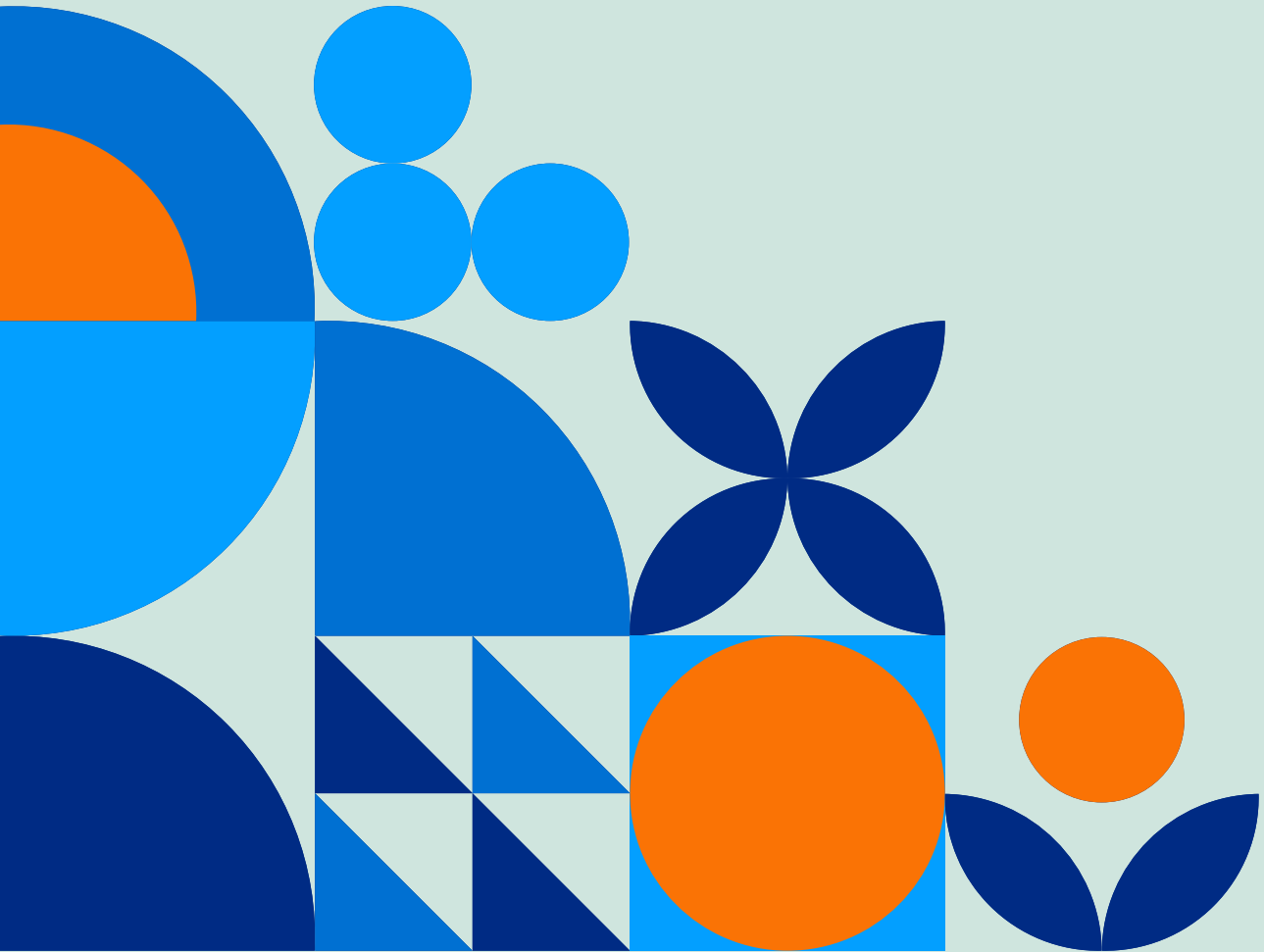
East Grampians Health Service

improving the health of our community

2026

GENDER EQUALITY ACTION PLAN

East Grampians Health Service



Statement on inclusive language

East Grampians Health Service recognises that language has power. Within this document, many of the findings compare women/females to men/males. When using these terms, we use them to describe all female or male identifying people, including transgender people, cisgender people, and others who identify themselves within the gender spectrum of woman or man. This document also uses the term ‘gender diverse people’, who may identify as non-binary, trans, agender, genderqueer, genderfluid or with self-described gender.

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STATEMENT FROM OUR CHIEF EXECUTIVE

As Chief Executive of East Grampians Health Service I am proud to release our 2026 Gender Equality Action Plan.

I have reviewed and approved the submission of this Gender Equality Action Plan on behalf of East Grampians Health Service, and I attest that the implementation of our plan will be adequately resourced as required under the Gender Equality Act (2020).



NICK BUSH
CHIEF EXECUTIVE
JUNE 2026

ABOUT US

East Grampians Health Service (EGHS) is a small to medium health service that serves the Ararat Rural City community and beyond. We have two campuses, in Ararat and Willaura, in western Victoria.

EGHS delivers a comprehensive range of programs, including urgent care, in-patient, diagnostic, allied health, residential aged care, community and home-based services.

As of June 2025, EGHS had 647 staff, as 365 full-time equivalent.

TRADITIONAL OWNERS

East Grampians Health Service acknowledges the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia, Jupagalk and Eastern Maar peoples as the traditional custodians of the lands on which we operate.

