



**GENDER EQUALITY ACTION
PLAN
2022-2025**

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Acknowledgement

The Royal Victorian Eye and Ear Hospital (the Eye and Ear) acknowledges the land upon which our sites are located as the traditional lands of the Kulin Nations. We pay respects to Elders past, present and emerging.

Please note: Where the term 'Aboriginal' is used, it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Message from the Executive Team

We are pleased to provide our first Gender Equality Action Plan. With this plan we are committed to actively promoting gender equality and integrating this principle into all strategies, policies, procedures, programs and ways we work. At the Eye and Ear, we are striving to create a safe, welcoming and fair environment that embraces everyone's skills, perspectives and experiences. As is evident from the data below, we have identified some key priority areas that need to be addressed.

Through our 2022-2025 Gender Equality Action Plan, we will implement measures of accountability, including updating the collection and reporting of employee data, as a means to support change and fulfill this vision. This will help to drive a culture at the Eye and Ear where equity is championed and all people are included and empowered. By promoting flexible work, leave, transparency and fairness we aim to improve the guiding principles of all practices and processes at the Eye and Ear.

Every one of us has a role to play in sustaining progress towards a fair and inclusive workplace. As Executives, we will lead by example to ensure we are sensitive to the issue of inequality at work while demonstrating respect and inclusion across the organisation. Along this journey, we will include all staff to ensure we have the skills and knowledge to foster an inclusive and equitable work environment for everyone at the Eye and Ear.

Vision Statement

We strive to be a workplace where:

- we welcome and celebrate all gender, cultural, identity and other Differences;
- there is rich opportunity for success for all employees;
- all employees actively contribute to a workplace that is: equitable, inclusive, respectful, safe, welcoming and supportive.

Our Business

The Royal Victorian Eye and Ear Hospital has been here for Victorians, caring for their health for 150 years. The Eye and Ear is Australia's only specialist eye, ear, nose and throat hospital. From our base in East Melbourne and specialist clinics around Victoria, we reach about 220,000 patients in a typical year.

The Eye and Ear has over 60 different specialist clinics for the diagnosis, monitoring and treatment of vision and hearing loss and provides a 24-hour emergency eye, ear, nose and throat health service. The hospital has strong affiliations with regional health services and its ophthalmology registrars undertake rotations across Victoria.

Since its beginnings in 1863, when the hospital was an infirmary treating diseases of the eye and ear amongst Melbourne's poor, the hospital has grown in size and reputation. As a world leader in eye, ear, nose and throat services, the hospital is now at the cutting edge of research and teaching. This is supported through its close association with the University of Melbourne Departments of Ophthalmology and Otolaryngology, the Centre for Eye Research Australia and the Bionics Institute.

Key Terms and Definitions: Terminology, language, definitions

Gender	The culturally constructed system of categories each society uses to organise the identification and expression of masculinities and femininities. It is distinct from biological sex, which is the universal human categories of female, male and numerous intersex variations.
Gender Identity & Expression	The socially constructed gender category a person identifies with and expresses (consciously and unconsciously) through culturally recognised gender symbols such as clothing, hair style, body language, communication styles and channels and more. Traditionally, the dominant Australian society has only recognised two such categories: woman/girl and man/boy. However, as gender is a social construction, many societies have many other choices, including Albanian <i>Sworn Virgins</i> (biological females who live as social men), Samoan <i>fa'afafine</i> (biological males who live as social women), and Indian Hijras (who are generally born male or intersex and live as neither social women nor men but as their own social category), to name just a few. In some Aboriginal and Torres Strait Islander communities, Sistergirls and Brotherboys are recognised gender categories that do not align sex and gender. Today, mainstream Australian society also recognises gender-fluid, gender diverse and self-described genders, among others. Individuals may change their gender identity over time, with or without any associated medical procedures.
Transgender	The term 'transgender' or 'trans and gender diverse' are umbrella terms for people whose gender identity and expression are different from the sex that was legally assigned to them at birth. The opposite of transgender is cisgender. Trans and gender diverse people may take steps to live in their nominated gender with or without medical treatment. After such treatment, some people refuse the trans label and simply identify as their new gender.
Self-described gender	An individual with a self-described gender may identify as non-binary, trans, gender diverse, agender, genderqueer, genderfluid or use another term. Non-heteronormative genders like Bear, Butch and Top can also be included in this category.
Gender Equality	An ideal state that will occur when people of all genders have equal rights, responsibilities and opportunities. No known society has ever achieved this state but measures designed to foster gender equality help prevent violence against women and girls, gender diverse people and gendered male-on-male violence, promote economic prosperity and lead to people of all genders being safer and healthier. Gender equality is a human right toward which all societies should be working for the benefit of all.

