Commission for Gender Equality 2026 Progress Report

Organisation name	Austin Health
Total number of employees (and full-time equivalent FTE), as at 30 June 2025	Total employees: 9,572 (7149W:2397M:26S) Total FTE: 7645.09
Response rate to employee experience survey	8%
Contextual information	
Location (metropolitan, regional or rural. If other, please specify)	Metropolitan

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?	During the reporting period, Austin Health continued work to embed gender impact assessments (GIAs) into the development and review of policies, programs and services. During the preparation of this progress report, however, we have identified a small number of initiatives that progressed during the period without a completed GIA on file. This reflects the transitional state of Austin Health as the organisation strengthened its internal capability and governance arrangements to support consistent application of the GIA framework. Recognising this, Austin Health has undertaken targeted actions to enhance compliance, including by introducing mandatory reporting fields in executive and board reporting. These improvements are now in place and are support a more systematic and proportionate approach to undertaking and documenting GIAs going forward. Austin Health remains committed to meeting its obligations under the Gender Equality Act 2020 and to continuous improvement in embedding gender equality considerations into decision-making.
Name	Jodie Geissler
Role title	CEO
Signed	[insert signature]
Date	[insert date]

1. Reporting on gender impact assessments (GIAs)

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).

1.2 Describing policies, programs and services subject to a GIA

Ref #	A: Title	B: Subject	C: Description of the policy, program or service	D: Status	E: Description of gendered impacts
1.	North Eastern Public Health Unit Population Health Catchment Plan Gender Impact Assessment	Program	The NEPHU Population Health Catchment Plan - Part 1 was delivered from 2023 to 2025 and outlined key health and wellbeing priorities that the Population Health Branch would lead and implement in partnership with our stakeholders and communities. The goal for this work was/is to improve health outcomes and reduce health inequities across the region, and the chosen focus areas for these two years were Improving Sexual and Reproductive Health and Increasing Healthy Eating. Part 2 of the Population Health Catchment Plan was launched in 2025 and will run from 2025-2029.	New	Gendered impacts were identified across both priority areas (Healthy Eating and Sexual and Reproductive health). These included: • The need for, and access to, prevention activities in sexual and reproductive health priority area • Equity from a socio-economic and geographic perspective • The impact of gender on healthy eating across individuals, households and communities as women do the majority of food preparation in households.

2.	Local Food Environments	Program	Mapping activity to map, analyse and describe the food environment across the North Eastern Public Health Unit catchment area. This activity and the data collected will inform future work to improve equity, access and affordability of food in the catchment.	New	Access to food, and the unpaid labour involved in sourcing, preparing and cooking for food is an inherently gendered activity, mostly undertaken by women. Barriers to access are observed more frequently in women, in particular women aged over 50 and single mothers. Planning for food infrastructure does not frequently include a gender or intersectional lens.



Section 1.3 Describing actions taken as a result of a GIA

Ref #	F: Were actions taken as a result of the GIA?	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).	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here.	I: Describe: How and why intersectionality was considered (or not)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)?
1.	Yes (go to column G)	The actions undertaken as a result of the GIA were: • Stakeholder engagement with gender specialists represented in governance structures (completed) • Intersectionality and gendered impacts were focus areas when planning implementation activities (completed) • An evaluation strategy was developed which incorporates gender and intersectionality (completed) • Budget usage that promotes equitable outcomes (completed)	N/A	Intersectionality was considered through the identification of priority population groups, and the intersectionality between these (aka women and recently arrived migrants).	Priority area activities across the two-year plan timeframe (Healthy Eating and Sexual and Reproductive health) focussed on priority populations: women, Aboriginal and Torres Strait Islander Populations, refugees and migrants and people with a disability, in particular community grant rounds.

2.	Yes (go to column G)	As a result of the GIA, a gender lens will be applied to the reporting of food environments, access and equity, to ensure that actions around improving food environments are considered from a gender and intersectionality perspective.	N/A	Intersectionality was considered throughout the GIA and the in the development of the data collection and the report.	The report included specific data on cultural grocers and other culturally specific food outlets across the catchment, as well as data around access to food by foot, public transport and car, and comparative analysis regarding the differences between the food environments in different SEIFA areas.

