Victorian Equal Opportunity & Human Rights Commission

INDEPENDENT REVIEW INTO

Workplace Equality in Ambulance Victoria

VOLUME ONE

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Victorian Equal Opportunity & Human Rights Commission

INDEPENDENT REVIEW INTO

Workplace Equality in Ambulance Victoria

VOLUME 1

Message from the Commissioner

I am alive today because I had the fortune to be cared for by Ambulance Victoria when I needed it most. It's an experience I know I share with thousands of other Victorians, all of us owing our lives to the dedication and quality of care of Ambulance Victoria's 7550 employees and first responders.

Members of our community hold the state's ambulance service in high regard.

Today, and over hundreds of days since 2020, Ambulance Victoria's employees and first responders have faced significant personal risk doing the simple task of just going to work each day, tirelessly supporting the community throughout the COVID-19 pandemic.

The commitment of Ambulance Victoria to address the systemic change needed to ensure all employees and first responders feel safe and valued also reinforces that this confidence is well placed.

The dedication to treat patients with dignity and respect must be matched with the everyday experiences of all employees and first responders. Yet, since commencing as the Victorian Equal Opportunity and Human Rights Commissioner in June 2021, I have learned that for some people who dedicate themselves to caring for the Victorian community, their experiences at Ambulance Victoria have been marred by unlawful or harmful workplace conduct – discrimination, sexual harassment, bullying, victimisation and everyday incivility or disrespect.

For too many, the impacts have been profound and long-lasting.

Those experiences, detailed in this report, make for difficult reading. It is essential reading, however, as every one of those stories deserves to be heard and the nature and scale of the problems need to be understood so that they can be addressed. Change must happen.

It is this recognition that things cannot continue as they are that led Ambulance Victoria Chair, Mr Ken Lay AO APM, supported by the organisation's CEO, Professor Tony Walker ASM, to invite the Commission to conduct an *Independent review into workplace equality in Ambulance Victoria*. I congratulate them both for stepping up, for having the courage to request this review and for supporting its conduct and for opening themselves and the organisation up to external review by Victoria's equal opportunity and human rights regulator. Their commitment at the outset of the review to implement the Commission's recommendations shows genuineness and should give great cause for hope.

These are important and difficult issues to grapple with. And, of course, Ambulance Victoria is not alone in them. This report – the findings about the nature, extent, impact and drivers of discrimination, sexual harassment, bullying and victimisation – should be a wake-up call to all Board directors and CEOs. No matter the industry, no one is above the law.

I want to acknowledge and thank each and every person who came forward to the Commission during the review. This is your review – your experiences and views have shaped this report. Your bravery in coming forward reinforces the message you so often told us – you care so deeply for your work, patients and Ambulance Victoria as an organisation that you want to see change.

I have no doubt that your experiences and suggestions will shape the future of Ambulance Victoria for many years to come, one that I am hopeful will embody the principles of safety, respect, trust, equality, fairness and inclusion.

The work ahead of Ambulance Victoria will be hard and it won't be finished tomorrow, but the Commission will be there walking alongside the organisation at each step.

The work will require visible leadership and a sustained commitment and resources. It will require a collective effort – by current and future governments, by today's Board directors and those who may join in the future, by the CEO and the Executive Committee, by everyone in the workforce and the organisation's key partners, including the Department of Health and the various unions and professional associations.

Everyone should be asking themselves: what am I doing to make sure my workplace is safe, equal and inclusive, to make sure that the people who care for Victorians or who enable that care are themselves cared for? What am I going to do to set the standard, not walk past it?

Ro Allen

Victorian Equal Opportunity and Human Rights Commissioner

Message from Ambulance Victoria's Chair

This Report is both painful and confronting.

It has laid bare a significant part of Ambulance Victoria that many might not believe existed, but it does.

The breadth and depth of issues of incivility, disrespect, discrimination, sexual harassment, bullying and victimisation in our workplace are deeply disturbing.

Far too many of these stories hide in plain sight – accepted, tolerated, or ignored.

Each and every one of these stories recount a level of harm that has been inflicted on our people by those they work alongside. Sometimes the harm is short lived, sometimes it is career ending, often it ends in long term pain and suffering.

The Victorian Equal Opportunity and Human Rights Commission must be commended for their work in bringing these experiences to life.

For people like me in a position of power and influence, the work has contributed to a far deeper understanding of the depth of the challenges that the Board, the Executive, and all of those who work within the organisation face.

It is now the time to deeply reflect on what this work tells us about our workplace and what needs to change to make the organisation a better, safer and more equal place to work.

A workplace based on safety, respect and trust is essential.

It has never been more important than during these COVID times when our people are working harder than ever to look after the Victorian community.

We recognise the significant effort of our workforce during these unprecedented and challenging times.

The Ambulance Victoria Board is committed to working with the CEO and the Executive Committee to purge the organisation of the destructive elements of our culture and to improve and safeguard our workplace for all those who work at Ambulance Victoria.

The Commission has recognised that the organisation has undertaken a significant reform journey over the past six years, delivering the biggest era of change in Ambulance Victoria's history.

That reform journey must now continue and our work has begun. The courage of those who have come forward must be rewarded with a renewed commitment and drive to make things better.

That courage must be the catalyst for immediate and sustainable change.

The voices of victim survivors have been heard.

On behalf of the Board, I acknowledge and unreservedly apologise to the people – past and present - who have experienced unacceptable hurt and harm within the Ambulance Victoria workplace.

I apologise for the further harm caused when the organisation's response has failed them.

The Board is reflecting on how we will do better and the leadership role we must play in not simply holding the organisation to account, but in setting the standards and tone as part of our positive duty to prevent harm and foster a workplace of diversity, equality and inclusion.

We can and will do more to ensure we care for the carers.

As a leader, words and commitments are sometimes all too easy to utter.

This Board will be judged on our success in honouring the courage of those who have come forward by making Ambulance Victoria a better place to work.

Ken Lay AO APM

Chair
Ambulance Victoria

Message from Ambulance Victoria's CEO

A female Paramedic asked for flexible work arrangements so she could care for her small children.

She was blocked, belittled and feared retribution from her managers.

It damaged her trust in the system and she felt unsafe to come to work.

Her mental health and reputation suffered as she was labelled 'difficult'.

This Paramedic's story was one of the experiences that was shared personally with me. It was learning from her experience, and many others, that I felt the enormity of the issues and challenges we face.

This experience reveals a system that did not sufficiently respect her or listen and act on her needs and concerns. It then victimised her for trying to speak up.

The stories of Ambulance Victoria staff and volunteers that have been shared with the Victorian Equal Opportunity and Human Rights Commission since late 2020 – experiences of discrimination, sexual harassment, bullying and victimisation – are deeply confronting. The breadth and depth of entrenched behaviours and power imbalances are impacting our people.

Behaviours that do not align to the values of our organisation.

Behaviours that do not align to the expectation of the community we are so proud to provide emergency care for.

As the Commission rightly highlights, some such instances are not merely hurtful or harmful, they are unlawful.

This report is hard to read, but we must hear, feel and acknowledge the wrongs as the foundation for meaningful change.

To those who have shared your experience – either with the Commission or directly with me – I thank you for your bravery.

To those people, past and present, who have been subjected to behaviours and actions that are not consistent with our values, I unreservedly apologise.

I believe fundamentally that people come to work to do their best in the very important and critical role that Ambulance Victoria has in the community. There are many people in Ambulance Victoria who act appropriately, call out and respond to unlawful behaviour. This is the workplace culture we want every staff member and first responder to be part of.

Sadly instead, incivility and disrespect have been shown to be so ingrained in our culture that people can't recognise how their individual behaviours contribute to an acceptance that this is 'just how we do things at Ambulance Victoria'.

This is not acceptable. This must change, and from this point forward it will.

There is no place in Ambulance Victoria for people who engage in or protect harmful or unlawful conduct.

The actions of perpetrators – no matter their level of clinical or corporate experience – will not be tolerated. Their actions have harmed individuals.

As the CEO of this organisation, I accept all recommendations in this report. The level of change required is extensive. It will take dedicated focus and time to undo a culture that has become pervasive over many decades. My leadership team and I commit to implementing the reforms to work towards rebuilding a workplace based on safety, equality, respect and trust.

Over the past six years, as part of a significant era of reform, we've invested heavily in improving the physical and mental health, wellbeing and safety of our people and building a gender-balanced workforce. We clearly have more work to do.

We must create an environment where everyone feels safe and supported to show up respectfully; speak up safely if they experience hurtful, harmful or unlawful behaviours; and stand up supportively if we see this happening to each other.

We must create a workplace that celebrates and sustains diversity and equality, where everyone feels safe and included to be their best selves and achieve their best.

It's in our collective DNA to care and prevent harm for our patients. We need to do the same for each other.

We are mindful of the unprecedented pressure the COVID-19 response has had on the workforce. This is no reason to tolerate harmful behaviour. It does mean that it is more important than ever for our people to look after each other.

I want to thank Ambulance Victoria Chair Ken Lay AO APM for his leadership and insights, working together to call for and fully support this Review.

I acknowledge the Commission for their extensive and critical work over the past 16 months in bringing a vital external lens to these challenges.

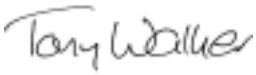
It will be important for each of us to reflect deeply on what people have told us and have meaningful and ongoing conversations so we can together shape our future.

Our priority from the outset of this Review has been supporting our people and strengthening the systems that will change their experience. Work is well-progressed with key initiatives that lay the foundations for the long-term and meaningful reforms that are needed to make AV a safer and more inclusive place to work.

Based on the Commission's full findings and recommendations, we will now focus on developing and implementing a detailed roadmap for our transformation, to be created in partnership with our people, our stakeholders and external experts through newly-established forums and co-design processes.

Our people have demonstrated an enormous capacity to deliver reform, which gives me confidence that with this work as a foundation, we will together achieve this change.

It is invaluable to have the Commission's guidance to help us work toward a workplace that's equal, fair and inclusive for all our people, in all of their diversity.



Professor Tony Walker ASM

Chief Executive Officer
Ambulance Victoria

Acknowledgements

An independent review requires hard work, commitment and courage over the long-term, to embed changes that will result in meaningful outcomes and new ways of working. There are a great number of people who have contributed in this way to the Commission's independent review into Ambulance Victoria; on behalf of the Victorian Equal Opportunity and Human Rights Commission, I would like to thank each and every one of you.

In particular, I want to acknowledge the brave individuals who in October 2020 came forward to share your experiences publicly, as well as the countless courageous individuals who came forward to the Commission to share your experiences and views during the review. Your experiences, your views and your suggestions provided the Commission with invaluable insights into the current status of workplace equality at Ambulance Victoria and the steps that are needed to embed equality going forward. This is your review; it is your stories and your voices that fill the pages in this report.

As well as current and former employees and first responders, the Commission benefitted from the expert insights generously volunteered by experts across the public and private sectors, including through expert focus groups and consultations.

I acknowledge the leadership of Mr Ken Lay AO APM and Professor Tony Walker ASM in inviting the Commission to conduct the review and their ongoing dedication and support throughout, their willingness to genuinely listen to the voices of those individuals who came forward to us, to sit with the discomfort and to reflect and commit to a different future for Ambulance Victoria. This takes great courage. More leaders should follow in your footsteps.

I also extend my thanks to each member of the Ambulance Victoria Board and the Executive Committee. Support for a review of this nature needs to come from all corners of an organisation and you have given the Commission just that. I am confident that your commitment to creating a new Ambulance Victoria will follow through to the implementation of the recommendations in this final report. And my team and I will be there to support you during this next stage.

Special acknowledgment and thanks are owed to Ms Nicola Reinders (Executive Lead: VEOHRC Workplace Equality Review and Executive Director: Quality and Patient Experience) and Ms Janelle McDermott (Executive Coordinator). Few people have contributed as extensively or with as much commitment as you both have. Your dedication to the employees and first responders of Ambulance Victoria has never wavered and your support has been immense. My team and I are truly grateful.

I also wish to acknowledge the many other people at Ambulance Victoria who have continuously engaged with the Commission and supported the review. From compiling thousands of pages of documents in response to the Commission's extensive data requests, to sharing your experiences and ideas in submissions, in interviews and in focus groups. Of course, there are more people to acknowledge than there is space here.

To succeed, an organisation like Ambulance Victoria needs the support and commitment of its critical partners. I am grateful to each of them for also supporting the Commission and the review.

To Ambulance Employees Australia Victoria, Professionals Australia and the Victorian Ambulance Union Incorporated, I extend my sincerest thanks for your open and frank discussions, for supporting your members to participate in the review and for sharing with them information about the review. I am also grateful for the direct contributions your respective organisations have made to the review, from your submissions to group interviews.

I am also grateful to the Public Sector Gender Equality Commissioner, the Victorian Government Department of Health and WorkSafe Victoria for your time and expert insights. At WorkSafe, I would particularly like to acknowledge the support of the Psychosocial Inspectorate, led by Mr Brent Campbell, and the Psychological Health and Safety Specialist Team, led by Dr Libby Brook, as well as the generous contributions of Anita Forde who joined the Commission for a short period to support the review.

I also extend my sincerest thanks to Ms Kristen Hilton, former Victorian Equal Opportunity and Human Rights Commissioner, for your vision and leadership during the initial stages of this review and for bringing together our esteemed Expert Panel.

To our expert panellists – Mr Tim Cartwright APM, Dr Mya Cubitt, Mr Adam Fennessy PSM, Ms Michelle Fyfe APM and Dr Victor Sojo Monzon – the Commission and the review has benefitted immeasurably from your expertise, your insights and your generosity; you were the right experts to guide this work. Thank you.

And I would like to acknowledge and thank my dedicated team who listened intently to every story told to them and who showed great commitment at every stage of the review: Catherine Dixon, Simone Cusack, Kirstie Twigg, Emma Coetsee, Kathryn Moloney, Larson Landes, Rohini Thomas, Joshua Teng, Sebastian Sharp, Rosie Ward, Renee Burns, and - for volume II - Laura Vines, Jennifer Wolcott, Justine Vaisutis, Christie Parkinson and many others across the Commission. I also thank those individuals who joined the team on a short-term basis to provide support during peak periods of the review.

I would also like to acknowledge the Victorian Government Library Service for its continued support in facilitating our research requests in such an efficient and timely manner.

Finally, to all who have contributed, I understand the investment that is needed to contribute to a review. To have contributed during the middle of an unprecedented, sustained global health pandemic, requires extraordinary commitment. Thank you.

Ro Allen

Victorian Equal Opportunity and Human Rights Commissioner

Where to go if you need help

The Commission acknowledges that the material in this report – particularly the stories of discrimination, sexual harassment, bullying and victimisation – may cause distress. There are support services available for those who need them, including those services in Appendix A.

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Executive summary

Every day, Ambulance Victoria is responsible for providing emergency healthcare for over 6.5 million Victorians across more than 227,000 square kilometres. Ambulance Victoria seeks to ensure that people who call triple zero (000) receive timely, excellent and respectful treatment when they need it most.

With a workforce of 7550 operational and corporate employees and first responders, Ambulance Victoria has undergone considerable growth and transformation since its establishment in 2008. These changes include better integration into the broader health sector and the rapid growth in women employees and first responders in what was a male-dominated sector. Since 2016, Ambulance Victoria has seen a 31% increase in its overall workforce and a 46% increase in women employees.

In 2015 the Victorian Government established an Ambulance Performance and Policy Consultative Committee to address significant performance issues facing Victoria's ambulance services including slow response times, poor workforce morale and 'ramping'. The committee's December 2015 report provided a blueprint for ongoing reforms and improvements at Ambulance Victoria.

Ambulance Victoria has since embraced the professionalisation of Paramedicine, and the challenge of meeting the increasingly complex needs of an aging, growing population. Growing demands have been compounded by Ambulance Victoria's front-line role in responding to the unprecedented and sustained, global COVID-19 pandemic.

Ambulance Victoria is adapting and innovating in response to these demands, maturing into a modern, professional and inclusive ambulance service. However, challenges, including driving long-term cultural change to achieve substantive equality, fairness and inclusion remain.

Like many organisations today – particularly following the emergence of the global #MeToo movement and national and state inquiries into workplace sexual harassment – Ambulance Victoria is reflecting on how to provide a safe and respectful workplace free from discrimination, sexual harassment, bullying and victimisation. Ambulance Victoria is committed to ensuring employees and first responders are treated fairly and equally, with a culture of trust, respect and inclusion.

Being treated fairly and equally at work is a basic human right. No one should have to fear for their physical or psychological safety while doing their job or volunteering. A safe and equal workplace is also critical to ensure Ambulance Victoria can respond to increasing demands and deliver quality, compassionate patient care to Victoria's diverse community.

The independent review

In October 2020, a number of individuals bravely came forward to publicly share stories of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria.[1] Their allegations centred on unlawful conduct,

predominantly against women. They spoke of an ongoing and pervasive workplace culture that demeans, discriminates against and excludes women.

Ambulance Victoria responded swiftly. Within days, the Chair, supported by the Chief Executive, asked the Victorian Equal Opportunity and Human Rights Commission (**the Commission**) to undertake an *Independent review into workplace equality in Ambulance Victoria* (**independent review** or **review**) under section 151 of the *Equal Opportunity Act 2010* (Vic) (**Equal Opportunity Act**).

The terms of reference established for the independent review directed the Commission to:

- examine the nature, extent, drivers and impacts of discrimination, sexual harassment, bullying and victimisation
- consider the adequacy of Ambulance Victoria's response to such unlawful conduct
- identify leading practice strategies to ensure a safe, equal and inclusive organisation that promotes positive workplace systems, values and behaviours.

Chapter 1 of this report provides background on the conduct of this review.

After receiving ethics approval for our research methodology in January 2021, the Commission gathered extensive data and information about the programs and practices of Ambulance Victoria.

We received 2163 responses to our survey. We interviewed 255 people, heard from 32 people in focus groups and 143 people made written submissions. We spoke to more employees and first responders during our 15 on-site visits and eight observational shifts. We reviewed 1213 documents provided by Ambulance Victoria, undertook seven literature reviews and considered leading practice approaches to reducing workplace harm and embedding workplace equality, including from the review's esteemed Expert Panel.

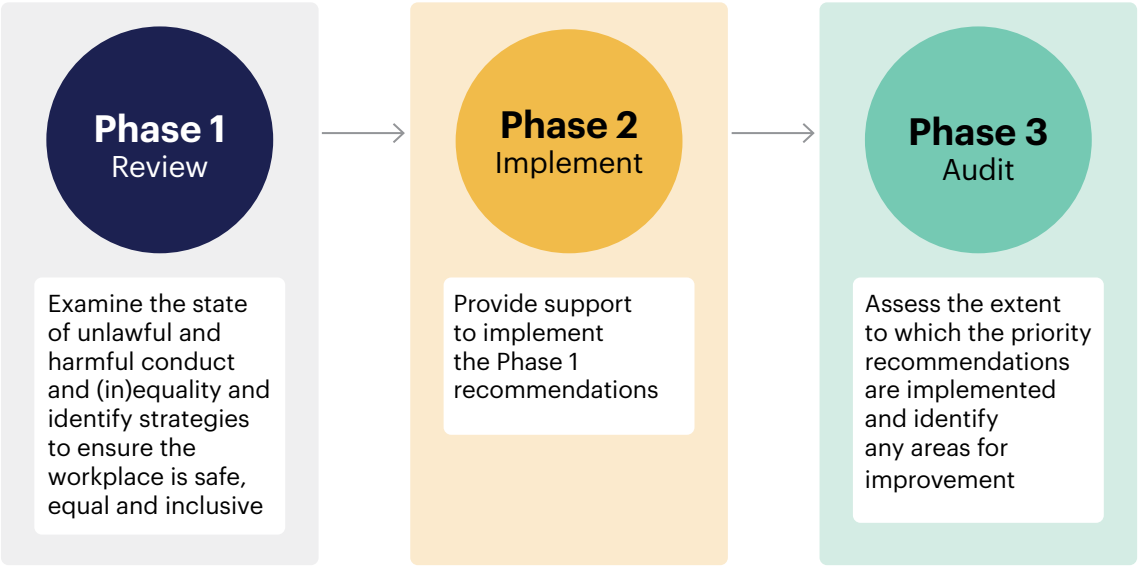
The reforms that we recommend are uniquely informed by the personal experiences – both positive and negative – of those who came forward to tell us what working and volunteering at Ambulance Victoria is like. We engaged widely and deeply with current and former employees and first responders, but also with experts and critical partners, particularly unions, professional associations and the Victorian Department of Health.

Given the very high numbers of employees and first responders who wished to participate in the review, and the on-going impacts of the COVID-19 pandemic, in late 2021 the Commission requested a variation to the terms of reference to enable us to deliver the final report of the independent review in two distinct volumes.

The first volume of the final report, delivered in November 2021, focuses on building **safety**, **respect** and **trust**. The second volume, delivered in March 2022, focuses on **equality**, **fairness** and **inclusion**. We encourage Ambulance Victoria to view the recommendations together and to commit to an integrated, whole-of-organisation approach to their implementation.

Volume I sets a clear pathway for Ambulance Victoria to address some immediate issues to ensure all employees and first responders in Ambulance Victoria feel safe, and are safe, in their workplace. It also lays the groundwork for longer-term reforms further developed in Volume II. Volume II focuses on strategies to embed workplace equality and safety across the employment lifecycle – from recruitment to retirement – and across all levels of the organisation.

Ambulance Victoria has committed to implementing all of the Commission's recommendations, embracing the opportunity to become a leading, modern ambulance service - not just in terms of its operations, but its culture. Ambulance Victoria is determined to address the substantial discrimination, sexual harassment, bullying and victimisation identified in this review.



Phase 2 of the review will involve Ambulance Victoria implementing the recommendations. While continuing to act as the independent regulator, the Commission will support Ambulance Victoria through this process, providing expert advice and guidance where needed, including to clarify the intent or context for particular recommendations and share examples of leading practice.

In Phase 3 of this review, the Commission will audit the implementation of the review's recommendations. We will publish our findings and any further recommendations for improvement by 30 November 2023. The purpose of the audit is to determine the extent to which Ambulance Victoria has moved towards compliance with the Equal Opportunity Act.

Achieving a safe and equal workplace will require the collective effort of Ambulance Victoria's leadership, critical partners and all employees and first responders. There are no quick fixes. There is a need for systemic long-term change to build a culture of respect, trust and civility. We must start by listening to the voices of those who courageously participated in this review, and then ensure Ambulance Victoria provides ways for employees and first responders to safely continue to share their experiences, concerns and ideas into the future.

The Commission acknowledges that its final report is being delivered in the context of unprecedented, sustained demand and pressure on Ambulance Victoria and the broader health system. Such pressures and the limitations of resourcing will affect Ambulance Victoria's capacity to implement the reforms recommended by this review. However, they also add to the impetus for action. Staff safety, wellbeing and morale are essential to ensuring the workforce has the resilience, motivation and trust needed to meet growing demands.

Preventing unlawful conduct

How Ambulance Victoria seeks to prevent unlawful and harmful conduct

Section 15 of the Equal Opportunity Act requires Ambulance Victoria to provide a safe working environment by taking reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimisation as far as possible. This positive duty extends to bullying that is based on a protected attribute, such as age, disability, race or sex. Chapter 3 of this report outlines the requirements and benefits of workplace equality, and Ambulance Victoria's current approach to workplace equality. Chapter 4 outlines the importance of preventing unlawful and harmful conduct at work and Ambulance Victoria's current approach to prevention.

Ambulance Victoria has adopted and implemented a range of measures that aim to provide its employees and first responders with a safe working environment. Many of these measures support the organisation's progress towards compliance with the positive duty in the Equal Opportunity Act.