We acknowledge that their holistic approach to health; harmony between body, mind, spirit and environment, has been practiced on these lands for thousands of years.

We thank past and present elders for this knowledge to help improve health and wellbeing for all Australians.



OUR VALUES



INTEGRITY

We value integrity, honesty and respect in all relationships



EXCELLENCE

We value excellence as the appropriate standard for all services and practices



COMMUNITY

We respect the dignity and rights of our community and acknowledge their beliefs, regardless of their cultural, spiritual or socioeconomic background



WORKING TOGETHER

We work together in a positive, supportive manner and value all people who make contributions to EGHS to achieve shared goals



LEARNING CULTURE

We strive to continually learn and develop through research, education, training, mentoring and by teaching others

DEVELOPING OUR 2026 GENDER EQUALITY ACTION PLAN

REFLECTING ON OUR 2022-2025 PLAN

East Grampians Health Service's (EGHS) 2022-2025 Gender Equality Action Plan and gender audit has been monitored, and this process has driven a number of activities across the reporting period. In the development of that plan, we audited both People Matter Survey results and payroll data for the gender composition of our workforce, as well as leave uptake, satisfaction levels, misconduct reports, and undertook staff consultation. The explanation of the consultation and auditing process and their key findings are described on pages 5-8 and Appendix A of the *East Grampians Health Service Gender Equality Action Plan 2022-2025*.

In 2022-2025's plan, we developed and implemented a suite of strategies, actions, and progress measures to redress gender inequality, support women and people of diverse genders to participate in governance, reduce the gender pay gap, eliminate sexual harassment, increase diversity in recruitment and promotion, facilitate greater workforce participation, and increase gender and intersectionality awareness and support (pages 9-13).

Progress against these strategies has been monitored, and there are no outstanding or unresolved actions. EGHS has met all bar one of the targets laid out in the 2022-2025 plan. It has been a rewarding and valuable process to revisit these results and explore opportunities to build on this momentum in this next period.

PROCESSES, RECORD KEEPING AND GOVERNANCE

EGHS continues to develop and improve its documentation and record keeping processes to measure and understand gender inequality in the health service.

EGHS maintains payroll data that tracks gender and leave patterns, employment security, and casualisation and insecurity.





Complaints procedures are regularly updated and monitored for emerging systemic issues that might require management action and governance oversight.

Sensitive information that was used in the development of this report was stored securely in password protected files with access limited to only authorised representatives of EGHS.

Governance structures ensure compliance with legal requirements and broader commitments to ensuring gender equality in the health service workplace. General equality plan action items of the 2022-25 Plan were tabled by senior management and reported to the EGHS Board, and gender equality issues are tabled and discussed by the EGHS Board in accordance with its responsibilities under the Health Services Act 1987, and the Health Services Act (Vic) 1988.

COMMITMENT FROM OUR LEADERSHIP TEAM

Senior management at EGHS is committed to driving organisational change that creates an equitable, safe and supportive workplace culture, including through improving its gender equity and diversity performance. Our CEO, Mr Nick Bush, and the executive team undertake regular reviews and monitoring of workplace issues, including gender equity, and liaise with the governing Board of Directors to ensure that the appropriate policies and procedures are implemented and assured.

Our vision is to be a health service free of discrimination and gender inequality, where our whole community is safe, welcomed, respected and thriving, and this plan and the actions it commits us to will bring us one step closer to seeing that vision realised.

EGHS will implement the commitments laid out in this action plan through the advancement of an ongoing, embedded program of improvement in our workplace, across operational and strategic dimensions, implemented by senior management and overseen by the governing Board, anchored by our values and informed by our commitment to evidence-based outcomes.

OUR CONSULTATION PROCESS

In developing our 2026 Gender Equality Action Plan, we consulted with:

- Board of Directors
- Employees
- Leadership team
- Trade unions

EGHS has embarked on an extensive program of consultation to inform the development of the 2026 plan. A variety of consultation mechanisms, including staff presentations, discussion, collaboration, anonymous feedback and document review were used to capture and convey our staff and community's perspectives, experiences and expertise.

Importantly, all staff were invited to participate in a gender equity survey. The survey was distributed via staff intranet, posters, and at an all-staff briefing. No identifying data was collected to protect participants' identities. Within the survey, a series of key findings from the gender equity audit were presented to staff, with participants able to personally reflect on these findings and suggest actions and strategies for the next four years. The results of this staff survey were then collated into a brief and subsequently informed the development of this action plan.

Managers, senior managers, executives and Board members were involved in the development of this document through feedback and review.

The relevant trade unions have also been consulted in the development of this plan.



OUR COMMITMENT TO GENDER EQUALITY

GENDER EQUALITY PRINCIPLES

EGHS' directors, executives, managers and staff share a deep commitment to our community and its flourishing. Our organisation's values of integrity, excellence, community focus, working together and a learning culture underpin our decision making and practice. Our vision extends beyond improving the physical health of our community to increasing its psychosocial wellbeing and quality of life.

We recognise redressing gender inequality is critical in reaching this goal. We are proud to release this 2026 Gender Equality Action Plan, which we believe sets out a comprehensive suite of strategies that address the ten gender equality principles.

For a rural health service, a number of the gender equality principles are particularly relevant. Regional communities experience higher levels of disadvantage – particularly family violence (principle 5), gender stereotypes (principle 7) and discrimination related to race and sexual orientation (principle 8).