2. Reporting on progress against the indicators

2.1 Describing progress against the workplace gender equality indicators

K: Indicator*	L: Progress data	M: Additional progress data	N: Has progress been made?	O: Explain how the data does (or does not) demonstrate progress.
1	Critical performance measures Gender composition of the duty holder organisation: • 2023: 74.0% WOMEN: 25.8% MEN: 0.2% SELF-DESCRIBED (6931W:2419M:18S) • 2025: 74.7% WOMEN: 25.0% MEN: 0.3% SELF-DESCRIBED (7149W:2397M:26S) Gender composition of part time workers in the duty holder organisation:	N/A in FY25	No	Limited examples of quantitative change (progress). • Overall, a comparison of FY23 and FY25 audit data shows limited progress towards gender equality, though we expect that 'progress' under this indicator will be incremental and marginal in each 2-year period. • Gender composition of part-time workers has increased marginally, with women and gender diverse employees much more likely than men to work part-time. The proportion of women, men and employees of self-described gender working part-time have all increased marginally. Women and employees who self-describe gender continue to be approx. 1.5 times more likely to work part-time than men: • for, women, proportion working part-time has increased marginally from 58.0% in FY23 to 58.6% in FY25 (+0.6%)

	• 2023: • 58.0% of women work part-time • 36.7% of men work part-time • 61.1% of self-described gender work part-time • 2025: • 58.6% of women work part-time • 38.0% of men work part-time • 69.2% of self-described gender work part-time Gender composition of senior leaders in the duty holder organisation: • 2023: Data not reported in FY23 (Austin did not specify a senior leader cohort) • 2025: 70.3% WOMEN: 29.7% MEN (71W:30M:0S)			• similar change for men, with an increased from 36.7% in FY23 to 38.0% in FY25 (+1.3%) • slightly larger change for employees of self-described gender, from 61.1% in FY23 to 69.2% in FY25 (+8.1%, though very small numbers of employees in the dataset make it difficult to assess significance of changes here). Other points to note (areas where quantitative progress was not demonstrated in FY25): • During this 2-year progress reporting period, the gender make-up of the workforce changed by less than 1% and is still highly segregated. Overall, workforce composition remains consistent for women, men, and gender diverse employees, with changes of <1% for each gender: • women's representation rose from 74.0% in FY23 to 74.7% in FY25 (+0.7) • men's representation fell from 25.8% in FY23 to 25.0% in FY25 (-0.8) • representation of employees who self-describe gender rose from 0.2% in FY23 to 0.3% in FY25 (+0.1%). This slight rise may reflect better data collection systems following introduction of new gender options in FY23 and also increased employee trust in the systems. • No assessment of progress re: gender composition of senior leaders. Assessment of progress is not possible as Austin did not specify senior leader cohort in previous audits.

2	Critical performance measures Gender composition of the duty holder organisation's governing body: • 2023: 55.6%WOMEN: 44.4%MEN (5W:4M, chaired by a man) • 2025: 55.6%WOMEN: 44.4%MEN (5W:4M, chaired by a man)	N/A in FY25	No	No quantitative change (progress) in Austin Health Board composition. Quantitative data remained stable between FY23 and FY25 audit. • Relatively balanced representation of women and men in Austin's board. In both FY25 and FY23 audits, gender composition of Austin's board is 55.6%W:44.4%M (5W:4M), with the board led by a male chair. Note also that given Victorian health services boards are appointed by the Minister for Health, Austin has no internal influence over shifting composition of board members.
3	Critical performance measures Mean total remuneration gender pay gap by occupation group: • 2023: • Managers: -2.9% • Professionals: 1.2% • Technicians and Tradesworkers: 3.3% • Community & Personal Service Workers: -2.3% • Machinery Operators and Drivers: 2.3% • Labourers: -0.1%	Mean total remuneration gender pay gap 1. 2023: 27.9% 2. 2025: 27.6%	Yes	Examples of quantitative progress: • Org-wide gender pay gap on mean (average) base salary has narrowed slightly. In FY23, the average annualised FTE base salary for a man in the Austin Health workforce was 28.9% higher than for a woman. This gender pay gap has narrowed slightly, to 28.1% (-0.7%) in FY25. While this gap is still very large (showing that for every $100 a man takes home, a woman takes home approx. $72), incremental positive change is demonstrated. • Org-wide gender pay gap on mean (average) total remuneration has narrowed slightly. In FY23, the average total remuneration for a man in the Austin Health workforce was also 27.9% more than for a woman. This gender pay gap also narrowed slightly, to 27.6% (-0.3%) in FY25. Again, this gap is consistently large, with women earning significantly less than men despite making up a large majority of the