Ambulance Victoria's approach has been guided by its organisational values – being respectful, working together, being accountable, openly communicating and driving innovation – that detail (un)acceptable standards of behaviour. One of its four strategic priorities has been to provide '[a] great place to work and volunteer'.

Ambulance Victoria has sought to embed these values in a variety of ways. Its code of conduct and strategic plan describe the intention behind the values and how they apply to the organisation's day-to-day work. Ambulance Victoria promotes its values through its induction, recognition and development programs and performance development processes.

More broadly, Ambulance Victoria's approach to preventing discrimination, sexual harassment, bullying and victimisation is guided by a combination of frameworks, strategies and policies including those related to health and safety, diversity and inclusion, integrity and ethics, complaints, workforce supports, professional development and risk management, as well as education and training.

Key recent Ambulance Victoria initiatives include measures to support and encourage people to act when they witness or later learn about unlawful or harmful workplace conduct. It has also invested heavily in strengthening mental health supports for its workforce and recognised the need to improve its report and complaints system, implementing significant changes since 2017.

Much of the organisation's early and continued efforts to address inequality have been directed at women, paralleling women's journey into the organisation in increasing numbers. However, these efforts have recently broadened to address the low representation of minority groups, create a more inclusive culture and support a more diverse workforce. For example, in 2017, Ambulance Victoria introduced a cadetship program to help to increase the number of First Nations paramedics.

Experiences of unlawful and harmful conduct

Extent

Chapter 5 outlines the extent, nature and impact of the experiences of unlawful and harmful workplace conduct reported to this review. The Commission's workforce survey, reinforced by the interviews and submissions, reveals a concerningly high number of participants who reported experiencing discrimination, sexual harassment, bullying and/or victimisation at Ambulance Victoria.[2] Incivility and other everyday forms of disrespect and everyday sexism were also widely reported. While not necessarily unlawful, these types of behaviours are themselves harmful and create a permissive environment for more widespread and serious conduct.

47.2% of survey respondents reported experiencing **discrimination**

17.4% of survey respondents reported experiencing **sexual harassment**

52.4% of survey respondents reported experiencing **bullying**

34.5% of survey respondents reported experiencing **victimisation**

The high number of participants who reported witnessing or later learning about discrimination, sexual harassment, bullying and/or victimisation at Ambulance Victoria – bystanders – further reinforced the scale of this conduct within the organisation.

Other people within Ambulance Victoria told us that they did not share these experiences. Others who did not come forward as part of this review may similarly not share these experiences. However, in a context where any unlawful conduct and harm is unacceptable, the scale of the harmful conduct that was reported to the Commission – experienced directly or as a bystander – is cause for serious concern.

The experiences shared with the Commission show that Ambulance Victoria's efforts to prevent unlawful and harmful conduct have been insufficient. They speak to a workforce in which many members do not feel safe, have lost trust and, unlike their patients, do not feel valued or cared for. Moreover, the Commission found that for a substantial number of staff members, discrimination, sexual harassment, bullying and victimisation is current, not historical. Most of the reported conduct occurred in the past five years, and a total of 348 survey respondents said their experiences of unlawful conduct were ongoing.

The sustained, global COVID-19 pandemic may have exacerbated poor behaviour in a workforce under extreme pressure, and impeded the implementation of certain preventative measures like training. However, the extent of this unlawful conduct cannot be attributed to or minimised by that pressure. Based on what the Commission heard, tolerance of poor behaviours, particularly everyday forms of disrespect, have seeped into the fabric of Ambulance Victoria over a long period.

The urgent need for change is underscored by the Commission's finding that perceptions of safety and respect were low across survey respondents, interviews and submissions, notwithstanding the organisation's recent focus on employee and first responder mental health and wellbeing.

Fewer than two in seven survey respondents told us they felt 'very safe' or 'completely safe' from unlawful conduct at Ambulance Victoria, and almost a quarter (21.4%) of survey respondents told us they 'do not feel safe at all'.[3] Women were less likely than men to say they felt safe, and feelings of safety were comparatively low amongst participants who identify as LGBTIQ+, have a disability and/or are from a racial minority, as well as those working in male-dominated teams. They were particularly low amongst survey participants who reported having personally experienced discrimination, sexual harassment, bullying and victimisation.

> **I'm a white male in my mid 30s ... so I've had a pretty cruisy run to be honest... And I think the frustrating thing for me is that I've got a lot of female friends I've had to observe them having not the same experiences...** *Participant, Interview*

> **I don't feel like it's a safe place, especially for someone who was an immigrant that now works for us. Someone who's transitioning... I think it is unsafe. This organisation's culture is unsafe for people who are not white males. It's really bad.** *Participant, Interview*

The Commission learned of a pervasive lack of respect within Ambulance Victoria. Over one-third of survey respondents said they felt 'not at all' or 'only slightly' respected at work.[4] While levels of respect were particularly low for some groups of employees and first responders, participants from across the organisation noted it as an area of concern. So extensive were the reports in interviews and in submissions, that it is evident that disrespect has been normalised and tolerated within the organisation.

> **I'd never come across a collective who were so routinely disrespectful to their colleagues.** *Participant, Interview*

> **So, I've worked in big organisations and I've been a small player in all those organisations, but I've never been treated with such disdain and such disrespect from an organisation that is supposedly all about care and provision of safety.** *Participant, Interview*

Nature

The Commission found that women were at heightened risk of experiencing sexual harassment and sex/gender and related forms of discrimination, including pregnancy and parental status discrimination. However, other forms of discrimination and bullying were widely reported by participants, including those belonging to different demographic groups, cohorts and regions. The experiences reported to the Commission by participants suggest that bullying and incivility are defining features of the organisation's culture.

> **It's very much – you've got to be aggressive and alpha and mean and rude. This is how this whole thing started, I believe ... then once it happens to someone, they think, "Well, I went through it, so you can go through it". [A] rite of passage.** *Participant, Interview*

The most common types of discriminatory behaviour reported to the Commission involved verbal, physical or written abuse and limiting access to training, promotion and progression. Sexual harassment most often involved sexually suggestive comments and jokes and unwelcome touching, including sexual assault. Bullying commonly took the form of hostile behaviour and verbal abuse.

Men were most often identified as the alleged perpetrators. In our survey, this included 77.6% for discrimination, 90.3% for sexual harassment and 67.7% for bullying.[5] Alleged perpetrators of discrimination and bullying were more often reported to be in a position of seniority. Conversely, sexual harassment was reported to be perpetrated more often by a co-worker.

A substantial number of survey respondents told the Commission that they were bystanders to unlawful conduct; this included 47.7% to discrimination, 39.3% to sexual harassment and 66.4% to bullying.[6] This paints a picture of unlawful and harmful conduct occurring 'in plain sight' or otherwise being an open secret in the organisation. At the same time, unlawful conduct was reported to be occurring in isolated and unsupervised work locations, for example in vehicles and remote offices.

Impacts

The reported impacts of experiencing discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria varied. Some participants told us the impacts have been profound and wide-ranging.

We commonly heard that mental ill-health and stress followed unlawful conduct. For some, this meant feelings of dread about coming to work and undermining confidence and self-esteem. Concerningly, for a small group of participants, we heard that their distress was so severe that it led them to attempt suicide. A number also told us about experiences of suicidal ideation. This cannot continue.

> **"Who would've guessed the most traumatic thing I've experienced and witnessed as a [P]aramedic was workplace behaviour?**
>
> *Participant, Written submission*

For some participants, the impact of their experiences was compounded by poor organisational responses which contributed to poor mental health outcomes and a wider decline in workforce morale and trust in the organisation.

In addition to the significant personal toll, the extent of unlawful conduct and disrespect within the organisation is eroding workplace culture, morale, and confidence.

While the Commission did not hear evidence that unlawful conduct and harm led to specific clinical errors or poor patient experiences, the extent of poor culture and morale identified in this review will impact all organisational outputs. Concerningly, a culture of fear and victimisation is unlikely to support open, robust discussion of clinical practice and patient care.

Working towards a holistic approach to prevention

The Commission commends Ambulance Victoria for the measures it has implemented to address workplace safety and equality which have accelerated since commissioning this review. However, we found that the organisation's approach to preventing discrimination, sexual harassment, bullying and victimisation is still developing and maturing, and that it is not yet complying fully with the positive duty in the Equal Opportunity Act. Chapter 6 outlines how to work towards a holistic approach to prevention, starting with a greater understanding of the drivers of unlawful and harmful conduct at Ambulance Victoria.

The Commission found the effectiveness of the preventative measures adopted by Ambulance Victoria has been limited by a lack of analysis, understanding and integrated planning to address the root causes and underlying drivers of these harms. There is a need to address not only individual behaviours, but systemic, structural and cultural aspects of workplace safety and equality identified through this review and summarised below.

Drivers of unlawful and harmful conduct at Ambulance Victoria		
Power imbalances	**Organisational tolerance and culture of silence**	**Leadership and management gaps**
• The abuse of formal and informal power • Hierarchical command and control structures • Gender inequality	• A permissive environment • The threat of victimisation • Lack of perpetrator accountability	• Inadequate role modelling • Autocratic leadership styles • Management capability gaps
Disproportionate focus on operational KPIs	**Structural barriers**	**Work-related risk factors**
• An imbalance of priorities • Corporate and operational divide	• Endorsement requirements for progression and promotion • Systems unsupportive of flexible work	• Isolated or remote work • Organisational change • High stress environment

The Commission found that prevention has not been prioritised and elevated through a comprehensive prevention approach with clear accountabilities, measurable outputs and monitoring of longer-term outcomes.

In addition, the Commission found that there has been a loss of faith in Ambulance Victoria's leadership due to the gap between the organisation's espoused values and people's lived experience, particularly the failure of some leaders and managers to model respectful conduct and to hold individuals consistently to account for failing to adhere to expected standards. Ironically, the profound lack of trust in the organisation and the victimisation of complainants has worked to obscure the true extent of the problem and undermine efforts to monitor and assess risks.

> **I think it's about trust. Some people talk about values and they're written on the bottom of email signatures and they're on the board at the branch and everyone knows ... what the five values of AV are. So, they're talked about, but people's lived experience doesn't reflect it. ... So, you can tell [them] to the cows come home that we value integrity or we value trust or whatever, but if people go to work and don't experience that, then it's a very different experience for them.** *Participant, Interview*

The Commission found limited training and support for leaders and managers, including on how to build a safe, respectful and inclusive workplace culture. Low attendance at such training is also compromising capability to lead challenging conversations about unlawful or harmful workplace conduct - in contrast to the evident capability in leading difficult conversations around clinical issues. We found that there are significant opportunities to improve understanding of the Equal Opportunity Act, as well as the drivers and impacts of workplace discrimination, sexual harassment, bullying and victimisation across Ambulance Victoria.

The Commission was concerned to learn that Ambulance Victoria did not explicitly treat discrimination, sexual harassment, bullying and victimisation as significant organisational risks. Furthermore, the Commission found an overreliance on, and lack of analysis of, available information and data, including using data to monitor, identify and assess related risks. Low rates of complaints and participation in staff surveys, driven by fear and a lack of trust, masked the extent and nature of harm. There is a need to establish the systems and culture which enable victims and bystanders to speak up, call out behaviours, raise concerns and make complaints safely.

Given the extent of harm and lack of trust demonstrated through this review, the path forward begins with leaders understanding and acknowledging the experiences of unlawful conduct and harm shared in this report and the compounding impact of inadequate organisational responses. This has already begun with Ambulance Victoria's Chair and CEO voicing a clear commitment to and vision for change.

There is a need for safe, reflective forums for leaders to engage with the workforce to acknowledge and discuss the contents of this report. The Commission recommends Ambulance Victoria adopt an independent restorative engagement scheme to support organisational learning by providing a path for victim-survivors to share their stories, receive recognition and heal.

The Commission recommends that the experiences shared in this report inform the development of a comprehensive, evidence-based prevention plan. To support this process, the Commission has developed and recommended a leading practice outcomes framework for preventing unlawful and harmful workplace conduct and embedding workplace equality that will support Ambulance Victoria to track and monitor its progress. The outcomes framework provides a roadmap for reform and links all of the Commission's recommendations.

The Commission has recommended specific reforms that will support this prevention plan and help to tackle the drivers of unlawful conduct. These include: further encouraging bystanders to speak out and challenge poor behaviours; using Workplace Equality Contact Officers and Champions to identify risks and provide support to victim-survivors; and collaboratively resetting organisational values and ensuring that the workforce's health, safety and wellbeing, which enable and complement operational outcomes, are equally recognised and prioritised.

Creating an environment that is safe, supportive and respectful is the responsibility of everyone in Ambulance Victoria. While in the past, workplace equality has been seen primarily as the responsibility of the People and Culture division and Board committee, Ambulance Victoria should focus on integrating its response across the organisation, with overall accountability resting with the Board and Executive. To support implementation of the Commission's recommendations and drive reforms, the Commission has recommended the creation of a new, dedicated division, supported by a Steering Committee and overseen by Ambulance Victoria's Board.

Building a new reports and complaints system

The review provides detailed analysis and recommendations on how Ambulance Victoria responds to reports and complaints of discrimination, sexual harassment, bullying and victimisation. Chapter 7 provides a detailed analysis of Ambulance Victoria's current response to reports and complaints of unlawful conduct and the nature of these complaints. Chapter 8 outlines experiences of Ambulance Victoria's employees and first responders in making reports and complaints. Chapter 9 suggests a new victim-centred and fair reporting and complaints system.

In recent years, Ambulance Victoria has taken important steps to improve the report and complaints system, embed more victim-centred approaches and better use data to inform its response to addressing discrimination, sexual harassment, bullying and victimisation. The organisation has increased focus on wellbeing and support, and provided more open, regular and transparent communication.

Notwithstanding these important improvements, the Commission finds the need for substantial further reforms, including to more comprehensively address the issues and barriers to staff from feeling safe to come forward with reports and complaints. There is a need to better embed a victim-centred approach, promote multiple avenues to make a report, provide flexible options for responses and more consistent support for complainants.

Experiences of the report and complaint system

While the Commission found that there are a large number of people in Ambulance Victoria who have directly experienced or been a bystander to discrimination, sexual harassment, bullying and victimisation, few make formal complaints. Only around one in ten (9.6%) survey respondents who experienced sexual harassment made a formal complaint. For those who experienced discrimination and bullying, only 15.3% and 15.6% made a formal complaint, respectively.[7]

The low rate of formal reporting of unlawful conduct is limiting Ambulance Victoria's ability to identify and hold alleged perpetrators to account. It is also obscuring the scale and understanding of unlawful conduct across the organisation.

The few participants who told the Commission that they made a formal complaint overwhelmingly described that the experience did not make them feel safe. They also shared that they were often left without support and at times felt further traumatised by the process.

> **"I will say that going through that process, it pretty much destroyed me. And I was just absolutely humiliated and crushed mentally.**
>
> *Participant, Interview*

Many participants told the Commission that reports and complaints take too long to resolve and that this negatively impacted their mental health and caused additional stress. A lack of clear communication throughout the process also compounded negative experiences and some participants told us that they felt confused and uncertain about what would be involved. We also heard about experiences of victimisation and retaliation after making a complaint.

> **I was doomed from the start; from that minute that I put that complaint in for the sexual harassment, I was gone. I was finished at AV. The job was no longer mine.** *Participant, Interview*

The range of intersecting issues affecting participants' experiences appears to contribute to the profound dissatisfaction with the report and complaint process. More than three quarters of survey participants reported feeling not at all satisfied with the process of dealing with their formal complaint of discrimination (80.3%) and bullying (78.8%).[8]

Barriers to reporting

Importantly, most participants told us that they were aware of where and how to make a report or complaint of unlawful conduct. While this high level of awareness

of Ambulance Victoria's report and complaint system is positive, we found that poor experiences of making a report or complaint, in conjunction with multiple and intersecting barriers, mean that many participants did not feel safe to access that system.

The most common barrier to reporting was a fear that nothing would change or be done. Close to three quarters of the survey participants who experienced discrimination and bullying told us this was one of the reasons they did not come forward.[9] The Commission was told a 'culture of silence' pervades the organisation, where it is commonly understood that coming forward or speaking up would result in social isolation or would be career limiting.[10]

Bystanders who witnessed or later heard about discrimination, sexual harassment, bullying and victimisation reported similar barriers that prevented them from coming forward.

> **I didn't tell anyone at the time about it because I just felt this must be how everyone in the organisation feels, this must be how everyone is in the organisation....I didn't think anyone would actually take me seriously. On top of that, the recruitment process for AV is so competitive, that I didn't want to – and it's such a small world, you don't want to do anything that will make you standout in a negative way.** *Participant, Interview*

Many of the barriers to reporting described by participants are also drivers of unlawful and harmful conduct – leading to a cycle of discrimination, sexual harassment, bullying and victimisation that is not being broken.

Building a fairer and more victim-centred approach to reports and complaints of unlawful conduct

The measures that Ambulance Victoria has put in place to improve its report and complaint system provide an important foundation for further improvements. However, the objectives of Ambulance Victoria's previous reforms have not been fully realised due to funding, capability and information technology limitations. The objectives of the report and complaint system are not being met in practice, and reforms are required to create a safe, fair and effective system staff will use.

The Commission recommends Ambulance Victoria develop a new model for responding to reports and complaints of discrimination, sexual harassment, bullying and victimisation that draws on leading practice. The new system should be developed and implemented with the guidance of an Expert Advisory Group consisting of key partners, workforce representatives, unions and subject matter experts.

The recommended model separates the key functions of the report and complaint system, including providing supports for victims, a dedicated impartial and fair complaint handling unit, as well as a specialist investigation unit.

Providing multiple avenues to make a report or complaint and a variety of flexible options for resolution is also key. Ambulance Victoria should establish and promote anonymous reporting options to help address power imbalances and barriers to reporting and provide a clearer picture and ability to respond to incidents that may otherwise not be reported.

Ambulance Victoria should enable a range of options to resolve reports and complaints. This would provide complainants with greater choice and control and address the current overreliance on formal processes, which may discourage staff from coming forward.

Rebuilding the trust and confidence of employees and first responders will take a range of measures and consistent, sustained effort. Being more open and transparent about the outcomes and performance of the report and complaints system is one crucial measure that will reinforce both acceptable standards of behaviour, as well as the message that perpetrators will be held to account.

Ambulance Victoria should collect and harness data and information to monitor and evaluate the report and complaint system – including to better understand risks and prevent discrimination, sexual harassment, bullying and victimisation.

Embedding equality

Through the second volume of this report, the Commission considers crucial and interrelated issues of equality across the employment lifecycle, including equal representation and progression, equal pay, workplace flexibility, and accessibility for people with disability and those transitioning to retirement. Addressing these issues is essential to achieving compliance with the Equal Opportunity Act and taking a wholistic approach to preventing discrimination, sexual harassment, bullying and victimisation and building a safe, respectful and inclusive workplace culture where everyone can thrive.

Ensuring equal representation and career advancement

Equal representation reduces workplace harm, including sexual harassment, discrimination, bullying and victimisation. Equal representation, career advancement and pay also improve workplace culture, morale and engagement, and enrich organisations with diverse perspectives and ideas. Notably for ambulance services, having a diverse workforce has been shown to improve service delivery and clinical outcomes.

Chapter 10 outlines why equal representation, advancement and pay matter, Ambulance Victoria's current approach to these issues and recommended reforms to strengthen equality in recruitment, career advancement and pay.

At a board level, Ambulance Victoria has fair gender representation in terms of its directors and members of its committees. However, as in many organisations, data on the Board's broader diversity is limited. There are opportunities for Ambulance Victoria to strengthen data collection to better understand the Board's demographic composition and to what extent it is modelling diversity and including perspectives and lived experiences of people from diverse backgrounds.

Ambulance Victoria has an opportunity to become an exemplar and work with the Department of Health to demonstrate how to recruit for, and value, greater board diversity across the health sector. The Commission recommends that Ambulance Victoria work with the department to develop an integrated board diversity and skills matrix, publicly report on board gender and diversity metrics and progress, including strategies to build a pipeline of diverse future leaders. Building on the success of gender targets, the Commission notes there is an opportunity for the Victorian Government to consider amending the *Ambulance Services Act 1986* (Vic) (**Ambulance Services Act**) and/or the *Public Administration Act 2004* (Vic)

(**Public Administration Act**) to require the Minister to have regard to broader diversity when making recommendations on board appointments.

The demographic composition of Ambulance Victoria's workforce is changing rapidly. Ambulance Victoria has almost equal representation of men and women in its overall workforce and there has been a 46% increase in women employed between 2016 and 2021. However, to achieve equal representation across all levels of the workforce, there is a need to increase the representation of women in middle and senior operational management roles and in specialist clinical roles, which continue to be male-dominated. Ambulance Victoria would also benefit from increased representation of people from diverse backgrounds at all levels of the organisation.

Ambulance Victoria has adopted targeted attraction and recruitment strategies to increase the representation of women, as well as people of diverse backgrounds, across its corporate and operational cohorts. Some of these measures have had a demonstrable impact in strengthening the inclusiveness of recruitment and selection processes and expanding the diversity of the workforce. However, the effectiveness of other measures is not yet clear.

Notwithstanding the measures Ambulance Victoria has put in place, attitudinal and structural barriers continue to impede equal access to employment and career advancement, particularly for women and people of diverse backgrounds. These barriers include the influence of gender stereotypes, the organisation's inflexible approach to flexible work and narrow approach to reasonable adjustments, and the impact of power imbalances throughout the organisation.

There is an opportunity for Ambulance Victoria to use the Commission's outcomes framework to drive an overarching, integrated vision of what is needed to deliver a fairer, more equal and inclusive organisation. The Commission recommends Ambulance Victoria take action to disrupt harmful stereotypes, prioritise conscious inclusion throughout the recruitment lifecycle and remove structural barriers to career advancement that disproportionately impact on women, parents and carers, and people from diverse backgrounds.

Progressing equal pay

Narrowing the gender pay gap and striving for equal pay is a critical step in embedding workplace equality. In 2021, Ambulance Victoria completed its first gender pay audit as required by the *Gender Equality Act 2020* (Vic) (**Gender Equality Act**). This audit revealed that Ambulance Victoria has a gender pay gap of 10.8%. This is consistent with the Victorian public sector gender pay gap (10.7%).[11]

While the data underlying Ambulance Victoria's 2021 gender pay audit was not available to the Commission during this review, several of the known drivers of gender pay inequality were raised more broadly during this review. These drivers include: the high rates of discrimination reported by women participants; the over-representation of men in more highly paid specialist clinical and operational management roles; and cultural attitudes and structural barriers related to flexible work which impede women's access to some progression and promotion opportunities.

Ambulance Victoria's forthcoming Gender Equality Action Plan provides an opportunity to build on existing strategies to reduce the gender pay gap (for example by seeking to increase the number of women in senior roles) and to

reform policy, decision-making and practice at each stage of the employment life-cycle. In addition, it is important for Ambulance Victoria to take steps to determine whether it has pay gaps for other demographics by improving the data on the demographic diversity of its workforce.

Transforming Ambulance Victoria's approach to flexible work

Flexible work emerged as a key issue during the review, with 12.4% of the workforce, or 936 employees, on a formal flexible work arrangement as at 31 March 2021 and a further 706 employees on permanent or fixed-term, part-time arrangements.

Chapter 11 outlines the benefits of flexible work and the experiences of staff trying to access flexible work at Ambulance Victoria. Chapter 11 also recommends leading practice approaches for flexible work, which are particularly important for those with families, disabilities or transitioning to retirement, but ultimately of benefit to all staff seeking a safe and healthy work-life balance. For operational staff, the Commission heard that flexible work is still perceived as oppositional to Ambulance Victoria's work in providing 24/7 emergency healthcare to Victorians. However, corporate staff reported significant gains in accessing flexible work, particularly over the course of the COVID-19 pandemic.

