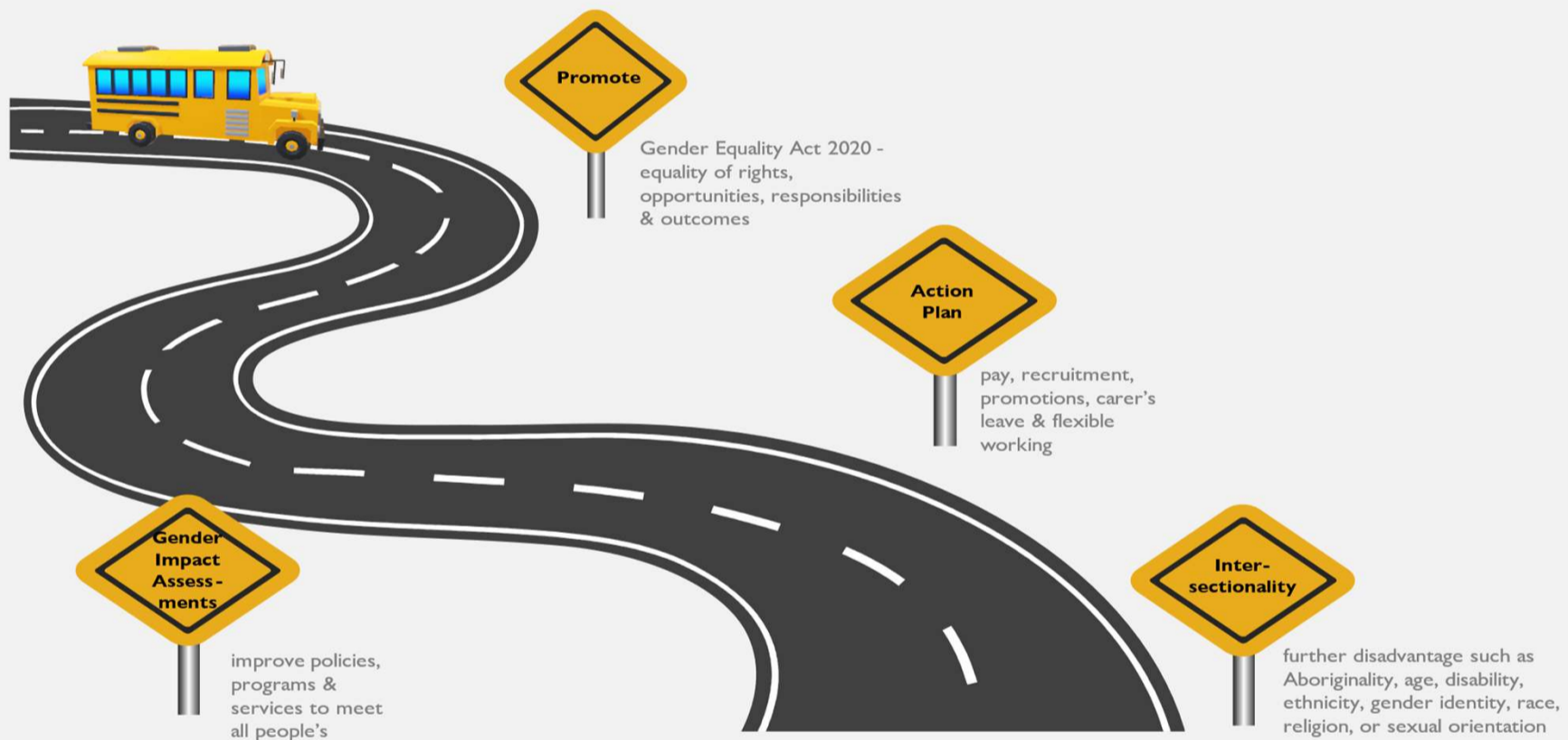


## Forensicare's Audit and Progress Report 2023 for the Commission for Gender Equality in the Public Sector



## Gender Impact Assessments 2020 - 2023

Title	Description	Status	Actions taken
Gender Sensitive Practice Policy	To provide a safe, supportive environment for consumers, carers, families, and staff of all genders, articulating Forensicare's commitment to protect and respond sensitively to people's physical, sexual, and emotional needs, experiences, and preferences	For Review	Yes. Policy amended to include staff. Amended and added definitions to encompass people of all genders, sexual orientation, and sex and added a broader range of characteristics, scenarios, rights and treatment options. Amended the policy to include a family violence lens, trauma informed practice and perspectives from people with disability and Aboriginal and Torres Strait Islander backgrounds.