	• 2025: • Managers: -2.9% • Professionals: 35.8% • Technicians and Tradesworkers: 3.5% • Community & Personal Service Workers: -3.2% • Clerical and Administrative Workers: 9.8% • Machinery Operators and Drivers: -2.1% • Labourers: 0.2% Mean total remuneration senior leader gender pay gap: • 2023: Data not reported in FY23 (Austin did not specify a senior leader cohort) • 2025: 10.5% Supplementary measures Mean base salary pay gap: • 2023: 28.9%			workforce. However incremental positive change is demonstrated. • Org-wide gender pay gap on median (midpoint) total remuneration has narrowed. In FY23, the median (midpoint) total remuneration for men was 7.6% higher than for women. This gap has also narrowed to 3.5% in FY25 (-4.1%). Other points to note (areas where quantitative progress was not demonstrated in FY25): • Org-wide gender pay gap on median (midpoint) base salary has widened. In FY23, the median (midpoint) annualised FTE base salary for men was 0.5% higher than for women. This gap has widened to 3.4% in FY25 (+2.9% gap). • Note that in future audits Austin aims to review reporting on base and total remuneration figures to ensure consistent and reliable inclusion of all benefits and allowances, in line with CGEPS audit guidance. • Based on available data, it is not possible to make a meaningful assessment of progress on gender pay gaps by occupation. In FY23, Austin did not report ANZSCO codes for approximately 1/3 of its active workforce. This makes FY23 gender pay gaps by occupation figures unreliable, and also prevents meaningful analysis of difference between FY23 and FY25 data for this measure). No comparison of gender composition of gender pay gap for senior leaders possible as Austin did not specify a senior leader cohort in FY23. In FY25, the gender pay gap for senior leader cohort is 10.5% (i.e. average remuneration for men in this cohort is 10.5% higher than the average remuneration for women)

	• 2025: 28.1% Median total remuneration pay gap: • 2023: 7.6% • 2025: 3.5% Median base salary pay gap: • 2023: 0.5% • 2025: 3.4%			

4	Critical performance measures Anonymous experience rate of sexual harassment: • 2023: Among 2023 People Matter respondents (#1045), 10% of women, 6% of men experienced sexual harassment in the workplace in the past 12 months (9% of all respondents) • 2025: Among 2025 People Matter respondents (#839), 11% of women, 10% of men and 46% of self-described gender respondents experienced sexual harassment in the workplace in the past 12 months (12% of all respondents) Number of formal reports of sexual harassment: • 2023: 228 formal reports (153 women, 46 men, 1 gender not available)	N/A in FY25	Yes	Examples of quantitative progress: • Decrease in formal reports of sexual harassment. In FY23, 228 formal complaints of sexual harassment were recorded (including approx. 2 in 3 - 67% - experienced from a client/customer/patient/stakeholder, 17% from a member of the public, 7% from a colleague). In FY25, the number of formal complaints was much lower, with 83 formal reports of sexual harassment recorded (including approx. 95% experienced from a client/customer/patient/ stakeholder, 4% from a colleague, 1% from a member of the public). Note that while this demonstrates quantitative progress, it should be viewed cautiously given that among People Matter respondents, anonymous reporting of sexual harassment increased from 9% in 2023 to 12% in 2025. (See point below re: increase in anonymously reported experience of sexual harassment) • Those who reported experience of sexual harassment (in People matter) are more likely to submit a formal complaint. Among 2025 People Matter respondents who experienced sexual harassment – approx. 1 in 12 (8%) submitted a formal complaint. While low, this means a formal complaint was twice as likely as in 2023, when 1 in 25 (4%) of respondents who experience sexual harassment said they submitted a formal complaint. Other points to note (areas where quantitative progress was not demonstrated in FY25): • Increase in anonymously reported experience of sexual harassment. Among 2023 People Matter respondents, 9% of all respondents (including 10% of women, 6% of men) experienced some form of sexual harassment in the

	• 2025: 83 formal reports (76 women, 6 men, 1 self-described gender) Supplementary measures Participants who said they reported sexual harassment: • 2023: Among 2023 People Matter respondents, 4% of respondents (approx. 1 in 25) who experienced sexual harassment in the workplace submitted a formal complaint • 2025: Among 2025 People Matter respondents, 8% of respondents (approx. 1 in 12) who experienced sexual harassment in the workplace submitted a formal complaint Reasons for not making a formal sexual harassment complaint: • 2023: Among 2023 People Matter respondents who experienced sexual harassment in the workplace, the most			workplace. In 2025 People Matter, respondents were more likely to have experienced sexual harassment, with 12% of all respondents (including 11% of women, 10% of men and 46% of respondents of self-described gender). Although People Matter response rates at Austin Health were very small (11% response rate in 2023, 8% response rate in 2025) making it difficult to assess how representative of the whole workforce this data may be, an increase in reported experience nevertheless requires further attention in future GEAPs. • Reasons for not reporting sexual harassment continue to include a belief reporting will not make a difference, or concerns for reputation. Among 2025 People Matter respondents, more than 1 in 4 who experienced sexual harassment said they didn't report it because they didn't think it would make a difference or they didn't think it was serious enough, more than 1 in 5 believed there would be negative consequences for their reputation. These reasons for not reporting were also most common reasons cited among 2023 People Matter respondents who experienced sexual harassment and did not submit a formal complaint.