The strategies laid out in this plan were designed with the human rights and best interests of our staff at the forefront. However, we also hold that it is equally important to safeguard the rights and needs of our patients. We further acknowledge our duty to the community as one of the largest employers in our district of the Grampians.

GENDER PAY EQUITY PRINCIPLES

As a rural health service, EGHS must address particular challenges in pay equity relating to the regional and rural health workforce.

Our targets and strategies have specifically been developed to consider issues of equal pay for equal work (Principle 1), unconscious bias and gender assumptions (Principle 2), and different patterns of labour force participation by employees who undertake unpaid or caring work, especially amongst our clinical workforce (Principle 4).

The 2026 Gender Equality Action Plan has been developed collectively after extensive consultation with the EGHS workforce (Principle 5), and employees and management have worked collaboratively to achieve mutually beneficial targets (Principle 6).

All staff at EGHS are paid at applicable pay rates under the relevant Enterprise Agreement, regardless of gender, but structural inequalities relating to the imbalance in gender composition of some occupations, such as clinical professions, persists. Available payroll data on the gender pay gap at EGHS indicates that complete pay equity has not yet been achieved, but that overall parity is close. Since our last audit, the median gender pay gap for total salary at EGHS has narrowed to 0.9%. Based on average base salaries at EGHS, women are paid $106 for every $100 paid to a man.

INTERSECTIONALITY

Staff at EGHS experience multiple inequalities and challenges across dimensions of intersectionality.

Overlapping intersectional inequalities do affect staff members working at EGHS. For example, while privacy considerations mean it is difficult to fully audit the workforce for intersectional disadvantage, there are First Nations staff members who are also women, while other staff members identify as living with a disability as well as at least one other intersectional inequality.

However, historical record keeping challenges has prevented EGHS from undertaking a fully-scoped intersectionality analysis. A key strategy for the 2026 plan is for EGHS develop a plan to fill this data shortfall.

What is clear from the employee experience data is that EGHS is attracting greater diversity, as are rural communities in general. It is imperative, then, that EGHS considers how intersectional discrimination impacts staff from migrant and refugee, LGBTIQA+, and disability communities. The strategies we have developed in this plan have been developed with this as a particular focus.

UNDERLYING CAUSES OF GENDER INEQUALITY IN OUR REGION

Gender inequality is a pervasive social problem that affects communities and labour forces across Australia, including rural and regional Australia.

Historically, rural and regional communities have long suffered from higher-than-average levels of family violence and gender pay gaps, further exacerbated by well-known geographic and income inequalities experienced by rural communities[1].

Our community - from which our labour force is drawn – has higher levels of income inequality, and this ramifies into dimensions of gender inequality, in part owing to lower incomes and lower educational attainments, but also because of entrenched and persistent social attitudes about gender roles.



We recognise that many female staff are the primary carers to children, and frequently elderly relatives simultaneously. Offering staff with the flexibility they need, whilst supporting them to achieve their career goals is a key ethos behind EGHS' culture and practice.

The local government area of Ararat, where EGHS is based, has some household and relative disadvantage, with a SEIFA decile of 4 and an education and occupation index score of 5. Ararat LGA has higher than the Victorian average reliance on all four categories of Commonwealth Support Payments. 14% of the population of Ararat receive the Aged Pension and a further 5.6% the Disability Support Pension. Culturally, Australian women have performed the majority of unpaid, or informal, caring responsibilities, such as caring for children, family members with a disability, and older family members. This impacts on women's ability to participate in full-time employment.

Farming – mostly broadacre cropping and livestock – are the two largest employment categories in Ararat, with healthcare third. EGHS recognises that a considerable portion of our workforce are farming families. In these circumstances it is not uncommon for the female partner to be working in healthcare to supplement the primary farming income. Understandably, having a workplace that allows flexibility to support the farm during peak activity periods, like harvesting, is valued highly by these staff.

Health workforces historically have faced gender inequality due to occupational sorting of health professions between better-paying clinical specialisms and lower-paying occupations such as nursing, midwifery and support staff[2]. While gender pay gaps in this dimension are narrowing, this occupational inequality remains a recognised driver of gender inequality in our workplace.

1. Bryant and Pini, "Gender, class and rurality: Australian case studies", Journal of Rural Studies, 2009: pp. 48-57.
2. Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: analysis of 104 countries, No. WHO/HIS/HWF/Gender/WP1/2019.1, World Health Organisation.

A CASE FOR CHANGE

Gender equality is a human right and a critical determinant of rural health.

Gender inequality drives barriers to access to health services and detracts from the quality of health provision and health outcomes. Because of this, measures to improve gender equality must be considered to be an integral aspect of the responsibilities of our health service. Pursuing and achieving gender equality is a shared responsibility and an ambition for everyone in the EGHS community – director, managers, staff, and our community.

A diverse workforce, and the valuable perspectives diversity brings, contributes to better outcomes in our health service, helps us recognise challenges and opportunities, and drives informed and appropriate solutions and targets.

EGHS plays a critical role in our rural community by ensuring all members of our community can access high-quality health services, regardless of gender and other indicators of diversity. This must extend to the composition and workplace culture of our organisation, ensuring that everyone we engage with benefits from a safe, respectful and inclusive health service.

Our ambition is to be a leader in rural healthcare; which we believe is best achieved through investment in our people via a 'grow our own' strategy. This is attained by offering staff of all backgrounds the resources and opportunities to actualise their goals at work and at home.

Annual clinical and non-clinical scholarships have been a long-standing feature of this policy.



