic.gov.au/publications/

Key terms and definitions

| | |
|----------------------------------|---|
| Intersectionality: | Section 6(8) of the Act outlines that gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience based on Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation and other attributes. The concept of intersectional disadvantage or discrimination is sometimes called intersectionality. Intersectionality explains how people may experience overlapping forms of discrimination or disadvantage based on social characteristics such as (but not limited to) sex, gender identity, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age. ¹ |
| Gender: | Refers to the way in which a person identifies or expresses their masculine or feminine characteristics. Gender is generally understood as a social and cultural construction. A person's gender identity or gender expression is not always exclusively male or female and may or may not correspond to their sex. ² |
| Gender equality: | Is defined as the equal rights, responsibilities and opportunities of women, men, trans and gender-diverse people. Equality does not mean that women, men, trans and gender diverse people will become the same but that their rights, responsibilities and opportunities will not depend on their gender. ³ |
| Gender equity: | 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. ³ |
| Sex: | Refers to a person's biological characteristics. A person's sex is usually described as being male or female. Some people may not be exclusively male or female, which is referred to as intersex. Some people identify as neither male nor female. ² |
| Trans and Gender diverse: | 'trans and gender diverse' refers to people whose gender identity or experience is different from the gender that was presumed and recorded for them at birth. The term 'cisgender' is used to mean people whose gender identity or experience aligns with the gender that was presumed and recorded for them at birth ² . |

² [Rainbow Health Australia | Research & Resources](#)

1. Baseline audit analysis

Indicator 1: Gender composition

Figure 1 displays the proportions of men and women who make up the Boort District Health's 81-person workforce. Boort District Health has 63 women and 18 men currently employed, with women representing 78% (63) of Boort District Health's workforce and men representing 22% (18) of the Boort District Health team. This is in-line with the broader Health Care sector, the Workplace Gender Equality Agency³ notes that the Health Care and Social Assistance industry is female-dominated with women making up 79% of the workforce, Australia's leading female-dominated industry. This is a structure and sector-wide gendered gap and must be considered within this analysis and ongoing work the team at Boort District Health complete towards gender equality.

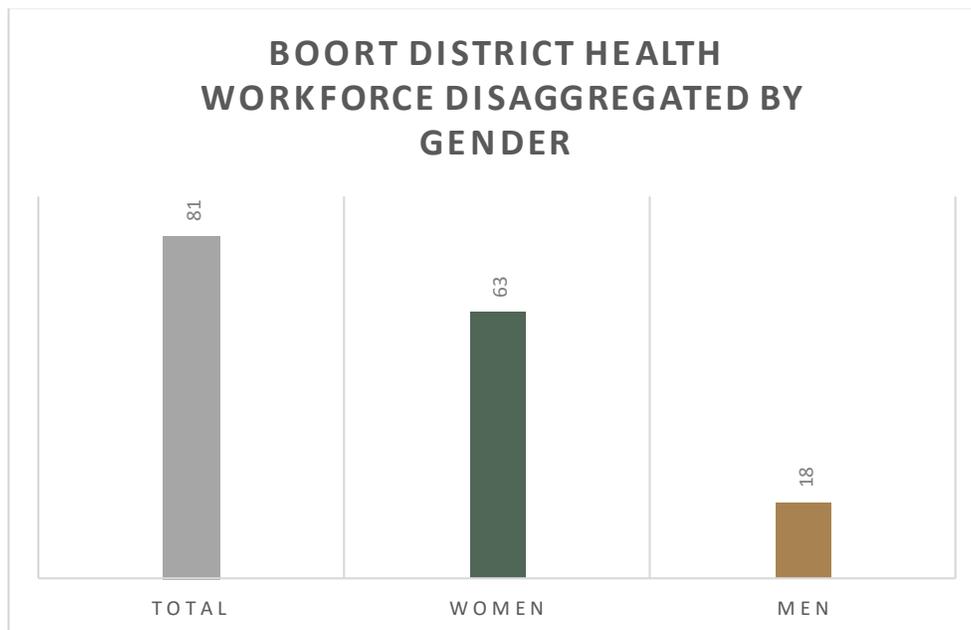


Figure 1a. Total proportions of staff, disaggregated by gender. Note: Headcount includes full-time, part-time, casual and contract staff.

³ [2020-21 WGEA SCORECARD.pdf](#)

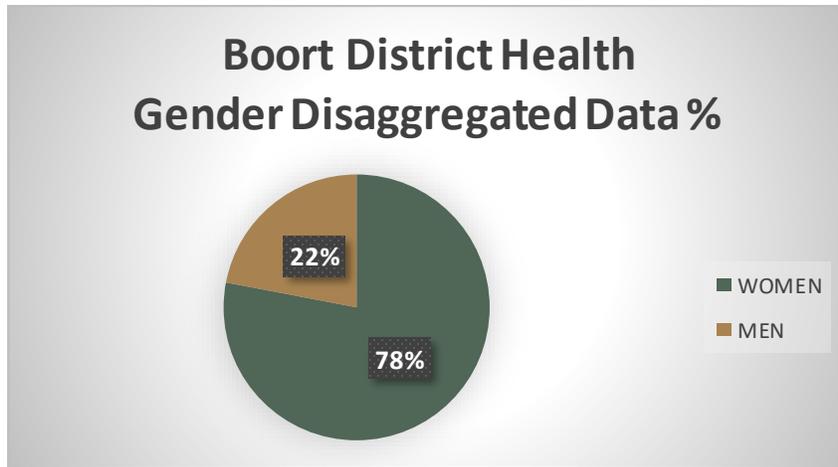


Figure 1b. Total percentage of staff, disaggregated by gender. Note: Headcount includes full-time, part-time, casual and contract staff.

Figure 2 shows that:

- The **Executive Team** (CEO and Level -1) includes **3 women** and **7 men**. (This includes 7 casual Acting CEO roles, 2 women and 5 men. The CEO full-time contract role previously held by a male.
- The **Senior Leadership Team** (CEO and Levels -1 and -2) includes **3 women** and **9 men**. (This includes 7 casual Acting CEO roles, 2 women and 5 men)
- An overall picture of the gender disaggregated data across all levels of the workforce.

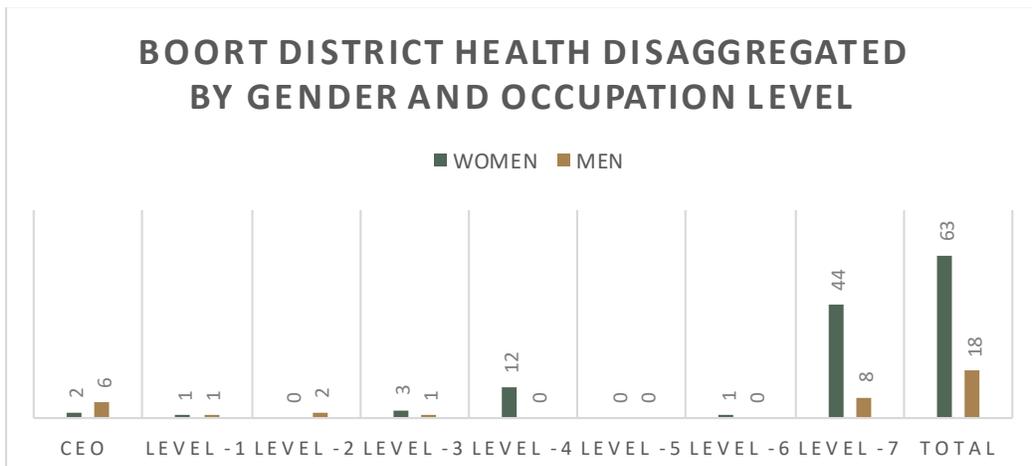


Figure 2. Breakdown of staff by level, disaggregated by gender. Note: Headcount includes full-time, part-time, casual and contract staff. Key: 0 = CEO, -1 = directors who report to CEO, -2 to -7 = direct reports of the level above.

Diversity and inclusion – gender and intersectional insights

For intersectional insights, the survey shows that **54 respondents do not identify as Aboriginal or Torres Strait Islander**, one team member identifies as Aboriginal or Torres Strait Islander and 8 people replied that they preferred not to say. Two team members identify as living with a disability, **52 people do not live with a disability** and 9 people preferred not to say. The Survey illustrates gender identity is strongly binary with 45 Women and 14 men aligning to clear orientations. **44 respondents are heterosexual**, 17 people preferred not to say and one asexual and one bisexual response illustrate limited diversity of experience.