Currently, Ambulance Victoria's approach to flexible work places a heavy emphasis on meeting compliance and operational needs over the needs of employees, and is focused on meeting the legislative requirements in the *Fair Work Act 2009* (Cth). Moving forward, the Commission urges Ambulance Victoria to transform its approach to flexibility and move beyond a narrow compliance focus by embedding flexibility across the organisation's structure, processes and culture.

Ambulance Victoria has made some positive progress towards improving workplace flexibility through its partially implemented Think Flex First Framework and People-Based Rostering initiative. These initiatives provide the foundation for continued progress.

However, there remain significant structural barriers to accessing flexible work at Ambulance Victoria, particularly for operational staff. One barrier is the shift-weighting calculator which considers flexible work requests based on ensuring a fair distribution of shifts, including 'unsociable' shifts.

> **[G]etting a flexible work arrangement is this horrible, long, drawn-out process where you have to barter and manage, and the Team Manager has to manage the application process. It has to go to operational resourcing for review. It has to go to rosters to work out how to put it in place. It has to go back to resourcing. It has to go back to management for approval. So, as a result, flexible work agreements are really difficult.** *Participant, Interview*

Operational staff told us about negative attitudes towards flexible work, and in some cases, not receiving any response to requests for flexible work arrangements. Ambulance Victoria lacks centrally collected data and monitoring of flexible work applications, approvals, and rejections. This prevents the organisation from determining whether it is complying with the law. It also prevents Ambulance Victoria from determining the nature and scale of the demand for, and barriers to, flexible work, and progress of its flexible work initiatives.

Further, staff told us that pervasive, negative attitudes towards flexible work are barriers to career progression for operational staff. This disproportionately impacts parents who require flexibility, most of whom are women.

Managers also lack adequate guidance, capacity, knowledge and in some cases, autonomy, to enable and support increased flexibility for operational staff. The People and Culture Division lack the time, resources and capacity to provide advice and guidance to managers and employees to facilitate constructive flexible work negotiations.

The Commission therefore recommends that Ambulance Victoria remove existing structural barriers and embed flexibility into its workplace planning and organisational culture. Removing structural barriers and developing tailored alternative solutions will require Ambulance Victoria to reconsider the use of the shift-weighting calculator in determining flexible work applications so that individual needs and other relevant factors are given equal consideration to fair distribution of shifts. It must also work with unions and professional associations to evaluate the impacts (positive and negative) of Ambulance Victoria's rolled-in rate of pay and explore creative and tailored ways to maintain the benefits for the workforce, while still increasing flexibility, for example through diversifying roster design and shift length and empowering managers to work with their teams to develop and trial local solutions. Ambulance Victoria should also leverage its existing flexible work initiatives and fully implement its Think Flex First Framework and People Based Rostering initiative. The Commission recommends Ambulance Victoria monitor its legal compliance and improvement with regard to flexible work practices, and build the knowledge, capability and accountability of its managers and employees.

Strengthening accessibility

Despite a third (33.3%) of the people who responded to our survey indicating that they had one or more conditions that could qualify as a disability, Ambulance Victoria does not have a dedicated policy regarding reasonable adjustments. The absence of a specific policy, dedicated processes or data capture regarding reasonable adjustments significantly limits Ambulance Victoria's ability to recruit, retain and support employees with a disability. Not only is this out of step with contemporary practice, it perpetuates rigid and narrow perceptions of an 'ideal worker' at Ambulance Victoria. The absence of a holistic approach to reasonable adjustments also prevents the organisation from determining whether it is fully complying with the Equal Opportunity Act.

Employees with disability reported comparatively low feelings of safety, and that Ambulance Victoria's culture does not support reasonable adjustments, with a prevalent assumption that reasonable adjustments are inconsistent with the nature of emergency services work.

We heard from staff that the Fitness for Duty process, used to assess a flexible work request on the basis of a disability, is preventing some eligible staff from seeking to access flexible work due to a fear of being stigmatised and losing job security. This poses a significant risk to the organisation's employees and the Victorian community, as injured employees may feel compelled to remain silent and work in unsafe circumstances. The Fitness for Duty process emphasises the full inherent requirements of a role, rather than enabling design of roles that an employee with a disability can perform.

To achieve the full benefits of an overarching reasonable adjustments policy that applies to potential and existing staff, Ambulance Victoria managers require more knowledge and support to fulfil Ambulance Victoria's aspiration to build a more diverse and inclusive workplace for employees with disability.

Supporting transition to retirement

Over the next 15 years, 28.9% of Ambulance Victoria's workforce will be of potential retirement age. Ambulance Victoria needs to anticipate and plan for staff to transition to retirement in ways that respect and benefit the needs of both staff and the organisation. This includes providing suitable work options that maximise the contribution of workers as they transition towards retirement, while supporting their health and wellbeing.

The Commission heard from older employees about experiences of age discrimination including being pressured to retire, being subject to unfair assumptions about their competence, and being overlooked for career development. This resulted in older employees feeling harmed, devalued and disengaged.

> **They are so hurt, the older people, that they're just hanging out to tick off their 30 years, so they max out their super. They have been so burnt and hurt by the Ambulance Service that they can't wait to finish ... They're not looked after, there's no care.** *Participant, Interview*

Currently, Ambulance Victoria does not have a transition to retirement strategy, and has limited guidance, options, planning and arrangements for employees transitioning to retirement. In order for the organisation to benefit from the institutional knowledge and experience of its older workforce, and to ensure they feel valued, Ambulance Victoria should develop a more structured and respectful approach to transition to retirement.

Uplifting organisational capability

Organisational capability is essential if Ambulance Victoria is to prevent unlawful and harmful conduct, advance workplace equality and deliver on the recommendations of this review. Chapter 12 outlines why organisational capability matters, particularly in the context of progressing cultural change. It also explores current Ambulance Victoria approaches to organisational capability and their limitations, and provides recommendations to strengthen capability programs and initiatives to create and sustain a more equal workplace.

Organisational capability requires Ambulance Victoria to equip the organisation – its systems of work, policies and procedures and the knowledge and competencies of its workforce – to work in harmony towards the objectives set out in this review.

Areas for development

There are several areas were Ambulance Victoria's organisational capability to ensure workplace equality is underdeveloped or could be improved.

While survey responses indicate that participants have an awareness and basic understanding of their rights and obligations under the Equal Opportunity Act,

there was less knowledge of important related concepts like substantive equality and indirect discrimination. Some leaders and managers were identified as lacking the knowledge and skills to effectively prevent harm, including limited capability to call out and address unlawful conduct, engage in difficult conversations and respond sensitively to reports and complaints.

Levels of knowledge regarding Ambulance Victoria's obligations to provide flexible work and reasonable adjustments for employees with disability were mixed, with lower levels of knowledge amongst operational staff. There is a need to improve the capability of leaders and managers to better support and respond to related requests and to embed workplace flexibility as a key tenant of workplace equality.

The Commission identified that despite some positive recent efforts to develop leaders and managers, there is a pattern of some leaders and managers lacking key capabilities that are critical for workplace equality. This is consistent with a pattern of people being promoted based on technical, rather than leadership and people management, skills. Many managers were identified as having limited interpersonal and conflict resolution skills and failing to model respectful behaviour in the workplace. Concurrently, behavioural expectations for managers have not been effectively reinforced or assessed via key performance criteria or regular performance appraisal. This limited accountability and poor role modelling are fundamentally undermining workplace equality at Ambulance Victoria.

Several factors are hindering Ambulance Victoria's efforts to develop strong organisational capability. Ambulance Victoria's current workplace equality training does not reflect leading practice and is too narrow to effectively disrupt the extent of unlawful and harmful conduct occurring. The training should ensure leaders understand their role and responsibilities under the Equal Opportunity Act and develop necessary skills to fulfil that role.

> **So, rolling out the bullying and harassment course ... every so many years doesn't cut the mustard. It's not dealing with the root cause of what the issues are.** *Participant, Interview*

Leadership development appears to have historically been given a low priority within Ambulance Victoria, evidenced by the many managers who were identified by participants as having not received any formal leadership training or development.

> **I'm a manager and I've never had any management training [in Ambulance Victoria] whatsoever and I look after a lot of staff ....** *Participant, Interview*

Ambulance Victoria's reliance on temporary, acting arrangements to fill management positions is also limiting strong, consistent leadership and management capability across the organisation. The Commission heard that acting managers are insufficiently trained and often reluctant to act courageously to advance workplace equality because of the insecurity of their positions. The use of acting management arrangements creates inconsistent reporting lines and hinders employees building the trusted relationships that are essential to a safe reporting environment.

In addition, several operational barriers are preventing leaders and managers from maintaining regular, quality engagement with employees and first responders. This includes the limited proximity of operational managers to staff, intense workloads and limited time.

Strengthening and realising organisational capability

To address current capability gaps, the Commission recommends Ambulance Victoria implement a targeted education program for leaders and managers that develops their knowledge and skills to comply with the Equal Opportunity Act. This should be followed by a leading-practice training for all employees and first responders that aims to improve their knowledge of rights and responsibilities under the Act and supports them to understand how they can individually and collectively contribute to building workplace equality.

It will be important to prioritise and sustain this focus on building organisational capability, including through opportunities for leaders and managers to develop and practice their knowledge and skills, including in diverse settings. It will also require leaders to be held to account for their behaviours with skills and behaviours being reinforced and continually assessed, including through the use of performance development plans with standardised KPIs for workplace equality.

Ambulance Victoria should ensure its operating model enables leaders and managers to prioritise workplace equality in practice. This will require Ambulance Victoria to work closely with the Department of Health to explore opportunities to enable managers and leaders to maintain regular contact and engagement with individual employees and first responders within their teams.

Strengthening oversight, accountability and continuous improvement

Chapter 13, the final chapter of the review, explores oversight, accountability and continuous improvement at Ambulance Victoria to achieve compliance with the Equal Opportunity Act and adopt leading practice. It draws on and seeks to reinforce the critical findings and recommendations throughout the report, and further explores Ambulance Victoria's governance model, including its effectiveness and limitations, and makes recommendations on how to strengthen governance and oversight.

The Commission found that in general, Ambulance Victoria has a professional, modern and functioning governance system led by the Board, working together with the Executive Committee. The Board seeks to comply with an increasing body of regulation and guidance for public sector boards. There was evidence of sophisticated practice, for example, in Ambulance Victoria's risk system.

The Board has members with deep expertise and experience who have worked together effectively. There is evidence of a strong, robust working relationship between the Chair and the CEO, and a generally constructive relationship between the Board and the Executive Committee. The Executive Committee, with an established CEO, and a mix of new and established leaders brings both longstanding experience in Ambulance Victoria and Paramedicine, as well as executive experience in other organisations.

The Commission noted this governance system – led by the Board, supported by the Executive Committee – has enabled Ambulance Victoria to deliver substantial reforms since 2015, including reforms involving cultural change and focused on some aspects of the safety and wellbeing of Ambulance Victoria's people. This is promising as the organisation turns its focus to implementation of this review's recommendations.

However, despite the significant strategies, plans and policies in place relating to aspects of workplace safety and equality, as well as previous audits and reviews and the data available, the Board and the Executive Committee ultimately did not fully anticipate, recognise, analyse, prioritise or systemically address the substantial and unacceptable unlawful and harmful workplace conduct identified by the Commission in this independent review.

> **I was aware of the historical [allegations] .... But until that point, [I] assumed they were [not] contemporary ... [I] was really quite surprised. Well, actually, more than surprised, I was blindsided and deeply distressed, I've got to say, by it. Because it's not the organisation that I thought we had.**
> *Participant, Interview*

In particular, Ambulance Victoria had limited understanding of root causes and drivers of these harms, and did not develop an integrated approach to prevention and monitoring of outcomes for employees and first responders. Nor did the Board and its various committees effectively harness established risk management or occupational health and safety systems to recognise and address unlawful and harmful conduct.

The challenges identified in this review are shared by many other organisations as exposed in the #MeToo era, including leadership team dynamics and biases and the inherent difficulties of long-term cultural change. Contributing factors to the failure to fully recognise and address sexual harassment, discrimination, bullying, victimisation and pervasive incivility at Ambulance Victoria include the:

- overreliance on, and limited analysis of, the available data and information
- substantial and ongoing program of reforms, dating from 2015, coupled with increasing demands, including through the pandemic
- organisation's primary focus on operational outcomes.

The testimony captured in this report reveals a significant gap between Ambulance Victoria's espoused values and priorities and the lived experience of many employees and first responders, eroding trust and confidence in the organisation's leadership.

To strengthen oversight, accountability and continuous improvement, the Commission recommends Ambulance Victoria adopt integrated approaches to the review's recommendations, guided by the recommended prevention plan and suggested leading practice outcomes framework, and a philosophy of 'radical transparency' including to:

- more clearly and consistently embed a commitment to, and shared responsibility for, workplace equality and safety in key corporate governance documents and its risk management and health and safety systems

- ensure reflective practices within the Board and Executive team, but also through a structured cross-organisation program to reflect on the findings of this review, including the key drivers of harm, to support long term organisational healing and culture change
- develop a holistic and evidence-based information and data plan and communications strategy.

Ultimately, Ambulance Victoria's sound governance systems, developing leadership capability, and commitment to change, bode well for implementation of the recommendations of this review.

Looking forward

> **All of us just want to see changes that make it a better more inclusive, fair and respectful place to work.**
>
> *Participant, Written submission.*

The catalyst for this review was the courageous, public reports by Ambulance Victoria paramedics who felt they had no option but to go to the media with experiences of sexual harassment, assault, discrimination and victimisation. The leaders of Ambulance Victoria are to be commended for responding swiftly – commissioning and fully supporting this independent, public review and committing to implement all of its recommendations. At the launch of Volume I of this report in November 2021, Ambulance Victoria's Chair made a full apology on behalf of the organisation. Subsequently, the Chief Executive Officer also made an unreserved apology to staff, and the organisation has already begun to action the report's recommendations.

The findings of this review confirm the picture painted in the media reports of October 2020 and vindicate the commitment of Ambulance Victoria's leaders to significant and transparent change to enable Ambulance Victoria to be a safe and equal workplace that provides exceptional emergency healthcare to the Victorian community.

The process of conducting this independent review – including the conversations that it has prioritised and brought into focus and the substantial volume of data and experiences that have been shared - mean Ambulance Victoria now has a far deeper and more comprehensive picture of the drivers and state of workplace equality across its organisation.

These conversations and exploration will continue as Ambulance Victoria reflects on the findings and outcomes of the review, develops its first integrated prevention plan squarely measured against a new outcomes framework, and works to implement the review's 43 recommendations.

Ambulance Victoria has always grown and adapted to provide Victorians with the care they need. It has the capability and commitment at every level to make transformative change. Overall accountability for Ambulance Victoria's performance rests with its Board supported by the Executive. However, it will require a sustained, accountable effort by all employees and first responders, supported by critical partners like unions, professional associations and the Department of Health to rebuild trust and a respectful culture which means Ambulance Victoria is truly a great place to work for everybody.

The Commission will continue to support Ambulance Victoria on its journey to be a safer, more equal and respectful workplace. Spurred by current social movements and courageous whistle-blowers, many organisations and institutions are undergoing a similar reckoning. Continuing to work together and openly share leading practice will be critical to enable the long-term, systemic and cultural shifts needed for Ambulance Victoria to fully achieve the requirements and intent of the Equal Opportunity Act.

Recommendation 1

Learning through reflective practice

(a) Ambulance Victoria's Chief Executive Officer should, as soon as practicable following the publication of Volume I of this final report:

  (i) arrange for the Executive Committee to participate in a reflective practice workshop on the learnings from the *Independent review into workplace equality in Ambulance Victoria*, led by an independent and suitably skilled facilitator

  (ii) together with the Executive Committee, develop and implement a plan to support all senior leaders and managers to engage in reflective practice discussions with their respective teams

(b) Ambulance Victoria should embed reflective practice into its forthcoming program of work to implement the recommendations in this final report.

Recommendation 2

Bearing witness, learning through listening, and acknowledging through restorative justice

Ambulance Victoria should:

(a) as soon as practicable following the publication of Volume I of this final report and subject to the provision of appropriate, dedicated funding, establish an independent restorative engagement scheme for current and former employees and first responders who have experienced past discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, to be administered by an appropriate external provider and operate for 18 months from when it commences

(b) co-design the scheme with representatives of the scheme administrator, current and former members of the workforce, the various unions and professional associations and the Department of Health, applying the principles of restorative justice and victim-centred approaches to responding to unlawful and harmful workplace conduct and aligned with leading practice and lessons learned from restorative approaches within emergency services and other contexts

(c) select members of the Executive Committee and other senior leaders to participate in the scheme and facilitate training for them in how to apply the principles of restorative justice and victim-centred approaches

(d) together with the various unions and professional associations, promote the scheme widely to current and former employees and first responders

(e) report regularly to the workforce on the de-identified outcomes of the scheme.

Recommendation 3

A holistic, evidence-based prevention plan

Ambulance Victoria should develop a comprehensive prevention plan targeting discrimination, sexual harassment, bullying, victimisation and other harmful workplace conduct, like incivility, within six months of the publication of Volume II of the final report. At a minimum, the plan should:

(a) address the specific drivers and risk factors identified in this report

(b) be informed by early and ongoing consultation with the workforce, the relevant unions and professional associations and the Department of Health

(c) integrate and/or align prevention measures with any existing or new diversity and inclusion strategies, including the organisation's forthcoming Gender Equality Action Plan for the *Gender Equality Act 2020* (Vic)

(d) include key accountabilities for leaders and managers and require ongoing monitoring and evaluation and continuous improvement efforts, to be led by the new dedicated division responsible for leading implementation of the Commission's recommendations (see Recommendation 11).

Recommendation 4

Communicating regularly and proactively about prevention

Ambulance Victoria should develop a schedule of opportunities to regularly and proactively:

(a) reiterate its commitment to building and maintaining a safe working environment, free from discrimination, sexual harassment, bullying and victimisation

(b) reiterate that discrimination, sexual harassment, bullying and victimisation are unlawful under the *Equal Opportunity Act 2010* (Vic) and related laws and contrary to the organisation's values and expected standards of conduct

(c) improve awareness and understanding of its comprehensive prevention plan, as well as the available reporting, complaint and support pathways for employees and first responders.

Recommendation 5

The critical role of unions and professional associations in prevention

(a) Ambulance Victoria should work together with Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations to enable them to inform their respective members of the organisation's response to the key findings and recommendations in this final report

(b) Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations should:

  (i) seek regular opportunities to reiterate their commitment to workplace equality, including through their continued support of the Independent review into workplace equality in Ambulance Victoria

  (ii) ensure their staff receive regular training on the *Equal Opportunity Act 2010* (Vic) and related laws, so that they can best advise their respective members on their rights and responsibilities

  (iii) seek regular opportunities to inform their respective members about where they can access information and support about their rights and responsibilities under the *Equal Opportunity Act 2010* (Vic) and related laws.

Recommendation 6

Protecting safety in isolated environments

Ambulance Victoria should, as soon as practicable, undertake a security audit of all isolated work environments within the organisation, with a view to identifying any necessary security measures (for example, locks, duress alarms), during which it should consult with other industry leaders who similarly oversee workers in unsupervised and isolated environments.

Recommendation 7

Resetting and embedding organisational values

Ambulance Victoria should:

(a) adopt a new set of organisational values to guide and prioritise appropriate behaviour in a modern, professional and inclusive ambulance service

(b) co-design its new organisational values with representatives of the organisation's workforce, with input from key partners, including the relevant unions and professional associations, the Department of Health and service users

(c) publish a draft of its proposed new organisational values, invite internal and external feedback on the adequacy of those values and actively consider any feedback provided

(d) develop a comprehensive plan to communicate and embed the new values across the employment lifecycle, from recruiting individuals who can show they are aligned with the organisation's values through to making adherence with the organisational values a relevant consideration in decisions related to termination

(e) ensure accountability for demonstrating values-driven behaviour, including at a minimum through mandated performance metrics in individual performance development plans.

Recommendation 8

Encouraging a 'speak-up' culture

Ambulance Victoria should:

(a) detail in its comprehensive prevention plan, to be developed pursuant to Recommendation 3:

  (i) the critical role of each member of the workforce in taking action if they are a bystander to workplace discrimination, sexual harassment, bullying or victimisation

  (ii) information about how bystanders can raise concerns or make informal reports or complaints about such conduct and practical examples of the actions they might take

  (iii) the supports available to bystanders who do take action

(b) embed the Upstander program as part of its regular training program and ensure a minimum completion rate of 75% of the workforce within two years of the publication of Volume II of this final report

(c) ensure that the revised complaint policy (see Recommendation 16) recognises the important role of bystanders and aligns the information included with its comprehensive prevention plan.

Recommendation 9

Reintroducing Contact Officers and establishing a Local Champions Network

Ambulance Victoria should:

(a) reintroduce Workplace Equality Contact Officers, embedded in each region and, in doing so:

  (i) develop new, standard Position Descriptions detailing their role and invite expressions of interest from operational and corporate staff, encouraging people of diverse backgrounds to apply

  (ii) support the selected Contact Officers to access regular, quality training and resources on the *Equal Opportunity Act 2010* (Vic) and related laws and participate in communities of practice and other forums to keep abreast of changes in the law and emerging leading practice

  (iii) establish an internal network of Contact Officers that meets regularly

  (iv) actively and regularly promote the names and contact information of Contact Officers to the workforce and ensure this information is updated regularly

(b) implement a Champions of Change model to drive the reforms needed in the organisation to foster and maintain a culture of safety and equality in the workplace.

Recommendation 10

Valuing those who care

(a) The Ambulance Victoria Board and the Minister for Ambulance Services should ensure that future statements of priorities are informed by an annual discussion on how to appropriately balance the importance of Ambulance Victoria meeting operational KPIs with the health, safety and wellbeing of the organisation's workforce and the need to create a positive workplace culture, building on the 2019-20 and 2020-21 agreements.

(b) Ambulance Victoria should ensure that it affords appropriate weight to priorities designed to ensure the health, safety and wellbeing of the organisation's workforce, in addition to those related to operational KPIs.

Recommendation 11

Establishing a dedicated division to drive reform

Ambulance Victoria should, within three months of the publication of Volume II of the final report, establish a centralised, dedicated division that:

(a) drives and coordinates implementation of the Commission's recommendations

(b) reports to an Executive Director and is directly accountable to the Chief Executive Officer

(c) is comprised of subject matter experts with skills and expertise in equal opportunity issues (including discrimination, sexual harassment, bullying and victimisation) as well as diversity and inclusion strategies, employee engagement and large-scale organisational change and project management.

Recommendation 12

Supporting robust governance and oversight of reforms

Ambulance Victoria should, within three months of the publication of Volume II of the final report, establish a Steering Committee that:

(a) monitors and oversees the implementation of the Commission's recommendations and organisational reforms as a whole

(b) consists of a range of internal and external representatives from the Executive Committee, the workforce, unions and professional associations, the Department of Health and subject matter experts.

Recommendation 13

A victim-centred and fair report and complaint system

Ambulance Victoria should establish a new organisational response to reports and complaints of unlawful and harmful conduct that consists of:

(a) a Workplace Harm Unit that –

  (i) provides the first point of contact for reports and complaints of unlawful and harmful conduct to be made

  (ii) provides impartial, confidential, timely information and advice about the report and complaint system, including about complaint pathways, processes and procedures

(iii) assesses and triages reports and complaints, taking necessary steps to ensure the safety and wellbeing of those involved, including through formal referral mechanisms to appropriate internal or external providers and agencies and escalating more serious matters for formal action as necessary

(iv) facilitates informal resolutions using flexible dispute resolution and restorative practices

(v) ensures that all relevant report and complaint policies, procedures, information and communication available to staff are up-to-date

(vi) collects and analyses data to identify trends and emerging risks that are assessed and compared with available data from the health sector and shared with the Chief Executive Officer, the Executive Committee and the Board on a quarterly basis, together with any actions implemented to respond to trends of concern

(vii) is an advocate for leading practice complaint handling and standards within Ambulance Victoria

(b) a Specialist Support Unit to provide advocacy and direct support for those who have experienced unlawful and harmful conduct

(c) an Investigations Unit that consists of specialist investigators and is responsible for the investigation of complaints.