	common reasons for not submitting a formal complaint were as follows: • I didn't think it would make a difference (49%) • I didn't think it was serious enough (43%) • I believed there would be negative consequences for my reputation (24%) • I didn't need to because I no longer had contact with the person who harassed me (17%) • 2025: Among 2025 People Matter respondents who experienced sexual harassment in the workplace, the most common reasons for not submitting a formal complaint were as follows: • I didn't think it was serious enough (29%) • I didn't think it would make a difference (28%)			

	• I believed there would be negative consequences for my reputation (22%) • I didn't need to because I no longer had contact with the person who harassed me (13%) Satisfaction with handling of workplace sexual harassment complaint: • 2023: Data not available, withheld due to low number of responses not meeting privacy thresholds • 2025: Data not available, withheld due to low number of responses not meeting privacy thresholds Satisfaction with handling of formal workplace sexual harassment complaint: • 2023: Data not reported in FY23 • 2025: Data not reported in FY25			



5	Critical performance measures Gender composition of recruited employees: • 2023: 71.7% WOMEN: 28.0% MEN: 0.3% SELF-DESCRIBED (1942 new recruits, 1393W:544M:5S) • 2025: 67.6% WOMEN: 32.0% MEN: 0.4% SELF-DESCRIBED (948 new recruits, 641W:303M:4S) Gender composition of employees who were promoted: • 2023: Data not reported in FY23 • 2025: Data not reported in FY25 Perceptions of recruitment, by gender: • 2023: Among 2023 People Matter respondents, 58% of women, 63% of men believe the recruitment processes at Austin Health are fair	N/A in FY25	Yes	Examples of quantitative progress: • Increase in representation of men among new recruits. While recruitment continues to be predominantly women, an increasing proportion of new recruits are men. In FY23, gender make up of new recruits was 71.7% women, 28.0% men, 0.3% self-described gender. In FY25, this shifted to 67.6% women (-4.1% women), 32.0% men (+4.0% men), 0.4% self-described gender (+0.1% self-described gender). This slight rise may reflect better data collection systems following introduction of new gender options in FY23 and also increased employee trust in the systems. Other points to note (areas where quantitative progress was not demonstrated in FY25): • Relative stability in men's and women's perceptions of fairness in recruitment. Among 2023 People Matter respondents (#1045), 58% of women and 63% of men agreed recruitment processes at Austin Health were fair. These perceptions remained stable in 2025, when 56% and 63% of men felt this way. • Women less likely to agree promotion processes were fair, limited change in men's perceptions. Among 2023 People Matter respondents (#1045), 44% of women and 48% of men agreed promotion processes were fair. These perceptions were less positive in 2025, with 38% of women feeling this way (-6%), and 47% of men feeling this way (-1%). • Employees of self-described gender far less likely than women and men to view recruitment and promotion processes as fair. Among 2025 People Matter respondents (no comparative data for 2023), 23% of self-described gender

	• 2025: Among 2025 People Matter respondents, 56% of women, 63% of men and 23% of self-described gender respondents believe the recruitment processes at Austin Health are fair Perceptions of promotion, by gender: • 2023: Among 2023 People Matter respondents, 44% of women, 48% of men believe the promotion processes at Austin Health are fair • 2025: Among 2025 People Matter respondents, 38% of women, 47% of men and 8% of self-described gender respondents believe the promotion processes at Austin Health are fair			respondents agreed recruitment processes at Austin were fair, and 8% agreed promotion processes at Austin were fair. Note that while this is based on a very small dataset of respondents, these differences will be important to explore as a part of ensuring progress towards workplace gender equality for employees of all genders. • No comparison of gender composition of promotion or other progression opportunities (higher duties, secondments) possible as this audit data was not reported in FY23 or FY25.

6	Critical performance measures Average weeks of parental leave, by gender: • 2023: • Women (545W) took average of 29.7 weeks • Men (77M) took average of 3.4 weeks • 2025: • Women (478W) took average of 18.9 weeks • Men (76M) took average of 3.2 weeks Uptake of flexible work, by gender: • 2023: Data not reported in FY23 • 2025: Data not reported in FY25 Perceptions of flexible work culture, by gender: • 2023: Among 2023 People Matter respondents, 60% of women, 65% of men are confident that if they requested a flexible work	Uptake of family violence Leave • 2023: 55 instances of FV leave uptake (55 women) • 2025: 76 instances of FV leave uptake (71 women, 5 men)	Yes	Examples of quantitative progress: • Increase in uptake of family violence. There has been a steady increase in uptake of family violence leave in successive audits, as well as reported uptake by men for the first time in FY25. In FY25, there were 76 instances of family violence leave uptake (71 women, 5 men), up from 55 in FY23 (55 women). • Increased confidence in flexible work requests. In 2025, People Matter respondents were more likely than in 2023 to feel confident that if they requested a flexible working arrangement it would be given due consideration. In 2023, 60% of women and 65% of men (5% gender gap) felt this way, compared to 2025, when 66% of women (+6%) and 67% of men (+2%) felt this way (both genders more positive, and a larger gender gap at 5%). [Note that in 2025 (no comparative data for 2023), respondents of self-described gender were considerably less likely than men and women to feel confident a request would be given due consideration (38% felt confident)] Other points to note (areas where quantitative progress was not demonstrated in FY25): • Limited meaningful change parental leave uptake. The gender split among parental leave takers remains steady at 83.6% women and13.7% men in FY25, compared to 87.6% women and 12.4% men in FY23. Women continue to take much more parental leave than men, with men taking an average of 3-4 weeks leave in FY23 and FY25. In contrast, women took an average of 29.7 weeks in FY23, dropping to 18.9 weeks in FY25. Note that parental leave uptake is largely influenced by EBA clauses, which lack gender-equal provisions seen in agreements like the VPS Award.