Diversity, Equity Inclusion Framework Policy	Forensicare is committed to the equity, accessibility, responsiveness and inclusion for all staff, consumers, carers, families and visitors and it was felt the existing equity and inclusion policy was not broad enough in its approach and need to be inclusive of all areas of diversity for both staff and consumers. The Framework outlines this commitment and holds staff accountable for ensuring an environment where each person feels respected and safe engaging with the organisation.	For Review	Yes. Changed policy to a one-page document to ensure it is as accessible to people as possible. A visual representation of diversity characteristics was included to express the different qualities and experiences that make us all unique. Framework collated and consolidated (where possible) the Disability Action Plan, Gender Equality Action Plan, Culture Reform Plan and recommendations from reviews including the Needs of Older People
Expanded Services: additional beds, regional model, prison program expansion and women's precinct	Acting on recommendations from the Royal Commission into Victoria's Mental Health System, we worked with the Department of Health on service improvements, to support the delivery of the Royal Commission into Victoria's Mental Health System recommendations. There are significant impacts on our service, which impacts people with dual disability, low socio-economic status, marginalised groups and Aboriginal and Torres Strait Islanders.	New	Yes. Service construction on stages 1 and 2 of the Thomas Embling Hospital expansion and a significant amount of work to prepare operationally for opening the women's precinct and new units in 2025. The 2023 Budget allocated funding for the planning and detailed design for Stage 3 of the Forensic Mental Health Bed Expansion Project. This work informs the future delivery of a men's high-security unit, bed refurbishments and supporting infrastructure. When fully implemented, the redevelopments will allow us to provide care for more consumers. Consumers have participated in our design working groups at all stages of the project. We have a dedicated female precinct to provide separate facilities across all services and acuties. This has been based on the need to provide for trauma informed care and female consumers not feeling comfortable being housed in the same facility as men. The current service only provides one level of acuity for women which is difficult for women in a mixed intensive care and rehab unit. Building works also took place to remove the sunken lounge areas and access for people with disability.
Yarra House Facility	As Forensicare is growing, new premises are required for staff	New	Yes. Design phase reviewed to include the needs of women, gender diverse and people with disability. Includes gender inclusive bathrooms, changerooms, breastfeeding rooms, lighting, parking and escorts for staff leaving at night.
Gender Transition Leave Policy	Gender Transition Leave was added to the EBA	New	Yes. EBA amended to include Gender Transition/Gender Affirmation Leave and be supportive of transgender and gender diverse Employees. Employees may give effect to their transition in a number of ways and are not required to be undergoing specific types of changes, such as surgery, to access leave under this clause. Employees receive up to 4 weeks (20 days) paid leave for essential and necessary gender affirmation procedures; and up to 48 weeks of unpaid leave. Other support services were included in the EBA.
Family Violence Policy	New policy developed to support Forensicare's commitment to provide a framework for an integrated, comprehensive, systematic, and consistent approach to identifying, assessing risk, and responding to family violence, drawing on best practice principles.	New	Yes. New policy developed for: Forensicare consumers experiencing/experienced family violence; Forensicare employees experiencing family violence. We recognise family violence has serious and significant implications for victims, perpetrators, and the wider community. Family violence is a fundamental violation of human rights and is unacceptable. The protection of victim survivors must be a priority. Forensicare is committed to empowering the safety and recovery of all Victorian's living with mental illness to live free from family violence by: Ensuring the protection of women, children, families, and all people that experience family violence. Holding those who use family violence accountable and connecting them to recovery-based care - Being responsive to the safety, wellbeing and needs of victim survivors. To support MARAM alignment and culture change Forensicare is: Aligning practice to the MARAM framework and responsibilities. Creating a shared understanding and language of family violence, the impacts on victim/survivors and safe response to people using violence. Using practice that is: person centred, trauma and violence informed, intersectional, and culturally sensitive. - Share and request information as required through the FVSS and Child Information Sharing Scheme (CISS) to support ongoing risk management. A new procedure has also been developed. Consumers and staff are now being supported
Women's Care Pathway Project Service	The alignment of the care journey offered to consumers identifying as female, needs to be aligned to our Model of Care. The entire purpose of this project is to address the gendered impacts of forensic mental health care. By understanding and improving the pathway into, through and out of the forensic mental health service system, we seek to reduce the gendered impacts of service delivery. Journey mapping will seek to understand key intersectionality for our consumers	New	No action taken Forensicare has partnered with the ALIVE research collaborative to deliver journey maps of the experience of care provided in our women's pathways. Methodology has been devised alongside ways of working agreement. Data collection commenced but delayed due to concerns about effect on participants in the project and consumers.