The new organisational response should be developed in consultation with the workforce, and with relevant unions and professional associations.

Recommendation 14

Enhancing perceptions of independence and supporting capability for the new organisational response to reports and complaints of unlawful conduct

In establishing the new organisational model to respond to reports and complaints of unlawful conduct, Ambulance Victoria should:

(a) develop position descriptions for key roles within the new organisational model that reflect the key attributes, skills and expertise necessary for staff in complaint handling roles

(b) ensure that the staff appointed have a range of skills and experiences – such as professional experts in human resources, equal opportunity issues, bullying, discrimination, dispute resolution and restorative approaches, as well as data analytics and investigations expertise – and are a blend of internally and externally appointed staff

(c) ensure sufficient resourcing is available to meet demand and established service standards (see Recommendation 20)

(d) create a distinct reporting structure outside existing operational divisions that reports directly to the Chief Operations Officer.

Recommendation 15

Supporting staff to confidently report through anonymous pathways

Ambulance Victoria should introduce internal and external anonymous reporting pathways and communicate and promote these avenues to staff within three months of the publication of Volume I of the final report.

Recommendation 16

Embedding a victim-centred approach to processes and procedures

Ambulance Victoria should amend and consolidate its complaint handling policies and procedures into a single policy that, at a minimum, covers:

(a) a comprehensive list of how, where and to whom a complaint can be made, including the available internal and external reporting options

(b) information about the availability and role of support services

(c) the multiple options available to resolve a report or complaint, from informal resolutions through to formal reports and complaints

(d) how a complaint will be managed, the steps involved, the roles and responsibilities of key staff and service standards that clearly set out what to expect

(e) the range of outcomes that may be achieved

(f) guidance about when a complaint will be immediately escalated to a formal complaint process or referred to an external agency, such as Victoria Police

(g) guidance on when internal and external investigators may be appropriate, including for complaints about senior staff members

(h) how information will be recorded or taken and the confidentiality safeguards in place

(i) information about victimisation, including a clear statement that it is unlawful

(j) how the performance of the report and complaint system will be monitored.

Recommendation 17

Supporting choice and control and addressing harm at the earliest opportunity

Ambulance Victoria should:

(a) develop options to support people to resolve reports of unlawful and harmful conduct informally

(b) document in its complaint policies and procedures guidance for complainants and managers on when an informal resolution is safe and appropriate.

Recommendation 18

Developing resources to support accessibility of the report and complaint system

Ambulance Victoria should:

(a) develop information guides and fact sheets that clearly outline:

- (i) the internal and external pathways to make a complaint
- (ii) the support services available to all those involved in report and complaint processes, including complainants, respondents and witnesses
- (iii) what complainants, respondents and witnesses involved in a complaint process should expect, such as timeframes, what information they will receive, expected standards of service and how their information will be handled
- (iv) the outcomes available through a report or complaint process

(b) ensure that the information guides and fact sheets are available across workplaces, including electronically and as physical hard copies, and updated annually.

Recommendation 19

Supporting transparency and developing learning tools

Ambulance Victoria should:

(a) regularly create and publish de-identified case studies of the outcomes of reports and complaints, to create better understanding among the workforce of the steps it takes to address unlawful and harmful workplace conduct and as learning tools to educate all employees and first responders on acceptable standards of behaviour

(b) regularly publish information about the performance and complaint system against the benchmarks recommended (see Recommendation 20) to the workforce and public.

Recommendation 20

Understanding how the report and complaint system is working

Ambulance Victoria should establish agreed benchmarks to measure the performance of its report and complaint system that include:

(a) timelines for key steps and actions in the report and complaint process, including:
  (i) acknowledgment of receipt
  (ii) resolution of 'simple' reports or complaints
  (iii) resolution of urgent or priority reports or complaints
  (iv) trigger points for notification of delays

(b) satisfaction of the report and complaint process and outcomes for those involved (including complainants, respondents and witnesses)

(c) quality measurements, such as the ease of using the report and complaint system, the fairness of the process and the clarity of communication.

In establishing these benchmarks, Ambulance Victoria should, with the assistance of the Department of Health, seek to consult with and, where possible, agree on common benchmarks to measure performance throughout the health sector.

Recommendation 21

Learning lessons and improving service delivery at the earliest opportunity

Ambulance Victoria should:

(a) develop standard processes for seeking feedback from all parties involved in a complaint, with a view to identifying and intervening against any victimisation and informing practice and service improvements

(b) provide guidance to those who manage and handle complaints on the factors that should inform analysis of organisational and systemic issues

(c) ensure that staff members with complaint handling and management responsibilities hold relevant skills, training and expertise to undertake root cause analysis of organisational and systemic issues.

Recommendation 22

Creating and maintaining records and data to improve analytical capability

Ambulance Victoria should ensure that:

(a) its policies and procedures clearly require the creation and appropriate maintenance of records of all incidents, complaints, responses and decisions related to unlawful and harmful conduct, including those reported informally

(b) the Workplace Harm Unit, the Specialist Support Unit, and the Investigations Unit are equipped with a single, centralised and secure information technology system that adheres to best practice information management requirements.

Recommendation 23

Supporting the effective delivery of reporting and complaint reforms

Ambulance Victoria should establish an Expert Advisory Group to:

(a) provide advice and support on the implementation of reforms to its report and complaint system, including key developments such as establishing self-resolution and informal reporting processes

(b) support the development of revised procedures and processes to ensure their continued alignment with leading practice

(c) be comprised of subject matter experts in complaint handling, unlawful conduct and/or restorative practices, as well as nominated representatives from relevant unions and the workforce.

Recommendation 24

Enhancing accountability of the report and complaint system

Ambulance Victoria should revise the Terms of Reference of the Professional Conduct Committee to:

(a) ensure a unified approach to data collection and analysis of the handling of reports and complaints

(b) regularly review reports and complaints data to identify patterns, trends, systemic issues and measures to continuously improve efforts to prevent and respond to unlawful conduct

(c) monitor the performance of the report and complaint system against a range of benchmarks, including timeliness, quality and satisfaction.

Recommendation 25

Increasing diversity on the Ambulance Victoria Board

(a) The Ambulance Victoria Board and the Victorian Department of Health should expand and align the demographic data they collect about incoming directors and work together to develop and maintain an integrated diversity and skills matrix for the Ambulance Victoria Board. At a minimum, the matrix should include information about Aboriginality, age, disability, ethnicity, gender identity, race, religion and sexual orientation (in addition to director skills), with options for directors 'not to disclose'.

(b) Ambulance Victoria should work closely with the Victorian Government to explore amending section 17(3) of the *Ambulance Services Act 1986* (Vic) to require the Minister to have regard to diversity when recommending appointments to the Ambulance Victoria Board.

(c) The Ambulance Victoria Board should proactively assess and promote its demographic diversity as part of existing annual Board evaluations, informed by the integrated diversity and skills matrix.

(d) Ambulance Victoria should include a dedicated section in its annual report detailing the aggregate gender and diversity composition of the organisation's Board and how the Board and the organisation have promoted and prioritised workplace equality.

Recommendation 26

Disrupting harmful stereotypes

As part of its efforts to reset and embed organisational values, as required by Recommendation 7, and ongoing efforts to embed workplace equality, Ambulance Victoria should seek to proactively disrupt harmful stereotypical views and:

(a) build a new organisational vision concerning the expertise, capabilities and personal attributes that are needed to succeed in any role and at any level of the organisation

(b) send a clear message about the value it attaches to all cohorts and roles within the organisation.

Recommendation 27

Prioritising conscious inclusion throughout the recruitment lifecycle

Ambulance Victoria should:

(a) embed conscious inclusion initiatives at each stage of the recruitment lifecycle, to help attract candidates from diverse backgrounds and offer them support during the recruitment process

(b) encourage the greater use of external advertising and (external) lateral recruitment to diversify its workforce and future leadership talent pool

(c) set clear and progressive targets within its forthcoming Gender Equality Action Plan to increase the representation of women in operational leadership roles at the middle, senior and executive management levels and among MICA Paramedics and MICA Paramedic Educators.

Recommendation 28

Removing structural barriers to career advancement

Ambulance Victoria should:

(a) consider opportunities to actively promote and support the ability for paramedics to complete the MICA program while working flexibly

(b) as soon as practicable, remove all remaining requirements for managerial endorsement across career advancement opportunities, including from its Recognition and Development Process

(c) amend its Recognition and Development Process to remove sick leave patterns as a consideration and include exemptions to the '12-month rule' for employees who have been on parental leave or working flexibly during the prior 12 months and enable alternative assessment.

Recommendation 29

Advancing equal pay

Ambulance Victoria should consider the following actions when developing its Gender Equality Action Plan under the *Gender Equality Act 2020* (Vic):

(a) develop an equal pay policy and seek to include an equal pay clause in future enterprise agreements

(b) introduce targets to reduce the gender pay gap and report against these targets annually

(c) allocate sufficient resources to rectify pay gaps identified through pay gap analyses

(d) support managers and hold them accountable for achieving equal pay including, at a minimum, through incorporating the issue of equal pay into broader training and resources for managers and requiring managers to demonstrate as part of their annual performance appraisals how they have sought to ensure pay equality

(e) establish processes to raise concerns or make unequal pay complaints

(f) target the underlying drivers of unequal pay at Ambulance Victoria including by expediting more inclusive recruitment and promotion practices as set out in these recommendations

(g) expand workforce demographic data collection and monitoring to identify any other pay gaps.

Recommendation 30

Removing structural barriers and embedding flexibility into immediate and long-term workforce planning and the employment lifecycle

Ambulance Victoria should:

(a) together with Ambulance Employees Australia Victoria, Professionals Australia and the Victorian Ambulance Union Incorporated, evaluate the impacts (positive and negative) of the rolled-in rate, including the degree to which all impacts are experienced equally by all staff, and the impact of the rolled-in rate on implementing new approaches to enhance workplace flexibility

(b) reconsider the use of the shift-weighting calculator in determining flexible work applications so that individual needs and other relevant factors are given equal consideration to fair distribution of shifts

(c) embed workplace flexibility into the future design of all shifts and rosters by:

  (i) assuming that a significant percentage of the workforce will require flexibility (to be drawn from consultation with staff and unions about current and future needs) and that this will increase incrementally

  (ii) establishing a community of practice across the health sector to learn of innovative local approaches to shift and roster design

  (iii) diversifying roster design and shift length to ensure demand for emergency healthcare continues to be met, while enabling workforce participation by employees who require the most flexibility, rather than only employees who require limited or no flexibility

  (iv) exploring options to give managers more input into roster design to ensure flexible work and local solutions are implemented

(d) consider flexibility as a default position when designing all roles and actively increase the cohort of part-time workers to attract a more diverse workforce, formally allowing for transition to future, full-time work, and ensuring equal access to professional development and career advancement opportunities.

Recommendation 31

Implementing and tailoring the Think Flex First Framework

Ambulance Victoria should:

(a) review, update and fully implement its Think Flex First Framework, including updating all relevant policies, procedures, systems, guidance material and training to ensure flexibility becomes embedded in the culture of the organisation

(b) enhance the role of those working in the People and Culture division in the process and procedure for applying for a flexible working agreement by including them as subject matter experts in discussions between managers and employees (at the request of either party) to support more creative and viable flexibility options and review all refusals to ensure legal compliance

(c) adopt the VPS 'all roles flex' approach for corporate staff and include this approach in its forthcoming Gender Equality Action Plan as part of its compliance with the *Gender Equality Act 2020* (Vic). Adopting an 'all roles flex' approach includes reviewing and amending flexible working arrangement processes and procedures for those staff so they:

  (i) encourage informal flexibility and distinguish it from a formal flexible working agreement

  (ii) provide practical guidance on how to use existing and new technology to collaborate and communicate virtually

  (iii) centre flexibility discussions around workers' productivity, impact and outputs, instead of when and where work is conducted

(d) continue to identify options to increase flexibility for all staff members by supporting teams (in both operational and corporate settings) to trial localised strategies, test them with simple evaluation tools and share successes, particularly during enterprise bargaining

(e) ensure the new centralised, dedicated division established to drive and coordinate implementation of the Commission's recommendations (see Recommendation 11) has the resourcing and capability to support and monitor the implementation of Recommendation 31(a) – (d), including reporting to the Executive and Board

(f) as a priority, seek from the Victorian Government the funding required to support the implementation of greater workplace flexibility across the organisation, including funding for necessary staff in core teams (including People and Culture and the new Division), followed by funding for other necessary resources required to accommodate a more flexible workforce.

Recommendation 32

Monitoring the legal compliance and continual improvement of flexible work practices

(a) The Ambulance Victoria Board should receive quarterly reporting of de-identified flexible work data as a key metric and ultimately be responsible for ensuring compliance with the law and continual improvement. At a minimum, reporting should:

- (i) refer to the quantity and basis for applications, approvals and refusals
- (ii) be analysed in conjunction with other data to accurately assess the ongoing impact of workplace flexibility on key indicators, including (but not limited to) service delivery, staff recruitment, turnover and retention, promotion and progression, and staff health, safety and wellbeing
- (iii) inform continuous improvement workforce planning (see Recommendation 33).

(b) Ambulance Victoria should finalise the development of the Chris21 system and:

- (i) embed responsibility for the People and Culture Division within the process to record all data pertaining to requests for flexible working arrangements, approvals and refusals (including reasons for refusal)
- (ii) provide regular, accurate data reporting to the Board and Executive Committee and make de-identified flexibility data transparent to staff via internal communication.

Recommendation 33

Building knowledge, capability and accountability

Ambulance Victoria should:

(a) ensure all employees are aware of the organisation's commitment to flexibility by embedding relevant content pertaining to rights and obligations under the Think Flex First Framework, the *Equal Opportunity Act 2010* (Vic), the *Fair Work Act 2009* (Cth), the Ambulance Victoria Enterprise Agreement 2020 (and other industrial agreements) into induction and other relevant training for graduate paramedics and new employees

(b) build capability for managers by:

- (i) embedding relevant content referred to in recommendation (a) above and content that better enables managers to promote

workplace flexibility and respond to and support flexible working arrangement requests in new targeted workplace equality training for managers referred to in Section 12.5.1

(ii) developing fit-for-purpose resources and tools for employees, managers and teams to ensure managers apply the Think Flex First Framework and ensure all staff have equal access to flexibility

(c) embed workplace flexibility key performance indicators for managers to formally incentivise and acknowledge inclusive leadership behaviour and identify managers who require additional capability and support:

(i) managers who do not record written reasons for refusals should be assessed as not meeting core behavioural and risk KPIs

(ii) actively role modelling flexibility and/or endeavours to introduce team-led advancements in flexibility should be identified as an example of meeting core behavioural KPIs.

Recommendation 34

Creating reasonable adjustment policies, expertise and strategy

Ambulance Victoria should embed leading practice expertise and practice with regard to reasonable adjustments by:

(a) developing a stand-alone overarching Reasonable Adjustments Policy and Procedure that incorporates the Fitness For Duty Policy and Procedure and Return to Work Policy and is informed by consultation with union representatives, external experts and staff who have sought reasonable adjustments

(b) incorporating detailed guidance in the new Reasonable Adjustments Policy on what reasonable adjustments may constitute for a potential or existing employee, and how to identify reasonable adjustments as a first step

(c) amending the Fitness for Duty process in the new policy so that employees are only required to undertake an assessment when they disclose a condition that prevents them from adequately performing the 'genuine and reasonable' requirements of their role, and providing examples and guidance for this in the case of operational staff

(d) collecting and capturing data relating to applications, approvals, types of reasonable adjustments provided, and refusals, not only for reporting purposes but for the purposes of continuous improvement

(e) taking steps to expand capability within the People and Culture division, so the people working in this sector are better equipped to support the organisation to adopt leading practice approaches

(f) embedding content to promote and implement the new policy into existing, relevant training.

Recommendation 35

Improving long-term planning for transition to retirement

Ambulance Victoria should:

(a) factor transition to retirement for its existing and future employees into long-term workforce planning via a transition to retirement strategy, informed by sector peers, staff and unions and professional associations, so that systems and options are in place to maximise the contribution of workers as they near retirement, while supporting their health and wellbeing

(b) review and update its arrangements relating to transition to retirement, so that:

  (i) regular mechanisms are in place to seek staff and union input into improvements to transition to retirement options and support

  (ii) employees who are considering retirement have access to dedicated and specialist counsellors who can assist them and their manager prepare a long-term plan.

Recommendation 36

Strengthening workplace equality education and training

Ambulance Victoria should:

(a) work in partnership with an external training provider with expertise in leading practice approaches to workplace equality and leadership development, to re-develop and deliver live (in-person or virtually) and as part of induction and otherwise annually —

  (i) a workplace equality training program for all employees and first responders

  (ii) an advanced, tailored training program for leaders and managers that reinforces their key responsibilities under the *Equal Opportunity Act 2010* (Vic) and builds core workplace equality competencies, including managing challenging conversations and addressing conflict, engaging the workforce in safe discussions about workplace equality, monitoring and mitigating risks of unlawful and harmful workplace conduct, taking a victim-centric and trauma-informed approach to reports and complaints of unlawful and harmful workplace conduct, which includes understanding intersectionality and the particular needs of different staff cohorts, and anticipating and addressing backlash

(b) develop practical tools and resources to support the workforce and leaders and managers to apply key learnings from these programs

(c) ensure its systems allow training completion rates to be adequately monitored and reported on.

The training should be rolled out sequentially, with the advanced management training program delivered by December 2022, followed by universal workplace equality training for all employees and first responders to be delivered by July 2023.

Recommendation 37

Embedding sustained learning and development

Ambulance Victoria should continue to deliver the Leading Together Program to middle and frontline managers, while also taking other immediate steps to support managers to develop and demonstrate improved people management capabilities and inclusive leadership, including by:

(a) ensuring managers have performance development plans in place by December 2022 with standardised KPIs for workplace equality and people management

(b) trialling the use of a 360-feedback tool to support ongoing development in the first instance, with further consideration to using such tools for performance appraisal in future

(c) requiring individuals who are assessed as eligible to act in a management role but have not yet completed leadership and people management training to do so as soon as practicable and assigning all acting managers a mentor while acting in a management role

(d) exploring ways to provide diverse learning opportunities and exposure to a variety of leadership and management approaches, for example through regular external secondments or external, cross-sector communities of practice

(e) conducting a comprehensive capability audit following the delivery of the Leading Together program to assess its impact and apply lessons to future iterations of the program.

Recommendation 38

Creating an operating environment where capabilities can be realised

In consultation with the Department of Health, Ambulance Victoria should consider how it can enable and support more regular contact and engagement between managers and their team members (including ensuring sufficient time and capacity) to allow them to deliver on a fair, equal and inclusive workplace.

Recommendation 39

Fully embedding workplace safety and equality in risk management and health and safety systems

Ambulance Victoria – led by its Board – should review, further develop and use its risk management and health and safety systems to:

(a) ensure the drivers of workplace harm identified in this review are identified, visible and escalated at an enterprise level

(b) reduce the risks to workplace equality and safety and enable continuous improvement.

Recommendation 40

Updating and strengthening governance documents

Ambulance Victoria should review key corporate documents to ensure explicit, consistent and strong statements of commitment to and shared responsibility for workplace equality and safety that underpins other corporate priorities (see Recommendation 10). Priority should be given to updating:

(a) the Board charter and/or governance policy

(b) Board committee terms of reference

(c) core corporate governance frameworks and policies.

Such statements should be included in the new Strategic Plan and future annual reports.

Recommendation 41

Board learning through reflective practice

The Ambulance Victoria Board should undertake a reflective, facilitated workshop to review and discuss how the drivers of discrimination, sexual harassment, bullying and victimisation identified in this report:

(a) have shaped workforce equality experience in practice and Board governance and oversight of this issue

(b) are likely to influence implementation of reforms and continual improvement

(c) may affect other, interdependent aspects of organisational performance.

Such reflective practice should be built into regular, annual strategic reviews at the Board and Executive Committee level.

Recommendation 42

Organisational healing and culture change through reflective practice

As part of the new prevention plan called for in Recommendation 3, Ambulance Victoria should:

(a) design and implement a cross-organisation program of structured, facilitated reflections on the findings of this review, including the key drivers of harm and inequality

(b) ensure this process is victim and trauma-informed, aware of power imbalances and seeks to create safe spaces and practices for reflection and discussion

(c) enable expression of the range of positive and negative experiences of Ambulance Victoria's workforce

(d) consider models such as 'roadshows' across different geographic areas, functions and staff representative groups

(e) be informed by research and models on organisational healing and cultural change

(f) reiterate the Board's and the CEO's commitment to change to address the review's findings and to implement the review's recommendations.

Recommendation 43

A holistic and evidence-based information and data plan and communications strategy

Ambulance Victoria should formally adopt the outcomes framework in Appendix E to address unlawful and harmful workplace conduct and inequality as part of the new prevention plan called for in Recommendation 3.

As part of this plan and aligned to the outcomes framework, Ambulance Victoria should develop an integrated, holistic, evidence-based:

(a) information and data plan for workplace safety and equality

(b) communications strategy for workplace safety and equality

Ambulance Victoria should design these with employee and first responder and stakeholder input.

Notes

1. Wendy Tuohy, 'Sex discrimination and harassment widespread in Ambulance Victoria, say paramedics', *The Age*, 26 October 2020, <https://www.theage.com.au/national/victoria/sex-discrimination-and-harassment-widespread-in-ambulance-victoria-say-paramedics-20201025-p568h5.html>. See also Wendy Tuohy, 'They wrote her number on public toilet walls all up and down the Calder Highway', *The Age*, 27 October 2020, <https://www.theage.com.au/national/victoria/they-wrote-her-number-on-public-toilet-walls-all-up-and-down-the-calder-highway-20201027-p5693f.html>; Wendy Tuohy, 'Human Rights Commission to probe reports of sex discrimination, harassment at Ambulance Victoria', *The Age*, 27 October 2020, <https://www.theage.com.au/national/victoria/human-rights-commission-to-probe-reports-of-sex-discrimination-harassment-at-ambulance-victoria-20201027-p568zs.html>.
2. Responses to the Commission's survey indicated: 47.2% (n=909) of the 1925 people who responded to the survey question told us that they had experienced discrimination at Ambulance Victoria; 17.4% (n=335) of the 1928 people who responded said that they had been sexually harassed; 52.4% (n=988) of the 1886 people who responded said they had been bullied; 34.5% (n=80) of the 232 people who had made a formal complaint of unlawful conduct and answered the question reported being ostracised, victimised or ignored, while 40.5% (n=94) reported negative career consequences.
3. Among the 2043 people who answered this survey question, fewer than two in seven people told us that they feel 'completely' or 'very safe' from these types of unlawful conduct (7.9% or n=162 and 19.9% or n=406, respectively). By contrast, 21.4% (n=437) said they 'do not feel safe at all', 19.9% (n=406) reported feeling 'only slightly safe' and a further 30.9% (n=632) indicated that they feel 'moderately safe' from these types of unlawful conduct at work.
4. Of the 2031 participants who responded to the survey question 'How respected do you feel in your workplace?', only 5.6% (n=113) reported feeling 'completely respected', while more than twice this number (12.0% or n=243) said they 'do not feel respected at all'. A further 22.8% (n=463) told us that they feel 'only slightly respected'.
5. The response from our survey included: 77.6% (n=676) for discrimination, 90.3% (n=299) for sexual harassment and 67.7% (n=667) for bullying.
6. Of the 1887 participants who responded to this question, 47.7% (n=900) indicated they were a bystander to discrimination. A total of 39.3% (n=741) of survey respondents said that they were bystanders to sexual harassment. A total of 66.4% (n=1253) reported being a bystander to bullying.
7. Of the 898 people who reported experiencing discrimination and answered a question about their response to it, 15.3% (n=137) made a formal complaint. Of 335 survey participants who responded to a question describing what action they took after experiencing sexual harassment, 9.6% (n=32) submitted a formal complaint. Of the 981 survey participants who experienced bullying and responded to this question, 15.9% (n=156) reported taking steps to submit a formal complaint.
8. The percentages of survey respondents who reported feeling not at all satisfied with the overall process of dealing with their formal complaint of unlawful conduct, included: 80.3% (n=106) of those who experienced discrimination and made a formal complaint; 55.2% (n=16) of those who experienced sexual harassment and made a formal complaint; 78.8% (n=119) of those who experienced bullying and made a formal complaint.
9. The most frequent barrier to making a formal complaint identified by participants was a fear that no action or change would result from doing so – including: 71.5% (n=535) of the 748 survey participants who experienced discrimination and responded to this question; 48.1% (n=142) of the 295 survey participants who experienced sexual harassment and responded to this question; 65.1% (n=525) of the 806 survey participants who experienced bullying and responded to this question.