Intersectionality	For many people, gender inequality may be compounded by other forms of disadvantage or discrimination due to: Aboriginality, race, religion, ethnicity, disability, age, sexual orientation, gender identity, country of origin, language or accent, socioeconomic status, locality, education and more. Gender privilege can also be compounded or diminished by intersectionality.
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Baseline audit analysis

Workforce Gender Audit Insights 2021

Indicator 1: Gender composition at all levels of the workforce

The gender composition of the workforce at the Eye and Ear is:

- 37% - men
- 63% - women
- Unknown - self-described gender

Indicator 2: Gender composition of governing body

The gender composition of the board is:

- 44% - women
- 56% - men
- Unknown - self-described gender

Indicator 3: Gender pay equity

The median total remuneration pay gap:

- 5.0%

Indicator 4: Workplace sexual harassment

The number of formal sexual harassment complaints made during the reporting period:

- 1

Indicator 5: Recruitment and promotion

New employees recruited during this period:

- 36% - men
- 64% - women
- Unknown - self-described gender

Indicator 6: Leave and flexibility

Gender composition of people in the organisation who have taken parental leave during the reporting period:

- 5% of our men took parental leave
- 8% of our women took parental leave
- Unknown - self-described gender

Indicator 7: Gendered work segregation

Medical staff:

- 38% - women
- 62% - men
- Unknown - self-described gender

Nursing:

- 8% - men
- 92% - women
- Unknown - self-described gender

Allied Health and Health Professionals:

- 19% - men
- 81% - women
- Unknown - self-described

Administration:

- 31% - men
- 69% - women
- Unknown - self-described gender

Senior Leaders:

- 41% - women
- 59% - men
- Unknown - self-described gender

Employee Experience Data – People Matter Survey – a snapshot

Notes:

- With a 30% PMS response rate, these figures are suggestive of our workforce situation with the caveat that employees with dominant backgrounds in terms of gender, sexuality, religion, physical ability and cultural backgrounds may be more likely to have fully participated than those from non-dominant groups (Sykes et. al. 2010).
- The large number of 'decline to answer' responses in some categories is suggestive that these non-dominant identities may not be fully supported in the workplace.
- Intersectional data is largely unavailable.
- The percentages relate to the respondents who **agreed/strongly agreed** with the statements provided.

Indicator 1: Gender composition of the workforce

81%: There is a positive culture within my organisation in relation to employees of different sexes/genders.

Indicator 4: Sexual harassment

5%: reported being sexually harassed in the workplace in the last 12 months.

66%: I feel safe to challenge inappropriate behaviour at work.

70%: My organisation takes steps to eliminate bullying, harassment and discrimination.

85%: My organisation encourages respectful workplace behaviours.

Indicator 5: Recruitment and promotion

40%: I feel I have an equal chance at promotion in my organisation.

58%: My organisation makes fair recruitment and promotion decisions, based on merit.

66%: Disability is not a barrier to success in my organisation.

75%: Age is not a barrier to success in my organisation.

76%: Being Aboriginal and/or Torres Strait Islander is not a barrier to success in my organisation.

78%: Cultural background is not a barrier to success in my organisation.

80%: Sexual orientation is not a barrier to success in my organisation.

82%: Gender is not a barrier to success in my organisation.

