East Grampians Health Service

improving the health of our community

2026 Gender Equality Progress Report:

East Grampians Health Service

Cover page

Organisation name	East Grampians Health Service
Total number of employees (and full-time equivalent FTE), as at 30 June 2025	Total employees: 647 Total FTE: 365
Response rate to employee experience survey	38% (235)
Contextual information	East Grampians Health Service is a small to medium public health service that provides in-patient hospital service, obstetrics and pre-natal care, residential and community aged care, outpatient and community allied health, pathology and diagnostic services, and community nursing.
Location (metropolitan, regional or rural. If other, please specify)	Rural, with one campus in MM4 and another in MM5.

Attestation by head of organisation

I confirm that:

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

☒ I have reviewed and approved the submission of this progress report on behalf of my organisation (as named above). I attest to providing truthful and accurate information.

☒ I attest that my organisation has completed all relevant gender impact assessments under the Gender Equality Act 2020, or I have explained why not in the comment box below.

Any comments?	
Name	Sarah Woodburn
Role title	Chief Executive (Acting)
Signed	
Date	30 June 2026

Step 1: Reporting on gender impact assessments (GIAs)

Section 1.1 Confirming GIA exemptions

If you have not listed any GIAs, please choose one or more permitted reason:

☐ Reporting on the GIA(s) would make the progress report an exempt document. This is within the meaning of the *Freedom of Information Act 1982*.

☐ Reporting on the GIA(s) would result in a disclosure prohibited by a different Act.

☐ Reporting on the GIA(s) would reveal confidential information.

☐ Your organisation had no policies, programs or services requiring a GIA. This is under the parameters of the *Gender Equality Act 2020.*

☒ None of these apply (**go to 1.2**).

Not applicable

Section 1.2 Describing policies, programs and services subject to a GIA

Ref #	A: Title (required)	B: Subject (required)	C: Description of the policy, program or service (required)	D: Status (required)	E: Description of gendered impacts (recommended)
1.	Women's Sexual and Reproductive Health Hub	Service	Provide free, accessible, reproductive and sexual health care including contraception, STI screening and medical and surgical abortions to women, girls and gender-diverse people in the Grampians region of western Victoria.	New	Increased access to subsidised sexual and reproductive health to women and people with a uterus in the local area. Redressing historical service gaps in pregnancy termination.

Section 1.3 Describing actions taken as a result of a GIA (required and recommended)

Ref #	F: Were actions taken as a result of the GIA? (required)	G: Describe the actions taken as a result of the GIA in order to: • Meet the needs of people of different genders; and/or • Promote gender equality; and/or • Address gender inequality. If you did not take action, write N/A here and explain why in (H). (required)	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here. (required)	I: Describe: How and why intersectionality was considered (or not) (required)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)? (recommended)
1.	Yes (go to column G)	Several actions were taken during the planning and implementation phases to ensure that this new service would be as appropriate and accessible as possible for women, girls and gender-diverse people. The Hub was established to address an identified local service need.	N/A	Consideration was given to how people with disabilities, LGBTIQ+ communities, First Nations people, and migrant and bilingual communities might use	Aboriginal Health Liaison Officer on-site to support First Nations people. Hub located in a wheelchair accessible building. Equipment

		Some actions undertaken are as follows. Clinic hours varied to suit different community needs – caring responsibilities, working hours. GP Obstetricians received additional training on supporting the LGBTIQ+ community. Developed referral pathways to specialised services. Work to support victims of family violence continues. Actions include co-locating legal advice services and placing relevant and appropriate resources/information on-site. Aboriginal Health Liaison Officer on-site to support First Nations people. Hub located in a wheelchair accessible building. Equipment purchased to further support accessibility. Information available in multiple formats and languages, including plain English. Interpreter services available. Consideration has been given to developing a sexual health care service for boys, men and gender-diverse people in the future.		the service, and actions were taken during the design of the service to maximise accessibility.	purchased to further support accessibility. Information available in multiple formats and languages, including plain English. Interpreter services available. Clinic hours varied to suit different community needs. GP Obstetricians receive additional training on supporting LGBTIQ+ communities.