10. Survey participants reporting that they did not make a formal complaint because they feared there would be negative consequences included: 62.3% (n=466) of the 748 survey responses to this question who experienced discrimination; 38.6% (n=114) of the 295 survey responses to this question who experienced sexual harassment; 50.0% (n=403) of the 806 survey responses to this question who experienced bullying.

11. Workplace Gender Equality Agency, 'Australia's Gender Pay Gap Statistics' (Webpage, Australian Government) <https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_fact_sheet_Feb2020.pdf>.

PARAMEDIC

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1 Introduction

Chapter 1 of this final report provides an overview of the establishment, scope, methodology and governance of the Victorian Equal Opportunity and Human Rights Commission's *Independent review into workplace equality in Ambulance Victoria*.

⟶ KEY POINTS

- In October 2020, Ambulance Victoria's Board asked the Victorian Equal Opportunity and Human Rights Commission to conduct an independent review into workplace equality in the organisation. The request was made in response to allegations that emerged of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria.
- The Terms of Reference of the review directed the Commission to examine the nature, extent, impacts and drivers of discrimination, sexual harassment, bullying and victimisation experienced by current and former Ambulance Victoria staff and first responders. They also directed us to examine the adequacy of measures that the organisation has adopted to prevent and eliminate this conduct and related forms of inequality.
- The Commission's final report – presented in two volumes – details the findings and recommendations of our independent review.
  - This first volume, delivered in November 2021, addresses issues related to **safety, respect and trust**. It focuses on how safe and respected employees and first responders feel when working or volunteering at Ambulance Victoria. It details our findings regarding the nature, extent, impacts and drivers of discrimination, sexual harassment, bullying and victimisation, as well as other forms of harmful behaviour, like incivility and everyday forms of disrespect. This volume also sets out our findings regarding the adequacy of the organisation's response to reports and complaints of unlawful and harmful conduct in the workplace.
  - The second volume, delivered in March 2022, focuses on **equality, fairness and inclusion** within Ambulance Victoria. It sets out our findings in relation to equal representation, pay and progression, flexible work, reasonable adjustments for people with disability, support for pregnant employees, parents and carers, and support for older workers transitioning to retirement. It also details our findings regarding organisational capability, risk management, data collection and analysis, and continuous improvement related to workplace harm and (in)equality.

⟶ KEY POINTS

- A great number of people came forward to the Commission to share their experiences of, and views about, unlawful and harmful conduct and (in) equality at Ambulance Victoria. They include women, men and people of diverse genders from the organisation's corporate and operational cohorts, from across metropolitan Melbourne and regional and rural Victoria, and from the organisation's longest-serving to its newest members, graduates and students. They include people who have experienced or witnessed unlawful and harmful conduct and inequality, as well as those who feel the organisation is doing well in embedding equality. Almost all the people who came forward expressed a desire to make the organisation the strongest it can be.
- It is these experiences and voices that have informed the findings and recommendations in this final report, together with our analysis of the organisation's policies, procedures and practices, as well as workforce, complaints and other broad-ranging data and research.
- This final report provides Ambulance Victoria with a deep, evidence-based understanding of the state of equality across its organisation, areas where it is progressing well in embedding equality and gaps in its compliance with the Equal Opportunity Act. It also provides Ambulance Victoria with practical and evidence-based guidance on how to make its organisation a safer, fairer and more inclusive place to work or volunteer, while also strengthening its compliance with the Equal Opportunity Act.

1.1 About the review

1.1.1 Establishment

In late October 2020, allegations of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria emerged publicly.[1] They were accompanied by an open letter from Paramedic Ms Rasa Piggott to the organisation's Chair.[2] The letter detailed Ms Piggott's reported experiences of harmful conduct within Ambulance Victoria, as well as those reported by some of her colleagues, and expressed a desire for the Commission to conduct an independent review under the Equal Opportunity Act.

The organisation's Board[3] responded by inviting the Commission to conduct an independent review into workplace equality under section 151 of the Equal Opportunity Act.[4] Ambulance Victoria Board Chair, Mr Ken Lay AO APM, explained that the Board's decision to request the review was driven by a strong desire to make Ambulance Victoria a safer and more equal and inclusive place to work.

> **It is a fundamental human right that every single person in our organisation can come to work and feel safe. I found the stories and experiences of our people that emerged in October 2020 to be deeply disturbing. They rocked me to my core. To those people who have come forward and shared their stories privately, publicly and with their peers, I want to thank them for their enormous courage. I want them to know that they have been heard. I am confident that the work of VEOHRC will help guide us in our collective efforts to continue to make the organisation a better, safer and more equal place to work.[5]**

Ambulance Victoria Chief Executive Officer, Professor Tony Walker ASM, supported the request for a review and echoed the Chair's reasons for doing so.

> **Discrimination, sexual harassment and bullying of any kind have no place in Ambulance Victoria. It diminishes us in the eyes of the community and one another. My message to new employees, veterans of many decades, operational or corporate staff is the same – discrimination, sexual harassment and bullying are just not welcome here. To those who have come forward and shared their experiences, thank you for your honesty, your bravery and your integrity. I will do whatever it takes to address this issue.[6]**

Ambulance Victoria's workforce welcomed the announcement of the review. At the same time, some voiced frustration upon hearing some senior leaders express shock at learning of the allegations, due to a belief, shared with the Commission, that the conduct was well known.

> **Collective sighs of relief circulated among the Australian Paramedic community when the Commission's review of Ambulance Victoria was announced. ... Repeated attempts to internally shift antiquated systems, processes and misdemeanours have proven fruitless. The Commission's externally led review of Ambulance Victoria inspires hope that deconstructing and reframing Australian ambulance services to be safe for employees and the public is possible.** *Rasa Elizabeth Piggott, Registered Paramedic, Registered Nurse, Lecturer in Paramedicine*[7]

> **I do think that this is a generational opportunity, this ... review. We're not going to get this opportunity again. This is the moment to make some material shifts in direction.** *Participant, Interview*

> **I'm part of AV, I'm part of the problem and I'm also part of the solution as well. ... [T]his is a lifetime employment for me. I do wish well for the organisation. It's got some really good things, but it's got some things that need to be improved as well, so I guess I genuinely care about the organisation and want it to be a better place. There's things that have been uncovered that we need to fix, and so fingers crossed that that'll happen.** *Participant, Interview*

> **There is no question things are markedly improved from when I started 20 years ago. But we've still got a fair way to go. I really think that we can be better. But I'm really hoping that the support that [the Commission] can provide will help give some structure and guidance .... This is really important work. We owe it to our people to do this better.** *Participant, Interview*

The various unions and associations supporting Ambulance Victoria's workforce – including Ambulance Employees Australia Victoria (**AEAV**), Professionals Australia and the Victorian Ambulance Union Incorporated (**VAU**) – also welcomed the review.

> **The AEAV welcomes the Commission's extensive review of the culture of Ambulance Victoria and looks forward to working with all parties to ensure a good outcome for AV staff. Workplace culture is more than just gimmicks and slogans. It needs leaders to reflect and empathise, not just instruct and patronise.** *Brett Adie, Secretary, AEAV*

> **All employees at Ambulance Victoria contribute to the trusted and essential role it plays in providing a vital health service to communities across the state. We welcomed the Commission's independent review of Ambulance Victoria, which covered all areas of work across Ambulance Victoria and enabled the significant concerns our members raised about the workplace culture to be addressed.** *Jill McCabe, CEO, Professionals Australia*

> **Ambulance Victoria needs external eyes to find and correct systemic cultural and structural issues in the workplace. For that reason, we have encouraged our members to tell their stories to the Commission, which has the expertise needed to help create a safe workplace.**
> *Danny Hill, Secretary, VAU*

Section 151 of the Equal Opportunity Act authorises the Commission to review an organisation's 'programs and practices', when requested by that organisation, to determine their compliance with the Act.

When the Commission exercises this review power, we gather and analyse extensive data and information about an organisation's programs and practices. Importantly, this includes deep and widespread engagement that enables us to elevate the voices and views of the organisation's workforce and those of key partners. It also routinely includes workforce and complaints data, organisational policies and procedures and, for example, minutes of Board and other relevant meetings. We also consider what regulatory and policy frameworks and research are telling us about leading practice approaches to reducing workplace harm and embedding workplace equality.

This approach allows us to give an organisation a deep and evidence-based understanding of any inequality issues it is facing, as well as their underlying systemic drivers. If we uncover gaps in compliance, we also identify practical measures that the organisation should adopt to comply with the law. We see reviews as a chance to shape an organisation to be the best it can be. In addition to helping to remedy any non-compliance, we see our role as an independent reviewer as being to educate an organisation about its legal obligations and improve its capability to comply. In our experience, this approach best supports transformational organisational change and improved workplace equality outcomes. It is also why we often work with an organisation over multiple years and phases, to ensure sustainable changes are implemented and maintained.

Around the same time as the Commission began work on the independent review and in response to the public airing of the same allegations referred to above, WorkSafe Victoria began making its own enquiries.

WorkSafe enquiries into Ambulance Victoria

In late October 2020, WorkSafe's Psychosocial Inspectorate, with the support of the Psychological Health and Safety Specialist Team, commenced making enquiries into Ambulance Victoria's systems of work for reporting and responding to incidents of inappropriate workplace behaviour, including workplace bullying and sexual harassment. The enquiries also extend into what information and training are provided to employees in relation to inappropriate workplace behaviour and other psychosocial hazards. WorkSafe's enquiries into these matters remain ongoing.

The Commission's independent review into Ambulance Victoria (and the enquiries of WorkSafe Victoria) arose in the context of growing community awareness of the extent and harms of workplace sexual harassment (and other forms of gender-based harm against women). This awareness has grown considerably following the #MeToo and other related global movements, and in line with the continued emergence of high-profile cases of sexual harassment in Australian workplaces.[8] The review also commenced the same year that Sex Discrimination Commissioner, Ms Kate Jenkins, released her ground-breaking 2020 report, *Respect@Work*, detailing the findings and recommendations of the National Inquiry into Sexual Harassment in Australian Workplaces.[9]

1.1.2 Scope

Issues examined

The Commission's review into Ambulance Victoria covers sex discrimination, sexual harassment and gender (in)equality; these issues were the focus of much of the allegations reported in October 2020. In addition, the Board asked us to examine the state of workplace equality within Ambulance Victoria more broadly. The importance of this broader focus was echoed by several concerned people who contacted us shortly after the review's announcement. These people identified bullying and harmful workplace behaviours, like incivility and everyday forms of disrespect, as their particular areas of concern.

The Terms of Reference (see **Appendix B**) authorise the Commission to examine all forms of discrimination, sexual harassment and victimisation within Ambulance Victoria, whenever they occurred. They also authorise us to examine other related issues, such as equal pay, equal representation, flexible work arrangements and reasonable adjustments. More specifically, the Terms of Reference direct the Commission to examine the points described in Figure 1A.

Figure 1A – **Terms of Reference**

01	02	03
Examine the nature, extent, drivers and impact of discrimination, sexual harassment and victimisation experienced by current and former Ambulance Victoria staff and first responders	Examine the adequacy of measures adopted by the organisation to prevent and eliminate this conduct	Examine any other matters incidental to the Terms of Reference

The Terms of Reference clarify that the term 'discrimination' includes workplace bullying on the basis of one or more 'protected attributes' in the Equal Opportunity Act. The review also covers other forms of bullying that are unrelated to a protected attribute. These other forms of bullying are covered to the extent that these behaviours help us to obtain an overall picture of the work environment and culture, as well as the potential drivers of discrimination, sexual harassment and victimisation.

How we approached bullying during the review

In some cases, bullying can be a form of discrimination under the Equal Opportunity Act, which means that the Commission may be able to offer help. Bullying can be discriminatory if it is happening at work (or in certain other public areas, such as in the provision of goods or services) and it is directed at someone because of a characteristic protected by the Act, such as age, disability, race, sex or sexual orientation.

Ordinarily, the Commission refers individuals or employers who are seeking help in relation to non-discriminatory forms of workplace bullying to WorkSafe Victoria or other relevant agencies. This might occur, for instance, when an individual contacts us about behaviour they are experiencing at work, but which has no relationship to a personal characteristic protected by the Equal Opportunity Act.

However, when the Commission conducts a review, we can consider both discriminatory and non-discriminatory forms of workplace bullying. This is because non-discriminatory forms of bullying are relevant to the broader culture of an organisation, and it is important that we gain an accurate picture of those work environments in which discrimination, sexual harassment and victimisation may occur.[10] There can also be an important relationship between the drivers of these various forms of unlawful and harmful conduct.

On this basis, this report details what we found about all forms of bullying: discriminatory and non-discriminatory. When assessing whether Ambulance Victoria's 'programs and practices' comply with the law, our findings focus on compliance with the Equal Opportunity Act. We do not, for instance, make any findings about whether Ambulance Victoria's 'working environment' – including in relation to workplace bullying – complies with the *Occupational Health and Safety Act 2004* (Vic) **(Occupational Health and Safety Act)**.

As noted above, the Board asked the Commission to examine discrimination, sexual harassment, bullying, victimisation and inequality whenever they occurred. This meant that Ambulance Victoria's employees and first responders were not constrained from coming forward to share historical experiences of unlawful or harmful workplace conduct. This is important given what is known about the often long-lasting impacts of such conduct (see Section 5.2). Even so, most of the experiences reported to the Commission related to the past five years (see Section 5.1).

Furthermore, while having regard to the historical evolution of Ambulance Victoria, the Commission has focused its examination on Ambulance Victoria's contemporary programs and practices, with particular emphasis placed on those programs and practices in place since 2015. This is due to the significant organisational change since this time. These include changes in the organisation's leadership, administration and service delivery and changes arising from the establishment by the Victorian Government of the Ambulance Performance and Policy Consultative Committee in January 2015 (see Section 2.2.1). This approach has allowed us to consider the current context of the organisation, following an earlier period of substantial organisational change. As explained in Section 1.3 below, this approach has also enabled us to help Ambulance Victoria identify and assess areas where it is presently not meeting the standards required of it under the Equal Opportunity Act.

Issues excluded

The Terms of Reference excluded some issues from the scope of the review. These are:

- behaviour involving members of the public, which includes, among others, patients
- occupational health and safety matters, except to the extent that bullying and sexual harassment are covered by the Equal Opportunity Act or are relevant to the context in which discrimination, sexual harassment and victimisation occur.

Furthermore, when the Commission conducts a review, we seek to identify and understand the systemic issues affecting an organisation. The Commission does not have the authority, when exercising its review function in section 151 of the Equal Opportunity Act, to investigate individual allegations of unlawful conduct or make findings in relation to individual cases. The intent of a section 151 review is instead to:

- identify and understand the systemic issues affecting an organisation, informed by the individual experiences that are shared with us
- determine whether duty holders are complying with their duties under the Act
- in cases where those duty holders are not complying, determine the specific measures or actions to take to address those issues, informed by an evidence-based understanding and independent and expert analysis of the systemic issues.

Employees, first responders and other interested persons who came forward were expected to tell the truth about their experiences, but no-one was required to take an oath or affirmation or subject to cross examination. We considered this information in good faith.

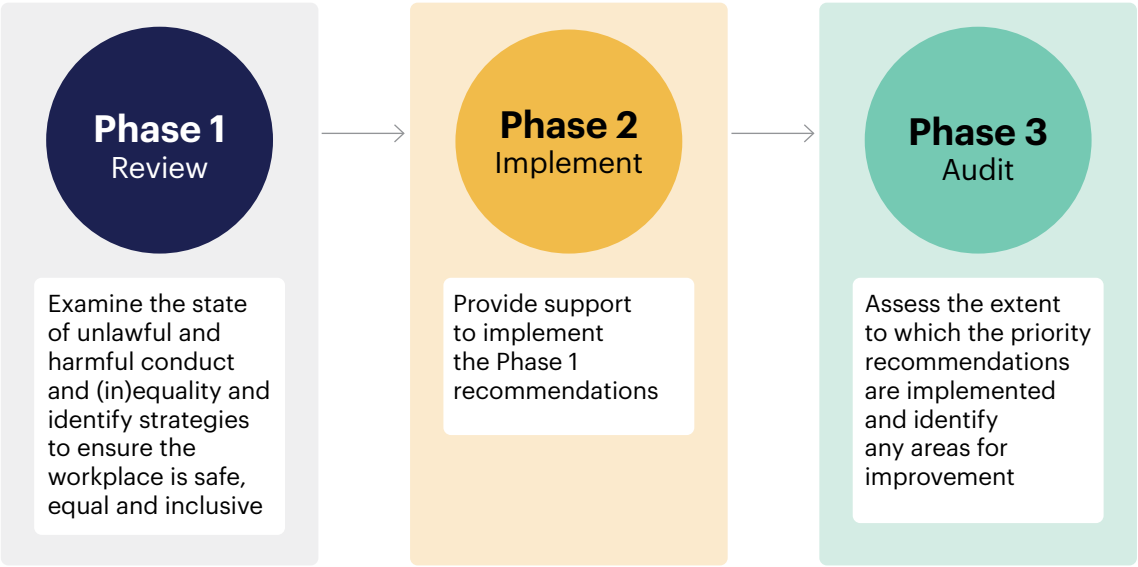
When we describe participants' experiences of unlawful and harmful workplace conduct in this report, they are described as they were told to us. We then share those experiences to illustrate the systemic issues they bring to light.

Terms like 'alleged victim-survivors', 'alleged perpetrators' and 'reported' are used to acknowledge that the claims have not been substantiated at law. Irrespective of this, each story told – and the many others that have informed the writing of this final report – deserve to be listened to. And the Commission is grateful to those many dedicated people who took the time to share their experiences so they could be heard.

1.1.3 Phases

The Terms of Reference specify that the review will proceed in three phases, as set out in Figure 1B.

Figure 1B – **The three phases of the review**



In late 2021, the Commission requested a variation to the Terms of Reference to enable us to deliver the final report of Phase 1 in two distinct volumes. This change was proposed largely due to the higher than anticipated number of employees and first responders who came forward to share their experiences and views with the Commission. This incredibly rich evidence base meant that we needed additional time to review the material with the care it deserved. This task was complicated by the significant ongoing impact of COVID-19 on the Commission's operations.

This first volume of the final report addresses concerns related to safety, respect and trust, noting the ongoing and immediate risks of harm to individuals reported to us during Phase 1. The second volume, to be released in early 2022, focuses on creating an equal, fair and inclusive workplace.

1.1.4 A holistic approach

During Phase 1, the Commission offered Ambulance Victoria's employees and first responders access to a fast-tracked dispute resolution service and provided training on workplace equality to its Board and Executive Committee (see Figure 1C). These additional offerings enabled us to both support individuals who wished to pursue external complaint pathways, and to uplift capability among the organisation's Board and senior leadership to prepare for the final report and the subsequent implementation of the Commission's recommendations.

Figure 1C – **A holistic approach to the review**

01	**Dispute resolution**	• The Commission delivered a tailored, fast-tracked dispute resolution service to current and former employees and first responders who wished to make a complaint against Ambulance Victoria under the Equal Opportunity Act, regardless of their participation in the review. • As at 5 November 2021, we had received 39 complaints under this service, with 2 of those complaints resolved through conciliation, 25 in progress and a further 9 withdrawn.
02	**Education**	• In September 2021, the Commission facilitated a workshop for all members of the Ambulance Victoria Board on their role and responsibilities in relation to the Equal Opportunity Act. This workshop sought to improve understanding among directors of legal duties imposed on workplaces under the Act and to clarify the role and responsibilities of the Board with respect to preventing and responding to unlawful and harmful workplace conduct and embedding equality. • In August 2021, the Commission facilitated a workshop for the Ambulance Victoria Executive Committee on its role under the Equal Opportunity Act. This workshop sought to build the Executive Committee's understanding of their responsibilities under the Act to prevent and respond to unlawful and harmful workplace conduct and inequality. It sought to build the capability of the leadership to acquit their responsibilities under the Act and to implement the recommendations that would arise from Phase 1 of the review.

1.1.5 The impact of COVID-19

As an essential health service on the frontline of a global pandemic, the sustained and unprecedented impact of the COVID-19 pandemic on Ambulance Victoria (and the impact on the personal lives of its employees and first responders) cannot be ignored. This has been described by the organisation and by the Minister for Ambulance Services, The Hon Martin Foley MP.

> **Ambulance Victoria and our people, like the Victorian community we serve, have had our resilience and capabilities both challenged and strengthened this year, as extraordinary events became normal parts of how we live and work.**[11]

> **In terms of meeting levels of demand, COVID-19 has significantly impacted Ambulance Victoria's operations and service delivery. Both what Ambulance Victoria does and how it does it have changed significantly in the pandemic.**[12]

Ambulance Victoria's operational capacity and staff wellbeing have been affected by:

- more complex cases
- the use of stringent personal protective equipment
- the introduction of more rigorous cleaning policies
- heightened daily risk of exposure to COVID-19 for paramedics
- considerable media scrutiny surrounding the growing crisis in the health system and the related phenomenon of 'ramping' (where ambulances are regularly taken off the road, sometimes for hours, while they wait outside hospitals for their patients to be admitted).

Participants spoke often of how these demands have exacerbated already high stress levels and compromised the general wellbeing of the workforce. The pandemic directly followed a destructive bushfire season, which has meant heightened fatigue among the workforce.

The pandemic also affected how the Commission conducted this review and the review's timeliness. Due to state-wide restrictions related to travel and social distancing, adjustments were made to the review's processes. These adjustments included moving stakeholder meetings and confidential interviews online and confining certain engagements – like observational shifts and site visits – to periods when in-person engagement was permitted. Some planned engagements had to be cancelled as public health directions changed.

The pandemic required us to be agile and innovative, resulting in more flexible pathways to participate. The Commission also had to be alive to the health, wellbeing and individual circumstances of its own staff, all of whom were navigating their own challenges arising from the pandemic; ultimately, this necessitated changes to the review's timeframes.

As the Commission delivers Volume I of our final report, Ambulance Victoria is readying itself for a time when the impacts of COVID-19 and the pressures on the state's health care system are expected to worsen due to the projected surge in demand as the state emerges from its most recent lockdown and the resulting consequences arising from people delaying or avoiding health care appointments and tests during the pandemic.

1.2 Our approach

1.2.1 Expert Panel

The review was initially led by the former Victorian Equal Opportunity and Human Rights Commissioner Kristen Hilton, and from June 2021, the new Commissioner, Ro Allen.