- At this stage in our data collection and reporting, we cannot determine whether people in certain non-dominant cultural categories (Aboriginal and/or Torres Strait Islander, LGBTIQ+, people with a disability, some ethnic and

religious groups) agree or strongly agree that their identity is not a barrier in the organisation. It will be important to know this in the future as the experiences and opinions of the dominant majority in each category may not be representative of those for people outside these groups.

- Women feel most strongly that gender is not a barrier to their success, with 86% agreeing or strongly agreeing (82% of men). Only 62% of the small number of people reporting Other as their gender category agree or strongly agree.
- The figures for *Cultural background as a barrier to success* also show some significant differences, with those of South Asian background most concerned about the issue (only 70% agree or strongly agree). People from an English, Irish, Scottish and/or Welsh background are the most confident their cultural background is not a barrier to success (83% agree or strongly agree).

Indicator 6: Leave and flexibility

60%: I am confident that if I requested a flexible work arrangement, it would be given due consideration.

69%: My organisation supports employees with family or other caring responsibilities, regardless of gender.

- Age of children, however, makes a very significant difference with only 39% of those with children below pre-school age and 46% of those with pre-school age children agreeing or strongly agreeing that having caring responsibilities is not a barrier to success.

73%: My organisation would support me if I needed to take family violence leave.

Key Data

- The following clinical professional groups are very gender dominant, by headcount:
 - medical staff - 60% men
 - nursing staff - over 90% women
 - allied health/health professionals - over 80% women
- The sessional nature of our senior medical workforce significantly impacts our data.
 - They are over-represented in head count, which impacts most other datasets.
 - Most senior medical staff members (SMS) work an average of less than 6 hours a week, which is significantly lower than any other profession in the audit.
- The senior leadership team, consisting of the CEO (Level 0), Executive Directors (Level -1), Operational Directors, senior managers and Heads of Clinic (Level -2), are collectively 40% women, which reflects a lower representation of the total workforce, which is 63% women.
- There is a fairly even spread of age for women and men. There is a smaller cohort in the 15-24 age bracket and 65+ for both genders. There is only a small percentage difference in each age bracket for women versus men. Men in our

workforce as a percentage are slightly older due to the fact that the bulk are medical staff and the training is significantly longer to qualify than the women-dominated professions, which are three- or four-year degrees.

- Women represent a slightly higher percentage of casual and full-time/part-time ongoing positions. While men have higher percentages of their overall workforce in fixed term positions that are both full-time or part-time.
- Some of our professions have similar numbers for the current vs terminated and recruited.
 - Two were notably different: 79% of the SMS who terminated were men while 80% of those who were recruited were women. One of the administrative subset groups had a 73% termination rate for women while only 40% of those who were recruited were women.
- Our Board is made up of nine members. The Board Chair and three other members are women (44%), while five members are men. The Board figure of 44% women is below the overall workforce figure of 63%. However, the Department of Health recruits members of the Board and this health service has no control over the process.
- 14 staff reported via the People Matter Survey that they were sexually harassed. Of those, 11 were women and 3 were men. The survey allows employees to identify more than one perpetrator, if applicable: 50% selected a colleague, 21% selected a group of colleagues and 50% selected client/customer/patient/stakeholder.
- Within our nursing and allied health and health professionals workforces, the annual pay gaps favour women. In mean annualised base salaries, women nurses earn 1.7% higher than men while women allied health & health professionals earn 11.3% more.

Data Improvements:

At the Eye and Ear we need to improve the way we capture the following information for new and existing employees: Gender, Cultural Identity, Religion, Sexual Orientation, Aboriginal and/or Torres Strait Islander, Disability and ANZCO Codes (Occupational Codes). A significant number of respondents chose '*prefer not to say*' in some of these areas of the demographics of the People Matter Survey and it is assumed that at least some of these people are concerned about discrimination if they provide their personal information. This will need to be addressed in the plan for capturing existing staff data and thus constitutes an important area of work in this Action Plan.

We aim to build reporting protocols for: Permanent Promotions, Career Development, Training Opportunities, Higher Duties and Internal Secondments.