When asked if there is a **positive culture within my organisation in relation to employees with disability, 85% of respondents agreed or strongly agreed that this was the case.** Strong levels of positive experiences are evident in relation to questions **of positive culture in relation to employees from the LGBTIQ+ community with 82% of the survey responses agreeing or strongly agreeing with this question.** The People Matter Survey also asked if **being Aboriginal and/or Torres Strait Islander is not a barrier to success in my organisation and 89% of responses agreed and strongly agreed** with this statement. Similarly, **94% of people responded that gender was not a barrier to success** for their work at Boort District Health. **88%** of responses from the People Matter Survey note that **sexual orientation is not a barrier to success** in my organisation.

Indicator 2: Gender composition of governing bodies

The Boort District Health's governing body is the Board of Directors which has nine members. At 30 June 2021 the Chair of the Board was a woman, with two other Board members also women and the further six Board positions held by men. Further considerations of intersectional approaches to the composition of the governing body will be critical in the future, both to reflect the broader Boort community and to successfully implement the Gender Equality Act 2020.

Indicator 3: Equal remuneration

Breakdown by Gross Base Salary at Boort District Health.

Figure 3 shows the gendered nature of the four gross base salary ranges collected via the People Matter Survey. This data shows that women are clustered at the lowest salary range of below \$65k and that only two women are represented at the two highest salary ranges above \$95k.

Figures for each salary range:

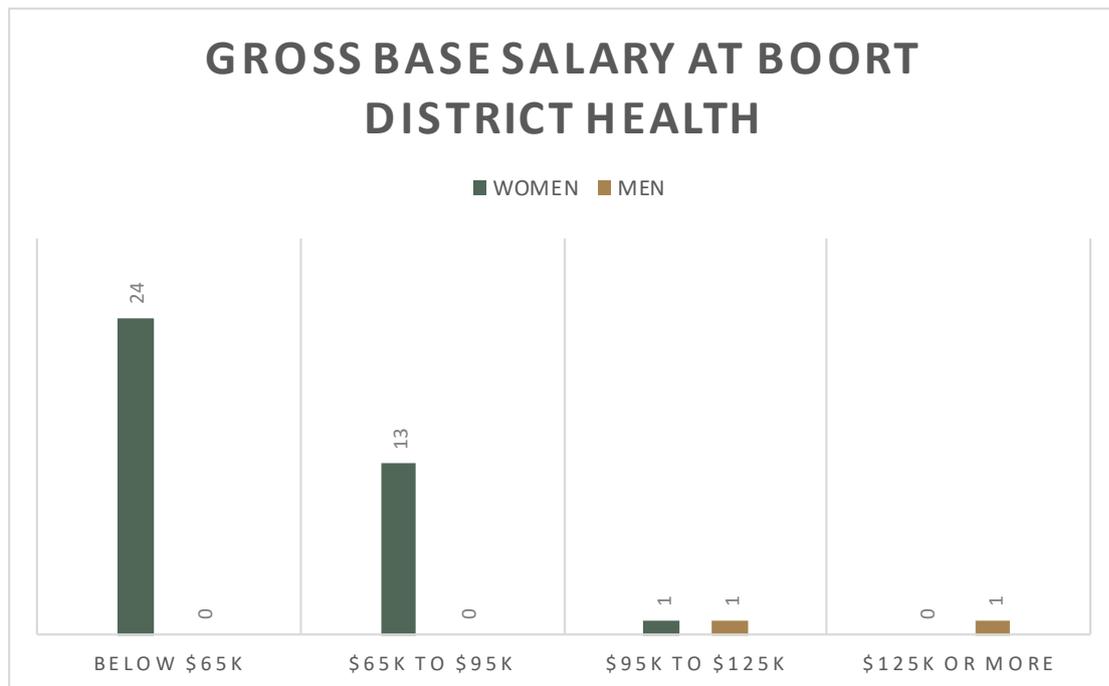


Figure 3. – Gross Base Salary gender disaggregated – People Matter Survey Data

Total Remuneration

This report has calculated the *average* remuneration gap for Boort District Health from the WGA data provided to the Gender Equality Commission, see Figure 4 below. The data suggests some gaps in gendered total remuneration, however further investigation of occupation category coding (ANZSCO) and employment basis will offer further understandings of the layers of remuneration difference and how this is recorded. Very high levels of part-time work must be examined, with only 3 men and 3 women across levels -1 to -7 working full-time.