Step 2: Reporting on progress against the indicators

Section 2.1 Describing progress against the workplace gender equality indicators (required and recommended)

K: Indicator*	L: Progress data (required)	M: Additional progress data (recommended)	N: Has progress been made? (required)	O: Explain how the data does (or does not) demonstrate progress. (required)
1	**Critical performance measures** Gender composition of the duty holder organisation: • 2023:84.2% women, 15.8% men, 0% self-described • 2025:84.8% women, 15.2% men, 0% self-described Gender composition of part time workers in the duty holder organisation: • 2023:63.8% women, 38.6% men; 0% self-described	Identify as a person with a disability: • 2023: 2% women; 0% men; • 2025: 5% women; 10% men; Identify as Aboriginal and/or Torres Strait Islander: • 2023: 2% women, 0% men • 2025: 5% women, 0% men Speaks a language other than English with family or community: • 2023: 6% women, 7% men • 2025: 5% women, 14% men	Yes	Gender composition has remained stable since the last progress report, with a marginal change in favour of women (-0.6%). EGHS had an increase in the number of part-time workers, both male and female - a moderate increase of 7.3% for women and a significant increase of 12.6% for men. There has been a substantial increase of 24.8% in favour of women in senior leadership positions. This in part due to the recruitment of two female executives (taking the numbers to 4 women, 4 men, total 8). This is positive outcome, partially attributable to EGHS' commitment to succession planning, staff skills development, and supporting leadership pathways for female staff. Several indicators demonstrate progress towards a more diverse and inclusive workplace. Employee experience data shows an increase in the number of employees living with disability. There has been a small reduction in the number of staff that identify as straight (heterosexual) and an increase in the number of employees identifying as LGBTIQA+. It is unknown whether these are new employees or existing employees feeling safe enough to self-

	• 2025:71.1% women, 51.2% men, 0% self-described Gender composition of senior leaders in the duty holder organisation: • 2023:58.3% women; 41.7% men, 0% self-described • 2025:83.1% women, 16.9% men, 0% self-described	Employees that identify as straight (heterosexual): • 2023: 88% women, 89% men • 2025: 86% women, 86% men		identify. There is also growth in the number of employees that speak a language other English at home. When looking at the workforce according to level of distance from the CEO, the highest concentration of female employees are Levels -3, -4, and -8. These tiers contain the bulk of EGHS' nursing workforce: -3 senior nurses and nurse educators; -4 registered nurses; and -8 enrolled nurses.
2	**Critical performance measures** Gender composition of the duty holder organisation's governing body: • 2023:66.7% women; 33.3% men; 0% self-described • 2025:60% women, 40% men, 0% self-described		Yes	The board of directors at East Grampians Health Service 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). A woman who identifies as First Nations has also been appointed to the board.
3	**Critical performance measures** Mean total remuneration gender pay gap by occupation group: • 2023:	For every $100 paid to a man, $106 was paid to a woman (median base salary gap)	**Yes**	The *median* base salary gap has risen from -2.3% to -6.2% which, in real terms, means that for every $100 paid to a male employee, $106 was paid to a woman. There has been a noticeable improvement in the *mean* base salary pay gap from 20.9% (2023) to 13.3% (2025). Similarly, there has

	1 Managers 12% 2 Professionals 27.5% 3 Technicians & Trades Workers - 3% 4 Community & Personal Service Workers -7.5% 5 Clerical and Administrative Workers 15% 6 Sales Workers n/a; 7 Machinery Operators and Drivers n/a; 8 Labourers 11.5% • 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%			been improvements to the gender pay gap in most occupational groups. The largest gender pay gap is seen in group 2 (professionals). A contributing factor is the varied disciplines within this band. For example, staff in traditionally higher-earning medical specialities such as obstetrics and gynaecology are included, alongside social workers and community nurses. This skews the data averages. Occupational group 8 has seen the gender pay gap increase by 8%. Employees covered by this code include cleaning staff, food preparation assistants and handypersons. This presents an opportunity for EGHS to explore the underlying causes leading to this increased gap and develop targeted strategies.