The implementation of changes to capture this data and reporting will be significant and require action from a number of internal people and external organisations.

Once we are able to capture additional data, future audits will allow us to do deeper analyses of many criteria and will allow us to utilise an intersectional lens to identify inequality. At the moment, there is very little intersectional data available.

Other Data:

Each year the following reports and data are analysed and reported:

- Victorian Public Sector Comparator Workforce demographic report
- People Matter Survey
- Eye and Ear exit surveys
- Global Leadership Forecast (DDI).

Meaningful consultation and engagement

Feedback was also sought from staff regarding:

- Leadership & Development programs
- Orientation and onboarding
- Reward and Recognition programs
- Stress, Health and Wellbeing survey

During the Gender Equality implementation, the information above and how it might provide evidence has been considered. In preparation for this plan, data and information from Victorian Government websites and the Workplace Gender Equality Agency (WGEA) has been shared to help employees to understand the need for change. A Gender Equality Consultation Survey for staff to provide input into this plan was also conducted.

The implementation of the gender equality initiatives required the formation of a working party with all professions and divisions represented. Employees were informed about the initiatives and given the opportunity to join the working party and to participate in consultation. Internal working groups and employee representation groups have participated in a number of consultation sessions to identify key issues and opportunities for improvement. An organisation-wide survey provided information for the audit and the opportunity for all staff to input into the priorities for this plan.

Board and senior leadership participated in information sharing, consultation and the organisation-wide survey.

Consultation with the relevant industrial bodies and Unions helped to ensure all our employees were heard and we were consistent with broader issues across the public Victorian Health Services.

Key insights from the consultation sessions include:

- A need to review the recruitment and promotion practices and to ensure best practice.
- Further training on reducing discrimination is required for those conducting interviews.
- The diversity of interview panels should be considered for improvement.
- The importance of the transparency of the interview process is an important issue.
- Multiple staff feedback stated that some decisions in the organisation are unfair.
- Our physical resources (such as a breastfeeding room) support the culture that we are trying to build.
- The need to review how we promote women to leadership positions by questioning whether we are still identifying masculine traits as leadership traits.
- The need to understand if employees are wanting to work more/fewer hours.
- It is important for managers (and employees) to understand and promote all the different types of leave available.
- A majority of survey respondents do not support the implementation of gender quotas

Case for change

The Eye and Ear recognises the importance of intersectional gender equality and the benefits to the organisation of being a diverse, equitable and inclusive working environment. We understand that we have a responsibility to the Victorian public to be an organisation that is improving intersectional gender equality for all Victorians. We know that to be an employer of choice and to recruit and retain the best candidates requires everyone to have equal opportunity to be successful at work. Our work in the implementation of the Act has been guided by the principles of:

- (1) All Victorians should live in a safe and equal society, have access to equal power, resources and opportunities and be treated with dignity, respect and fairness.
- (2) Intersectional gender equality benefits Victorians of all genders.
- (3) Intersectional gender equality is a human right and precondition to social justice.

- (4) Intersectional gender equality brings significant economic, social and health benefits.
- (5) Intersectional gender equality is a precondition for the prevention of family violence and other forms of violence against women and girls, as well as gendered violence against boys and men and people with self-described gender.
- (6) Advancing intersectional gender equality is a shared responsibility across the Victorian community.
- (7) Human beings with all gender identities and expressions should be free to develop their personal abilities, pursue their professional careers and make choices about their lives without being limited by gender stereotypes, gender roles or prejudices.
- (8) Gender inequality may be compounded by other forms of disadvantage or discrimination that a person may experience on the basis of Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation and other attributes.
- (9) Women, people with intersex variation and those who are gender diverse have historically experienced discrimination and disadvantage on the basis of sex and gender.
- (10) Special measures may be necessary to achieve gender equality.

The greatest area of opportunity according to our internal surveying is in providing those with caring responsibilities the security and confidence that these responsibilities are not barriers to their success. This is especially true for those with pre-school age and younger than pre-school age children (only 46% and 39%, respectively, agree or strongly agree caring responsibilities are not a barrier).