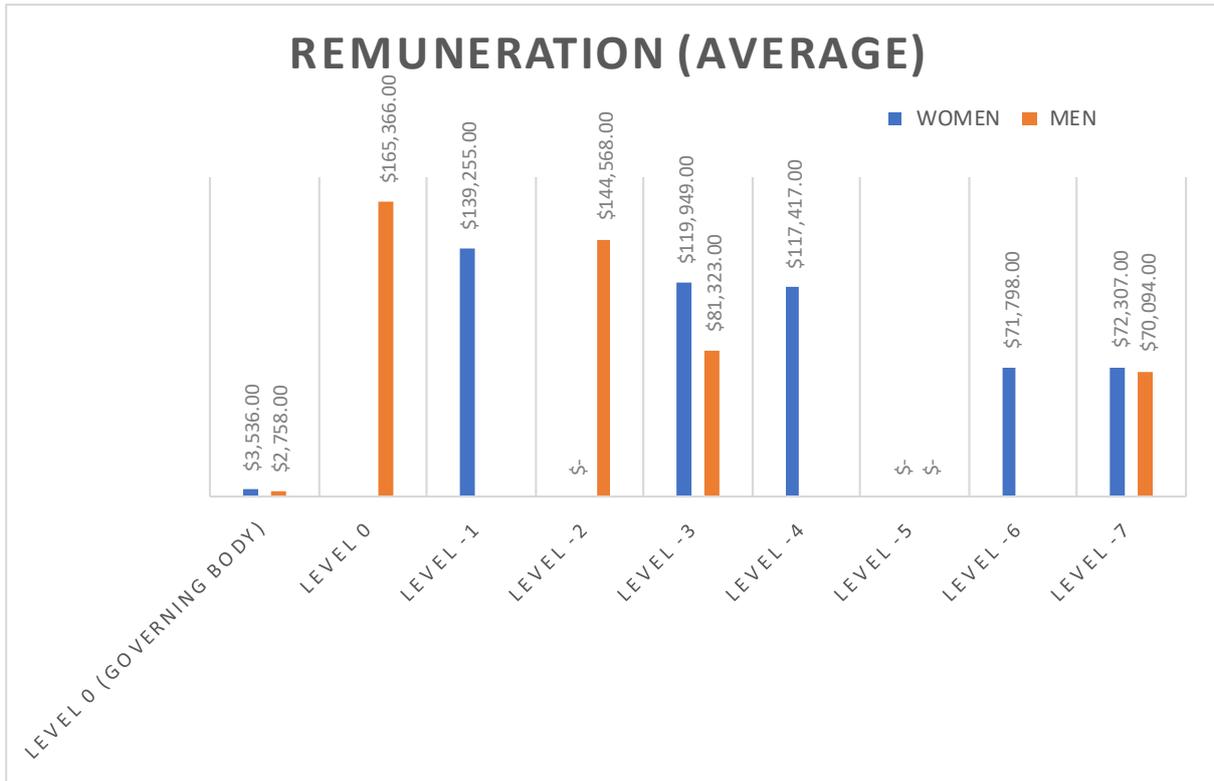


Figure 4. – Average full-time total remuneration gap for categories 1 to -7

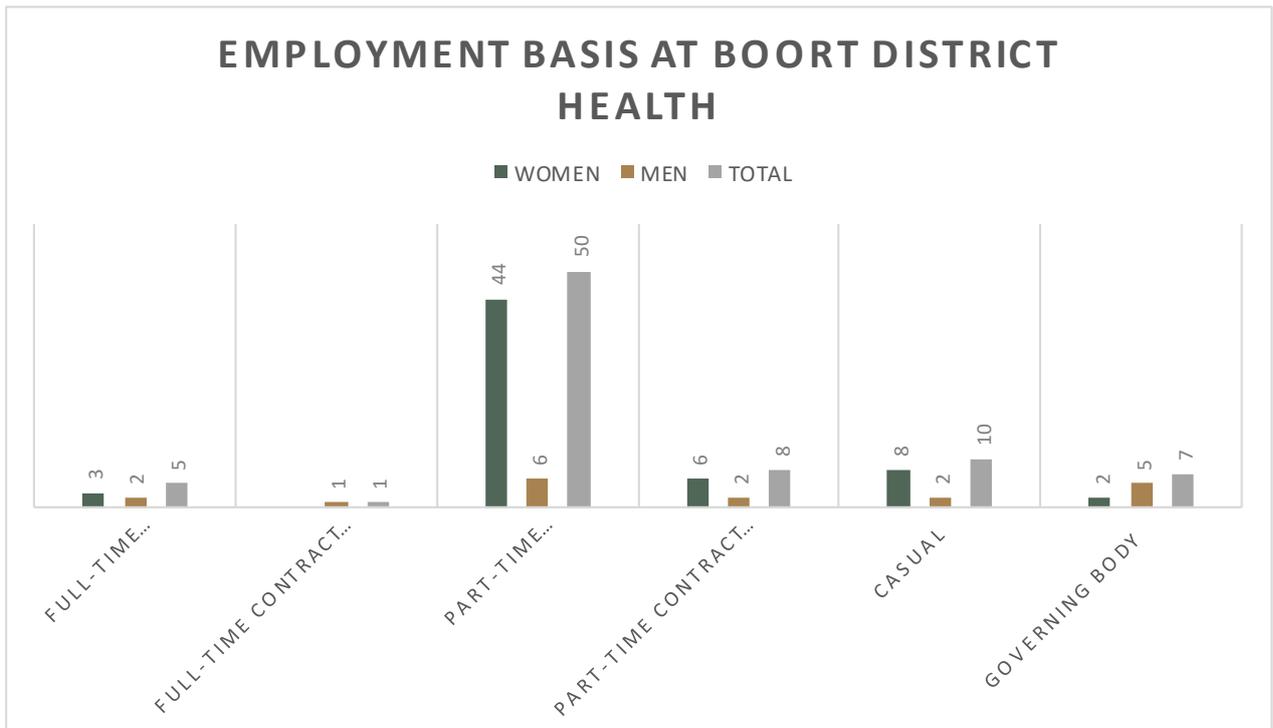


Figure 5. – Employment basis across all levels from 0 to -7

Indicator 4: Sexual Harassment

No formal complaints of sexual harassment have been lodged at Boort District Health in the year to 30th June 2021.

Additional details will be required for future Gender Equality Audits, including

- actions your organisation has taken to prevent future incidents of sexual harassment in the workplace and the mechanism of complaint,
- reviewing internal and/or external processes.

People Matter Survey

In addition to formal complaints of sexual harassment, the People Matter Survey provides a space for the team at Boort District Health to share experiences and concerns in relation to sexual harassment. In response to the survey prompt “During the last 12 months in your current organisation, have you experienced any of the following behaviours at work”, **98% of respondents** said that they had not experienced sexual harassment in the workplace. There were also **no responses of witnessing sexual harassment** in the workplace over the 12 months to 30th June 2021.

Indicator 5: Recruitment and promotion practices

There are significant gaps in the data available and provided to the Gender Equality Commission. No data was available for:

- Composition of people recruited by Level to CEO, Employment basis and Gender
- Composition of permanent promotions by Level to CEO, Employment basis and Gender
- Composition of people who participated in career development training by Level to CEO, Employment basis and Gender
- Composition of people who were awarded higher duties by Level to CEO, Employment basis and Gender
- Composition of people who were awarded internal secondments by Level to CEO, Employment basis and Gender
- Composition of people who exited the defined entity by Level to CEO, Employment basis and Gender

The team will need to address these data gaps before the next Gender Equality Audit due in 2025. In the mean-time the People Matter Survey can provide some insights into this data indicator.

People Matter Survey - Learning and development

Further details regarding training and career development were explored through the *People Matter Survey*. When asked **does “my organisation make fair recruitment and promotion decisions, based on merit?”** **8% of respondents disagree and 78% of respondents agreed or strongly agreed** with this statement. **82% of respondents agreed or strongly agreed** that they are satisfied with the way my learning and development needs have been addressed in the last 12 months. However, **3% disagree and 11% neither agreed or disagreed** with this statement, which potentially shows an area of improvement for the team at Boort District Health.

The survey shows **9% of responses that strongly disagreed or disagreed** with the question, “I feel I have an equal chance at promotion in my organization”, a further **24% neither agreed or disagreed** with this statement and a relatively lower positive response at **67% agreed and strongly agreed** with this statement.

It is suggested that pathways to leadership and promotion be reviewed over the next four years and that professional development supporting career progression be effectively offered and linked to stronger career pathways.

Indicator 6: Utilisation of flexible work and other support practices

Collecting clear data on who is accessing flexible work will help the Boort District Health see what extra support might be needed and the requirement of flexible work options available to the whole team and clearly outlined across the whole of the organisation with successful use of these options promoted widely.

Boort District Health currently has **very limited data available** from existing HR systems and has not been able to report the depth and scope of data required by the Gender Equality Commission.

Additional data required includes;

- Composition of workforce by Level to CEO, Employment basis, Formal flexible working arrangement and Gender
- Composition of senior leaders by Flexible working arrangement type and Gender
- Composition of people who took parental leave, average length of paid leave and average length of unpaid leave by Level to CEO, Employment basis and Gender
- Composition of people who exited the defined entity during parental leave by Exit type and Gender

Data was provided which illustrates that **one woman accessed family violence leave** during the reporting period.

The *People Matter Survey* response shows very strong support for the organisation's family violence leave provisions. The survey question – “My organisation would support me if I needed to take family violence leave”, with **97% of responses** agreeing or strongly agreeing with this statement. It would be useful to review the promotion and understanding of Family Violence Leave across the whole team and ensure that mechanisms for taking up this leave are effective.

The People Matter Survey indicates strong positive understandings of caring across the organisation, with **92% of respondents agreeing or strongly agreeing** with the statement – “My organisation supports employees with family or other caring responsibilities, regardless of gender”.

79% of responses agreed or strongly agreed with the statement – “I have the flexibility I need to manage my work and non-work activities and responsibilities”. Some difficulty with flexible work and managing work-life balance is evident with **5% of responses disagreeing** with this and **16% of responses neither agreeing or disagreeing**. Relative to other measures across the People Matter Survey, this level of dis-satisfaction may indicate the need to address the understanding, equity and access to flexible working arrangement for the team at Boort District Health.

The survey highlights **86%** of responses illustrating confidence in due consideration of requests for flexible work. It is important to note, however, that the wording of this question does not imply that flexible working arrangements would be granted and thus it is important not to deduce this from the responses. The survey also explored balancing caring commitments with work, your organisation recorded **high positive responses of 84%** to the question – “Having caring responsibilities is not a barrier to success in my organisation”. This focus on caring work must also be considered in relation to the very high levels of part-time work across the organisation.

Indicator 7: Gendered work segregation

Figure 6 reflects that the Boort District Health workforce is broadly spread across key occupations reflecting the significant majority of women working at the organisation and the health-care sector more broadly.

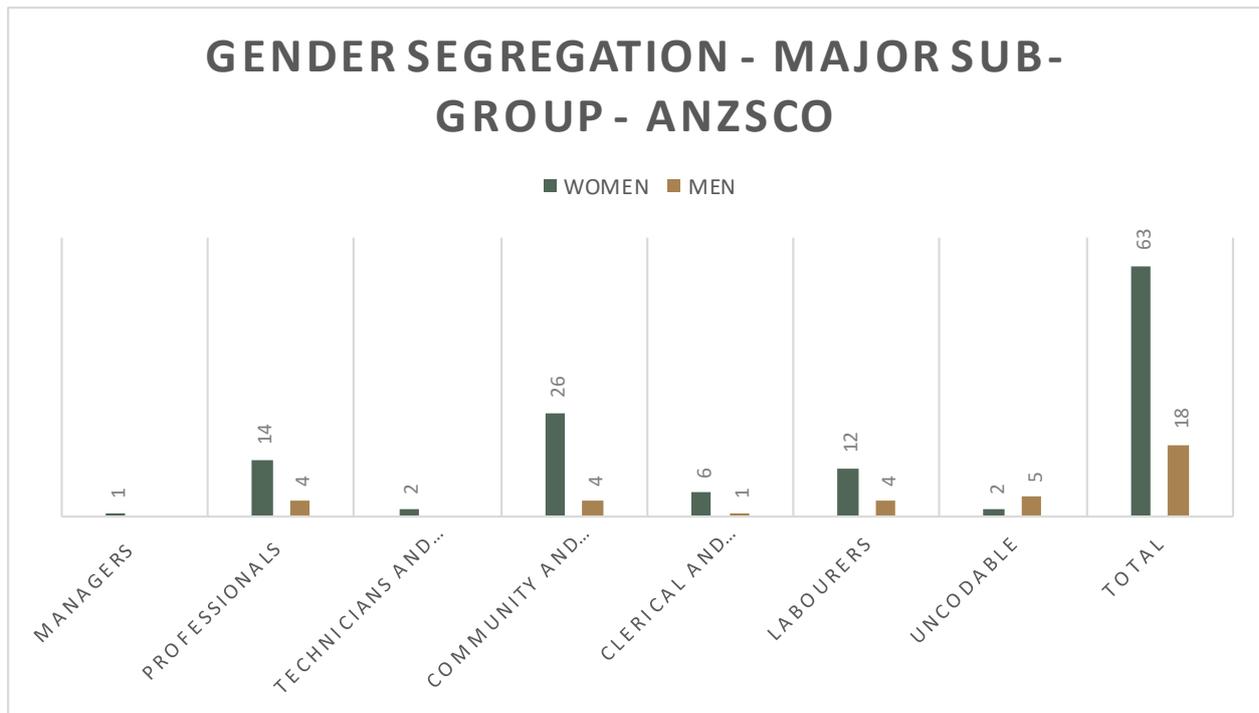


Figure 6. Number of staff within each occupation sub-group by gender.