	Mean total remuneration senior leader gender pay gap: • 2023:44.1% women, DU[1] self-described • 2025:37% women, DU self-described **Supplementary measures** Mean base salary pay gap: • 2023: 20.9% women; DU self-described • 2025: 13.3% women; DU self-described Median total remuneration pay gap: • 2023: 0.4% • 2025: 0.9% Median base salary pay gap: • 2023: -2.3% • 2025: -6.2%			
4	**Critical performance measures**	Agree with the statement, "I feel safe to call out inappropriate behaviour at work":	Yes	Between 2023 and 2025, the proportion of female employees that indicated they experienced sexual harassment decreased from 6.9% to 6.7%. Data was unavailable for men and people with self-described gender.

[1] DU – Data Unavailable

	Anonymous experience rate of sexual harassment: • 2023: 6.9% women, 3.7% men, DU self-described • 2025: 6.7% women, DU men, DU self-described Number of formal reports of sexual harassment: • 2023: DU women, DU men, DU self-described • 2025: 7 women, DU men, DU self-described **Supplementary measures** Participants who said they reported sexual harassment: • 2023: DU women, men, self-described • 2025: 0.0% women, DU men, self-described Reasons for not making a formal sexual harassment complaint (top responses):	• 2023: 71% • 2025: 77% Agree with the statement: "My organisation takes steps to eliminate bullying, harassment and discrimination": • 2023: 63% • 2025: 72% • Comparator: 67% Perpetuators of sexual harassment (2025): • Colleague 73% • Client, patient, stakeholder 20% • Manager or supervisor 13% • Member of the public 13%		Formal reports of sexual harassment have increased since the last audit, which suggests increased staff safety and confidence in EGHS' response. Employee experience data also reflects this change, with responses to questions relating to safety and confidence also showing positive trends. Approximately one third of sexual harassment is perpetrated by a client, patient, member of the public or other stakeholder. This highlights the importance of support for public-facing employees and continued awareness campaigns regarding conduct towards health care workers. This finding will inform EGHS' policies and procedures relating to minimising exposure to psychosocial hazards in the workplace. According to the employee experience survey, the top reasons for not reporting sexual harassment were not believing the conduct to be serious enough, believing there would be negative consequences on their reputation or career, and not feeling safe to report. Comparative data for 2023 is unavailable.

	• 2023: DU • 2025: 1 I didn't think it was serious enough 30.8% 2 I believed there would be negative consequences for my reputation 30.8% 3 I didn't feel safe to report the incident 15.4% 4 I believed there would be negative consequences for my career 15.4%			
5	**Critical performance measures** Gender composition of recruited employees: • 2023:79.8% women, 20.2% men, 0% self-described • 2025:79.4% women, 20.6 men, 0% self-described Gender composition of employees who were promoted:	Agree with the statement: "I am satisfied with opportunities to progress in my organisation": 2023: 63% 2025: 72% Agree with the statement: "In my workgroup, work is allocated fairly, regardless of gender": 2023: 81% 2025: 79% Higher duties: The majority of higher duty allocations were registered nurses at a level -4 from the CEO.	Yes	The gender composition in newly recruited employees remains stable. However, male employee's perceptions of recruiting fairness have dropped 10% since the last report. The proportion of women promoted within EGHS has increased to 81%. Perceptions of fairness with promotions has remained relatively stable with a marginal increase for women (60.7% to 61.3%). According to employee experience data, 72% of survey respondents are satisfied with their opportunity to progress, which is significantly higher than the comparator average of 58%. Most higher duty allocations were allotted to registered nurses at a level -4 from the CEO and secondments to level -9 non-clinical and administrative staff. Opportunity exists for further examination - such as an internal data audit or staff survey - to better understand these trends.