Disability employment is also a strong area of opportunity since only 66% of respondents believe '*Disability is not a barrier to success in my organisation*'. Our results for *age, Aboriginal origin, cultural background and sexual orientation* were all positive with between 75-82% of respondents agreeing or strongly agreeing that these factors are not a barrier to success in our organisation. However, given the small number of people who identified in this survey as Aboriginal, living with a disability, coming from certain cultural backgrounds or as LGBTIQ+, and the survey's inability to note intersectionality, we do not know at this stage if these cohorts feel safe and supported at work or not.

We know from our exit survey analyses over the last several years that the most common reason employees leave the organisation is because they are dissatisfied with '*their opportunity for advancement*'. This is a significant opportunity to improve the opportunities for advancement for everyone and to attract and retain the best candidates.

In addition, according to recent U.S.-based research on workplace attrition generally (Sull, Sull & Zweig, 2022), *organisational culture* is the most reliable predictor of attrition, with a failure to promote diversity, equity & inclusion and to respect all individuals the leading causes of negative culture. While our People Matter Survey results *appear* not to indicate a negative culture, the low numbers of people responding to the survey at all, and even lower numbers self-identifying in a range of non-dominant cultural categories (Aboriginal, disability, LGBTIQ+, etc), do point to an opportunity to improve diversity, equity, inclusion and respect for all and potentially improve retention at the same time.

Recent Eye and Ear Projects

We implemented several projects and programs at the Eye and Ear prior to the Gender Equality Act that align with the Act's principles:

- In 2021, the Eye and Ear launched the third iteration of our Aboriginal Employment Plan. The actions noted in our Innovate RAP are due to be completed in July 2022 and planning for our Innovate 2.0 RAP to embed cultural change is underway.
 - In 2020, an Aboriginal Cultural Awareness training package was launched with five other Victorian Health services as part of the Wandear Bangoongagat eLearning Project Group.
 - 93% of our staff have completed this training.
 - In 2020, the Mirring Ba Wirring Aboriginal Health Unit was re-named and launched. The Mirring Ba Wirring team work in collaboration with People and Culture to ensure we are providing a culturally safe workplace.
 - The team deliver cultural awareness training to staff to improve confidence for customer interactions. They have also championed an outdoor welcoming space for Aboriginal patients where all staff and patients are welcome.
- The Eye and Ear supports transition to retirement including coordinating an annual information session with a superfund for employees to attend. The session is part of a week-long program for employees to improve their financial health and physical wellbeing.
- Orientation, induction and mandatory training clearly outline the expected behaviours of all staff and how staff can report inappropriate behaviours.
 - Managers also complete online learning to help prevent inappropriate behaviours.
- In 2021, we celebrated our diverse employee cultures by creating a cultural diversity cookbook. The cookbook was a great opportunity to share our differences and meet people from across the organisation.
- Diversity and Inclusion is celebrated with an annual calendar of events that we support each year, which is led by our Marketing and Communications team.

- In 2019, we delivered two sessions on *Unconscious Bias and Bystander Intervention Training* to managers across the organisation to improve transparency and action against negative behaviours.
- Our flexible work agreements support many staff with caring responsibilities and are well supported by leadership. We also have the opportunity for staff to purchase additional leave.
- Remote working is available, when appropriate, with a significant increase in utilisation over the last two years.
 - The benefits to wellbeing and productivity have led to the practice continuing into the future in a hybrid manner.
 - Staff are also given the opportunity to spread their span of hours to support caring responsibilities.
- As a result of our People Matter Survey, we actively took steps to increase and promote internal secondments available for staff.
 - These opportunities are particularly important for women as this segment of our workforce generally has a preference for on-going positions and thus miss out on the opportunities that fixed term roles provide for upskilling, visibility and career advancement. Secondments provide access to these opportunities without losing the perceived benefits of on-going contracts.
- While implementing the Strengthening Hospital Responses to Family Violence approach we implemented our Family Violence Workplace response procedure to support staff who are experiencing family violence.
- We have implemented an ANUM success profile and an Allied Health Career Development Blueprint.
 - Both of these initiatives support women-dominant workforces to progress individual careers into senior levels of leadership.
- During the physical redevelopment of the hospital site, we have continued to prioritise breastfeeding rooms and multifaith prayer rooms.
 - The redevelopment process has raised awareness of the importance of these spaces as we have had to move them several times; therefore, many leaders have been involved and now understand the importance of these facilities for staff and patients alike.
 - Our redeveloped space will have some unisex toilets, multi-faith prayer and breastfeeding rooms, an outdoor welcome space with an Aboriginal Art Installation, Aboriginal welcome plaques and Aboriginal Glass and will showcase our five pieces of Aboriginal art.
- The redeveloped hospital will also have a History Wall where there will be information regarding the wide range of diversities with which our patients and carers identify.