Remove any personal or potentially identifying information

All information and data is de-identified.

Highlight where data gaps currently exist and your plan for building data collection

Significant gaps in data collection have been highlighted within the Gender Equality Audit process. These include:

- Improve capacity for internal HR storage of intersectional data for the team at Boort District Health.
- Composition of people recruited by Level to CEO, Employment basis and Gender
- Composition of permanent promotions by Level to CEO, Employment basis and Gender
- Composition of people who participated in career development training by Level to CEO, Employment basis and Gender
- Composition of people who were awarded higher duties by Level to CEO, Employment basis and Gender
- Composition of people who were awarded internal secondments by Level to CEO, Employment basis and Gender
- Composition of people who exited the defined entity by Level to CEO, Employment basis and Gender

- Composition of workforce by Level to CEO, Employment basis, Formal flexible working arrangement and Gender
- Composition of senior leaders by Flexible working arrangement type and Gender
- Composition of people who took parental leave, average length of paid leave and average length of unpaid leave by Level to CEO, Employment basis and Gender
- Composition of people who exited the defined entity during parental leave by Exit type and Gender

Additional data gaps to be addressed relate to recruitment processes where we will review ways to request and record intersectional data for new team members. The HR team will improve the recording of professional development completed across the whole organisation by developing internal processes within our existing HR practices. Further data is required to record all leave accessed across the whole organisation by developing internal processes within our existing HR practices.

Boort District Health has joined other small regional health services to combine a data resourcing and delivery system - SAP HR management is facilitated externally by Bendigo Health. This system is designed to streamline and increase efficiencies across similar health services. SAP is a human resources software system that has been a long-term system upgrade; the first outcome delivered is a merger of the combined regional health services HR systems in October 2021. However, this merger did not include provisioning for access to reporting data back to each health service. The second tier of the SAP system process, after merging of the collective data, was to design and generate reporting capabilities. The Loddon Mallee Health Network is currently reviewing the SAP merger and provisioning of data. However, this process has not been finalised in time for critical GE Act data reporting to be available to our organisation from the SAP data system. Due to the external issues associated with the SAP data system Boort District Health has significant limitations due to a lack of responsiveness and information from the SAP system provision.

Outline key insights from applying an analysis of intersectional gender inequality

The key insight in relation to intersectionality for the team at Boort District Health was to undertake training and capacity building in relation to intersectionality. It was evident that a wider understanding of the intersectionality, its benefits and ways that it relates to the Boort community and broader Loddon community will be a critical process over the coming years to build confidence in the application of intersectional approaches.

Outline any other information sources or data that were considered as part of your GEAP development

The Women's Health Atlas⁴ was considered in relation to shaping an understanding of the local community, the demographics and key indicators of gender and rates of violence within the Boort and broader Loddon community.

⁴ [Victorian Women's Health Atlas \(victorianwomenshealthatlas.net.au\)](http://victorianwomenshealthatlas.net.au)

2. Meaningful Consultation and Engagement

Introduction

Boort District Health has an emerging body of existing work that demonstrates a strong commitment to gender equality and inclusion. The community focus outlined in the Strategic Plan 2019-2022⁵ highlights a partnerships and collaborations approach which will assist with the legislated requirements of community engagement. The strategic direction of access and equity and inclusivity, including gender and culture, will provide a strong framework for ongoing work aligned to the Gender Equality Act 2020 obligations.

The organisation is a member of the *Collective Action for Respect and Equality*⁶ (CARE) partnership which aligns work towards gender equality and primary prevention of violence against women across the Loddon Mallee. The CARE partnership may provide access to localised training/workshops and other supports for the team at Boort District Health to implement key elements of the Gender Equality Action Plan. The team's engagement with the *16 Days of Activism* illustrate commitment to gender equality and an emerging understanding of the benefits of gender equality as a critical mechanism for the primary prevention of family violence. The development of the *Healing Garden* also illustrates Boort District Health's ongoing respect and engagement with First Nations culture and to increase the organisations cultural responsiveness.

This report will provide a detailed overview of the consultation process completed at Boort District Health in line with the requirements for 'meaningful consultation' embedded into the Gender Equality Act 2020. The report will;

- outline the consultation process
- detail the excellent conversations shared across each of the three consultation sessions
- offer directions/recommendations for inclusion in the Gender Equality Action Plan

How the consultation was conducted?

Three consultation sessions were held both face-to-face and online and were planned to ensure that a wide range of experiences and views were shared from across the whole Boort District Health team. A face-to-face session was held with the Executive Leadership Team and the Occupational Health and Safety team. The Boort District Health Board of Directors also hosted an online session to hear an overview and update on the GE Act

⁵ [wp0986-boort-strategic-plan-summary.pdf \(bdh.vic.gov.au\)](#)

⁶ [CARE Partnership – Women's Health Loddon Mallee \(whlm.org.au\)](#)

implementation. A third open forum was held face-to-face with the whole Boort District Health team.

Each consultation session provided background to Gender Equality, including international, national and Victorian contexts. This background was critical to support the Boort District Health team to proactively and effectively articulate the benefits of gender equality for the organisation and the whole community. The sessions also outlined links to *Our Watch*⁷ and the primary prevention of violence against women. This overview was designed to respond to resistance to this work and any reticence to change, particularly prevalent in relation to gender equality and transformative change and reiterating why this work is important and that we are all responsible for working towards gender equality and intersectional inclusion.

To support engagement and build capacity, each consultation session also provided foundational information and an overview of the Gender Equality Act 2020. The concept of intersectionality was outlined, intending to build the capacity across the team at Boort District Health in relation to intersectional approaches to this ongoing Gender Equality Act work. Timelines for completion were also outlined, and the ongoing and transformative aims of GE work for Boort District Health. The monitoring and accountability elements of the Gender Equality Act were also shared. The sessions also outlined that the Gender Equality Action Plan will be publicly available and will become an important tool for the organisation to engage its community and encourage recruitment through demonstrating a diverse and welcoming organisation.

The consultation sessions were designed and completed with two clear elements. Firstly, the sessions stepped through each of the seven Gender Equality Act indicators, outlining key elements of the data for each indicator to inform the Boort District Health team of the baseline data and analysis completed. This overview of the key indicators provided the framework for the broader discussion and meet the obligations under the Act to share the Gender Equality Audit data across the organisation and to provide space and time for meaningful consultation. The second element of the consultation process was a facilitated full and frank conversation reflecting on the data analysis presented and seeking feedback and ideas for future work towards gender equality and intersectional inclusion across the organisation.

The consultation forums were facilitated with these initial questions raised to encourage engaging and open discussion;

⁷ [Our Watch home | Preventing violence against women and their children - Our Watch](#)

- How can we encourage and support women and men to take up non-traditional roles?
- What training and professional development would be helpful?
- How can we improve the system for understanding and reporting sexual harassment?
- Reflections on the very high level of part-time work across the organisation.
- How can we improve the promotion opportunities for the team?
- Are you surprised by any of this data?
- Additional comments?

The consultation sessions extended discussion to seek any additional comments, experiences or opinions to build on the strong discussions based on the questions outlined above. These conversations were facilitated by a PowerPoint slide presentation developed to shape the communication of the baseline data and also to engage with attendees. This PowerPoint presentation is attached to this report. Dr. Genine Hook from Gender Equality Regional Consultancy was appointed to facilitate all consultations sessions and designed the presentation content, delivery and shaped the initial questions for discussion and also facilitated broader discussion.

Each of the three consultation sessions were provided with the same overview of the baseline audit data, combining data from the *People Matter Survey* and internal Boort District Health HR data. The strength of high responses to the *People Matter Survey* was noted with 79% of the Boort District Health team responding to the survey, ensuring the survey data strongly reflects the experiences and opinions of the whole team.