Outreach to local secondary schools encourages rural teenagers to consider a career in rural health, as well as providing an opportunity to dismantle social assumptions and norms around gendered professions. Targeted traineeships and apprenticeships also support greater gender diversity in

careers seen as traditionally male and female.

In 2024, East Grampians Health Service opened an on-site child-care service which provides short-notice sessional care for preschool, kindergarten and primary school aged children. This program was developed in response to staff feedback that child-care scarcity was impacting the amount of hours staff were able to work.

In 2025, we were delighted to appoint our first local Aboriginal Health Liaison Officer, available for advice and support to all patients from First Nations backgrounds. Since their appointment, they have led many inclusive and cultural safe practice changes, such as instigating Yarning Catch Ups for First Nations staff. Prior to this, EGHS was supported by the Grampians Health, Ballarat, Aboriginal Health Liaison team.

Family Violence Contact Officers, specially trained staff in departments throughout the service, are there to provide supportive, non-judgemental advice and be a peer-to-peer first point of contact to people experiencing family violence.

In recent years, EGHS has also embarked on several strategic projects and frameworks that complement and inform this action plan. In 2024, we released our Diversity and Inclusivity Framework. In 2025, we published our First Nations Employment Plan 2025-2027.

EGHS is a member of Communities of Respect and Equality Alliance (CoRE), a partnership of Grampians-based organisations with a shared vision of a safe, equal and respectful community. As a partner, we committed ourselves to the CoRE Strategy to Prevent Violence Against Women and Children. Women's Health Grampians, the lead agency behind CoRE, is a key partner for EGHS and provides invaluable guidance and supports us our actions against gender inequality, including the development of our Gender Equality Action Plans.



STRATEGIES AND MEASURES
INDICATOR 1: GENDER COMPOSITION OF ALL LEVELS OF THE WORKFORCE

OUR 2025 AUDIT FINDINGS

The gender composition of our workforce has remained stable, with a marginal change in favour of women.

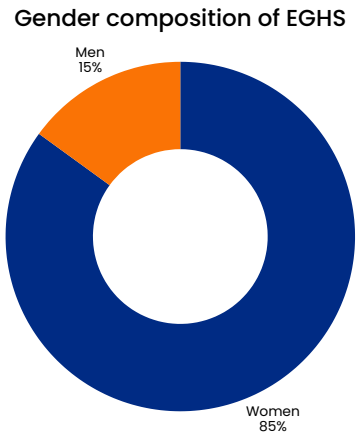
Since our last audit, there has been an increase in the total number of part-time workers - both male and female. With a moderate increase of 7.3% for women and a significant increase of 12.6% for men. One factor underpinning this trend is legislative changes to casual employee contracts.

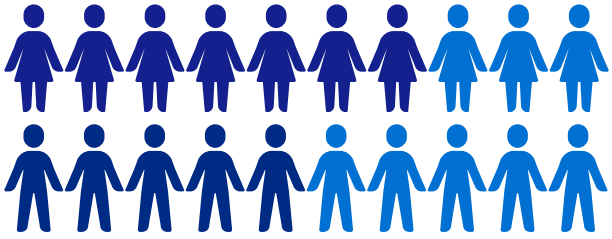
There has been a 25% increase in the number of women in senior leadership positions, mostly internal promotions. This is reflection of the high calibre talent within our staff, as well as a positive demonstration of our grow our own strategy - succession planning, skills development and promotion pathways for female staff.

When looking at gender composition according to distance from the CEO, the highest concentration of female employees is within levels 3, 4, and 8. These tiers contain the bulk of EGHS' nursing workforce: level 3 senior nurses and nurse educators; level 4 registered nurses; and level 8 enrolled nurses. We continue to work to attract more male nurses to rural healthcare at our service.

Employee experience data reveals an increase in staff diversity. Since the last measurement period, more staff self-identify as living with disabilities, speaking a language other English at home, and/or identify as LGBTIQA+.

As software upgrades are carried out in 2026, a new opportunity exists for the Service to retroactively capture intersectional personnel information, so that more in-depth analysis can be made in the future. Improving our understanding of intersectional disadvantage in our workforce is an action item of this plan.





71% of women and 51% of men work part-time



83% of senior leaders are women

2026 STRATEGIES AND MEASURES

TARGETS

- To achieve more balanced representation across the different occupational categories and the gender composition of the part-time workforce.
- To address historical data gaps within EGHS' payroll and HR systems regarding intersectionality.

CRITICAL PERFORMANCE MEASURES

- The overall gender composition of EGHS
- Gender composition of part-time workers at EGHS
- Gender composition of senior leaders

STRATEGIES

- Develop a plan to capture intersectional workforce data.
- Challenge gendered workforce stereotypes in public-facing visual collateral, engagement and organisational language.
- Consult with staff and stakeholders to further understand local structural or social factors driving underemployment (staff that specifically want to work more hours).
- Continue to provide employee access to sessional child-care.

STRATEGIES AND MEASURES
INDICATOR 2: GENDER COMPOSITION OF THE GOVERNING BODY

OUR 2025 AUDIT FINDINGS

The Board of Directors at EGHS has close to gender parity, with a favour towards women (five women, three men). Since the last reporting period, the presiding members have changed from two men to one man (Chair) and one woman (Vice-Chair). In 2024, we were pleased to appoint a First Nations woman to the Board. Our directors are appointed by the Governor-in Council, on the advice of the Minister for Health.

Over the next four years, our focus is on maintaining gender parity, continuing to support director's continuing professional development in topics related to inequality, and working with community and the Department to support even greater diversity in future appointments.