While the above projects each had a different driver, or commenced prior to the new legislation, they will benefit gender equality and intersectionality at the Eye and Ear and will provide a great launching pad for us to commence our GEAP. They have also been supported at all levels of the organisation so we believe that we have a workforce with significant interest and willingness to come along on this journey of improving intersectional gender equality.

Strategies and measures

The Gender Equality Act 2020 provides all defined entities with seven key indicators to develop strategies and measures to improve gender equality in the workplace. These indicators are, according to the Gender Equality Commission, “the key areas where workplace gender inequality persists” in Victoria.

Notes:

- The Act and Commission sometimes order and name the Indicators slightly differently and we have followed the order and naming conventions given in the Act.
- We have addressed six of the seven key indicators below. *Indicator 2: Gender composition of governing bodies* has not been addressed because the recruitment, tenure and remuneration for Board Directors are all controlled by the Department of Health.
- Designated years are calendar years and not financial years.

Our predominant strategies for improvement are to:

- Improve our internal systems and structures, including data collection and reporting, that support representation, visibility and accountability.
- Ensure our policies, procedures and overall organisational culture support equitable outcomes for everyone at the Eye and Ear.
- Inspire our people so that they have the confidence to self-identify and be themselves at work as well as the curiosity, awareness and skills to support or lead change.

Indicator 1: Gender composition at all levels of the workforce

Strategy 1.1: Create visibility and understanding of our employees to build a workforce of the future that is inclusive and abundant with opportunity for all.

Action 1.1a: Implement collection of intersectional employee data with the systems we currently have to improve our understanding of our current situation and the need for change.

Indicator: Reports available with data

Responsibility: People & Culture

Due 2022-2023

Action 1.1b: Update systems software to allow for the collection of intersectional recruitment data to improve our understanding of our current situation and the need for change.

Indicator: Reports available with data

Responsibility: People & Culture

Due 2024-2025

Actions 1.1c: Develop secondment program and reporting to create movement and build internal capability.
Promote the importance of handover documentation to facilitate the secondment process.

Indicators:

- Case studies developed and promoted.
- Internal secondment and promotion report available.

Responsibility: People & Culture

Due 2022-2023

Strategy 1.2: Initiate cultural change toward embracing and celebrating the intersectional identities of our workforce.

Action 1.2a: Provide opportunities to celebrate and outwardly support all of our employees, ie. International Women's Day, Pride March & Carnival, broaden acknowledgement of worldwide religious holidays, individual honours, etc.

Indicators:

- An increase of 5% in the number of people willing to report non-dominant identities in the PMS.
- PMS results indicate that staff are confident that their gender and intersectional attributes are not a barrier to success and career opportunities.

Responsibility: People & Communication

Due 2022-2023

Action 1.2b: Leadership team, E&I Champions and E&I Agents trained in recognising monocultural thinking and unconscious biases.

Indicator: Key groups complete training

Responsibility: People & Communication

Due 2023-2024

Strategy 1.3: Greater gender balance in leadership positions

Action: Test our thinking at all stages of the recruitment and promotions process following the *40:40:20 For Gender Change* model (40% women-40% men-20% mix of women, men and self-defined gender).