Both Commissioners were supported by an Expert Panel comprised of:

- Mr Tim Cartwright APM, Vice President, Berry Street
- Dr Mya Cubitt, Emergency Physician
- Mr Adam Fennessy PSM, Victorian Public Sector Commissioner
- Ms Michelle Fyfe APM, Chief Executive Officer, St John WA
- Dr Victor Sojo Monzon, Senior Lecturer in Leadership, The University of Melbourne.

Meeting four times during 2021 (February, May, July and October), the panel supported the establishment and conduct of the review by providing expert advice and guidance to the Commission. Individual panel members also provided expert advice out-of-session and some members facilitated and/or attended expert focus groups (see Section 1.2.3 below). A further meeting of the Expert Panel is scheduled for early 2022, prior to the publication of Volume II.

Short biographies of each panel member are set out in Appendix C.

1.2.2 Guiding principles

Several principles guided the conduct of the review; these are detailed in Figure 1D.

Figure 1D – **Guiding principles**

Safe and confidential	To prioritise participant safety, we applied a victim-centric, trauma-informed approach to our research. We de-identified information about participants to protect their identities and guard against the potential for retribution. We provided further training to our expert staff to support their sensitive engagement with participants. At no time did the Commission provide Ambulance Victoria with information that would identify an individual, unless we had the consent of the particular individual. We offered participants referrals to other services and, for those who wanted to make a complaint under the Equal Opportunity Act, to our dispute resolution service. Where participants raised with us concerns about conduct that, if proven at law, would constitute a criminal offence, applying a victim-centric, trauma-informed approach, we first ensured they were safe and had any necessary support they needed. We were then guided by them as to whether they wished to make a report to Victoria Police. At no point throughout the review did the Commission refer a matter to Victoria Police or to the Independent Broad-based Anti-Corruption Commission.[13]
Voluntary	Participation in the review was voluntary. Individuals could withdraw from the review up until 23 November 2021 (i.e. one week before the publication of the first volume of the final report). That is, except for survey respondents, as we were unable to identify and remove individual survey responses due to them being de-identified.
Informed	All individuals received a Participation and Consent Form before consenting to participate. This form described the review, why individuals were asked to participate, the review methodology and the risks of participating. The form also set out the information collected about individuals and how it would be used and shared, including the circumstances where the Commission may be required to report information to Victoria Police or the Independent Broad-based Anti-corruption Commission, in accordance with our legal obligations.
Inclusive	All current and former Ambulance Victoria employees and first responders were eligible to participate in the review, at the request of the Ambulance Victoria Chair and CEO, and we offered a range of pathways to enable their participation. We sought and received a limited waiver of confidentiality obligations from Ambulance Victoria. This waiver clarified that Ambulance Victoria would not seek to enforce any non-disclosure or confidentiality obligations, to the extent that such obligations would prevent that person from making a confidential communication to us.[14]

Ethical	In January 2021, Bellberry Limited[15] certified that our research methodology complies with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007, updated 2018).
Fair	As this report contains adverse comments and findings about, and makes recommendations that affect, certain stakeholders, we provided them with opportunities to: verify the accuracy of the information in the report that affected them; and respond to adverse comments, as well as the findings and the recommendations. We then considered those responses in finalising this report.

1.2.3 Methodology

Conducting research

While this review would not have been possible had the Chair of the Ambulance Victoria Board not requested it, it equally would not have been possible without the dedicated current and former employees and first responders who participated in it.

A large number of people came forward to the Commission to share their experiences of, and views about, workplace equality at Ambulance Victoria. They took time out of their day, after nightshifts or while on annual leave to contribute to and support the review. For many, they took this time to tell us about some of the worst experiences of their lives. For some, this was the first time that they had shared their stories.

The reasons that motivated people to come forward varied greatly.

Those who came forward included people who wanted their experiences to be heard and believed, and those who wanted to heal and move on from what had happened to them. Some people wanted to prevent future harm to others, and others wanted the organisation to improve its approach to unlawful and harmful conduct and to workplace (in)equality. These people wanted these improvements to be made so that the organisation can be the best that it can be – because for them, Ambulance Victoria is where they want to work and providing emergency care to the Victorian community is the work they want to do.

Others wanted to share with us what they think the organisation is doing well, what it is doing to improve and what are the inhibitors of the organisation taking even greater steps forward.

For a great many of the people who the Commission heard from, the review – and the opportunity it afforded them to share their experiences and views – was a watershed moment. That is why we set up multiple pathways for people to participate in the review: we wanted to hear from as many employees, first responders and other interested people as possible (see Figure 1E).

Conducting a review in the middle of a pandemic, including across multiple lockdowns presented unique challenges. We prioritised the health of Ambulance Victoria's essential workforce – and that of our own – by complying with relevant public health orders and whole-of-government directives, and by opening up multiple COVID-safe pathways for people to participate in the review. We did this while never losing sight of the importance of supporting Ambulance Victoria to create workplaces that are as safe, equal and inclusive as possible.

Despite the pandemic-related challenges, engagement across the various pathways was strong. This resulted in us amassing robust qualitative and quantitative data and information to inform our findings and recommendations. We heard from a diverse cross-section of employees at all levels of the organisation, from the Board and the Executive Committee through to graduates and students. Representation from both corporate and operational cohorts was strong. Participants came from across metropolitan, regional and rural Victoria.

We also heard from a broad range of external partners, including various unions and professional associations, other ambulance services, the broader health and public sectors, and experts in workplace harm and (in)equality, governance and organisational change.

In addition, the Commission obtained relevant data and information through in-depth research, including literature reviews and desktop research, and data requests to Ambulance Victoria.

Figure 1E – **Participation pathways and data sources**

The information and data we collected – which is set out in further detail below – was coded against our research framework and analysed using purpose-built analytical frameworks. From this, we identified common experiences and systemic issues that arose in the information available to us. Individual data sources were not weighted, but rather were triangulated so that we could have confidence in the findings we have made.

Immediately after the review was announced, the Commission worked to establish a telephone hotline and dedicated email address to enable interested persons to contact us, while we went about obtaining ethics approval of our research methodology. As section 1.1.4 explained, the Commission also put in place a fast-tracked dispute resolution service to enable Ambulance Victoria employees and first responders to come forward to us with complaints about the organisation, regardless of whether they intended to participate in the review. This service was put in place following discussions with the Ambulance Victoria Board Chair and CEO.

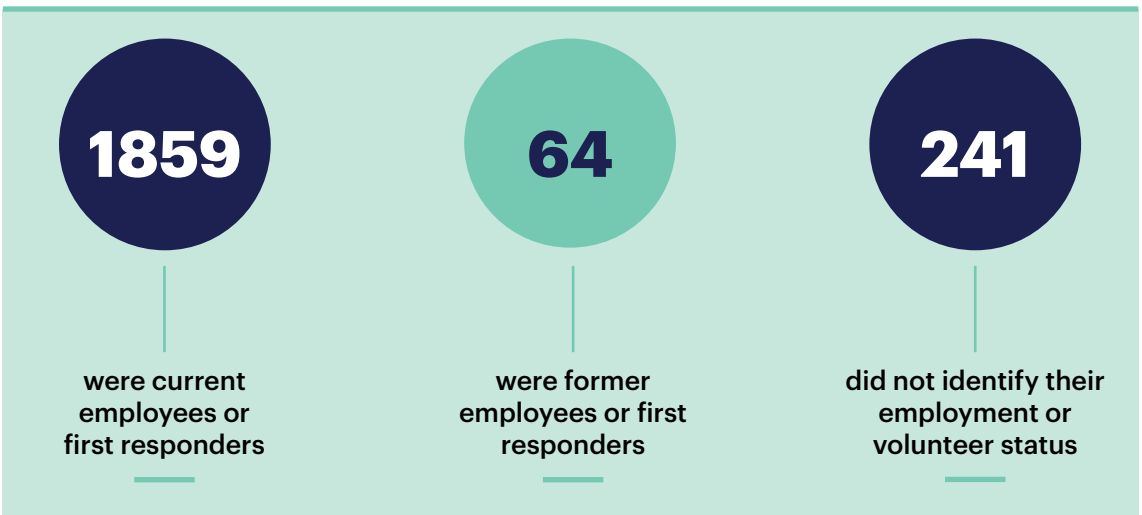
Survey

The Commission surveyed current and former employees and first responders about workplace equality at Ambulance Victoria. The 20-minute voluntary and anonymous survey invited participants to share any experiences of discrimination, sexual harassment, bullying or victimisation. The survey also asked participants to share their experiences and views across a range of areas that impact workplace equality (such as accessing flexible work and reasonable adjustments) and to describe their views about attitudes towards safety and respect within Ambulance Victoria.

The Commission engaged ORIMA Research to administer the survey on our behalf. ORIMA piloted the survey with 20 volunteers in February 2021. It conducted the survey as a census of all employees and first responders from 3 March 2021 to 7 April 2021.[16] People who had left the organisation were also invited to participate.

The survey could be completed online using an internet-enabled device with a web browser, including computers, tablets and smartphones. Each participant accessed a unique link to the survey, to ensure they could complete the survey only once. Current employees and first responders automatically received the link via their work email, while former employees and first responders first had to register their interest.

Figure 1F – **Employment status of survey participants**



Participation in the survey was strictly confidential. Respondents were not asked to provide their name when completing the survey and ORIMA Research only provided the Commission with de-identified responses. This meant that the Commission was unaware of the particular people who participated in the survey or who provided individual responses. While protecting confidentiality, it did mean that we were unable to clarify any responses with participants and that participants were unable to withdraw their survey responses if they later changed their mind about participating in the review.

We invited 7718 individuals to participate in the survey, of which 7580[17] were current employees or first responders and 138 were former employees or first responders. In total, 2163 individuals completed the survey, an overall response rate of 28.0%. The employment status of the participants is set out in Figure 1F.

Participation in the survey was broadly representative of Ambulance Victoria's workforce. Of the 1859 survey respondents who indicated that they are current members:

- 51.9% identified as female, 47.7% identified as male and 0.48% identified as trans, gender diverse, intersex or self-described (compared to Ambulance Victoria's population data of 51%, 49% and less than 1% of current employees or first responders, respectively)
- 74.6% identified as being engaged in an operational role, 16.96% identified as being in a corporate role, 7.2% identified as being in a role involving a mixture of operational and corporate responsibilities and 1.2% identified as being employed in another type of role (by comparison, 77% of Ambulance Victoria's workforce was engaged in an operational role at the time, with 19% in a corporate role and 5% in another type of role)
- 53.9% were based at a metropolitan location, 42.2% were based at a regional location and 3.9% were based at another location (this breakdown exactly matches the Ambulance Victoria population data).

Interpreting the survey results

As the Commission's survey was conducted as a census, the results are not subject to sampling error. They are, however, subject to non-sampling measurement error, the most common of which is the potential for non-response bias to affect results.

Non-response bias can occur when the people who choose to respond to a survey differ in important ways from the people who choose not to respond. For example, a public health survey might be sent out to all Australians with the aim of estimating what percentage of the population are smokers. However, people who are in good health might be more likely to respond to the survey than people who are not. This overrepresentation of people in good health in the sample compared with the target population (i.e. all Australians) could lead to an underestimate of how many Australians are smokers.

ORIMA Research tested for this type of bias by checking the degree to which the known demographic characteristics of survey participants differed from the population group (i.e. the entire Ambulance Victoria workforce) and concluded that there are no major differences of note.

However, the reported rates of unlawful conduct were considerably higher in the Commission's survey than in Ambulance Victoria's 2020 People Matter Survey (see Chapter 4). Our survey had a higher response rate than the 2020 survey, which usually indicates a likely lower level of non-response bias. Although, it is likely that the context of our survey – feeding into an independent review – encouraged employees who had experienced such behaviours to participate.

While the Commission's survey results should be interpreted with this context in mind – and not extrapolated to the full Ambulance Victoria population – we have taken care to indicate the data sources upon which our findings and recommendations are made. We have generally based our findings and recommendations on multiple data sources, rather than any one source of data.

Interviews

The Commission interviewed 255 people across 222 individual or group interviews (see Figure 1G). This included interviews with every member of Ambulance Victoria's Board and Executive Committee, in a demonstration of the organisation's commitment to the review. Interviewees also included a diverse cohort of current and former employees and first responders, as well as a range of external stakeholders, including union representatives and expert participants.

Figure 1G – **Employment status of interview participants**

Of the 255 participants interviewed:

- 139 identified as women and 116 identified as men, while none identified as trans or gender diverse
- 211 were current employees or first responders, 33 were former employers or first responders and 11 were other interested persons
- 110 were engaged in operational roles, 91 were engaged in corporate roles, 43 were engaged in roles involving a mix of both and 11 were other interested persons.

The Commission held the interviews between 10 February 2021 and 31 May 2021, with a few conducted afterwards to accommodate the particular needs or circumstances of some participants. Interviews were conducted online or over the telephone and, where COVID-19 restrictions permitted, in-person. Each interview typically lasted 90 minutes. We arranged for interviews to be recorded and professionally transcribed, with strict confidentiality arrangements in place, to ensure we had an accurate record of the experiences and views shared with us.

Interviews were semi-structured in nature and followed a series of guiding questions informed by the research framework developed for the review. However, our approach to the interviews was flexible and participant-led, which allowed interviewees to raise the experiences and views they wished to share with us.

Submissions

The Commission invited written submissions between 28 January 2021 and 21 June 2021, with a small handful of submissions accepted outside of this period upon request. We published a short guide on our website on how to make a submission and encouraged individuals to make a submission via our online webform or email.

In total, we received 143 submissions.

Of the submissions received, two were from organisations: the AEAV and the VAU. Their submissions were informed by contributions that their members had made directly to them. A further submission was made by an academic who specialises in Paramedicine.

The remaining 140 submissions were provided by individual participants. Of the individual participants who made a submission:

- 80 identified as women and 60 identified as men, while none identified as trans or gender diverse
- 23 identified as current members of Ambulance Victoria, compared to 12 who had left the organisation (five participants did not specify)
- 12 identified as being in corporate roles, 103 in operational roles and 7 in roles involving a mixture of both corporate and operational duties (18 participants did not specify).

On-site visits

The Commission visited 15 corporate and operational sites across metropolitan Melbourne and regional Victoria between 22 April and 20 May 2021 (see Figure 1H). Commission staff members also made themselves available at a further two regional locations that were nearby to corporate and operational sites. COVID-19 restrictions and a whole-of-government ban on in-person engagement prevented the Commission from conducting more or earlier site visits.

Figure 1H – **Sites visited during Phase 1**

Site visits:

1 Bacchus Marsh
2 Bendigo
3 East Bendigo
4 Castlemaine
5 Cowes
6 Cranbourne
7 Doncaster
8 Frankston
9 Karingal
10 Korumburra
11 Laverton North
12 Moe
13 Morwell
14 Port Melbourne
15 Traralgon

Drop-in sessions

16 Newhaven
17 Moe

Further scheduled visits were initially delayed and then cancelled due to COVID-19.[18]

In those locations where we were able to visit, we toured the workplaces, observed the physical work environment and operational context, met informally with employees and first responders and answered their questions about the Commission and this review.

Observational shifts

In addition to conducting on-site visits, some of the Commission's staff members joined Ambulance Victoria crews on 'ride-alongs'. These are observational shifts, which enabled us to gain a first-hand understanding of the day-to-day work of paramedics and other operational staff, as well as their physical work environment. Our team witnessed some of the challenges with ramping at hospitals, they spent time on break at local branches and, for example, experienced what it is like to respond to an emergency call for care and assistance.

Focus groups

The Commission conducted three focus groups throughout the review, which were attended by a total of 32 participants.

The first focus group took place on 28 May 2021. Examining the role of Ambulance Victoria in promoting and prioritising workplace equality, it drew together nine current employees.[19]

The second focus group took place on 12 July 2021 and brought together 10 experts to examine the key elements of a modern, professional and inclusive ambulance service. The third focus group took place on 15 July 2021 and assembled a further 13 experts to explore the role of boards in promoting and prioritising workplace equality. Both focus groups brought together a broad range of clinical, governance and other experts; these experts were from across the public health sector, the broader public sector and the private sector, as well as other state and international jurisdictions (in addition to Victoria).

We recorded the focus groups and had them professionally transcribed, again with strict confidentiality arrangements in place, to give us an accurate record of the expert views shared with us.

Literature reviews and desktop research

The Commission undertook desktop research and a broad range of literature reviews on topics relevant to the review. These topics included victim-centred approaches to complaint-handling and leading practice approaches to embedding diversity and inclusion in workplaces. This research supported the Commission's understanding of leading and emerging practices related to workplace equality and provided an important context for the data and information gathered during the review.

Data requests

The Commission made five data requests to Ambulance Victoria and received a total of 1213 documents. Early requests focused on obtaining key policies, procedures and frameworks, to help inform the conduct and outcomes of the review. Subsequent requests sought in-depth workplace, complaints and other data and information (for example, data related to flexible work arrangements, Board minutes and previous reviews of and inquiries into Ambulance Victoria).

The Commission acknowledges the cooperation provided by Ambulance Victoria and the considerable efforts of several members of its staff in identifying and supplying the wide-ranging data and other information that we requested.

Engaging with key external partners

We engaged extensively with Ambulance Victoria and key partners during the review.

As set out in detail in Section 1.3, we met at least weekly with Ambulance Victoria's Executive Lead: VEOHRC Workplace Equality Review and periodically briefed the Ambulance Victoria Board or its Chair and the Executive Committee on the review.

In addition, we typically met fortnightly with the AEAV, Professionals Australia and the VAU. Each union and association was critical to the success of the Commission's review. From sharing information about the review with their members and encouraging them to participate, to sharing their own expertise and views about workplace experiences within Ambulance, to openly discussing the feasibility and appropriateness of different recommendations.

About the unions and professional associations

- The AEAV is a subdivision of the United Workers Union and is the only registered union for ambulance employees in Victoria. It covers those working at Ambulance Victoria, at the Emergency Services Telecommunication Authority, and in non-emergency patient transport.
- Professionals Australia is an independent member-driven union registered under the *Fair Work Act 2009* (Cth) (**Fair Work Act**), representing the industrial and professional interests of a range of professions including engineers, scientists, pharmacists, managers and IT professionals. In Ambulance Victoria, Professionals Australia represents corporate staff, non-operational staff and operational managers and it advocates for greater respect, recognition and reward for these workers and the critical services they deliver across the organisation.
- The VAU is an industrial association that represents over 5400 paramedics, ambulance community officers, non-emergency patient transport workers, triple-zero ambulance call takers and dispatchers across Victoria. It also supports over 300 retired ambulance workers, as well as university students who are not yet employed by Ambulance Victoria, but who undertake clinical placements at ambulance branches across the state.

The Commission also wrote to and met with the AMA Victoria and wrote to the Australian Nursing and Midwifery Federation.

We regularly met with staff members from the Office of the Minister for Ambulance Services, the Victorian Government Department of Health, the Public Sector Gender Equality Commissioner and WorkSafe Victoria. In addition, we briefed the Minister for Ambulance Services, the Attorney-General, the Minister for Women and the Shadow Minister for Ambulance Services, at critical junctures of the project.

We sought to keep the workforce and key external partners regularly updated through our public monthly updates and special announcements, as well as regular project status updates for Ambulance Victoria and key partners.

1.2.4 Assessing compliance

Section 151 of the Equal Opportunity Act authorises the Commission to review an organisation's 'programs and practices', when requested by that organisation, to determine their compliance with the Act. We assess compliance by carefully examining the way in which courts and tribunals have interpreted the Act and how they have determined and resolved cases.

To assist Ambulance Victoria and other duty holders to comply with the Equal Opportunity Act, the Commission publishes a digital resource that provides a guide to cases and issues under the Act.[20] We also issue 'practice guidelines',[21] which are authoritative and comprehensive guides to the Act and to leading practice. While not legally binding, a court or the Victorian Civil and Administrative Tribunal can consider whether employers (and other duty holders) have complied with our guidelines when hearing related cases.[22] In addition, we have regard to relevant guidelines when we assess compliance with the Act as part of our independent reviews[23] and investigations.[24]

Where we have issued practice guidelines that are relevant to our review of Ambulance Victoria, we have used them to shape and inform our findings concerning the organisation's compliance with the Equal Opportunity Act. Where we have not adopted applicable guidelines, we have assessed compliance by having regard to comparable guidelines and standards, while also taking into consideration applicable leading practice.

Ordinarily, the Commission assesses the measures adopted by an organisation against the standards in existence at the time those measures were in place. However, on this occasion and with the agreement of Ambulance Victoria, we have assessed compliance based on contemporary standards. This approach was adopted with a view to encouraging the organisation to move towards leading practice approaches to workplace equality. Our approach has also been informed by a desire to assist Ambulance Victoria to identify and assess areas where it is presently not meeting the standards required of it in the Equal Opportunity Act, noting the significant organisational change that has taken place particularly since 2015 (see Section 2.2). In relation to this, we were mindful that many of the experiences shared with us spanned a period across which different laws and standards applied.

1.2.5 Limitations

The Commission's findings and recommendations are limited by the nature and quality of the data and information available at the time of the review, including the data collected and provided to the Commission by Ambulance Victoria.

It is also possible that the COVID-19 pandemic – including the resultant fatigue among Ambulance Victoria's workforce and the limits on in-person engagement for significant periods of the research stage – may have limited participation in the review and narrowed the issues brought to our attention. However, this does not appear to have been borne out in the participations rates, with considerable demand across almost all participation pathways, as compared to the Commission's previous independent reviews and work with other organisations.

It is our view that offering interviews and focus groups online – and the widespread knowledge of how to use the technology to support such engagement, which has largely been brought about by the pandemic – helped to contain the extent of this potential limitation.

1.3 Ambulance Victoria's approach

To be effective, an independent review needs the cooperation of the organisation that has invited the Commission to conduct the review. An effective review also requires significant organisational leadership, strong governance and a commitment to invest in and resource the conduct of the review. To this end, Ambulance Victoria put in place a range of measures to support the conduct of the review, supplementing its existing governance structure (see Figure 1I).

Figure 1I – **Measures adopted by Ambulance Victoria to support the review**

Measures	Description
Board and Board VEOHRC sub-committee	The Board was briefed on the review via monthly reporting and each director participated in an interview. It established a temporary sub-committee to enable more regular and detailed advice on the review's progress.
Executive Lead: VEOHRC Workplace Equality Review and Executive Coordinator	In November 2020, Ambulance Victoria appointed an Executive Lead (supported by an Executive Coordinator) to provide leadership on the review on behalf of the Executive Committee. The Executive Lead was a central coordination point between Ambulance Victoria and the Commission. They led Ambulance Victoria's reporting on the review and the organisation's internal activities to support it. The Executive Lead was a strong advocate of the review, sharing and providing regular communications and updates from the Commission to encourage and promote the participation and engagement of Ambulance Victoria's workforce.
Executive Committee	The broader Executive Committee supported the review. The Executive Committee's support included advising the Board and participating in interviews and, in some cases, our expert focus groups. It also sought to understand the lessons learned by other organisations that have undertaken significant cultural reform.
VEOHRC Support Committee	Comprised of corporate and operational representatives, the VEOHRC Support Committee supported the Executive Lead to coordinate and engage the functional streams of work during the review.
Specialist Support Unit	The Specialist Support Unit was set up in the People and Culture division to support staff wellbeing. It was established to provide support to people who are participants in either internal or external complaint processes and case manage the most complex cases.

1.4 This report

1.4.1 Overview

The Commission's final report details the findings and recommendations arising from Phase 1 of the review. The report seeks to identify:

- the state of workplace equality at Ambulance Victoria
- areas where Ambulance Victoria is progressing well in achieving workplace equality
- areas where the Commission has determined it is not-complying with the Equal Opportunity Act
- key changes that are needed to embed equality across Ambulance Victoria.