	arrangement, it would be given due consideration • 2025: Among 2025 People Matter respondents, 66% of women, 67% of men and 38% of self-described gender respondents are confident that if they requested a flexible work arrangement, it would be given due consideration Supplementary measures Gender composition of parental leave takers: • 2023: 87.6% WOMEN: 12.4% MEN: 0.0% SELF-DESCRIBED • 2025: 86.3% WOMEN: 13.7% MEN: 0.0% SELF-DESCRIBED Gender gap in carer's leave: • 2023: 3.2% of women, 2.9% of men, no employees of self-described gender accessed carers leave • 2025: Data not reported in FY25			• No comparison possible for carers leave access as data was not reported in FY25, only in FY23. • No comparison possible for uptake of formal flexible working arrangements as data was not reported in either FY25 or FY23.

7	Critical performance measures Occupational gender segregation: • 2023: • Managers: 61.9% WOMEN: 38.1% MEN: 0.0% SELF-DESCRIBED GENDER • Professionals: 85.3% WOMEN: 14.6% MEN: 0.1% SELF-DESCRIBED GENDER • Technicians & Tradesworkers: 70.4% WOMEN: 29.2% MEN: 0.4% SELF-DESCRIBED GENDER • Community and Personal Service Workers: 69.4% WOMEN: 29.6% MEN: 1.0% SELF-DESCRIBED GENDER • Clerical and Administrative Workers: <10 employees • Sales Workers: no employees • Machinery Operators and Drivers:	N/A in FY25	No	• FY23 data under this Indicator may not accurately represent occupational gender segregation at Austin due to known issues with ANZSCO reporting during that reporting period. In FY23, Austin was not able to report ANZSCO codes for approximately 1/3 of its active workforce. While this has been rectified in FY25, omissions in FY23 prevents meaningful progress analysis for the current reporting period. • Overall, In FY25, as in FY23, gender segregation of Austin's workforce continues to reflect broader societal and community trends across health industries and occupations. The majority of Austin's workforce are Professionals (primarily Health Professionals) and the workforce continues to be dominated by women.

	15.9% WOMEN: 84.1% MEN: 0.0% SELF-DESCRIBED GENDER • Labourers: 56.9% WOMEN: 43.1% MEN: 0.0% SELF-DESCRIBED GENDER • 2025: • Managers: 66.5% WOMEN: 33.5% MEN: 0.0% SELF-DESCRIBED GENDER • Professionals: 76.7% WOMEN: 23.1% MEN: 0.2% SELF-DESCRIBED GENDER • Technicians & Tradesworkers: 62.6% WOMEN: 37.2% MEN: 0.2% SELF-DESCRIBED GENDER • Community and Personal Service Workers: 68.9% WOMEN: 29.7% MEN: 1.4% SELF-DESCRIBED GENDER • Clerical and Administrative Workers:			

	81.7% WOMEN: 18.0% MEN: 0.3% SELF-DESCRIBED GENDER • Sales Workers: no employees • Machinery Operators and Drivers: 17.9% WOMEN: 82.1% MEN: 0.0% SELF-DESCRIBED GENDER • Labourers: 59.1% WOMEN: 40.9% MEN: 0.0% SELF-DESCRIBED GENDER			

*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

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 ☒e ☒f ☒g	Factors limiting progress Given the size (9582 employees), diversity (# professional cohorts, #EBA's), service-delivery priorities (clinical demands, limited focus on non-clinical improvement work) and employment context (healthcare professionals highly feminised) for Austin's workforce, we expect that any progress under Indicator 1 is incremental and marginal in each 2-year progress reporting period. Quality of workforce data has also hindered Austin Health's ability to use data in real-time to monitor and make progress against Indicator 1.	Austin Health GEAP Strategies aligned to Indicator 1 • Strengthen leadership capability and confidence to lead a gender equitable and inclusive workforce • Embed gender targets in identified operational teams, divisions and across workforces • Increase diversity across leadership cohorts
2	☐None	Factors limiting progress	Austin Health GEAP Strategies aligned to Indicator 2