Indicators:

- Hiring managers trained in utilising the *40:40:20 For Gender Change* model.
- Movement toward a 40:40:20 gender balance in all leadership positions.

Responsibility: Executive team

Due: 2024-25

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

Strategy 3.1: Review, remediate and future proof pay inequity across our workforce.

Actions 3.1a:

- Implement a pay inequity grievance process to ensure grievances are addressed.
- Implement a remuneration framework for non-clinical roles to improve pay equity.
- Develop a checklist to educate leaders so that the principles of gender equity are consistently applied across the organisation.

Indicators:

- Decreasing pay inequity found in annual pay audit.

Responsibility: Executive team

Due 2022-2023

Action 3.1b: Identify pay inequity via yearly pay audit.

Indicator: Pay gap reduced by 2% by 2025.

Responsibility: Executive team

Due: 2024-2025

Strategy 3.2: Apply an intersectional lens to pay equity.

Actions: Acquire ability to analyse pay equity with an intersectional lens

Review intersectional data for pay inequity.

Indicators:

- Data and reporting available.
- Data reviewed

Responsibility: Executive team**Due** 2024-2025**Indicator 4: Sexual harassment in the workplace****Strategy 4.1:** Ensure our policies and procedures support equitable outcomes for everyone at the Eye and Ear.**Actions:**

- Socialise and communicate the sexual harassment reporting process that is informed by people and managers with lived experience of reporting incidents.
- Create and communicate two flow charts to demonstrate the different processes depending on perpetrator - employee or not an employee.

Indicators:

- Communication plan implemented.
- Flow chart updated in eLearning modules.
- Reduced underreporting of sexual harassment in PMS.
- Reduce by 10% the disparity between seeking support / reporting of sexual harassment internally and reporting in PMS.

Responsibility: People & Culture**Due** 2023-2024**Strategy 4.2:** Improve our internal systems and structures that support representation, visibility and accountability.**Actions:**

- Track feedback after sexual harassment complaints or reporting processes.
- Report sexual harassment investigation feedback annually to improve the process.
- Provide update about sexual harassment investigations to leadership and Board in the Health, Safety and Environment report.

Indicators: PMS and both formal and informal reporting data supports increased confidence in reporting sexual harassment. Health, Safety and Environment report contains information on reported cases of sexual harassment, including outcomes.

Responsibility: People & Culture

Due 2024-2025

Strategy 4.3: A variety of skilled support is readily available to assist and advise staff who are experiencing sexual harassment.

Actions 4.3.a:

- Continue increasing the number of Peer Support Officers.
- Increase the promotion of Peer Support Officers.
- Ensure that our Peer Support Officers are diverse and representative of the staff demographic.
- Improve reporting procedures for Peer Support utilisation.

Indicators:

- PMS and both formal and informal reporting data supports increased confidence in reporting sexual harassment.
- Number of Peer Support Officers increased to 15.
- Increased awareness and utilisation of Peer Support Officers evident in reports submitted by Officers.
- Changes to reporting procedures allow us to determine the number of staff approaching Peer Support Officers with concerns about sexual harassment.

Responsibility: People & Culture

Due 2022-2023

Action 4.3.b Peer Support Officers, managers and P&C receive training in intersectionality.

Indicator: All Peer Support Officers, P&C and managers trained in intersectionality.

Responsibility: People & Culture

Due 2024-2025

Indicator 5: Recruitment and promotion practices in the workplace

Strategy: Improve our internal systems and structures that support representation, visibility and accountability.

Actions 5A:

- Review Human Resource Information System (including recruitment, onboarding & payroll) to note weaknesses in data collection and reporting that limit our ability to implement procedures supporting inclusion and equity.

- Review & update the Recruitment and Selection procedure for medical and non-medical staff to improve inclusion and equity.
- Survey staff for intersectional data.
- Implement interim processes to capture data that is currently not available via our current suite of reports.