[Extended details of each of the three consultation sessions](#)

The following section provides the details of the depth and scope of the discussion across each of the three consultation sessions with the Boort District Health team. It is important to record the detailed conversation and experiences which provides insight and builds momentum for ongoing gender equality, intersectional and transformative work at Boort District Health.

[Consultation Session #1 1pm 21st March 2022 - Executive Leadership Team & OHS Committee](#)

This consultation session provided an overview of the Gender Equality Act for senior leaders, including the CEO, and OHS representatives. The GE Audit baseline data was outlined and discussed and the background and context for gender equality work across the organisation was shared. This background and context are critical to understanding the

current environment and in setting the scene for the future work towards gender equality, intersectional approaches and the implementation of the Gender Equality Act.

This session demonstrates the very strong and engaged leadership with excellent capacity for shaping the implementation of the Gender Equality Act for the whole Health. Currently, the majority of all executive leadership positions are held by women, including a recently appointed CEO.

This session highlighted very high levels of part-time as an important factor to examine through the Gender Equality Action Plan implementation. Training and professional development across the team was highlighted as an important foundation for gender equality work. Strong historic engagement with the 16 Days of Activism and the development of the Healing Garden were discussed as illustrative of the organisation's engagement and commitment to Gender Equality. Leaders advised that more details and support is required across the team for building capacity in relation to intersectional approaches to inclusion and diversity.

A detailed discussion of the Composition of the Governing body indicator was shared, which acknowledged that Board appointments were solely the remit of the Department of Health with the internal team at Boort District Health having no influence on the composition of the Board.

Consultation Session #2 6.30pm 23rd March 2022 – Boort District Health Board of Directors. Dr. Genine Hook, from Gender Equality Regional Consultancy, presented to the Board of Directors, including the Chair, to provide an overview of the GE Audit baseline data and respond to any questions relating to the process and implementation of the GE Act. This presentation was the second the Board of Directors has received in relation to the GE Act, which ensured that Board members were aware of the foundations of the GE Act and the organisations obligations.

All Board members were provided the Gender Equality Audit Analysis Report for reference before this session. Context for the GE Act was briefly outlined, including the nation's gender pay gap, gaps in superannuation, gender equality as one of the drivers of family violence and the ongoing trauma of family violence. Intersectionality was also outlined and noted that further training would be required across the team. It was noted that targets and quotas are available within this legislative approach and that the GEAP will be publicly available linking the process and progress to broader accountability.

The session presentation outlined the key data and provided the overview of the consultation process and next steps for finalising the Gender Equality Action Plan. A particular focus was

the timeline for submission and ensuring that the Gender Equality Action Plan was on track for submission by the due date. Social structures of gender and workplace roles particularly for the health sector were acknowledged with a balance of contextual understandings and ways the team at Boort District Health can address these structural issues within the remit of the team and within the Boort context. Challenging conventional and gendered roles and strong People Matter Survey response and positive responses were noted as indicative of a broader positive culture across the team. Very high levels of part-time work and significant gaps in data recording and access was raised as concerning and critical to address over the implementation of the first GEAP.

Consultation Session #3 1pm 25th March 2022 – Open Forum for all Boort District Health Staff.

This consultation session was held face-to-face at the Day Centre on site at Boort District Health. The session was introduced and attended by the CEO illustrating the commitment of leadership to Gender Equality work to the broader team. All staff were encouraged and supported to attend with lunch also provided, this ensured that the session was well attended by staff representative of the workforce.

The session acknowledged the rural context of Boort District Health's everyday work and provided a strong overview of the state-wide scope of gender equality, placing its importance within a framework of primary prevention of violence against women and current gender pay and superannuation gaps. This background was important to frame the content of the session and to encouraged engagement. The reporting requirements and timelines for submission were outlined and the requirement for meaningful consultation was acknowledged as critical to the Gender Equality Action Plan completion and submission by 31st March 2022.

Intersectionality was discussed in some detail, with examples drawn on to illustrate intersectional approaches to disadvantage with social locations and challenging a single-story of disadvantage. Regional and rural perspectives was also linked to intersectional frameworks of understanding experiences and working towards tailoring workplace responses to broadening diversity and inclusion through an intersectional approach. Additional training in relation to gender equality and intersectional approaches was noted as an important element of the ongoing work for the team.

The session stepped through each of the seven key data indicators with gaps in the data noted. The structural norms associated with the health sector was reflected in the data. Scholarships, targeted professional development and mentoring were offered as mechanisms to address the strong gendered workforce over the next four years.

Very high levels of part-time work were detailed and the reporting of total remuneration was outlined for the team. The presentation included part-time/casual data to provide evidence of the significantly high rates of part-time work. Across the 81-member team at Boort District Health, 50 work part-time, 8 are employed on a part-time contract basis, 10 team members are casual, which equates to 68 from the 81-member team working in either part-time or casual positions, this is 84% of the overall team. A further discussion of the gendered norms of part-time work for women, including intensified caring responsibilities was also raised to provide depth and prompt reflections from the attendees. Further consideration and review of pay levels for different roles across the organisation with a particular focus on the low rates of pay for women in traditional and/or part-time roles.

There was a general consensus that part-time work suited most members of the team, with a sense that most employees were permanent part-time and that this was the role they had been employed at originally, in some cases 20 years earlier. It was also noted that the previous Executive and Board at Boort District Health made a decision to not offer full-time positions, unless it was mandated within the EBA, this was a strategy to manage financial constraints experienced at the time.

The rural and geographic isolation of Boort was discussed in detail across this session in relation to the limits of access to everyday needs such as shops and fuel. It was shared that part-time work enabled the team to manage and access everyday family responsibilities given that outside hour's access was extremely limited beyond long distance travel. It was shared that part-time work is a critical way many of the team at Boort District Health sustain living in a very small and geographically isolated township.

It was also noted that the high level of part-time work may be restrictive in recruiting people from outside the Boort district as few people would be able to relocate for a position that is offered only on a part-time basis. Off farm income was also highlighted as a benefit of part-time work. Consideration of career progression and promotion based on fully developing a wide range of skills for further positions for long-term team members who work part-time may also be important for retention and leadership capacities across the workforce.

Conventional gendered segregated roles across the team were acknowledged, with a discussion of social structures and histories of normative occupations offered as a starting point to review ways that Boort District Health can begin to address the clear gendered lines of work that is currently experienced. Profiling people in non-traditional roles and widening direct support for training and equipment were offered as examples of how this work may be implemented. The 'if you can't see it, you can't be it' mechanism for supporting non-traditional roles to be filled by diverse peoples was shared as a possible prompt for change.

The Environmental Services team is undertaking an upskilling process that will ensure all workers have similar training and therefore opportunities, via completion of Certificate level qualifications, which will meet the standards for Health services and also build capacity across the team. This training can be offered as a support and encouragement for women and gender diverse peoples to opt into these roles when they become available. It was noted that the language and description of position descriptions associated with conventional roles could be reviewed to ensure that these roles are considered by diverse peoples and are not only directed to male applicants following historic gender norms attached to particular roles in the organisation.

Professional development and training were discussed in relation to health workers, on shifts and within a very small team to enable time and space for the ongoing training requirements of the team. It was noted that some team-members have less access to online technology which can limit training options, the team have an internal Workplace Trainer to reduce the reliance on the need to travel long distances to attend training and also reduces the costs of hosting training from an external source which would often require significant travel. Rosters to cover staff training and a minimum of three hours of pay required for training, particularly for nursing and front-time staff working on shift basis was also noted as a limitation to training access and completion. The increase in online options through COVID-19 restrictions, moving away from paper-based systems and providing private spaces with access to technology for all team members are examples of ways the organisation can improve professional development capacity across the team.

While no experiences of sexual harassment were recorded, it was shared that humour was often adjacent to experiences of sexual harassment and that experiences for men in a workplace with a disproportionately high level of women could influence the experiences of male workers. A discussion about the way Boort District Health is reflective of the broader Boort community was shared with an understanding that the community remained very traditional rural and farming-based. The local school, with a majority of women as teachers and opening up the possibilities for student careers was noted, with improvements made over the last years within families and the school offering diverse pathways outside gendered norms.

A lack of childcare available in Boort was mentioned as a critical issue in relation to part-time work options and for women returning to work with school-hours being relied on for many families to balance work and home life. The current fuel spike was offered as being a critical issue for workers who travel from outside the Boort township. In relation to recruitment and encouraging workers to the organisation, it was noted that Boort has no rental properties

available and is geographically placed to make commuting very difficult and costly. Personal privacy and outside of work hours' engagement with the community was also shared as a contextual factor for health staff in very small communities. These contextual factors were outlined as critical for gender equality and intersectional inclusion and for the successful implementation of the Gender Equality Act for the organisation.