60% **60% of our Board are women**

2026 STRATEGIES AND MEASURES

TARGETS

- To maintain a Board of Directors that represents a range of backgrounds, experiences and expertise.
- To further increase the representation of traditionally marginalised communities in governance decisions.

CRITICAL PERFORMANCE MEASURE

- Gender composition of EGHS' governing body.

STRATEGIES

- Maintain a minimum 50% representation of women
- Support and encourage people from a diverse range of backgrounds to nominate themselves for governance positions
- Directors continue to undertake professional development in areas such as inclusive culture building and diversity

STRATEGIES AND MEASURES
INDICATOR 3: EQUAL REMUNERATION FOR WORK OF EQUAL OR COMPARABLE VALUE

OUR 2025 AUDIT FINDINGS

Wage data shows that complete pay equity has not yet been achieved, but significant progress has been made.

Our median base salary gap (a worker's actual annual earnings before tax and superannuation, as a full-time or FTE figure) has risen to -6.2% which equates to $106 paid to woman for $100 paid to a man. Significant improvements are seen in the mean base salary pay gap (8%) and across most of the nine occupational categories.

The largest gender pay gap is seen in category '2 – Professionals'. At EGHS, this is the largest occupational group covering multiple clinical disciplines and job types, including allied health practitioners, midwives, registered nurses, social workers, doctors, and specialists.

Occupational category 8 has seen the gender pay gap increase by 8%. Employees covered by this code include orderlies, cleaners, food preparation assistants and handypersons.

EGHS staff are paid according to their relevant Enterprise Agreement regardless of gender. However, systemic pay inequalities in the workforce associated with historical gender imbalances and stereotypes persist.

These findings present an opportunity for EGHS to explore our role in challenging assumptions about women and gender-diverse people's participation in the workforce and reinforce the importance of equal pay for equal work.



$106

For every $100 paid to a male worker, female EGHS workers earn $106
Based on the median base salary gap

Mean total remuneration gender pay gap by occupation group

1. Managers 10.7%
2. Professionals 23.9%
3. Technicians & Trades -0.9%
4. Community & Personal Service -2.2%
5. Clerical & Administrative Workers 1.1%
6. Sales Workers n/a
7. Machinery Operators and Drivers n/a
8. Labourers 19.8%

37% **Mean total remuneration senior leader gender pay gap**

0.9% **Median total remuneration pay gap**

2026 STRATEGIES AND MEASURES

TARGET

- To identify and reduce total remuneration pay gaps within occupational groups and disciplines where they exist.

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.

STRATEGIES

- Review salaries by occupational code to ensure there is no gender bias or discriminatory trends
- Continue to support greater diversity in hiring, particularly attracting men to nursing and women to trades
- Develop a strategy for identifying if staff earnings are impacted by intersectionality or their identity
- Ensure new roles are advertised with a salary or award band

STRATEGIES AND MEASURES
INDICATOR 4: SEXUAL HARASSMENT IN THE WORKPLACE

OUR 2025 AUDIT FINDINGS

The proportion of female employees that experienced sexual harassment decreased marginally (0.2%) from 2023. Data was unavailable for men and people with self-described gender.

However, EGHS is pleased to record that formal reports increased since the last audit, indicating increased employee safety, and confidence in our policies and procedures. Employee experience data also reflects this change, with positive trends across questions relating to safety and confidence.

For those who chose not to report, not feeling the conduct was serious enough to report and/or fear of consequences were the main concerns. Staff consultation taken in the development of this plan also indicated a lack of clarity around what types of behaviour constitute sexual harassment and what discreet reporting mechanisms were available to staff.

A third of the sexual harassment at EGHS was perpetrated by a client, patient, member of the public or other stakeholder. This highlights the importance of public awareness campaigns regarding aggression and sexual behaviour towards healthcare workers; as well as support and training for staff that care for people with cognitive disease or disability that can manifest in inappropriate sexual behaviour.

These findings will inform EGHS' future policies and procedures, particularly when meeting our obligations on positive duty and exposure to psychosocial hazards.

0% **Survey participants who said they reported sexual harassment**

7 **Number of formal sexual harassment reports in 2025**

7% **Anonymous experience rate of sexual harassment (women)**

Top reasons for not making a formal sexual harassment complaint

- "I didn't think it was serious enough" (30%)
- "I believed there would be negative consequences for my reputation" (30%)
- "I didn't feel safe to report the incident" (15%)
- "I believed there would be negative consequences for my career" (15%)

77%

77% agreed with the statement, "I feel safe to call out inappropriate behaviour at work"

72% of staff agreed with the statement: "My organisation takes steps to eliminate bullying, harassment and discrimination"

72%

Data unavailable: Satisfaction with handling of workplace sexual harassment complaints; satisfaction with handling of formal workplace sexual harassment complaints

2026 STRATEGIES AND MEASURES

TARGET

- To reduce incidents of workplace sexual harassment, with a zero tolerance approach.

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.

STRATEGIES

- Conduct a review into additional internal reporting mechanisms
- Review sexual harassment policies and procedures to ensure they reflect the positive duty and psychosocial hazards legislation and link to the appropriate external organisations
- Promote internal and external reporting options to staff
- Use posters and other materials to build awareness of what types of behaviour constitute sexual harassment
- Review professional development and mandatory training programs to increase learning in areas related to harassment, safety, bystander action and disclosure.