Provision of Consent Policy	Policy provides consumers the opportunity to participate in decisions about their treatment and to ensure safeguards are in place to provide consumer informed consent.	For Review	Yes. Amended to include trauma informed care, disability and power imbalance. Amended to support consent that is not so reliant on medical/clinical approaches vs enabling, supportive approaches. Gender identity including trans and gender diverse were placed in the document and consideration given to electroconvulsive treatment for older Rainbow community members that may be triggered by the word "electro"
Model of Care Policy	New Policy/Model of Care (MOC) developed after extensive consultation with consumers, carers, families, supporters, staff, stakeholders, service partners and subject matter experts. MOC demonstrates how Forensicare will deliver best practice mental health care and treatment for consumers.	New	Yes The new MOC supports each unique recovery journey, ensuring every individual finds their strengths, maintains connections and lives a meaningful safe life. It transforms the way we collaborate with our consumers and carers by placing the consumer at the centre of everything we do.  The new policy/MOC sets out Forensicare's principles and commitments for the services it provides. Each service, unit and team manage the changes it needs to make to ensure it delivers the MOC. Staff must show a commitment to the principles and values outlined and regularly audit and evaluates recovery practice to ensure practice guidelines are relevant, considered, recovery-focused and evidence-informed.
Service Planning	Forensicare did extensive research for the royal commission into mental health due to needs not being addressed. We crunched the numbers, outlined requirements, out together a proposal for everything that was required	For Review	Yes. Specifically looked at gender as women are housed in a single/mixed acuity unit and do not receive the same opportunities as male consumers. Specifically looked at women with intellectual disability and how well we work with that cohort they get stuck in prisons with no-where else to go The TEH Expansion look at accessibility and inclusion - so accessible bathrooms, bariatric support and equipment/facilities to support people of all ages, disabilities and sizes. Considered age, cognitive impairment and disability to understand our future service planning requirements Put together proposal and asked the Royal Commission for the funding to go ahead. This was approved and services are being delivered / build / implemented. The research and demand showed the numbers of people, per services and pressures coming from each service Forensicare offers. New service also developed for forensic mental health support to the disability sector, an area not currently being serviced.
Aboriginal Advisory and Self-Determination Unit.	Our Aboriginal Social and Emotional Wellbeing Approach, which includes a commitment to building meaningful relationships with Aboriginal consumers, families, communities, and organisations, identified the need for the establishment of an Aboriginal Advisory and Self-Determination Unit. This unit will provide Forensicare with guidance as we continue to develop ways to build cultural safety and cultural capability for our Aboriginal consumers, their families and our workforce. The purpose of this unit is to support system and organisational policy change that proactively responds to reduce the compounding impact of colonisation experienced by Aboriginal men and women who are engaged with both the criminal justice and mental health systems	New	Yes. The unit has been many months in development as we sought guidance by Aboriginal leaders, ensuring the work we do is meaningful and purposeful. Will employ positions to help guide us. To better understand the needs of our Aboriginal consumers, Forensicare undertook an audit of a wide range of parameters to help identify areas for improved culturally safe care. This audit informed key areas of variance in health care, including accessibility, length of stay, diagnosis and intervention. This base-line audit will be used to develop quality improvement activities and actions to reduce barriers for access, particularly in early intervention and prevention, monitor areas of inequality of care, and support transition from Forensicare's services that support 'closing the gap.' As part of the development of an Aboriginal Advisory and Self-determination Unit, Forensicare has spent time over the past few months collaborating with Aboriginal consultants and advisors in consideration of two identified roles - Senior Aboriginal Adviser, and Aboriginal Adviser. These roles are designed to support system-wide change, guide us in delivering self-determination across our services and collaborating with us as we build key relationships with Aboriginal community and organisations. These roles, at senior levels, are critical before we employ Koori Mental Health Liaison Officers, as they will be able to provide cultural support to other Aboriginal workforce across the service.