Gender Equality Action Plan: directions/recommendations for transformative change

The following section offers important recommendations for actions towards gender equality, intersectional approaches and to meeting the requirements of the Gender Equality Act 2020. These recommendations are in response to both the Gender Equality Audit data and also the three consultation sessions, building on the in-depth, open and generous contribution made by the Boort District Health team who engaged with the consultation process.

It is strongly suggested that Boort District Health's Gender Equality Action Plan be strategically mindful of the current context and capacity in relation to gender equality and to chart an action plan that is manageable and achievable over the next four years.

The following suggested recommendations are nominated in direct relation to each of the seven key data indicators legislated for in the Gender Equality Act 2020.

Indicator 1 - Gender composition at all levels of the Boort District Health workforce

Recommendation – review internal mechanisms and strong pathways for diverse team members to move into non-traditional roles within the organisations, i.e. – professional development.

Recommendation – review and improve data collection, recording and storage capacity, particularly in relation to intersectional data.

Recommendation – regular profiling of Boort District Health staff who are employed in non-traditional roles to promote successful career options.

Recommendation – to continue the review of recruitment processes, including language of position descriptions and where Boort District Health advertises all positions, including the promotion of flexible work.

Recommendation – examine costs and internal structures for offering traineeships, apprenticeships, bursaries, scholarships, targeted to improve representation of gender and intersectionality.

Recommendation – conduct a Disability Audit to demonstrate commitment to inclusion and diversity for people living with a disability.

Indicator 2: Gender composition of governing bodies

Recommendation - Offer and promote local and regional mentoring and leadership opportunities.

Recommendation – regular profiling of Boort District Health Board members to encourage local people to consider board membership.

Indicator 3: Equal remuneration

Recommendation – review and respond to the high levels of part-time work for women and ways to ensure women have access to career progression and that men have access to part-time work.

Recommendation – Review Remuneration gaps across all levels, including ANZCO coding and part-time work factors.

Indicator 4: Sexual Harassment

Recommendation – Review and strengthen staff induction content and processes to strengthen the focus on combatting sexual harassment.

Recommendation – Investigate external training to be provided to all Boort District Health team members to outline what sexual harassment is and the costs to the team and the organisation.

Recommendation – Review and strengthen all staff awareness of the reporting of sexual harassment mechanism at Boort District Health with a particular focus on confidentiality to counter the sense that reporting sexual harassment may be damaging to career progression.

Recommendation – Domestic Violence Responding to Disclosures Training for key people across the organisation⁸

Recommendation – provide access for Boort District Health staff members to engage with and complete Bystander Action and Unconscious Bias training.

Recommendation – provide access for Boort District Health staff members to engage with and complete Unpacking Resistance training⁹

Recommendation – set a strong target for completion of Everyday Sexism training across the Boort District Health workforce.

⁸ [Course Details | Safe and Equal](#)

⁹ [Course Details | Safe and Equal](#)

Recommendation – set annual frameworks and targets for all Leaders, Managers and Co-ordinators at Boort District Health to complete gender equality and intersectionality training.

Recommendation – research and review an external ‘speak-up’ service, for independent/external service for reporting sexual harassment and other problematic behaviours.

Indicator 5: Recruitment and promotion practices

Recommendation – exit interviews to include the GE Act indicators and intersectional data questions to build a data set and qualitative understandings of who is leaving the organisation and why.

Recommendation – exit interviews to be offered in both online and face-to-face capacities to increase the data set and understanding of who and why people exit the organisation.

Recommendation – review and streamline professional and career development offerings. Improve the mechanism of recording of who attended training/workshops and what training/workshops staff engaged with across the whole Boort District Health team.

Recommendation – Review the development of bi-annual three-hour professional development program.

Recommendation – Review the provision of a private space with online computer technology for all staff access to strengthen access to training and professional development.

Recommendation – provide Unconscious Bias training to all staff with responsibilities to sit on recruitment panels.

Recommendation – engage with the Rainbow Tick¹⁰ program to support inclusion for the queer community, both internally and externally.

Recommendation – review the internal promotion and secondment process to increase transparency and access across the whole Boort District Health team.

Indicator 6: Utilisation of flexible work and other support practices

Recommendation – review flexible leave and work arrangements access for equitable access and application mechanism.

¹⁰ <https://www.rainbowhealthvic.org.au/training-programs/online-and-remote-training-options>

Recommendation – increase the visibility and the benefits of utilising the Boort District Health’s formal flexible work arrangements – including mechanisms to profile both men and women using flexible work practices.

Recommendation – to continue to build the awareness of Family Violence and particularly the primary prevention of family violence. Including engagement with *16 Days of Activism* and *International Women’s Day*.

Recommendation – strengthen the awareness across the whole Boort District Health team of the provisions of Family Violence Leave and the process to access this leave.

Indicator 7: Gendered work segregation

Recommendation – to complete a review and/or pilot project to find out what works in promoting non-traditional work. Establish a target attached to one or two key traditional roles that will increase engagement across all genders over the next four years.

Recommendation – increase targeted professional development and training for staff members who express interest in transitioning into non-traditional work roles across the organisation. Annual EOI process could be established to support this mechanism of cultural change towards disrupting conventional gender norms for roles across Boort District Health.

Recommendation – complete a review of accessible and gender-neutral bathrooms across the Boort District Health workspaces.

Recommendation – review the capacity and benefits of completing a Reconciliation Action Plan¹¹.

Recommendation – review and extend across the whole team the Acknowledgement of Country.

¹¹ [Reconciliation Action Plans - Reconciliation Australia](#)

3. Case for Change

Boort District Health is located within the Loddon Shire Council on the lands of the Dja Dja Wurrung and Jarra First Nation peoples. The ABS Census 2016¹² shows that 1.3% of women and 1.4% of men identify as Aboriginal or Torres Strait Islander, which is lower than the wider Loddon Mallee average, but higher than the wider Victorian average. The *Healing Garden* and strong links to First Nations and broader community are important foundations for meeting the intersectional frameworks required for the Gender Equality Act implementation. Local First Nations Elders were central to the planning and design of the Healing Garden which will feature Indigenous plants as a visible and ongoing mark of respect for First Nations culture. The Healing Garden project has also enabled stronger links with the local Boort P-12 school with students joining the project to provide artwork and murals for the open and accessible space. These community connections are demonstrations of the success of small organisations in linking health services to the whole of community in sustaining and respectful ways.



Image – First Nations acknowledgement plaque at Boort District Health

The Gender Equality Act 2020 will also have a direct and significant impact on the organisations focus on preventing all forms of family violence, because increasing gender

¹² [Victorian Women's Health Atlas \(victorianwomenshealthatlas.net.au\)](http://victorianwomenshealthatlas.net.au)

equality and raising community and organisational knowledge about gender equality and family violence will begin to address its prevalence in our community. The Women's Health Victoria Atlas¹³ data shows that the Loddon community records lower levels of family violence compared to the wider Loddon Mallee area and state-wide across Victoria. The rate of 115.77 women reporting family violence in the Boort District Health area equals the number of victim reports in 2020, where incidents were attended by Victoria Police (L17 form completed), per LGA, per 10,000 total persons. This is compared to 146.3 women across the Loddon Mallee and 123.2 per 10,000 people across Victoria. In 2020 there were 87 reported incidents of family violence, in 2021, 52 cases were reported. The Gender Equality Act is designed to respond to family and domestic violence with Boort District Health able to contribute to this work through offerings of workshops and training, family violence leave and demonstrated links to the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV)¹⁴ program.

The Gender Equality Act 2020 can also have an important impact on recruitment and promotion at Boort District Health and creates a mechanism for action to enhance the retention and workforce diversity across the team.

Vision Statement

Our Vision is to embed Gender Equality and Intersectional approaches across organisational structures and build confidence and engagement for gender equality work across our workforce. We are a workplace that accepts and values the contributions of all employees regardless of gender identity, ethnicity, sexual orientation, religion, age, race or ability.

We will take actions to advance gender equality outcomes to form part of our culture and business processes. We aim to build on our existing foundation of inclusion and diversity towards developing an organisational culture that reflects the broad and diverse Boort and Loddon community.

Our vision is to contribute to our community which is free from violence and discrimination based on gender, where people are respected and safe to participate in all aspects of work and community life. We aim for our workplace and community to be one where individuals are valued and have equal access to the resources they need to succeed and where gender is not a determining factor to success, inclusion and economic equality.