STRATEGIES AND MEASURES
INDICATOR 5: RECRUITMENT AND PROMOTION PRACTICES IN THE WORKPLACE

OUR 2025 AUDIT FINDINGS

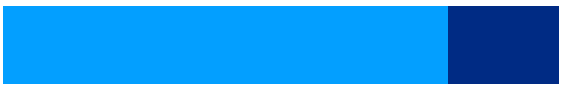
The gender composition in newly recruited employees remains stable. However, male employee's perceptions of recruiting fairness have declined 10% since the last audit. EGHS remains committed to attracting more male employees, as well as male students, into traditionally feminised workforces such as nursing and aged care.

In terms of promotions, perceptions of fairness have remained relatively stable, with a marginal increase for women (60.7% to 61.3%). The number of women promoted within EGHS has increased to 81%.

Most higher duty allocations were assigned to registered nurses at a level -4 from the CEO and secondments to level -9 non-clinical and administrative staff. Opportunity exists for further exploration of this data to better understand these trends.

According to employee experience data, 72% of staff are satisfied with their opportunity to progress, which is significantly higher than our comparator average.

There is potential to consult with staff on perceptions of workload allocations according to gender, as EGHS' results on this measure were slightly behind the comparator average and a 2% reduction since the last audit.



80%

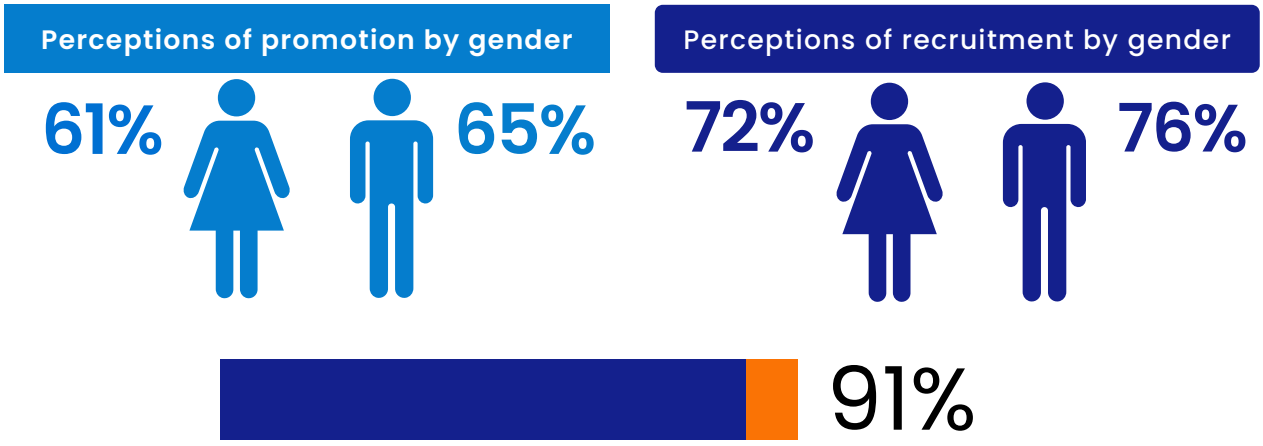
80% of recruited employees were women

79%

79% agreed with the statement, "In my work-group, work is allocated fairly, regardless of gender"

72% of staff agreed with the statement: "I am satisfied with opportunities to progress in my organisation"

72%



91% of promoted employees were women

2026 STRATEGIES AND MEASURES

TARGETS

- To challenge gendered stereotypes about the healthcare workforce.
- To continue to work towards removing structural and social barriers to rural workforce participation.

CRITICAL PERFORMANCE 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

- Agree with the statement: "I am satisfied with opportunities to progress in my organisation".

STRATEGIES

- Continue supporting career development pathways through a 'grow our own' strategy.
- Continue outreach with local schools to inspire teens to consider a career in health, whilst challenging gender stereotypes.
- Offer traineeships and apprenticeships to under-represented genders in strategic occupations.
- Review recruitment and promotion policies and procedures with an unconscious bias lens.

STRATEGIES AND MEASURES
INDICATOR 6: FAMILY VIOLENCE LEAVE, FLEXIBLE WORKING ARRANGEMENTS, AND SUPPORTING EMPLOYEES WITH FAMILY OR CARING RESPONSIBILITIES

OUR 2025 AUDIT FINDINGS

In 2025, in aggregate, women took fewer weeks of parental leave, whilst men's parental leave rates remained steady at approximately one and half weeks on average. There was a small increase in the number of men taking parental leave (up 1.1%)

Small changes occurred between 2023 and 2025 in carer's leave rates. The proportion of women who took carer's leave increased from 33.0% to 34.7% but men's rates decreased from 28.8% to 27.3%.

Employee experience data suggests staff believe their caring responsibilities and flexible working are barriers to success at a rate marginally higher than EGHS' comparators. However, both figures show improvement.

Confidence in EGHS' response to domestic violence leave remains strong.

Staff perceptions of flexible work culture have significantly increased for female employees, although male employees have a small decrease. Since the last audit, EGHS has experienced a significant increase in flexible work arrangements, for both women and men, following an internal audit that recategorised part-time work to flexible work.

100% of nurses are on flexible work arrangements – mostly part-time. Workers at levels -9 and -8 to the CEO are also likely to be on flexible work agreements and in areas such as enrolled nursing, aged care, community dental, administration, catering and cleaning.