Consumers, Carers and Lived Experience Team Service	Participation in the Families and Carers Advisory Group at the Thomas Embling Hospital has grown, with more families, carers and Lived Experience staff represented, as well as our Lived Experience team members, These inputs are key to our focus on safely rehabilitating individuals in our care by carefully and gradually returning consumers to live safely in the community and to ensure the design of our infrastructure and services is informed by their insights.	For Review	Yes. We have intentionally developed and grown our Lived Experience workforce, growing from three fulltime equivalent positions to 11 at the end of 2022-23. The contribution of this team to the organisation, and to our consumers and their families and carers has been significant, and their willingness to share with all of us so we are better informed, has been inspiring.
Regional Expansion Service	We developed a model for regional service expansion to provide greater accessibility to specialist forensic mental health services to people where they live.	New	Yes. New service being established for people in rural and regional areas based on social disadvantage, numbers of First Nations People, complexity, multiculturalism, immigrants and low SES and employment. Service offerings expanded after community-wide consultations to include transition support, and shared care, delivered in partnership with Area Mental Health and Wellbeing Services. Regional teams will work with people who are at risk of offending before they offend through early identification, engagement and intervention, facilitate practical support in conjunction with Area Mental Health and Wellbeing Services as well as capability building across the sector. Peer support will be available for people as they transition out of our services - hospital, community or prison - into the region. Early intervention initiatives are expected to generate economic and other benefits beyond their direct impact and are critical in achieving better health and social outcomes for vulnerable Victorians and their communities. Regional expansion aims to enable people to access the supports they need, where they need it, and reduce engagement or reengagement with the criminal justice system.
Codesign Framework Policy	Over the past decade, there has been a global movement towards improving mental health services and systems to meet the needs and preferences of consumers better. This movement towards co-design brings a new way of thinking. It aims to ensure people with lived experience are increasingly co-drivers in designing, delivering and evaluating safe, high quality, efficient care services and systems. Co-design also seeks to redress the power imbalance experienced by many.	New	Yes. New framework developed. Ensures the rights of people with lived experience to participate and have a direct and active role in the processes that affect their lives. People using or affected by our service have equal power and responsibility in achieving positive change and improved outcomes and are now invited to all meetings determining their future. Co-design requires commitment to an equal and respectful partnership in which every person, and their experience, is valued regardless of scope or scale. Co-design is more than consultation - it involves having equal seats at the table for consumers and carers, with the aim of lived experience participants equalling the number of people with experience by profession.  We recognise diversity within our community and the importance of inclusivity in creating opportunities to hear and better understand the needs of all people with lived experience. Diversity could reflect a range of ages, cultural backgrounds, gender identities, religious affiliations, educational experiences, abilities/disabilities, lifestyles, sexual orientations, socioeconomic statuses, or statuses within the general community. By seeking and being inclusive of our diverse community, we: are better informed in our planning and decision-making; achieve greater agreement and understanding from all involved; make services safer and accessible to everyone.

## Gender Equality Action Plan

	Strategies and Measures	Status	Description
1	Identify strategies to collect missing gender and intersectional data across the organisation and implement, where practicable.	In progress	The requirements have been built into the new HCM system being implemented in 2024.
2	Identify and implement methods to collate and track data by individual, team, department and directorate, including: recruitment, promotion, exits, career development, higher duties and secondments; flexible working, carers leave, parental leave; and integration into HRIS when applicable.	In progress	The requirements have been built into the new HCM system being implemented in 2024. Processes will include these criteria, some of which are collated manually or not tracked
3	Review an appropriate gender and intersectional workforce mix that meets the needs of the organisation and those of our consumers and; identify areas of concern, root causes and strategies to redress any issues	Not started	Starts in year 3
4	Promote gender equality, intersectionality, its benefits and our responsibilities under the family violence framework, MARAM	In progress	On track. Activities promoted across the year include: 16 days of activism, female crash test dummies, gender equality plan, new family violence (FV) policy and procedures, quarterly reporting to Executive on the FV Action Plan, FV Information Sharing (FVISS) and Child Information Sharing (CIS) staff support cards, FVISS and CIS guidelines and tools, introduction to FV training module and team talks on gender.