¹³ [reports/factsheets/Violence Against Women/Loddon/VWHAtlas Fact Sheet Violence Against Women Loddon.pdf](https://reports/factsheets/Violence%20Against%20Women/Loddon/VWHAtlas%20Fact%20Sheet%20Violence%20Against%20Women%20Loddon.pdf) (victorianwomenshealthatlas.net.au)

¹⁴ [Strengthening Hospital Responses to Family Violence \(SHRFV\) Tool Kit | The Royal Women's Hospital](https://www.thewomens.org.au/resources/strengthening-hospital-responses-to-family-violence-shrfv-tool-kit) (thewomens.org.au)

4. Strategies and measures

| Indicator 1 – Gender composition at all levels of the Boort District Health workforce | | | |
|--|--|---------------------|--------------------|
| Objective | Strategic Initiative | Responsible Officer | Due Date |
| 1.1. Develop & Implement gender equality policies, practices and data collection across the organisation | Review and improve employee data collection, recording and storage capacity, particularly in relation to intersectional data. | HR | Year 4 |
| | Improve collection and storage of recruitment data by occupational level, employment basis and gender | HR | Year 4 |
| | Improve collection and storage of permanent promotions by occupational level, employment basis and gender | HR | Year 4 |
| | Improve collection and storage of career development training by occupational level, employment basis and gender | HR | Year 4 |
| | Improve collection and storage of composition of people who were awarded higher duties by Level to CEO, Employment basis and Gender | HR | Year 4 |
| | Improve collection and storage of composition of people who were awarded internal secondments by Level to CEO, Employment basis and Gender | HR | Year 4 |
| | Improve collection and storage of composition of people who exited the defined entity by Level to CEO, Employment basis and Gender | HR | Year 4 |
| 1.2. Increase the visibility of women, men and gender diverse people in non-traditional roles | Regular profiling of staff who are employed in non-traditional roles to promote and encourage varying career opportunities. | HR | Year 1 and ongoing |
| | Review internal mechanisms and strong pathways for diverse team members to move into non-traditional roles within the organisations, i.e. – professional development | Management Team | Year 3 |
| | Examine costs for offering traineeships, apprenticeships, scholarships, targeted to improve representation of gender and intersectionality. | Management Team | Year 2 |
| 1.3. Appropriate use of gender neutral and inclusive languages and diverse images in BDH communications | Review recruitment processes, including language of position descriptions and where positions are advertised. | HR | Year 1 |
| | Review community engagement processes, including the use of diverse images and gender-neutral language. | HR | Year 2 |
| 1.4. Leadership commitment to gender and intersectionality equality | Conduct a Disability Audit to demonstrate commitment to inclusion and diversity for people living with a disability | HR | Year 3 |

Indicator 2 – Gender composition of governing bodies

| Objective | Strategic Initiative | Responsible Officer | Due Date |
|---|---|---------------------|----------|
| 2.1. Increase the visibility of women and people of diverse genders as Board members. | Offer and promote local and regional mentoring and leadership opportunities. | Management Team | Year 2 |
| | Regular profiling of Boort District Health Board members to encourage local people to consider board membership including promoting Open Access Meetings. | Management Team | Year 3 |

Indicator 3 – Equal remuneration

| Objective | Strategic Initiative | Responsible Officer | Due Date |
|----------------------------------|--|---------------------|----------|
| 3.1. Decrease the gender pay gap | Review the high levels of part-time work for women and any barriers preventing career progression. | HR | Year 2 |
| | Review remuneration gaps across all levels, including ANZCO coding and part-time work factors. | HR | Year 3 |

Indicator 4 – Sexual harassment

| Objective | Strategic Initiative | Responsible Officer | Due Date |
|--|---|---------------------------|-----------------|
| 4.1. Provide a workplace free from sexual harassment, bullying and discrimination. | Review staff induction content and processes to strengthen the focus on understanding and preventing sexual harassment. | Internal Training Officer | Year 1 |
| | Investigate external and internal training options to be provided to Boort District Health team members on topics such as sexual harassment, bullying, discrimination and bystander action. | Internal Training Officer | Year 1 |
| | Review and strengthen staff awareness of the process for reporting sexual harassment, bullying and discrimination across the organisation. | HR | Year 3 |
| | Set an annual training target for all Leaders, Managers and Coordinators to complete gender equality and intersectionality training. | Management Team | Years 1 & 2 |
| 4.2. Maintain an awareness and promote | Provide training focused on the prevention of Domestic Violence and Everyday Sexism to 25% of Boort District Health staff ¹⁵ . | HR | Years 2, 3 & 4. |

¹⁵ [Safe and Equal | Standing strong against family violence](#)

| | | | |
|---|---|---------------------------|--------------------|
| prevention of violence against women and intersectionality. | Provide access for staff members to engage with and complete training such as Unpacking Resistance and Unconscious Bias. | HR | Year 2 |
| | Continue to build the awareness of Family Violence, including engagement with 16 Days of Activism and International Women's Day. | Management Team | Year 1 and ongoing |
| | Domestic Violence Responding to Disclosures Training for key people across the organisation | Internal Training Officer | Year 2 |
| | Research and review an external 'speak-up' service, for independent/external service for reporting sexual harassment and other problematic behaviours | Internal Training Officer | Year 3 |

Indicator 5 – Recruitment and promotion practices

| Objective | Strategic Initiative | Responsible Officer | Due Date |
|--|---|---------------------------|----------|
| 5.1. Gender Impact Reporting including data review indicators to determine staff turnover. | Investigate the option for exit interviews to include the Gender Equality Act indicators and intersectional data. | HR | Year 1 |
| | Exit interviews to be offered in both online and face-to-face capacities. | HR | Year 1 |
| | Review and streamline professional and career development offerings. Improve the mechanism of recording of who attended training/workshops and what training/workshops staff engaged with across the whole Boort District Health team | HR | Year 2 |
| | Review the development of bi-annual three-hour professional development program. | Management Team | Year 2 |
| | Review the provision of a private space with online computer technology for all staff access to strengthen access to training and professional development | Management Team | Year 2 |
| 5.2. Increase attraction for recruitment of diversity in the workplace. | Engage with the Rainbow Tick program to support inclusion for the LGBTQIA+ community, both internally and externally. | Management Team | Year 3 |
| 5.3. Strive to achieve equitable outcomes in all recruitment and promotions. | Provide Unconscious Bias training to all staff with responsibilities to sit on recruitment panels. | Internal Training Officer | Year 2 |
| | Review the internal promotion and secondment process to increase transparency and access across the whole Boort District Health team. | Management Team | Year 4 |

Indicator 6 – Utilisation of flexible work and other support practices

| Objective | Strategic Initiative | Responsible Officer | Due Date |
|---|--|---------------------|----------|
| 6.1. Increase awareness of flexible work arrangements | Review flexible leave and work arrangements application process to ensure equitable access. | Management Team | Year 2 |
| | Increase the visibility and the benefits of utilising BDH's formal flexible work arrangements to all employees regardless of gender. | HR | Year 1 |
| | Explore training for managers to understand the opportunity for successful utilisation of flexible work arrangements within their teams. | HR | Year 2 |

| | | | |
|---|---|-----------------|--------|
| 6.2. Provide support for parental leave, family violence leave and carers leave | Strengthen the awareness across the organisation of the provision of Family Violence Leave and the process to access this leave. | Management Team | Year 1 |
| | Support carers to return to work after parental leave and take steps to minimise disruption to their career progression. | Management Team | Year 2 |
| 6.3 Develop & Implement gender equality data collection across the organisation | Improve collection and storage of composition of workforce by Level to CEO, Employment basis, Formal flexible working arrangement and Gender | HR | Year 4 |
| | Improve collection and storage of composition of senior leaders by Flexible working arrangement type and Gender | HR | Year 4 |
| | Improve collection and storage of composition of people who took parental leave, average length of paid leave and average length of unpaid leave by Level to CEO, Employment basis and Gender | HR | Year 4 |
| | Improve collection and storage of composition of people who exited the defined entity during parental leave by Exit type and Gender | HR | Year 4 |

| Indicator 7 – Gendered work segregation | | | |
|---|--|---------------------|--------------------|
| Objective | Strategic Initiative | Responsible Officer | Due Date |
| 7.1. Provide professional development on gender, intersectionality and inclusion. | Increase targeted professional development and training for staff members who express interest in transitioning into non-traditional work roles across the organisation. | Management Team | Year 1 and ongoing |
| | Annual EOI process to be established to support this mechanism of cultural change towards disrupting conventional gender norms for roles across the organisation. | Management Team | Year 2 |
| 7.2. Increase gender and intersectionality awareness and support | Review the options and funding availability to assist with accessible bathrooms across the organisation. | Management Team | Year 3 |
| | Complete a pilot project to find out what works in promoting non-traditional work. | Management Team | Year 2 and 3 |
| | Ensure the working environment is inclusive of gender and intersectionality needs, with new staff and existing staff appropriately supported. | Management Team | Year 4 |
| | Review the capacity and benefits of completing a Reconciliation Action Plan . | Management Team | Year 4 |
| | Review and extend across the whole team the Acknowledgement of Country | Management Team | Year 2 |