91%

91% of parental leave takers were women

88%

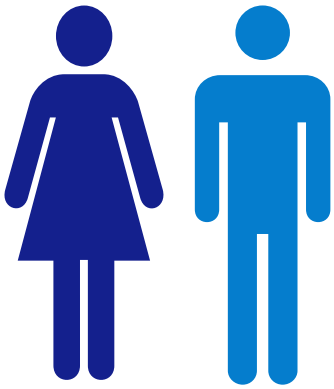
88% of staff agreed with the statement, "My organisation would support me if I needed to take family violence leave"

11 weeks of parental leave on average

94% of women were on flexible work agreements

83% of women had positive perceptions of flexible work culture

Gender difference in carer's leave, women: 34.7%



2 weeks of parental leave on average

76.4% of men were on flexible work agreements

75.9% on men had positive perceptions of flexible work culture

Gender difference in carer's leave, men: 27.3%3

2026 STRATEGIES AND MEASURES

TARGETS

- To increase the uptake of leave by men and challenge presumptions about the division of unpaid caring responsibilities.
- To continue to reduce barriers for women's participation in the workforce.

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.

STRATEGIES

- Review work from home policies in readiness for legislative changes and in line with staff expectations
- Explore additional ways to support staff that have unpaid caring responsibilities.
- Review parental and carer's leave policies to ensure they are gender neutral.
- Encourage people of all genders to take leave as needed.
- Conduct further consultation with staff on their experiences of unpaid caring and its impact on workforce participation.
- Explore options for identifying underemployed staff and pathways for transitioning to full-time or increased hours.

STRATEGIES AND MEASURES
INDICATOR 7: GENDERED SEGREGATION WITHIN THE WORKPLACE

OUR 2025 AUDIT FINDINGS

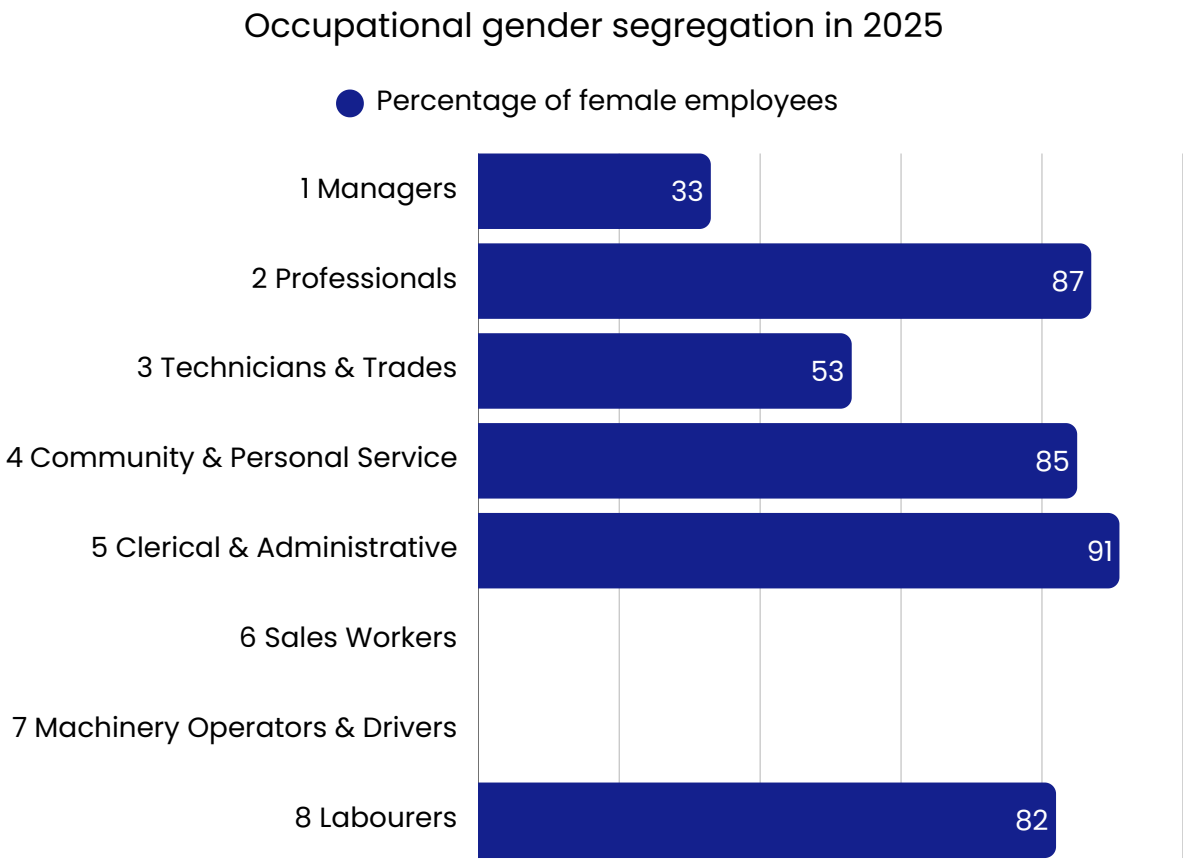
Women continue to dominate in traditionally feminised sectors, such as administration, nursing, community services and aged care. A decrease in the percentage of male employees can be seen in occupational categories 2 and 4. There was a 2.6% increase in the number of male clerical workers since 2023.

The gender disparity present in occupational category 1 Managers is partially attributable to a number of senior male staff that have since departed EGHS. We anticipate that this disparity will reduce in the next audit. Another important consideration is that many senior or leadership roles within EGHS have a clinical component and are represented by occupational category 2. Examples of such positions are nurse unit managers and clinical education managers.