5	Develop mandatory gender equality training to increase understanding of gender inequality and required workplace-related behaviours, including: avoiding and addressing unfair assumptions, pressures and treatment of people based on gender; improving understanding of intersectional experiences of discrimination and inequity; and required workplace policies, protocols and procedures that help address gender inequality	In progress	Training developed and used in promotional talks. Will be rolled out more broadly as the organisation recruits more staff
	Implement initiatives such as revising the style guide to assist people with understanding gender equal behaviour, language and support, for example: including pronouns alongside people's names, to reduce risk of misgendering; using images of gender and culturally diverse people, to better reflect our community; and terminology guidelines around how to refer to people and avoiding gendered language where possible.	In progress	Delayed. Style guide review will align with organisational identity refresh mid-2024. Provides time to develop and implement the brand style guide and review and update the writing style guide.
	Proactively demonstrate we are a gender-inclusive organisation to prospective employees and external stakeholders by introducing standardised protocols for all internal and external communications, for example: promoting pronouns in email signatures (that employees can update themselves as needed); including gender-identity flags in email signatures, on the website and key reports – including the rainbow pride flag, trans flag and non-binary flag.	In progress	Delayed. Protocols and associated materials will align with the organisational identity refresh by 30 June 2024 (see above). We promote, and use Rainbow flags, and First Nation People's Flags on resources
	Join a support organisation such as Diversity Council Australia to receive resources, research and training that can be shared with all staff.	Complete	Membership granted for 12 months. Details and how to create a log in shared with staff.
	Conduct an audit of our publications and messaging in adherence to the revised style guide and update as required.	Not started	Starts in year 3
	Investigate options for facilities to meet the needs of people of all genders and those who have experienced gender-based violence. This may include but is not limited to: gender-neutral bathrooms; appropriate lighting, exit signage and safe passage out of facilities, for victim-survivors of trauma and gender-based violence.	In progress	Delayed. Bathrooms at Community Services converted to All Gender. The hospital audit and recommendations are complete and undergoing consultation. Appropriate signage and lighting have been planned for the new build.
	Investigate and develop strategies to ensure Forensicare's signage actively demonstrates gender inclusivity. This may include but is not limited to: posters and statements on not tolerating gender discrimination and how to report it if you see it; and equitable representation of people of different genders in imagery	Not started	Starts in year 3
	Implement the Safe Place and Culture Plan initiatives for bullying, sexual harassment, discrimination and victimisation	In progress	On track. Numerous initiatives are continuing to be rolled out and informed by staff.
	Conduct gender impact assessments as per the Gender Equality Act 2020 when developing or reviewing a policy, program or service	Not started	Starts in Year 2. GIA training in development
	Monitor gender and diversity balance and report annually. Consider strategies to diversify recruitment to leadership roles and implement as necessary.	In progress	On track. Gender and diversity balance has been added to the Manager Dashboard. Reporting will commence in Q1 FY24.
	Ensure our consultation processes seek the views and experiences of diverse groups.	In progress	Although not scheduled until Year 2, staff with lived experience, rainbow and diverse backgrounds are sought for consultation and program design.
	Monitor gender and diversity balance across all occupations and levels of the organisation (when data is available) and implement strategies where necessary to diversify recruitment to roles.	In progress	On track. Gender and diversity balance by occupation and organisational level has been added to the Manager Dashboard. Reporting will commence in Q1 FY24.
	Identify any gender disparities and opportunities in recruitment and develop strategies accordingly	Not started	Starts in year 2
	Attract people of all genders to roles at Forensicare, including those that break conventional 'gender norms'	Not started	Starts in year 2
	Review current recruitment and selection practices for opportunities for improvement, based on best practice.	Not started	Starts in year 2
	Provide unconscious bias training to managers involved in recruitment	In progress	Ahead of schedule. Unconscious bias training included in the 2022 manager training
	Identify any gender disparities and opportunities in promotion, secondment, and higher duties, subject to data extraction and availability, and develop strategies accordingly	Not started	Starts in year 2
	Identify strategies to ensure equitable access to career development opportunities to all staff, especially women and gender diverse people from diverse communities.	Not started	Starts in year 3
	Investigate any pay equity issues by gender, employment status, occupation, and discipline.	Complete	Median annual pay trend and median fortnightly pay gap real time data has been included in the Manager Dashboards by gender, employment status, occupation, and discipline. An initial review will be refined for key insights in Year 2. Managers can drill down by discipline, directorate and level.