As explained earlier in this chapter, the final report is comprised of two volumes. While physically distinct, the two volumes – and the findings and recommendations within them – are intertwined and dependent on each other. A culture of safety, respect and trust can only be meaningfully achieved where there is equality, fairness and inclusion within an organisation. Conversely, equality, fairness and inclusion will exist in a fragile state unless they are underpinned and supported by a workplace that embraces safety, respect and trust. For this reason, the findings and recommendations should be read and implemented together and are tied together explicitly in the purpose-built outcomes framework that the Commission has developed for Ambulance Victoria (see Chapter 3).

Volume I: Safety, respect and trust

The report is divided into two volumes, with each exploring a distinct theme. Volume I details what we learned about *safety, respect and trust* within Ambulance Victoria (see Figure 1J).

Figure 1J – **Volume I (Safety, respect and trust) outline**

Part A – Overview

Chapter 1: Introduction

An overview of the establishment, scope, methodology and governance of the review, as well as the final report

Chapter 2: Ambulance Victoria

An overview of AV's role, functions, governance, structure, priorities, operating context (including the COVID-19 pandemic and organisational change) and workforce profile

Chapter 3: Workplace equality

An overview of why ambulance services need to reduce unlawful and harmful conduct and embed equality, what is needed to achieve this and how AV has approached this so far

Part B – Prevention

Chapter 4: Preventing unlawful and harmful conduct

An examination of AV's approach to preventing unlawful and harmful conduct and the extent of the conduct reported to the Commission

Chapter 5: Experiences of unlawful and harmful conduct

An examination of the nature and impact of experiences of unlawful and harmful conduct reported to the Commission

Chapter 6: Working towards a holistic approach to prevention

An examination of the drivers of unlawful and harmful conduct within AV and the measures needed for a holistic approach to prevention

Part C – Response

Chapter 7: Responding to reports and complaints

An examination of AV's approach to responding to reports and complaints of unlawful and harmful conduct and the rate of reporting these behaviours

Chapter 8: Experiences of reporting

An examination of the experiences of making a report or complaint of unlawful and harmful conduct, including the barriers to reporting

Chapter 9: Building a victim-centred, fair report and complaint system

An examination of the measures needed to provide a safe and supportive environment to making a report or complaint of unlawful and harmful conduct

Volume II: Equality, fairness and inclusion

Volume II, which will be delivered in early 2022, focuses on what we learned about *equality, fairness and inclusion* within the organisation.

Building on the interlinked content in Volume I, Volume II will examine:

- governance, oversight and leadership related to workplace equality
- equal representation, pay, equal development and progression opportunities and retention
- flexibility and accessibility, including flexible working arrangements, reasonable adjustments, support for pregnant employees, parents and carers, and transition-to-retirement
- organisational capability, risk management, data collection and information sharing, and continuous improvement.

1.4.2 Who should read this report

As the Commission's independent review was requested by the Chair of Ambulance Victoria, with the support of the organisation's CEO, this final report will be of particular interest to them, as well as the other Board directors and the organisation's Executive Committee.

The report is likely to be of equal interest to those who took the time to participate in the review, sharing their experiences and views about the way forward. There is also likely to be interest from among the organisation's broader workforce who, while not participating in it directly, are aware that it has been taking place and have a vested interest in the future of the organisation to which they have dedicated themselves.

In the Commission's experience, other duty holders are also likely to read the report with interest, to understand the challenges that Ambulance Victoria has experienced and how they relate to their own organisational challenges. While the recommended pathway forward for an organisation like Ambulance Victoria is always dependent on the particular findings of the review and organisational context, the learnings arising from the review will inevitably be of interest to other organisations as they consider what the findings and recommendations might mean for them.

While some of the background and contextual information included in this report will already be familiar to some within Ambulance Victoria, it is included here with this broader audience in mind – an audience that might, for example, have varying degrees of knowledge of the role and operation of an ambulance service or Ambulance Victoria, specifically.

1.4.3 Documenting personal experiences

Elevating the voices of Ambulance Victoria's workforce

With consent, we have included in this report de-identified quotes and case studies to illustrate the nature of the experiences and views shared with us. We hope that sharing these experiences and views will help to elevate the voices of Ambulance Victoria's employees and first responders, improve understanding of the issues that need to be addressed in the organisation and show why workplace

equality is essential to the future success of Ambulance Victoria and the delivery of emergency health care to the Victorian community.

The case studies and quotes included throughout the report reflect what the Commission heard and are included to provide examples of the range of experiences shared with us. We could not do complete justice to all of those who came forward to share their stories with us. However, each person who did so has helped shape the Commission's findings and consideration of what changes are needed.

The Commission acknowledges the experiences that have been shared with us will not reflect every person's experience of working or volunteering at Ambulance Victoria. Where information was available to the Commission about positive and empowering experiences that affected change, we have sought to highlight and identify these as an opportunity to harness and leverage existing good practices, but also to reflect the range of experiences of the workforce.

Distinguishing between the experiences of different cohorts

Identifying and understanding the experiences of employees and first responders across different cohorts or backgrounds within Ambulance Victoria has been a key focus of the Commission's analysis.

In particular, we sought to uncover and learn about the experiences of individuals in the organisation's corporate and operational cohorts, metropolitan and regional/rural areas and employee and first responder cohorts. We also delved into the experiences of different demographic groups, for example based on their gender, age, racial and cultural background, LGBTIQ+ status and (dis)ability.

We have sought to understand such differences, so that we may best guide Ambulance Victoria in how to respond to this report.

Where meaningful differences in the experiences of different groups were identified in the available data, including the survey results, the Commission has detailed them in this final report. However, much of the available data do not reveal meaningful differences. The Commission believes this is due to the scale of the conduct reported to us. In circumstances where the differences between groups are not meaningful, the Commission has chosen not to highlight those differences in this report, opting instead to report the overall finding.

An intersectional approach

Experiences of discrimination and inequality, including at work, are sometimes based on one attribute alone. For example, an employee who is discriminated against because they are breastfeeding or an applicant who is denied an employment opportunity because of their status as a First Nations person. Often, however, these experiences go beyond explanations that can be attributed to a single attribute; they are shaped by multiple attributes that interact and result in intersectional forms of discrimination and inequality.[25]

For this reason, when undertaking our analysis and drafting this final report, instead of asking, for example, only about the gendered or racial implications of Ambulance Victoria's policies and programs, the Commission has sought to uncover and understand the interconnectedness of different forms of subordination and how they to produce unique forms of disadvantage.

Our approach has also guided our selection of personal experiences to present in longer-form case studies, as well as our recommendations.

Our ability to take an intersectional approach has at times been limited by the available data, including where the survey results revealed no meaningful differences between different groups of people.

1.4.4 Approach to findings and recommendations

The findings and recommendations detailed across Volumes I and II of the Commission's final report are informed by the wealth of data and other information shared with us during the review. In considering this data and information, as well as the Terms of Reference, the Commission identified several key outcomes to strive towards in our recommendations:

- workplace equality is proactively promoted and prioritised at Ambulance Victoria
- discrimination, sexual harassment, bullying, victimisation and other forms of workplace harm and inequality are prevented as far as practicable
- unlawful conduct and workplace inequality are identified as early as possible, with multiple options provided for resolution and allegations investigated appropriately, with minimum delay, in a victim-centric way and with a consistent application of outcomes
- employees and first responders who have experienced unlawful conduct or inequality in the workplace are heard, supported and receive regular communications about how the organisation is responding to their matter.

While not legally binding, the findings and recommendations arising from the Commission's independent review into Ambulance Victoria are authoritative. They have been reached on the basis of a rigorous methodology and after widespread consultation with the Ambulance Victoria workforce and key partners, and also draw on the Commission's expertise and experience as the state's regulator of equal opportunity and human rights.

Although the Commission cannot enforce its recommendations at law, in our experience, the facilitative approach we take to reviews is beneficial and will enable us to walk alongside Ambulance Victoria as it seeks to respond to the findings and implement the recommendations, while maintaining our independence and critical stance at all times. We can support, advise and guide the organisation as it steps into the next phase of its journey to embed workplace equality. We can encourage progress, we can identify when its efforts might be veering off track and there is a need to pivot course, and we can identify when efforts to bring about change are inadequate or too slow. And, importantly, we can celebrate successes.

1.4.5 Reading this report

Key terms

A number of key terms used in this report are set out in Figure 1K.

Figure 1K – **Key terms related to unlawful or harmful workplace conduct**

Bullying	Bullying – when someone uses words or actions against someone else to cause them distress – can constitute discrimination under the Equal Opportunity Act if it is directed at a person because of a protected attribute.[26] Bullying can include verbal, physical or written abuse and the behaviour does not need to be repeated. See Section 3.2. *Examples include (when related to a protected attribute):* • *verbal abuse* • *inappropriate surveillance or monitoring* • *threatening body language.* Bullying that is unrelated to a protected attribute – for example when one person bullies another because they do not like them – is not discriminatory. It is, however, a known source of workplace harm covered by the Occupational Health and Safety Act. Bullying under that Act differs from bullying under the Equal Opportunity Act, in that there must be repeated unreasonable behaviour directed at an employee or group of employees that creates a risk to health and safety. Bullying can also amount to sexual harassment under the Equal Opportunity Act if it is verbal, written or physical abuse of a sexual nature, which could reasonably be expected to make the other person feel offended, humiliated or intimidated.
Discrimination	Discrimination is unfavourable treatment based on a protected attribute (or a characteristic that a person with that attribute generally has).[27] All attributes protected under the Equal Opportunity Act (for example, race, disability, sex, age) are directly within the scope of this review. *Examples include:* • *where an employer decides not to hire an applicant based on their sexual orientation or denies a woman a promotion because of her actual or perceived caring responsibilities* • *workplace policies that fail to consider the needs of older workers, especially as they transition to retirement, or the construction of buildings that fail to provide safe and private spaces for employees to breastfeed or pray.*
Incivility	Workplace incivility is generally considered to be behaviour that falls short of bullying in seriousness and intent, yet can still cause considerable harm itself, while also enabling more serious and widespread forms of harm (see chapters 5 and 6). *Examples include:* • *rude behaviour* • *disrespectful behaviour.*[28]

Sexual harassment	Sexual harassment is unwelcome conduct of a sexual nature, unwelcome sexual advances or unwelcome requests for sexual favours that could be expected to make a reasonable person feel offended, humiliated or intimidated.[29] *Examples include:* • *comments about a person's private life or the way they look* • *brushing up against someone, touching or hugging* • *sexually suggestive comments or jokes* • *attempted or actual sexual assault or rape.* Sexual harassment may also meet the definition of discrimination under the Equal Opportunity Act when it is based on a protected attribute, such as sex. In addition, some forms of sexual harassment may constitute a criminal offence under the *Crimes Act 1958* (Vic). Examples include attempted or actual sexual assault or rape, stalking and unwanted touching of a sexual nature.
Victimisation	Victimisation occurs when a person punishes or threatens to punish someone because they have asserted their rights under the Equal Opportunity Act by making a complaint (or it is believed they intend to make a complaint); helped someone else to make a complaint; or refused to do something because it would be discrimination, sexual harassment or victimisation.[30] *Examples include:* • *being denied progression and promotion opportunities* • *experiencing verbal abuse and bullying* • *having work and performance subjected to excessive scrutiny.*

The report uses the umbrella terms 'harmful conduct', 'unlawful conduct' and 'workplace (in)equality' to capture a broad range of behaviours and issues, as well as other key terms, like victim-centric and trauma-informed (see Figure 1L).

Figure 1L – **Definitions of umbrella and other key terms**

Harmful conduct	The Commission uses the term 'harmful conduct' in this report to refer to behaviours such as incivility and disrespect. While these behaviours are not unlawful under the Equal Opportunity Act, they can nevertheless cause significant harm in the workplace and also enable conduct that is unlawful, such as discrimination, sexual harassment, bullying and/or victimisation.
Trauma-informed	Adopting an approach that is 'trauma-informed' involves an acknowledgement that an individual's actions and behaviours may be informed by traumatic experience. Trauma-informed approaches realise the widespread impact of trauma, recognise the signs and symptoms, and respond by integrating this knowledge in the response and actively resist re-traumatisation.[31]
Unlawful conduct	The Commission sometimes uses the term 'unlawful conduct' as an umbrella term referring to discrimination, sexual harassment, bullying and/or victimisation prohibited under the Equal Opportunity Act. We use the more specific terms – for example 'discrimination' or 'bullying' – when discussing a particular type or types of conduct.
Victim-centric	A 'victim-centric' approach prioritises the victim-survivor's wishes, safety, and wellbeing.[32] It seeks to ensure victims are treated in a compassionate, sensitive and non-judgmental manner, engaging the complainant in the response process while minimising the risk of re-traumatisation.[33]
Workplace equality	The Commission has interpreted the term 'workplace equality' broadly to refer to the absence of unlawful and harmful workplace conduct and the presence of equal rights, opportunities and outcomes at work and across the employment lifecycle. See Chapter 3 for a detailed definition.

When referring to the workforce in this report, we use the terms 'employee' and 'first responder' (see Figure 1M).

Figure 1M – **Definitions related to the workforce**

Employee	The term 'employee' is used in its broadest sense to cover all permanent, fixed-term and casual employees, as well as contractors, temps and people on WorkCover.
First responder	The term 'first responder' is used to refer to Ambulance Victoria's Community Emergency Response Team volunteers and Ambulance Community Officers. • Community Emergency Response Team volunteers are dispatched at the same time as an ambulance to potentially time-critical emergencies in their local community. They are trained in providing basic emergency care services until an ambulance arrives. They respond in locations with limited ambulance coverage. • Ambulance Community Officers, casual employees, provide advanced first aid in remote communities where the local branch is not staffed full-time.

Interpreting the data

The values presented throughout the report have been rounded to one decimal point. This means that some of the figures and graphs may not equal 100%. The results of responses to multiple-choice questions in our workforce survey may also not equal 100%, as individual respondents were able to select multiple responses to the same question.

Lastly, the Commission acknowledges that the information presented in this report is from a point-in-time. People's experiences and views may have changed over the course of the review and may continue to do so. For some, their experiences may have worsened, while for others, they may have improved, including as a direct result of the spotlight that the review has placed on workplace equality and the organisation's commitment to improve.

Notes

1. Wendy Tuohy, 'Sex discrimination and harassment widespread in Ambulance Victoria, say paramedics', *The Age,* 26 October 2020, <https://www.theage.com.au/national/victoria/sex-discrimination-and-harassment-widespread-in-ambulance-victoria-say-paramedics-20201025-p568h5.html>. See also Wendy Tuohy, 'They wrote her number on public toilet walls all up and down the Calder Highway', *The Age*, 27 October 2020, <https://www.theage.com.au/national/victoria/they-wrote-her-number-on-public-toilet-walls-all-up-and-down-the-calder-highway-20201027-p5693f.html>; Wendy Tuohy, 'Human Rights Commission to probe reports of sex discrimination, harassment at Ambulance Victoria', *The Age*, 27 October 2020, <https://www.theage.com.au/national/victoria/human-rights-commission-to-probe-reports-of-sex-discrimination-harassment-at-ambulance-victoria-20201027-p568zs.html>.
2. Letter from Ms Rasa Piggott to Ambulance Victoria Board Chair, Mr Ken Lay AO APM, and the Board of Directors, 27 October 2020.
3. The Commission acknowledges that a current member of the Ambulance Victoria Board has twice served as the Chair of the Victorian Equal Opportunity and Human Rights Commission's Board.
4. Letter from Mr Ken Lay AO APM to the Victorian Equal Opportunity and Human Rights Commissioner re: Independent review into workplace equality in Ambulance Victoria, 2 December 2020.
5. Provided by Ambulance Victoria on 3 August 2021.
6. Provided by Ambulance Victoria on 3 August 2021.
7. Quote attributed at the request of Ms Rasa Piggott.
8. Brittany Higgins' allegations of rape occurring inside Parliament House have spurred multiple inquiries, revealed a number of new allegations against politicians and have led to the laying of criminal charges and even a Commonwealth inquiry led by the Sex Discrimination Commissioner: Andrew Tillett, 'Brittany Higgins' push for new watchdog on staffer complaints', *The Australian Financial Review* (online, 30 April 2021); Tom McIlroy, 'Higgins rape report reveals 38 new allegations against MPs', *The Australian Financial Review* (online, 4 June 2021); Tom McIlroy, 'Man to be charged over Brittany Higgins rape allegations', *The Australian Financial Review* (online, 6 August 2021). See also, Gabrielle Chan, 'Barnaby Joyce sexual harassment allegation: Catherine Marriott speaks out', *The Guardian* (online 18 September 2018); Nassim Khadem, 'Julia Szlakowski sparked AMPS's 'Me Too' movement, but it wasn't the first time she'd been forced out of a job due to sexual harassment', *ABC News* (online, 21 July 2021); Amelia Searson, 'BHP sacks 48 workers for inappropriate sexual behaviour over two-year period, inquiry hears', *ABC News* (online, 20 August 2021); Calla Wahlquist, 'Victoria Police has "unacceptably high" levels of sexual harassment – report', *The Guardian* (online, 27 August 2019); Victorian Equal Opportunity and Human Rights Commission, Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review (State of Victoria, 2019).
9. Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020).
10. *United Firefighters' Union v VEOHRC & Anor [2017] VSC 773* (15 December 2017) [146]-[148]; United Firefighters' *Union of Australia v VEOHRC and Anor* [2018] VSCA 252 [86]-[87].
11. Ambulance Victoria, *Annual report 2019-2020* (Ambulance Victoria, 2020)4.
12. Minister for Ambulance Services, Mr Martin Foley MP, Public Accounts and Estimates Committee, 2021-22 Budget Estimates [transcript], 18 June 2021, 1.
13. Had the Commission received information that led us to form a reasonable belief that a sexual offence had been committed against a child under the age of 16 years in Victoria, we would have been required by law to report that information to the police. However, the Commission was not made aware of any information that caused us to form such a belief. The Commission is also required by law to report corrupt conduct by public officers (including Ambulance Victoria staff) to the Independent Broad-based Anti-Corruption Commission. Once again, the Commission did not receive any information that we were legally required to report to IBAC.

14. Letter from Associate Professor Tony Walker ASM to the Victorian Equal Opportunity and Human Rights Commissioner re: the limited waiver of confidentiality obligations, 8 December 2020; Letter from Mr Mark Rogers ASM to Victorian Equal Opportunity and Human Rights Commissioner re: limited waiver of confidentiality obligations, 1 March 2021.

15. Bellberry Limited is a private not-for-profit organisation providing scientific and ethical review of human research projects across Australia).

16. The survey was initially scheduled to close on 31 March 2021, but the Commission decided to extend the closing date to maximise participation rates.

17. The 7580 individuals referred to includes casuals, contractors, permanent employees, fixed-term employees, temps, volunteers and people on WorkCover. The total workforce number reflects the workforce as of 1 March 2021 when Ambulance Victoria provided contact information to ORIMA Research. It differs to the workforce size referred to in Section 2.3 (n=7550), detailing a snapshot of the workforce, which is current as of 31 March 2021. This difference is due to a small reduction in the Ambulance Victoria workforce during this time.

18. The cancelled site visits were due to take place in Lismore, Mailors Flat, Norlane, Warrnambool and Wesley Court.

19. Additional employee focus groups were initially planned, but these were later combined based on the level of interest expressed by current and former Ambulance Victoria employees and first responders.

20. Victorian Equal Opportunity and Human Rights Commission, Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review (State of Victoria, 2019).

21. *Equal Opportunity Act 2010* (Vic) s 148(1).

22. *Equal Opportunity Act 2010* (Vic) s 149.

23. *Equal Opportunity Act 2010* (Vic) s 151.

24. *Equal Opportunity Act 2010* (Vic) s 127.

25. On the origins of intersectionality and for more information about the Commission's approach to intersectionality, see Kimberlé Crenshaw, 'Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics' (1989) *The University of Chicago Legal Forum* 139; Kimberlé Crenshaw, 'Mapping the margins: Intersectionality, identity politics, and violence against women of color' (1991) 43 *Stanford Law Review* 1241; Mari J. Matsuda, 'Looking to the bottom: Critical legal studies and reparations (1987) 22 Harvard Civil *Rights-Civil Liberties Law Review* 323; Combahee River Collective, 'A black feminist statement: Combahee river collective' (1979) 9(6) Off our backs 6-8; Angela Y Davis, *Women, race and class* (1981); Akasha Gloria Hull, Patricia Bell-Scott, and Barbara Smith, *All the women are white, all the blacks are men, but some of us are brave* (1982); bell hooks, *Ain't I a woman: Black women and feminism* (1981).

26. *Jemal v ISS Facility Services Pty Ltd* (Human Rights) [2015] VCAT 103.

27. *Equal Opportunity Act 2010* (Vic) s 7.

28. Dr Helen Szoke, Review of Sexual Harassment in Victorian Courts and VCAT, Appendix 1:Summary Review of Interventions to Prevent and Respond to Sexual Harassment in Courts (Report, 2021) 21.

29. *Equal Opportunity Act 2010* (Vic) s 92(1).

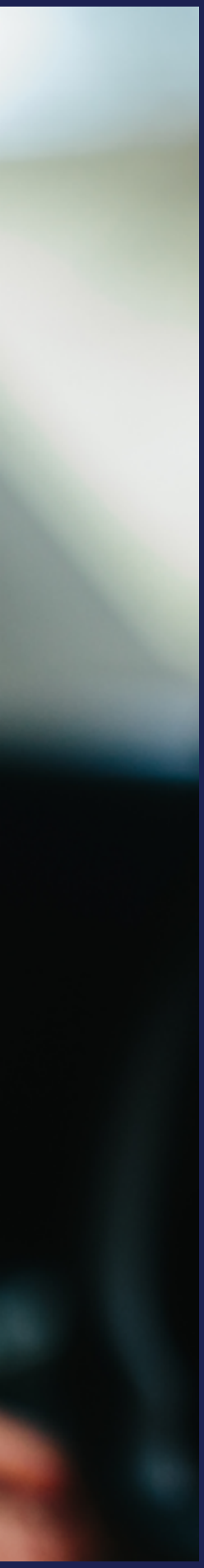
30. *Equal Opportunity Act 2010* (Vic) s 104

31. Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (Report, 2014) 9.

32. UN Women, What will it take? Promoting cultural change to end sexual harassment (Discussion Paper, September 2019) 29.

33. UN Women's nine core elements of a victim-centred approach to addressing sexual harassment are discussed in Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 679–80.

PARAMEDIC
AMBULANCE
VICTORIA



2 Ambulance Victoria

Chapter 2 provides a brief overview of Ambulance Victoria's role, functions, organisational structure, governance, strategic priorities, operating context and workforce profile.

→ KEY POINTS

Ambulance Victoria operates at the intersection of health and emergency management

- Established in 2008, Ambulance Victoria is a statutory authority that provides emergency health care to over 6.5 million people across the state of Victoria. Comprised of 7550 employees and first responders as at 31 March 2021, it is one of the largest ambulance services in Australia.
- Ambulance Victoria works at the intersection of health and emergency management. It operates under the *Ambulance Services Act 1986* (Vic) and defines its mission as being to provide outstanding emergency health care every time.