	• 2023:81.1% women, 18.9% men, 0% self-described • 2025:91.4% women, 8.6% men, 0%self-described Perceptions of recruitment, by gender: • 2023:68.2% of women, 85.2% of men, DU self-described • 2025:72.2% of women, 75.9% of men, DU self-described Perceptions of promotion, by gender: • 2023:60.7% of women, 66.7% of men, DU self-described • 2025:61.3% of women, 65.5% of men, DU self-described	Secondments: Mostly Level -9 non-clinical staff (7/21), administrators (10/21)		Opportunities for further investigation exist in perceptions of workload allocations according to gender, as EGHS' results on this were question slightly behind the comparator average and a 2% reduction since 2023.
6	**Critical performance measures** Average weeks of parental leave, by gender: • 2023: 27.0 women, 1.4 men, DU self-described	Flexible work agreements: 42% of flexible work agreements are level -9 from the CEO. This is 89% of the total Level -9 occupational group within the Service. 100% of nursing staff are on flexible arrangements.	No	In 2025, women took fewer weeks of parental week, 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%.

	• 2025: 10.6 women, 1.7 men, DU self-described Uptake of flexible work, by gender: • 2023:2.0% women, 0.9% men, DU self-described • 2025:93.6 %women, 76.4% men, DU self-described Perceptions of flexible work culture, by gender: • 2023:72.3% women, 77.8% men, DU self-described • 2025:82.5% women, 75.9% men, DU self-described **Supplementary measures** Gender composition of parental leave takers: • 2023:92.5% women, 7.5% men, DU self-described • 2025:91.4% women, 8.6% men, DU self-described	My organisation would support me if I needed to take family violence leave • 2023: 89% • 2025: 88% My direct line manager supports working flexibly • 2023: 80% • 2025: 86% During the last 12 months, employees experienced barriers to their success due to: Caring responsibilities: • 2024: 11% • 2025: 8% • Comparator: 7% Flexible working: • 2024: 7% • 2025: 6% • Comparator: 5%		Employee experience data suggests staff believe their caring responsibilities and flexible working are barriers to success at a rate marginally higher than the Service's comparators. Although both figures show improvement since 2024. Confidence in the Service's 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 report, the Service has experienced a significant increase in flexible work arrangements, for both women and men, following an internal audit that recategorized part-time work to a flexible work arrangement. 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.

	Gender gap in carer's leave: • 2023: 33 women, 28.8 men, self-described • 2025: 34.7 women, 27.3 men, self-described			
7	**Critical performance measures** Occupational gender segregation: • 2023: 1 Managers 28.6% women, 71.4% men 2 Professionals 83.6% women, 16.4% men 3 Technicians & Trade Workers 53.3% women, 46.7% men 4 Community & Personal Service Workers 84.6% women, 15.4% men 5 Clerical and Administrative Workers 93.1% women, 6.9% men 6 Sales Workers n/a		No	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 groups 2 and 4. There was an 2.6% increase in the number of male clerical workers since 2023. The gender disparity present in occupational group 1 Managers is partially attributable a data anomaly where the presence of some senior male staff that have since left the Service are represented here. The Service anticipates that this disparity will self-correct in the next reporting period. Another important consideration is that, with the Service, many senior or leadership roles comprise a clinical element and are therefore represented by occupational category 2. Examples of such positions are nurse unit managers or clinical education managers. Group 3 has the closest levels to gender parity. In the 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.

	7 Machinery Operators and Drivers n/a 8 Labourers 84.4% women 15.6% men • 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			

*Indicators (column K)

1. Gender composition of all levels of the workforce
2. Gender composition of the governing body
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
4. Sexual harassment in the workplace
5. Recruitment and promotion practices in the workplace
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
7. Gendered segregation within the workplace

Section 2.2 Describing factors limiting and contributing to progress (required)

P: Indicator	Q: Did any of the factors listed below limit or contribute to your progress?*	R: Explain how any factor(s) limited or contributed to your progress. If 'none' is selected, write N/A and move to (S)	S: List the strategies implemented that contributed to or aligned with the indicator.
1	☐None ☐ a ☒ b ☐c ☐d	A major influencing factor for EGHS' performance against this indicator is the broader gender demographics within the health and community care sector. EGHS continues to try and attract male and gender diverse people to occupations such as aged care and nursing.	• Leaders and managers to take action to drive gender equality and address intersectional barriers to success. • Implement gender equality policies and processes across all levels of the workforce. • Develop gender equity targets for all levels of the workforce.