5. Leadership and resourcing your GEAP

| Years | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|
| People Matter Survey | Staff gratuity \$ \$450 | Staff gratuity \$ \$450 | Staff gratuity \$ \$450 | Staff gratuity \$ \$450 |
| Gender Equality Audit Report | GERC \$3000.00 | | | Internal \$1000.00 |
| Gender Equality Consultation | GERC \$3000.00 | | | Internal \$1000.00 |
| Gender Equality Action Plan | GERC \$3,240.00 | | | Internal \$2000.00 |
| Gender Equality and Intersectional Training | \$2000.00 (\$100X20staff per year) | \$2000.00 (\$100X20staff per year) | \$2000.00 (\$100X20staff per year) | \$2000.00 (\$100X20staff per year) |
| Implementation of the GEAP | EFT 0.1 | EFT 0.1 | EFT 0.1 | EFT 0.1 |
| Monitoring and Reporting on the GEAP | | EFT 0.02 | | EFT 0.02 |
| Consultations and External Support | GERC ¹⁶ - GEAP - \$9,240.00 GERC - GIA – 7,920.00 | | | |

¹⁶ Gender Equality Regional Consultancy engaged in Year 1.

Measuring Progress

The Management Team will monitor progress of the Gender Equality Action Plan on a quarterly basis within the existing meeting schedule.

The Boort District Health Board of Directors will be provided with updates on the progress of the Gender Equality Action Plan on an annual basis.

A report will be produced annually that will provide updates on the progress of each strategy and measure. The first GEAP progress report will be submitted by 31st October 2023.

Appendix 1.

PowerPoint presentation supporting the Boort District Health consultation process



Gender Equality Act 2020

Workplace Gender Audit

Presented to : Boort District Health
Presented by: Dr. Genine Hook, Gender Equality Regional Consultancy

Overview

Why Gender Equality is important for us all

- The World Economic Forum's 2021 Global Gender Gap Index placed Australia at 50, six places lower than 2020 and down from 24 in 2014.
- Currently, Australia's national gender pay gap is 14.2%.
- On average, women earn \$261.50 less per week than men.
- Women currently retire with 47% less superannuation than men.
- 62% of ASX300 companies have no women in line roles in their executive leadership teams.
- 1 woman is killed nearly every week in Australia due to family violence.
- Victoria Police attended 93,440 incidents of family violence in the year ending 30th June 2021.

Overview

Gender Equality Act 2020

- The Gender Equality Act enacted on 25 February 2020.
- The Act aims to improve workplace gender equality across the Victorian public sector including hospitals and health services, universities, and local councils.
- The Act aims to level the playing field so that Victorians can have equal rights, opportunities, responsibilities, and outcomes.
- Intersectionality = gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience



Dr. Genine Hook
Commissioner for Gender Equality in the Public Sector

Gender Equality Act 2020

Timeline of obligations



Timeline of obligations:

- 2021: Add and enhance obligations, Develop OGE guidance
- 2022: Conduct data for public sector, Review OGE guidance
- 2023: Review OGE guidance, Review OGE guidance
- 2025: Conduct data for public sector, Review OGE guidance
- 2027: Review OGE guidance, Review OGE guidance

Gender Equality Act 2020

Obligations





Workplace Gender Audit

- Required every year that you do a Gender Equality Action Plan.
- Results must be included in your Gender Equality Action Plan (GEAP)
- Must use gender-disaggregated and intersectional data to explore:
 - The workplace gender equality indicators
 - Any gender equality targets, or quotas prescribed to the entity
 - Disadvantage or discrimination based on intersectionality
 - Any other matters the entity deems relevant
 - Must incorporate "Meaningful Consultation" – unique voice and experiences of the team at Boort District Health.



Outline your strategies and measures

- Directly connected to your base line date**
 - Collect & collate
 - Analyse
 - Set base-line
- Group & align to GE Act indicators**
 - Gender composition at all levels of the workforce
 - Gender composition of governing bodies
 - Gender pay equity
 - Workplace sexual harassment
 - Recruitment and promotion
 - Leave and flexibility
 - Gendered work segregation
- Demonstrate "reasonable and material progress"**
 - Remember you have to publicly report

Indicator 1

Gender Composition

Boort District Health has 63 women and 18 men currently employed, with women representing 78% (63) of Boort District Health's workforce and men representing 22% (18) of the Boort District Health team.

This is in-line with the broader Health Care sector, the Workplace Gender Equality Agency notes that the Health Care and Social Assistance industry is female -dominated with women making up 79% of the workforce, Australia's leading female -dominated industry. [2020-21 WGEA SCORECARD.pdf](#)

94% of people responded that gender was not a barrier to success for their work at Boort District Health. 88% of responses from the People Matter Survey note that "sexual orientation is not a barrier to success in my organization".

Indicator 2

Gender Composition of Governing Bodies

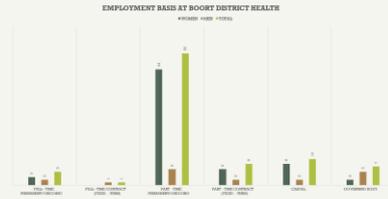


- The Boort District Health's governing body is the Board of Directors which has nine members. At 30 June 2021 the Chair of the Board was a woman, with two other Board members also women and the further five Board positions held by men.

Indicator 3

Equal Remuneration

The data suggests some gaps in gendered total remuneration, however further investigation of occupation category coding (ANZSCO) and employment basis will offer further understandings of the layers of remuneration difference and how this is recorded



Indicator 4

Sexual Harassment

No formal complaints of sexual harassment have been lodged at Boort District Health in the year to 30th June 2021.

Additional details will be required for future Gender Equality Audits, including

- actions your organisation has taken to prevent future incidents of sexual harassment in the workplace and the mechanism of complaint,
- reviewing internal and/or external processes.

People Matter Survey –

"During the last 12 months in your current organisation, have you experienced any of the following behaviours at work", 98% of respondents said that they had not experienced sexual harassment in the workplace.

There were also no responses of witnessing sexual harassment in the workplace over the 12 months to 30th June 2021.

Indicator 5

Recruitment and Promotion

- There are significant gaps in the data available and provided to the Gender Equality Commission. No data was available for:
 - Composition of people recruited by Level to CEO, Employment basis and Gender
 - Composition of permanent promotions by Level to CEO, Employment basis and Gender
 - Composition of people who participated in career development training by Level to CEO, Employment basis and Gender
 - Composition of people who were awarded higher duties by Level to CEO, Employment basis and Gender
 - Composition of people who were awarded internal secondments by Level to CEO, Employment basis and Gender
 - Composition of people who exited the defined entity by Level to CEO, Employment basis and Gender
- The team will need to address these data gaps before the next Gender Equality Audit due in 2025

Indicator 6

Leave and Flexible work

Boort District Health currently has very limited data available from existing HR systems and has not been able to report the depth and scope of data required by the Gender Equality Commission.

Additional data required includes;

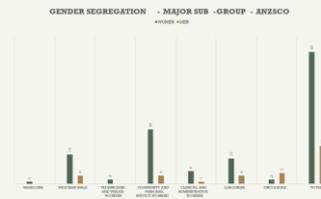
- Composition of workforce by Level to CEO, Employment basis, Formal flexible working arrangement and Gender
- Composition of senior leaders by Flexible working arrangement type and Gender
- Composition of people who took parental leave, average length of paid leave and average length of unpaid leave by Level to CEO, Employment basis and Gender
- Composition of people who exited the defined entity during parental leave by Exit type and Gender

Confirmation that family violence leave is available.

Indicator 7

Gender Work Segregation

The Boort District Health workforce is broadly spread across key occupations reflecting the significant majority of women working at the organisation and the health-care sector more broadly.



Conversation starting points

- How can we encourage and support women and men to take up non-traditional roles?
- What training and professional development would be helpful?
- How can we improve the system for understanding and reporting sexual harassment?
- Reflections on the very high level of part-time work across the organisation.
- How can we improve the promotion opportunities for the team?
- Are you surprised by any of this data?
- Additional comments?



Further information

- Next Steps:
 - GE Act Consultation Report – with recommendations submitted Monday 28th March.
 - The Boort District Health Action Plan submitted 31st March.
 - Gender Impact Assessment – workshop, template and GIA Toolkit. (April)
- Commission for Gender Equality in the Public Sector - genderequalitycommission.wc.gov.au
- Directly contact Geline Hook – gelinehook@gmail.com (Private and confidential)