	☐ a ☐ b ☒c ☐d ☐e ☐f ☐g	Victorian health services boards are appointed by the Minister for Health, Austin Health has no internal influence over shifting composition of board members.	• Strengthen board members' capability and confidence to promote workplace gender equality at Austin Health.
3	☐None ☒ a ☒ b ☐c ☒d ☒e ☒f ☒g	Factors limiting progress Given the size (9582 employees) and diversity (# professional cohorts, #EBA's/craft group agreements governing remuneration) of Austin's workforce, progress under Indicator 3 is incredibly complex. In the first phase of diagnosing the gender pay gap, Austin invested significant effort in mapping and classifying senior management roles & levels of seniority, drawing on CGEPS guidance produced specifically for the health sector (mapping levels of seniority across 5 professional cohorts: Nursing, Medical, Allied Health, Operations, Corporate (including People & Culture, Finance and Infrastructure & Services). Recognising the complexity, Austin chose to focus on individual cohorts, including senior medical staff, to investigate gender pay gaps. This approach means that, while there are genuine efforts to understand these gaps, progress across the organisation will likely be slow in the short term.	Austin Health GEAP Strategies aligned to Indicator 3 • Diagnose the status of pay equity at Austin and set goals to address areas of concern • Take positive action to reduce gender pay gaps
4	☐None ☒ a	Factors limiting progress Given the size (9582 employees) and diversity (# professional cohorts) of the workforce, and nature of employee roles (high % in direct service delivery, shift work arrangements) delivery of sexual	Austin Health GEAP Strategies aligned to Indicator 4 • Build a positive workplace culture free from sexism, racism, homophobia,



	☒ b ☐c ☒d ☒e ☒f ☒g	harassment and other related training and socialisation of updated prevention policies is resource intensive and takes time. This means we would not necessarily expect to see immediate quantitative evidence of progress. Factors contributing to progress Despite the above, genuine attempts have been made to improve policies and procedures and continue training to build knowledge and raise awareness / understanding of what constitutes sexual harassment and how to report it. This includes, for example, the revision of key policies during the reporting period including the "Prevention and management of sexual harassment by patients to staff procedure" and relevant all staff communications and intranet materials made available during the reporting period. Further, the prevention of sexual harassment along with other forms of unacceptable behaviour continues to be a feature of mandatory training, and relevant all staff communications and intranet materials made available during the reporting period. Additionally, key Austin staff (D&I Manager, OVA Specialist Advisor and Sexual Health Nurse) attended a statewide Sexual Safety Forum in the reporting period where researchers and practitioners presented on the nuances and complexities of addressing sexual harassment in a healthcare setting. Using the insights gained from this forum, during the reporting period work also commenced on forming a Sexual Safety working group to address the gaps at Austin Health.	transphobia and discrimination in favour of able-bodied people. • Improve the experiences of staff who experience sexual harassment from workplace colleagues • Implement a comprehensive workplace approach to prevention and response to sexual harassment from patients
5	☐None ☒ a ☒ b	Factors limiting progress Given the size (9582 employees), diversity (# professional cohorts, #EBA's), service-delivery priorities (clinical demands, limited focus on non-clinical improvement work) and employment context (healthcare professionals highly feminised) for Austin's workforce,	Austin Health GEAP Strategies aligned to Indicator 5 • Commit to consistent application of gender equitable and inclusive recruitment processes and practices

	☐c ☒d ☒e ☒f ☒g	we expect that any progress under Indicator 5 is incremental and marginal in each 2-year progress reporting period. Factors contributing to progress Although limited progress evident in overall workforce data FY23 to FY25, genuine attempts have been made to drive progress in the GEAP strategies and actions to remove bias and educate staff and hiring managers in particular regarding gender equitable and inclusive recruitment and promotion processes. Examples include: • An "Inclusive Leadership" course was delivered four times across three months in 2023 to 107 leaders. The course presented on several topics including unconscious bias and strategies on mitigating bias. • An Inclusive Recruitment Workshop was held in February 2025 and attended by 11 hiring managers from across the organisation (Mental Health, Medical Workforce, Allied Health, Diversity and Inclusion, Recruitment Operations and Talent Acquisition). This workshop focused on developing practical strategies and data-driven approaches to reduce bias in recruitment by exploring inclusive job advertising, fair assessment design, and real-world case studies. A range of other activities were undertaken to support the progression of women and gender diverse employees into leadership roles, through organisational wide leadership training activities including our Frontline Leadership Program, Emerging Leaders Program and Leadership Masterclass series is open to all Austin Health employees and provide an opportunity to learn and apply new capabilities that will enhance the leadership and professional development of our people	• Identify and address gendered impacts on access to career progression opportunities