	Develop a pay gap issues paper to identify any concerns and root causes.	Not started	Starts in year 2
	Develop and implement strategies and responses to address pay equity issues and opportunities	Not started	Starts in year 3
	Investigate leave types by gender and workforce type, for impact on career progression, organisational knowledge and skills and develop strategies to address issues as necessary.	In progress	Delayed. Nursing data over the past 5 years, shows women are taking more sick leave than men, and men are doing more overtime hours, equating to burnout and staff shortages post Covid. Absenteeism trend and average overtime hours by gender have been added to the managers dashboards to monitor and track leave. Staff consultation will be undertaken when viable.
	Promote the availability of and confidential support for accessing family violence leave.	Complete	Ahead of schedule. New policy, procedure and training developed and rolled out across the business. People and Culture business partners take this material out on a rolling basis
	Identify strategies to ensure taking parental or carer's leave does not impact employees long-term career development prospects.	Not started	Starts in year 3
	Investigate the extent of flexible working options in use and develop strategies inclusive of the needs of direct and non-direct care staff and people of all genders and diverse backgrounds.	Not started	Starts in year 2
	Develop and encourage diversity support networks that staff can contribute to and benefit from	In progress	Ahead of schedule. A pilot Rainbow support network is being established as a trial.
	Review opportunities to support and encourage people to feel safe disclosing disabilities and the need for reasonable adjustments	In progress	Ahead of schedule. This work is promoted across the business as BAU. People and Culture business partners and Health & Wellbeing take this material out on a rolling basis

## Workplace Gender Equality Indicators

Indicator	Progress made?	Progress description
Gender composition of all levels of the workforce	Yes	<p>In our 2021 audit, women represented 65% of staff in the year to 30 June 2021. In our 2023 progress audit, this rose 2% to 67%.</p> <p>In 2021, women comprised 61% of all full time staff, 75% of all part-time staff and 55% of all casual staff. The 2023 findings are similar to 2021. Of the 67% of women employed, 60% of all full time staff, 75% of all part-time staff and 66% of all casual staff. Casual staff rose by 20 or 11% in 2023.</p> <p>We were not able to collect non-binary or gender diverse data for staff in 2021 and 2023. Our employee and payroll systems will be updated to collect improved gender-diverse data in 2025 with the implementation of our incoming human capital management system (HCM).</p> <p>According to our 2021 PMS data, 5 or 1% of staff identified as 'non-binary, use another term, trans or intersex'. 14 or 2% of staff identified this way in the 2023 PMS data, an increase of 9 or 1%.</p> <p>The 2021 and 2023 results are the same, significant given staff numbers increased by 316 people due to growth at Forensicare. The key difference is the increase in casual female staff which could be explained as: staff resigning and going on the casual bank (post Covid, there has been greater job choice in health, people choosing more flexible arrangements and less hours); and more women on working visas in 2023 as Australia is no longer shut down by Covid. Focus groups would need to be run to clarify.</p> <p>Re levels to CEO, our 2021 and 2023 audit results show that each level, (bar psychiatry and registrars) tend to be around 2/3 women. In 2023, this equated to 67% women in our Executive, 71% women in senior management, and 60% women in manager/supervisors. Efforts were made over the past few years to have more women in leadership, equal to the ratio of women in the organisation and this is being monitored as per our strategy 7.1 "Monitor gender and diversity balance and report annually. Consider strategies to diversify recruitment to leadership roles and implement as necessary".</p> <p>The results for levels 3 and 5 (psychiatrists / registrars) and psychologists are discussed in Indicator 7.</p> <p>Our organisation argues that these figures continue to show strong progress against Indicator 1. We have been able to continue a high number of women at management levels.</p>
Gender composition of governing bodies	Yes	<p>In 2021, the Board was 40% women. In 2023, the chair and 78% of the governing body are women. There appears to be a conscious effort to achieve gender diversity on our Board as well as having the consumer and lived experience voice brought into decision making. We were not able to collect non-binary or gender diverse data for new recruits in 2021 and 2023. Our human capital management system (HCM) will be updated to collect improved gender and diverse data in 2025.</p>
Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender	Yes	<p>In our 2021 audit, the median total remuneration pay gap for women was 22%. In our 2023 progress audit, this dropped 9% to 13%. The mean and median base salary and mean total remuneration remained the same at for each year.</p> <p>It is believed that the different results for total remuneration between the two years is due to the Commission's requirements that changed the way data was annualised in 2023. Hence comparisons are not possible and this will have to be reviewed in 2025.</p> <p>Although, our 2021 and 2023 audit shows there is a gender pay gap, an analysis done according to our GEAP strategy 11.1 'Investigate any pay equity issues by gender, employment status, occupation, and discipline' this is not an issue. The analysis showed this had more to do with the roles performed by men and prevailing gender imbalances in professions, than any disparity in gender pay. For example, our medical team are predominately male whilst our nursing team, are predominately female. This skews the results. When the pay gap is assessed by level, the analysis showed that men are doing more overtime than women. This will be addressed in the 2024 strategy 11.2 Develop a pay gap issues paper to identify any concerns and root causes.</p> <p>Forensicare is confident that we are making progress against this indicator as we better understand any pay gaps between professions and levels.</p>
Sexual harassment in the workplace	Yes	<p>Our 2021 Employee Experience Survey data showed that 15% of women and 9% of men who responded to the survey had experienced sexual harassment behaviours in the workplace, and of those 6% of women and 10% of men made a formal complaint. In 2023, our Employee Experience Survey respondents indicated that 16% of women and 6% of men had experienced sexual harassment in the workplace. Overall, this was a 1% decrease for men and women in 2023 (13%) down from 14% in 2021. Of those, 11% of women, 0% of men, and 9% of people who chose 'prefer not to say' or 'self-described' categories indicated that they had made a formal complaint.</p> <p>Our 2023 Employee Experience Surveys also indicated that women with different sexual orientations were overrepresented among those who experiencing sexual harassment in the workplace. Levels greater than 20% were recorded for lesbian, bisexual, asexual, pansexual and other women. It appears none of the women indicated they had made a formal complaint.</p> <p>Our 2023 Employee Experience Surveys also indicated that women with tenures of less than 2 years were over-represented among those who experiencing sexual harassment in the workplace:</p> <p>There were insufficient numbers of gender diverse respondents in our 2021 and 2023 Employee Experience Survey to report on sexual harassment. We also didn't record any formal sexual harassment complaints in our 2021 and 2023 workforce reporting data from employees of self-described gender.</p> <p>We did not report on sexual harassment complaints in 2021. In 2023, our audit data for complaint outcomes showed 5 matters dismissed, 1 warning and 1 counselling. All complaints bar 1 unknown were from women.</p> <p>We only counted staff to staff complaints made to People and Culture.</p> <p>We have put steps in place to record, educate and respond to sexual harassment, and thereby reduce sexual harassment in our organisation. Our cultural reform plan and GEAP target sexual harassment through raising awareness of and providing education on unlawful workplace behaviours. Our strategies to deal with and manage claims have been significantly reviewed. We shall also consider how we might address the apparent rise in sexual harassment for women with different sexual orientations. It is too early to indicate any quantitative changes in outcomes as numbers in our PMS survey and complaints are low.</p>
Recruitment and promotion practices in the workplace	Yes	<p><b>Recruitment</b></p> <p>In our 2021 audit, women represented 60% of new recruits in the year to 30 June 2021. In our 2023 progress audit, this rose 5% to 65%.</p> <p>In 2021, of the women we recruited, 54% were employed on a full-time permanent basis, 69% on a part-time permanent basis, 60% on fixed-term contracts and 64% as casuals. In 2023, 60% of women recruited were employed on a full-time permanent basis, 75% on a part-time permanent basis, 67% on fixed-term contracts and 59% as casuals.</p> <p>We were not able to collect non-binary or gender diverse data for new recruits in 2021 and 2023. Our employee and payroll systems will be updated to collect improved gender-diverse data in 2025 with the implementation of our incoming human capital management system (HCM).</p> <p>Our organisation argues that these figures, in conjunction with successful implementation of relevant GEAP strategies, contribute to progress against Indicator 5. Not only have we been able to continue recruiting a high number of women, but we have also been able to offer these new recruits more attractive contract conditions.</p> <p><b>Promotions</b></p> <p>Our 2021 audit showed that 68% of promotions in the 12 months to 30 June 2021 were awarded to women. These promotions occurred in the middle levels of the organisation only, and not within the executive leadership team.</p> <p>Data on promotions will next be considered in the 2025 audit as this was not mandatory for 2023.</p>