Occupational category 3 has the closest levels to gender parity. In a health service context, these roles involve medical devices and machinery – such as theatre technicians - as well as qualified trades like chefs and gardeners. When comparing this outcome to Indicator 3: Gender Pay Gap, we also see that this category is also closest to pay parity with a -0.9 difference in this bracket







2026 STRATEGIES AND MEASURES

TARGETS

- To achieve greater gender diversity in strategic workforce areas.

CRITICAL PERFORMANCE MEASURES

- Occupational gender segregation.

STRATEGIES

- Consider additional traineeships and scholarships that facilitate non-traditional career pathways and greater diversity
- Explore opportunities in the region to promote and market healthcare careers to specific communities to increase diversity

IMPLEMENTING AND RESOURCING OUR PLAN

EGHS has made available additional staffing resources to audit, analyse and consult on the 2022-25 Gender Equality Action Plan and develop this 2026 iteration. Additional staffing resources have contributed to a review of the academic literature, audit of organisational policies and procedures, survey of staff members, payroll audit, and consultation with senior management.

Additional resources will be required through the life of this 2026 Gender Equality Action Plan to ensure audit and compliance with the principles, strategies and actions laid out in this document.

Monitoring will take place at the level of payroll, HR, senior management and the EGHS Board, with priority given to compliance and follow-through of the strategies and actions, to meet EGHS' ambitions for gender quality in our rural health service.

Responsibility for implementing and performance monitoring of the 2026 Gender Equality Action Plan will be largely with our HR department as part of their people and culture duties, with support from our quality improvement and policy teams. When appropriate, implementation of specific strategies and actions will be allocated to managerial and executive staff.

EGHS also receives support and guidance from a Communities of Respect and Equality (CoRE) consultant with Women's Health Grampians as part of the CoRE Alliance.





2025 GENDER AUDIT DATA SET

Indicator 1: Gender composition of all levels of the workforce
• Gender composition of the duty holder organisation: 84.8% women, 15.2% men, 0% self-described • Gender composition of part-time workers in the duty holder organisation: 71.1% of women, 51.2% of men, 0% self-described • Gender composition of senior leaders in the duty holder organisation: 83.1% women, 16.9% men, 0% self-described
Indicator 2: Gender composition of the governing body
• Gender composition of the duty holder organisation's governing body 2025: 60% women, 40% men, 0% self-described
Indicator 3: Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
• Mean total remuneration gender pay gap by occupation group in 2025: 1 Managers 10.7%; 2 Professionals 23.9%; 3 Technicians & Trades Workers -0.9%; 4 Community & Personal Service Workers -2.2%; 5 Clerical & Administrative Workers 1.1%; 6 Sales Workers n/a; 7 Machinery Operators and Drivers n/a; 8 Labourers 19.8% • Mean total remuneration senior leader gender pay gap: 37% • Mean base salary pay gap: 13.3% • Median total remuneration pay gap: 0.9% • Median base salary pay gap: -6.2%
Indicator 4: Sexual harassment in the workplace
• Anonymous experience rate of sexual harassment in 2025: 6.7% women, DU men, DU self-described • Number of formal reports of sexual harassment in 2025: 7 women, DU men, DU self-described • Participants who said they reported sexual harassment 2025: 0.0% women, data unavailable: men, self-described • Reasons for not making a formal sexual harassment complaint (top responses): I didn't think it was serious enough 30.8%; I believed there would be negative consequences for my reputation 30.8%; I didn't feel safe to report the incident 15.4%; I believed there would be negative consequences for my career 15.4% • 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 • Agree with the statement, "I feel safe to call out inappropriate behaviour at work": 77% • Agree with the statement: "My organisation takes steps to eliminate bullying, harassment and discrimination": 72%

Indicator 5: Recruitment and promotion practices in the workplace
• Gender composition of recruited employees·2025: 79.4% women, 20.6 men, 0% self-described • Gender composition of employees who were promoted 2025: 91.4% women, 8.6% men, 0% self-described • Perceptions of recruitment, by gender 2025: 72.2% women, 75.9% men, DU self-described • Perceptions of promotion, by gender 2025: 61.3% women, 65.5% men, DU self-described • Agree with the statement: "I am satisfied with opportunities to progress in my organisation" 2025: 72% • Agree with the statement: "In my workgroup, work is allocated fairly, regardless of gender" 2025: 79%
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
• Average weeks of parental leave, by gender 2025: 10.6 women, 1.7 men, DU self-described • Uptake of flexible work, by gender 2025: 93.6 %women, 76.4% men, DU self-described • Perceptions of flexible work culture, by gender 2025: 82.5% women, 75.9% men, DU self-described • Gender composition of parental leave takers 2025: 91.4% women, 8.6% men, DU self-described • Gender gap in carer's leave 2025: 34.7 women, 27.3 men, self-described • Agreed with the statement "My organisation would support me if I needed to take family violence leave" 2025: 88%
Indicator 7: Gendered segregation within the workplace
• Occupational gender segregation in 2025: 1 Managers 33.3% women, 66.7% men; 2 Professionals 86.6% women, 13.4% men; 3 Technicians & Trade Workers 52.9% women, 47.1% men; 4 Community & Personal Service Workers 85.0% women, 15.0% men; 5 Clerical & Administrative Workers 90.5% women, 9.5% men; 6 Sales Workers n/a; 7 Machinery Operators & Drivers n/a; 8 Labourers 81.5% women, 18.5% men