Indicators 5A:

- Data available for additional intersectionality and other current reporting gaps, ie. career development.

Responsibility Director Medical Services, People & Culture

Due 2022-2023

Actions 5B:

- Support the implementation of the new Human Resource Information System (recruitment, onboarding, payroll) to provide intersectional data collection and reporting.
- Use new data capability and reporting systems to provide insight into our recruitment and promotion practices.
- Implement and embed equity & inclusion throughout our recruitment and promotion practices.
- Implement training in equity & inclusion for those who lead recruitment and promotion practices.

Indicators 5B:

- All hiring managers complete training to improve their understanding of inclusion, equity, unconscious bias and monocultural thinking during the recruitment process.
- Recruitment, onboarding and payroll system updated with intersectionality data capability.
- PMS data show a 5% decrease in intersectionality being a barrier to success.

Responsibility: People & Culture, Director Medical Services

5B Due 2024-2025

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

Strategies:

- Improve our internal systems and structures that support the processes of working flexibly and taking leave.
- Foster and encourage balanced and supportive application of shared caring responsibilities.

Actions:

- Socialise all leave opportunities (parental, family violence, cultural etc.).
- Provide real life examples via internal communications to socialise shared caring arrangements.

- Develop manager tools and educate managers regarding different leave entitlements.
- Identify Gender Equality data subset to be included in performance and improvement reports.

Indicators:

- PMS data reflects increased agreement by all cohorts that taking leave/working flexibly is available and will not impact career progression.
- Improvement in the gender balance of the utilisation of leave and flexible working arrangements.
- Performance reports amended.

Responsibility: People & Culture and Director Medical Services

Due 2024-2025

Indicator 7: Gendered segregation within the workplace

Strategy: Remove barriers and create new opportunities where traditional norms prevent equity within roles.

Actions:

- Investigate gender imbalance in teams/professions/management levels to remove barriers.
- Review rostering practices to allow for equitable and inclusive participation in organisation-wide initiatives, events and programs.

Indicators:

- As a result of the investigations, two improvement projects scoped and implemented.
- Managers educated on best practice rostering principles and encouraged to make changes for the well-being of their clinicians.

Responsibility: People & Culture and Director Medical Services

Due 2024-2025

Leadership and resourcing our GEAP

We understand the importance of this work and the benefit that it will have for our employees, our patients, the organisation and the public. As a result, the Executive recruited a dedicated position to provide expertise and lead and coordinate this strategy, in addition to other intersectional diversity, equity and inclusion work. In addition, funding over the next four years

to implement training and update and upgrade systems to collect and report on all data required has been approved. We believe this approach will give the best opportunity to implement important changes that will benefit Eye and Ear employees.

The implementation of the plan will require a working group of Equity and Inclusion Agents where the positions, skills and knowledge required to implement the strategies and measures will be available. In addition, a group of key influencers at all levels of the organisation, Equity and Inclusion Champions, will be identified and recruited to be advocates for the GEAP. The current GEAP planning group are excellent advocates and allies for the change that we want to implement within the organisation. They will be transitioned to key influencers and trained to be local experts. It is envisaged that the key influencers will meet quarterly for training and to provide information and advice about how implementation is filtering down at a local level.

Measuring progress

The People and Culture team, in partnership with Marketing and Communications, will be responsible for coordinating the reporting of progress of the GEAP to share the information within the organisation and externally. The Executive Director of People and Communication will be the sponsor of this work.

Measure of progress	Responsibility	Audience
Activity Tracker (quarterly)	Equity and Inclusion Coordinator	Equity & Inclusion Agents
Activity Tracker Update (annually)	Executive Director People and Communication	Executive team Board
Progress update (annually)	People and Communications	Eye and Ear workforce
Progress report to the Commission for Gender Equality in the Public Sector every two years	People & Communications	Commission for Gender Equality

The tracking register will be adapted from other working groups across the health service. The E&I Agents will meet quarterly and will be responsible for completing the tracking register that will be presented at each meeting. Should there be a need, updates to the Executive can be more frequent, on an as required basis.

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