Availability and utilisation of terms, conditions and practices relating to: - family violence leave; and - flexible working arrangements; and - working arrangements supporting employees with family or caring responsibilities	Yes	<p><b>Family violence leave</b></p> <p>We did not collect data for our 2021 audit. Our 2023 progress audit indicates 7 women took family violence leave. No diversity data will be reported on publicly to protect these women's identities.</p> <p>Our 2023 Employee Experience Surveys indicated 79% of women were favourable to the statement of 'My organisation would support me if I needed to take family violence leave'. This is 11% higher than 2021. More favourable results were recorded for women who are: Indian (89%), with disability (83%), earning less than \$60K (88%), managers managing other managers (100%). Less favourable results were indicated for women who are: bisexual (67%), from the UK (63%), earning \$160K+ (64%) and caring for someone with a medical condition, mental illness, other or disability (61%).</p> <p>Our organisation argues that these figures, in conjunction with successful implementation of relevant GEAP and MARAM strategies, contribute to progress against Indicator 6. Not only have we been able to continue growing awareness of family violence leave, but we have also been able to offer support, safety measures and plans for people experiencing family violence.</p> <p><b>Flexible working arrangements</b></p> <p>A progress report was not conducted in 2021 as there was no recording system in place. Progress data on flexible working will next be considered in the 2025 audit as it was not mandatory in 2023. Due to our GEAP strategies, flexible work practices and recordings are now in place.</p> <p>Our 2023 Employee Experience Surveys indicated 71% of women were favourable to the statement of 'I am confident that if I requested a flexible work arrangement, it would be given due consideration'. This is 3% higher than 2021 result.</p> <p>Our 2023 Employee Experience Surveys indicated 81% of women were favourable to the statement of 'My manager supports working flexibly.'</p> <p><b>Working arrangements supporting employees with family or caring responsibilities</b></p> <p>Our 2021 audit showed that 75% of women took parental leave with an average of 24 weeks compared to 2.5 weeks for men.</p> <p>Progress data on parental and carers leave will next be considered in the 2025 audit as it was not mandatory to report on this indicator for 2023.</p>
Gendered segregation within the workplace	Yes	<p>In 2021, the nursing, psychology, OT, social worker, and clerical and administrative workers were dominated by women. Whilst the aged or disabled carer, psychiatrists and registrars were dominated by men. This ratio is the same for 2023.</p> <p>Our 2023 Employee Experience Surveys indicated: 83% of women were favourable to the statement of 'My organisation uses inclusive and respectful images and language'. This is 6% higher than 2021. 81% of women were favourable to the statement of 'I feel culturally safe at work'. This is 13% higher than 2021. 90% of women with preschool children vs 70% of men. 79% of women were favourable to the statement of 'People in my workgroup treat each other with respect'. This is 3% higher than 2021. 89% of women were favourable to the statement of 'My manager treats employees with dignity and respect'. This is 3% higher than 2021. 80% of women were favourable to the statement of 'In my workgroup work is allocated fairly, regardless of gender'. This is 4% higher than 2021. 74% of women were favourable to the statement of 'Bullying'. This is 6% higher than 2022. 82% of women were favourable to the statement of 'Discrimination'. This is 1% lower than 2021. 78% of women were favourable to the statement of 'I can be myself at work'. This is 3% higher than 2022.</p> <p>68% of women were favourable to the statement of 'I feel as if I belong at this organisation'. This is 4% lower than 2021 and 12% lower than men (80%).</p> <p>Strategies to minimise gender segregation focus on unconscious bias in recruitment and promotion; ensuring an appropriate gender and diversity mix for consumers; in leadership; and minimising gender stereotypes in our advertising and promotion.</p> <p>Our organisation argues that given Employee Experience Survey results are so high for women; our leadership results are the same as the organisation ratio of women to men and there is little, we can do to attract more women into psychiatry due to it being an industry standard; we are meeting and maintaining our requirements for this indicator.</p>