6	☐None ☒ a ☒ b ☐c ☒d ☒e ☒f ☒g	Factors limiting progress Given the size (9582 employees) and diversity (# professional cohorts) of the workforce, and nature of employee roles (high % in direct service delivery, shift work arrangements) socialisation of new and updated policies and support to managers to implement improved flexible working arrangements is challenging, and a long-term investment that may not demonstrate quantitative progress within a 2 year period. Factors contributing to progress Substantial progress is evident in overall workforce data FY23 to FY25 in relation to this indicator. This can be attributed to substantial genuine attempts to make progress against this indicator. For example: • "Austin Doctors Parental Leave Handbook" was published in July 2023 • The first Workplace Accessibility Policy was developed and implemented in 2025. This policy supports staff to thrive in their roles and managers to provide this support without discrimination. Specifically relevant to this indicator re: access to flexible work options. • Additional Family Violence Contact Officers were recruited and trained • Quarterly FV Community of Practice meetings established • Austin Health's Family Violence Workplace Support Procedure was reviewed and endorsed. • Recognition of 16 Days of Activism against Gender Based Violence, with - internal communications and webinars run across the organisation.	Austin Health GEAP Strategies aligned to Indicator 6 • Develop a strategic approach to workplace flexibility • Build a culture which supports all employees to access parental leave and return to work support • Improve practices related to disclosures of family violence for employees

		• Various established governance committees to monitor and continuously progress family violence issues and responses.	
7	☐None ☒ a ☒ b ☐c ☒d ☒e ☒f ☒g	Factors limiting progress Given the size (9582 employees) and diversity (# professional cohorts) of the workforce, and nature of employee roles (high % in direct service delivery, shift work arrangements) socialisation of new and updated policies and support to managers to implement improved flexible working arrangements is challenging, and a long-term investment that may not demonstrate quantitative progress within a 2 year period. Factors contributing to progress . While we work to improve the quality of ANZSCO reporting in our audit data, we have also made genuine attempts to address gender segregation as part of our strategies to tackle gender stereotypes and build a safe workplace culture. For example: • We have commenced work to remove gendered language from policies and procedures, and this process is ongoing- e.g. the Parental Leave guideline. • Conducting the Frontline Leadership Program (FLP) which is a whole of organisation program that supports all clinical and non-clinical frontline leaders equally, regardless of whether they come from male or female dominated occupations. • The FLP content was also reviewed during the reporting period to ensure that gender equality principles were reflected in the program itself.	Austin Health GEAP Strategies aligned to Indicator 7 • Develop and pilot an approach to address gendered segregation in the workplace • Take action to address gender stereotypes

*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.

3. Reporting on GEAP strategies

Section 3.1 Explaining incomplete strategies (if any)

Across our 2021–24 GEAP, we committed to 65 actions across 19 strategies. Of the 19 strategies; 2 are complete (total of 6 actions), 16 are partially complete and 1 has not yet commenced.

Of the 65 actions; 13 were completed, 33 are in progress, 7 are ongoing (will not ever be complete) and 12 are not yet commenced.

81% of the actions are complete or have commenced. These actions span governance and engagement, leadership capability, pay equity, recruitment, flexible work, parental-leave supports, sexual-harassment response, and gender-segregation initiatives.

Minimal progress on several items is as a consequence of sequencing dependencies, major systems transformation, and competing governance priorities, as well reflecting the scope and design of the 2021-2024 GEAP. Many strategies were extremely broad, highly complex and cross-organisational in nature, requiring significant foundational work before implementation could realistically occur. As a result, the breadth and ambition of the original plan outpaced available capacity, infrastructure and organisational readiness, limiting the extent of deliverable progress within the reporting period. A more phased, design-first approach would have better aligned with organisational maturity and resourcing.

Austin Health's 2026 GEAP will be targeted and meaningful with an emphasis on culture, structural gaps in pay and career development, flexible work, data and governance.

Section 3.2 Describing achievements, challenges and learnings

During the 2021-2024 GEAP, several strategies made strong contributions to gender equality. Regular reporting to the Executive and Board, along with active engagement from the Gender Equality Working Group, strengthened governance and visibility. Communications initiatives, including International Women's Day events and awareness campaigns, helped build organisational understanding. Inclusive leadership training for more than 100 leaders has also significantly advanced awareness and capability in relation to gender equality. System enhancements and specialist work / analysis commenced which has laid the foundations to better understand the gender pay gap as we progress towards our 2026 GEAP. Improvements to sexual harassment policies, procedures and training also strengthened our prevention and response framework. Finally, we have made significant advancements in relation to family violence through various policy and procedure updates, and expanding our family violence contact officers and associated supports, resulting in significant uptake in access to leave and other supports.