	☐e ☐f ☒g	EGHS' rural location also means it is also subject to national workforce challenges, such as rural health workforce scarcity, limited access to child care and other infrastructure that encourages health care workers move to, or remain, in the regions.	
2	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	• Enable and support women and gender diverse people in governance. • Continue to promote and support a gender-balanced governing body. • Increase the visibility of women and gender diverse people in leadership roles.
3	☐None ☐ a ☒ b ☒c ☐d ☐e ☐f ☒g	EGHS provides a variety of services and is therefore bound by multiple enterprise agreements. Therefore, achieving complete gender pay equality remains a complex challenge. EGHS continues to ensure that all workers are paid fairly and according to their relevant enterprise agreement and industry awards.	• Remove gender pay gap. • Minimise the gender pay gap.
4	☐None ☐ a ☒ b ☐c ☐d ☐e ☐f ☒g	As a public facing organisation, unfortunately workers are occasionally exposed to harassment, intimidation and even violence. This is never acceptable, and work at both organisation and state level continues to educate the public on this issue.	• Maintain a workplace free from sexual harassment, bullying and discrimination. • Develop and launch a campaign on violence against women and discrimination against gender diverse people.
5	☐None ☐ a ☒ b ☐c	As in indicator 1, EGHS' ability to reach gender parity across all areas of the organisation is limited due to higher concentrations of men and women in specific workforces.	• Increase diversity in the workplace. • Ensure gender equality when reviewing and approving applications for recruitment and promotion.

	☐d ☐e ☐f ☒g	Broader (state and/or national) campaigns and policy levers that attract men to feminised sectors - like nursing and aged care - and women to undertake trades apprenticeships will open up more opportunities for diverse recruitment. As stated previously, EGHS' rural location also limits recruiting choices. Strategies to attract more health care workers to the regions are likely to have a positive impact on workplace diversity.	
6	☐None ☐ a ☐ b ☐c ☐d ☐e ☐f ☒g	Due to being based in rural Victoria, employee's use of flexible work and leave are impacted by various social and community-based factors, such as access to affordable long day care and after school care; disability care; respite day centres and aged care. Many employees are farming families, where the female partner/wife/mother is providing a secondary income to supplement the primary income of farming. Having flexibility to support the farm during peak activities is important to these workers. They are also likely to be caring for primary school and younger aged children.	• Provide support for parental leave, family leave and carers leave. • Increase promotion and provision of flexible work arrangements.
7	☐None ☐ a ☐ b ☐c ☐d ☐e ☐f ☒g	As detailed in previous indicators, attempts towards gender parity in some occupational groups have been impacted by broader gender and social trends, such as the feminised care workforce. However, EGHS has actively encouraged gender balance where possible, and this can be reflected in some non-clinical occupational groups.	• Increase gender and intersectionality awareness and support. • Develop and provide professional development on gender, intersectionality and inclusion.

*Factors (column Q):

a. the size of the organisation, including the number of employees
b. the nature and circumstances of the organisation, including any barriers to making progress

c. requirements that apply to the organisation under any other Act, including an Act of the Commonwealth
d. the organisation's resources
e. the organisation's operational priorities and competing operational obligations
f. the practicability and cost to the organisation of making progress; and
g. genuine attempts made by the organisation to make progress.

Section 3.3 Providing other updates on implementation (recommended)

Section 3.4 Describing resourcing allocation

Responsibility for implementing and performance monitoring of the GEAP has sat largely with EGHS' HR Department as part of their people and culture duties. When appropriate, implementation of specific strategies and actions were allocated to management and executive staff. A designated officer was sourced and given responsibility for examining the gender audit results and developing this progress report. EGHS received additional support and guidance from a Communities of Respect and Equality (CoRE) consultant.

Any other additions or comments (optional)