Challenges included the ambitious scope of the 2021-2024 GEAP, limited dedicated resourcing, legacy system constraints, and competing organisational demands. Many actions required foundational design work that was not yet in place, resulting in delays.

Key learnings include the need for realistic phasing, clearer ownership and accountability at all levels in the organisation, and prioritising system and data capability. These insights directly inform the structure and sequencing of our next GEAP.

Section 3.3 Providing other updates on implementation

In March 2025, Austin Health welcomed a new CEO and throughout 2025 several new members of the executive have joined – each bringing a strong and visible commitment for gender equality. Despite this commitment, there will continue to be ongoing challenges to design strategies that are meaningful given the organisational context (a workforce of over 10,000 employees, covered by complex EBAs and complex remuneration arrangements - especially for our medical cohort).

Section 3.4 Describing resourcing allocation

Implementation of the 2021–24 GEAP was supported through a combination of dedicated diversity and inclusion roles, subject-matter experts across People & Culture, and executive governance. While a committed group of leaders and staff contributed to GEAP delivery, overall resourcing—particularly capacity, time, systems and foundational design capability—was not fully adequate to deliver the breadth and ambition of the first plan.

Staffing allocation

Resourcing for GEAP implementation was primarily provided through People & Culture staff, with work distributed across several key roles.

None of these roles are dedicated exclusively to GEAP implementation but are part of a broader network of staff dedicated to advancing workforce diversity and inclusion priorities, of which gender equality is one.

Key positions involved in the implementation of activities included the following:

- Executive Sponsor – Chief People & Culture Officer
  Provided enterprise-wide leadership, governance, and oversight.
- Director, Employee Relations & Diversity & Inclusion
  Led strategic direction, prioritisation, and integration of GEAP actions.
- Diversity & Inclusion Manager
  Undertook the majority of coordination, design, staff engagement, compliance work, and partnership with GenderWorks Australia.
- Organisational Development Manager
  Supported leadership development related activities.

- Gender Impact Assessment Manager (Development Lead – Strategy, Planning and Integrated Programs)
  Supported GIA implementation as required by the Act.
- Family Violence Contact Officers
  Supported the progress of family violence related activities and providing support to staff.
- People Matter Survey lead
  Supported data-related actions.
- Gender Equality Working Group
  Provided consultation, feedback, and monitoring; met monthly. However, this working group disbanded due to a change in Diversity and Inclusion Manager personnel.

Who implemented the strategies

Implementation required collaboration across divisions. Responsibility owners included:

- Executives (e.g., People & Culture, HR Shared Services, Finance, Corporate Communications)
- Directors and Managers across HR, Employee Relations, Safety & Wellbeing, Learning & Organisational Development, Family Violence Program, and Occupational Violence & Aggression
- Subject-matter leads supporting pay equity analysis, flexible work, parental leave resources, sexual harassment response, and recruitment practices
- External partners such as GenderWorks Australia, engaged for gender pay gap analysis, guidance notes and dashboard development.

Most strategy owners delivered GEAP work in addition to their BAU responsibilities, which contributed to uneven progress.

Adequacy of financial, technological, physical and time resourcing

Resourcing was not fully adequate for the scale of the 2021-2024 GEAP.

Key challenges included:

- Insufficient dedicated FTE across D&I, data analytics, communications, and organisational development functions to manage the volume and complexity of actions.
- Systems limitations (Chris21, Mercury) that impacted capacity to collect and analyse gender equality data until the HRIS transformation progressed.
- Large, highly complex actions requiring foundational design and sequencing, which were under-resourced relative to scope (e.g., gender-segregation work, inclusive leadership measures, dashboard development).
- Competing organisational priorities, clinical demands, and workforce pressures that limited time availability for non-clinical improvement work.
- Insufficient financial resourcing in early stages for specialist consulting, internal capability building, and change management, although investment increased later (e.g., SAP SuccessFactors program, DCA membership).

How these gaps will be addressed in the next GEAP

To ensure compliance with the Act and deliver sustainable progress, in relation to the 2026 GEAP Austin Heath will:

- Develop a plan focussed on a smaller, more targeted and meaningful set of actions that build upon the foundational work achieved under the 2021-2024 GEAP.
- Strengthen central governance, including resourcing the Gender Equality Working Group and establishing clear decision-making pathways.
- Align scope to capacity, ensuring strategies are phased, achievable, and sequenced according to system readiness.
- Maximise the benefits of the SAP SuccessFactors implementation, enabling dashboards, data accuracy and timely reporting.
- Provide adequate resourcing (from within BAU or additional as required) to support implementation, evaluation, and leadership capability uplift.

Any other additions or comments

Nil

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