Ambulance Victoria has experienced significant growth and organisational change since 2015

- Like other ambulance services in Australia, the role of Ambulance Victoria has changed from transport service to emergency health care provider.
- As the role of the organisation has changed, the capabilities needed to deliver ambulance services have also changed.
  - On 1 December 2018, Paramedicine became a nationally regulated profession; this means that only people who are registered with the Paramedicine Board of Australia can work as, and call themselves, paramedics. Paramedics must now meet a set of agreed capabilities. Today, there is a greater emphasis on paramedics having communication and collaboration skills, in addition to clinical, ethical, legal, safety and other requirements.
  - The skills needed to support the delivery of emergency health care have also broadened, with a growing need for a workforce that is skilled in leadership, people management, data analysis, communication, project management and, for instance, engagement with the workforce and the community.
- Ambulance Victoria has undergone considerable change in its leadership, administration and service delivery model since 2015. Its workforce has grown rapidly; in 2021, there were 31% more employees and 22% more first responders than in 2016. Its workforce demographics have also shifted markedly, notably with a 46% increase in female employees in the same period.
- Ambulance Victoria has experienced major disruptions and increasing demand and pressure arising from the 2020 bushfires and the emergence of a protracted and unprecedented global health pandemic that has affected both the professional and personal lives of the organisation's workforce and resulted in extreme pressure on the organisation and its workforce, as well as the broader health system. Other factors like increasing demand, more complex needs, an ageing population and population growth have also affected the organisation's operations.

⟶ KEY POINTS

The size and composition of Ambulance Victoria's workforce has changed noticeably

- Ambulance Victoria is comprised of an inter-disciplinary, multi-generational workforce, spread across Victoria. It is a workforce in which paramedics, doctors, nurses, psychologists and other clinical staff work alongside business analysts, rostering experts, lawyers, health and safety practitioners, accountants, project managers, researchers, human resource professionals, data analysts, technology experts, improvement and administrative support staff and others.
- The organisation's demographics have changed rapidly since its establishment. In particular, it has seen a significant growth in the number of women engaged. Despite being denied entry into Paramedicine until 1987, women now make up over half (51.3%) of Ambulance Victoria's overall workforce, although they continue to be underrepresented in specialist clinical roles and operational management roles. Broader diversification of the organisation's workforce has been more incremental.

2.1 About Ambulance Victoria

2.1.1 Role and functions

> **[W]hat is our role as an emergency service provider? ... At the end of the day, the community's expectations are that we'll be there to respond to them in their time of need. And that is a core point of difference ... of our service [from any other health service].** *Participant, Focus group*

Ambulance Victoria is a statutory authority that provides emergency health care to over 6.5 million people across the state of Victoria. The organisation covers an area of more than 227,000 square kilometres and has around 260 different locations across metropolitan, regional and rural areas. Established on 1 July 2008, the organisation delivers a state-wide, 24/7 service to Victoria and cross-border communities.

Ambulance Victoria works at the intersection of health and emergency management. The organisation provides emergency pre-hospital treatment, ambulance and air ambulance transport for people facing medical emergencies and who have called Triple Zero (000). It also provides important non-emergency patient transport and critical care adult retrieval services between hospitals, as described in Figure 2A.

Figure 2A – **Services provided by Ambulance Victoria**

Emergency medical response and pre-hospital care	Emergency medical transport	Non-emergency patient transport	Major incident management and response	Medical retrieval of critically ill adult patients
Support to access care when paramedic care or transport is not needed	Support for other health services in some rural communities	Community education in pre-ambulance arrival emergency care	Clinical and operational practice research program	First aid at public events

The organisation's operating model uses a mix of staff and volunteers to deliver integrated, effective and efficient pre-hospital care across the state.

Ambulance Victoria operates under the *Ambulance Services Act 1986* (Vic) (**Ambulance Services Act**) and several enterprise agreements.[1] Its mission statement is to provide outstanding emergency health care every time[2] and its objectives are defined by the Act,[3] as set out in Figure 2B.

Figure 2B – **Ambulance Victoria's objectives**

01	Respond rapidly to requests for help in pre-hospital medical emergencies
02	Provide specialised medical skills to maintain life and reduce injuries in emergency situations and while transporting patients
03	Provide safe, patient-centred and appropriate services
04	Provide specialised transport to move people who need emergency medical treatment
05	Provide services for which specialised medical or transport skills are needed
06	Foster continuous improvement in the quality and safety of its care and services
07	Foster public education in first aid

2.1.2 Organisational structure

Ambulance Victoria's 7550-strong workforce[4] is engaged across seven organisational divisions (see Figure 2C), each working to support the organisation to deliver outstanding emergency health care.

Each division has a critical role to play in addressing unlawful and harmful conduct and in embedding workplace equality across the organisation. However, the organisation's People and Culture division has historically held important functions and responsibilities for strategies, policies and programs to support the organisation's approach.

Figure 2C – **Organisational structure**

Board	**Chief Executive Officer**	**Chief Operations Office:**[5] Ensures a collaborative approach to the delivery of integrated, effective and efficient operational services in line with organisational performance targets and includes **Operational Communications** and **Clinical Operations**
		Corporate Services: Oversees AV's financial strategy, commercial and procurement services, asset management and property services, legal and privacy advice, audit and risk management and the AV membership scheme, among other things
		Medical Directorate: Provides expert medical advice, undertakes clinical research and develops clinical practice guidelines
		People and Culture: Leads workforce strategy, organisational development and cultural programs, including diversity, inclusion, expertise and support regarding health, safety, wellbeing, human resources, employee relations and payroll services. Within people services, Senior People Partners provide human resourcing support and the Professional Conduct Unit manages cases and oversees misconduct complaints. Specialist support provides case management of and oversees discrimination, sexual harassment and bullying complaints
		Quality and Patient Experience: Leads and directs clinical governance, patient safety and quality systems, and supports a culture of continuous improvement in the delivery of patient-centred care to ensure Ambulance Victoria delivers the best care
		Communications and Stakeholder Relations: Leads strategic internal and external communication and engagement with internal and external stakeholders, including the community[6]
		Transformation and Strategy: Oversees the strategic design and delivery of digital and service transformation that is informed by community and performance insights

2.1.3 Values and strategic priorities

Ambulance Victoria has adopted a set of values that guide the acceptable standards of behaviour for how members of the organisation's workforce should interact with each other. These values seek to create a positive and respectful workplace culture.[7] As Section 4.2.3 explains, they include:

- being respectful
- working together
- being accountable
- openly communicating
- driving innovation.

In its strategic plan, Ambulance Victoria has identified four outcomes that it strives to meet to achieve its vision of providing outstanding emergency health care every time:

- an exceptional patient experience
- partnerships that make a difference
- a great place to work and volunteer
- a high performing organisation.

Each outcome is relevant to the Commission's review. For example, as Section 3.1 explains, embedding equality will help to make Ambulance Victoria 'a great place to work and volunteer' (Outcome 3). Embedding equality will help to keep members of Ambulance Victoria's workforce safe, make them feel like they belong and are respected, and ensure that they are treated fairly. It will also reduce the likelihood of workplace harm, drive employee satisfaction and create cohesive and inclusive teams.

Ambulance Victoria's strategic plan is supplemented by an annual Statement of Priorities that is agreed upon by the Minister for Ambulance Services and Ambulance Victoria. The most recent statement sets out several 'strategic priorities' that require the organisation to respond to COVID-19 outbreaks, work with the Victorian Government Department of Health to ensure ongoing financial sustainability, develop a plan to improve state-wide response performance and provide full support to the Commission in its review of workplace equality, including ensuring the workforce are supported and safe to raise issues and participate in the review.[8]

The 2019-20 Statement of Priorities urged Ambulance Victoria to actively promote positive workplace behaviours and encourage reporting and action on bullying and harassment. It further called on the organisation to implement the (then) Department of Health and Human Service's framework[9] and guiding principles[10] for promoting a positive workplace culture (see Section 4.2.3).

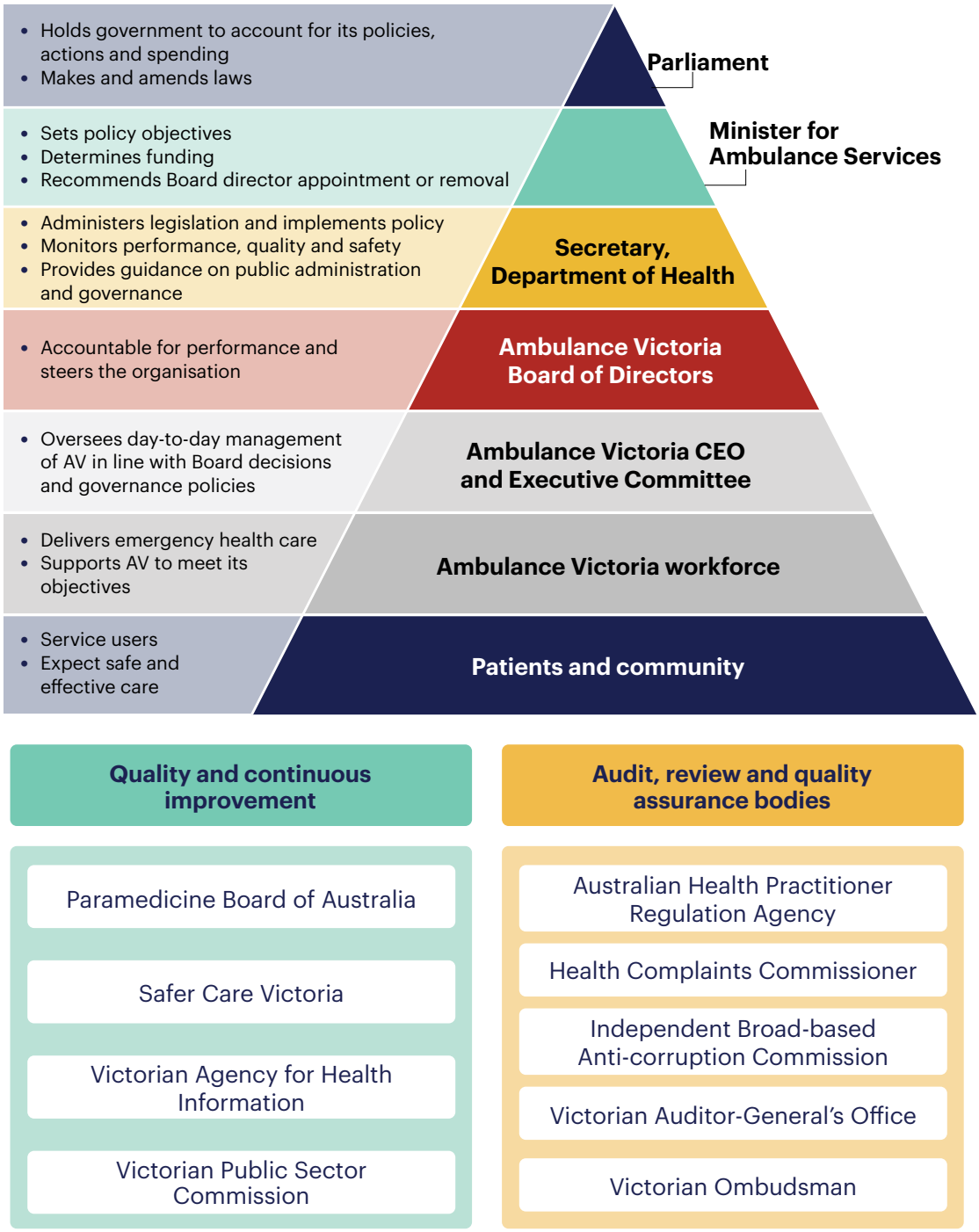
Consistent with the requirement in the Ambulance Services Act, Ambulance Victoria must report annually against the relevant year's Statement of Priorities, including the key performance expectations and targets they set out.

2.1.4 Governance model

Ambulance Victoria has a multi-layered governance and accountability framework, as shown in Figure 2D. The framework encompasses patients and other service users, through to the organisation's workforce, Executive Committee and Board of Directors, as well as the Victorian Government Department of Health, the Minister for Ambulance Services and ultimately the Victorian Parliament.[11]

This framework provides multiple opportunities to promote, prioritise and oversee workplace equality within Ambulance Victoria; this will be explored further throughout this report.

Figure 2D – **Ambulance Victoria's accountability framework**



Parliament

The Parliament of Victoria holds the Victorian Government to account for its policies and actions related to ambulance services and the provision of emergency healthcare. It also scrutinises the public administration, performance and finances of Ambulance Victoria, including through its Public Accounts and Estimates Committee.

Minister for Ambulance Services

The Minister for Ambulance Services is accountable to the Victorian Parliament for the performance of Ambulance Victoria. The Minister sets policy and implements controls to ensure the organisation acts properly and advances the government's priorities for ambulance services and the provision of emergency health care. The Minister also makes recommendations to the Governor in Council regarding the appointment and removal of members of the Board,[12] including the Chair.[13]

Secretary of the Department of Health

The Secretary of the Department of Health is responsible for advising the Minister for Ambulance Services on the operation of the Ambulance Services Act. The Secretary is also accountable for: developing policies and plans with respect to Ambulance Victoria; funding;[14] monitoring, evaluating and reviewing the service; and, among other things, ensuring that it provides safe, patient-centred and appropriate services and fosters continuous improvements in its care and services.[15]

Board

Appointed by the Governor in Council, on the recommendation of the Minister for Ambulance Services,[16] the Ambulance Victoria Board is responsible for the provision of comprehensive, safe and efficient ambulance services. The Board's functions include, among others, to:

- ensure that the organisation meets its objectives
- develop statements of priorities and strategic plans and monitor compliance with them
- oversee financial and service performance
- ensure the organisation's services meet community needs and reflect user views
- appoint and monitor the performance of the CEO
- advise the Minister and the Secretary about its significant decisions, issues or risks
- adopt a code of conduct for staff
- provide appropriate training for directors.[17]

When performing these functions, the Board must have regard to the needs and views of patients, other service users and the communities the organisation serves. The Board must also consider the effective and efficient use of resources.[18]

Six committees support the Board to fulfill its statutory and governance responsibilities, as set out in Figure 2E.

Figure 2E – **Ambulance Victoria Board Committees**

Audit and Risk	Community Advisory	Finance
Supports the Board to fulfill its compliance, control, financial reporting, assurance and risk management responsibilities	Ensures the voices of all Victorian communities are heard, understood and integrated across Ambulance Victoria's work and services	Supports the Board to fulfill its financial responsibilities, including to ensure the organisation's long-term financial viability

People and Culture	Quality and Safety	Remuneration and Nominations
Advises the Board on policies and strategies to improve the health, safety, wellbeing, development and performance of the organisation's employees	Supports the Board to oversee the effectiveness of systems to monitor and improve the quality, safety and effectiveness of services, and to oversee the continuous improvement of services	Advises the Board on matters related to recruitment, remuneration, retention and termination of directors, the CEO and senior executives

As Section 1.3 explained, the Board has also established a further, temporary committee, the VEOHRC sub-committee, which provides the Board with regular and detailed advice on the review's progress.

Ambulance Victoria Chief Executive Officer and Executive Committee

Ambulance Victoria's Chief Executive Officer oversees the day-to-day operations and management of the organisation. The CEO's functions include, among others, to:

- manage the ambulance service in line with the Board's directions
- enable the Board to perform its functions effectively
- implement effective systems to monitor and continuously improve the quality, safety and effectiveness of services.[19]

Like the Board, the CEO must, when performing their functions, have regard to the needs and views of patients, other service users and the communities that the organisation serves. The CEO must also consider the effective and efficient use of resources.[20]

Ambulance Victoria's Executive Committee is the most senior management-level governance forum within the organisation. Its role is to:

- support the CEO to govern responsibly and to manage the organisation to deliver its strategic, statutory, community, government and stakeholder obligations
- model and uphold the highest level of leadership, integrity and ethics to ensure the organisation maintains and facilitates a strong culture, staff standards, behaviours and values with an emphasis on inclusion, fairness, safety and respect.[21]

The Executive Committee is comprised of the Executive Directors of each division within Ambulance Victoria, as well as the CEO.

Within the Executive Committee, there is also a sub-committee known as the Operations Executive, which is comprised of the: Chief Operations Officer; Executive Director, Clinical Operations; Executive Director, Operational Communications; and several key operational staff outside the Executive Committee. Among other things, this group is responsible for:

- setting, informing and endorsing the strategic direction of operational functions
- achieving KPIs (including operational performance), improving service delivery and operational performance, and ensuring quality and best care outcomes are prioritised in decision-making.

Ambulance Victoria workforce

Ambulance Victoria's workforce is responsible for delivering emergency health care and supporting the organisation to meet its objectives and strategic priorities. In addition, each member of the workforce has obligations to each other, including not to discriminate, sexually harass, victimise and/or bully (see Chapter 3).

Patients and community

Community confidence in the services provided by Ambulance Victoria, and the accessibility and inclusiveness of those services, is critical. For this reason, community and consumer participation is a cornerstone of the organisation's strategic plan, its engagement activities, and its approach to providing best care. Ambulance Victoria has set itself goals to collaborate with consumers and the community in the planning, design, delivery and evaluation of its systems and services.

Consumers participate on clinical governance and program committees, including the Board's Community Advisory Committee and Quality and Safety Committee. Consumer members are also key to the organisation's six Regional Best Care Committees and the recently established Partnering with Consumers Committee. Additionally, an organisational Community Engagement Team, together with each region's Operational Community Engagement Liaison Coordinator, assist in planning local and organisational community engagement activities.

The results of the periodic Victorian Healthcare Experience Survey show consistently positive satisfaction ratings among Ambulance Victoria patients: in 2019-20, for example, respondents rated emergency ambulance 97.1% for overall experience of healthcare and rated planned transport 99.0% for overall experience of healthcare.

2.2 Modern operating context

2.2.1 Historical beginnings to modern ambulance service

Establishment of Ambulance Victoria

The establishment of Ambulance Victoria on 1 July 2008 followed the merger of the Metropolitan Ambulance Service, Rural Ambulance Victoria and the Alexandra and District Ambulance Service. The merger saw each of these organisations come together to form Victoria's first state-wide ambulance service; a service that continues to operate today.

Changing role of ambulance services

Like other ambulance services in Australia, Ambulance Victoria was initially considered a transport provider – responding, delivering first aid and transporting patients.[22] However, since then, Ambulance Victoria has charted a similar evolution to that of other ambulance services, largely seen today as being a provider of emergency health care.

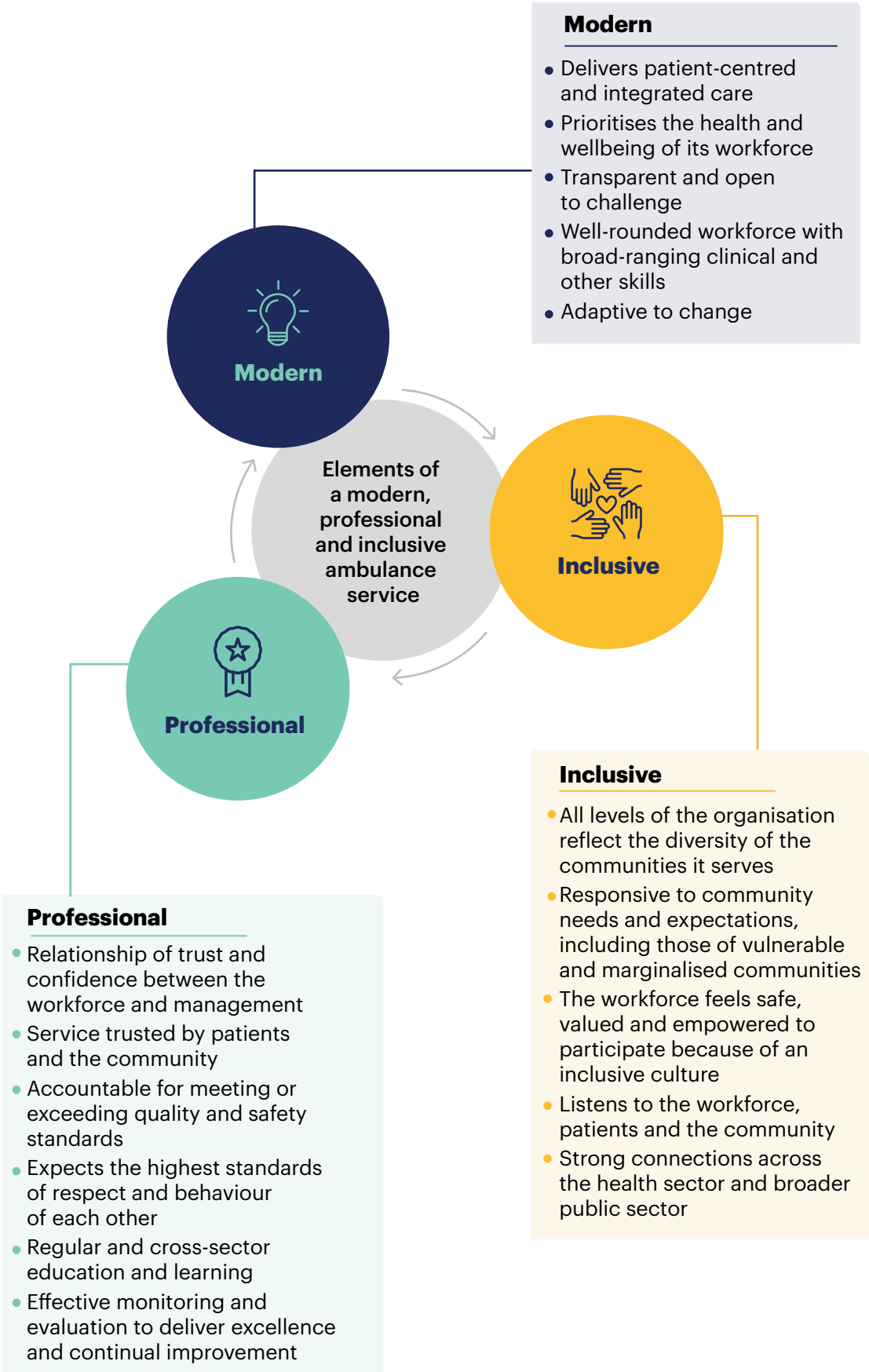
Ambulance Victoria's role is being increasingly integrated into the state's healthcare sector. The organisation has stronger links to the broader healthcare system than ever before and there is an emphasis on connecting patients who have called Triple Zero (000) to the health care they need.[23] The organisation's role has also expanded to include a greater emphasis on social care in the community and partnering with others.[24]

> **I think we're an emergency health service, and our focus really has been the front door to the urgent care elements of our health system. ... Our role is as a connector – a modern ambulance service should be a connector, connecting care, connecting people up ... to care at the right time, at the right place.**
> *Participant, Focus group*

> **If we meet the community's needs, nearest to where they are, at the front line, at the first decision, and have that system all working in an integrated way – that will provide much better outcomes for people, and at the same time be an efficient, effective service, using resources wisely.**
> *Participant, Focus group*

What the Commission heard throughout the review is that Ambulance Victoria's workforce and the broader community expect the organisation to operate a modern, professional and inclusive ambulance service. Figure 2F captures what we were told by participants are some of the key elements of such a service, some of which are reflected to a greater or lesser extent in the organisation's strategic plan (see Section 2.1.3).

Figure 2F – **Elements of a modern, professional and inclusive ambulance service**



Professionalisation of Paramedicine

On 1 December 2018, Paramedicine became a nationally regulated profession under the Health Practitioner Regulation National Law. Since then, only people who are registered with the Paramedicine Board of Australia can work as, and call themselves, paramedics.

Under section 38 of the national law, the Paramedicine Board has identified mandatory registration standards that define the requirements all applicants need to meet for the competent and safe practice of Paramedicine. Each Paramedic must now meet five mandatory registration standards relating to criminal history, English language skills, continuing professional development, recency of practice and professional indemnity insurance arrangements. They must also ensure that they are suitably trained and qualified to work in Paramedicine.

Reflecting on the importance of regulation for the profession, Associate Professor Stephen Gough ASM, FPA, Chair of the Paramedicine Board, shared:

> **I am often asked the question — why is it so important that the profession of paramedicine is regulated? My response is always — because of the work that we do in the profession. Paramedics at times are required to carry out complex clinical interventions in a diverse range of emergency care settings, often away from direct supervision. It is therefore essential that the person providing care as a paramedic, using a title that is well documented as being highly respected by the public, is appropriately skilled, trained and qualified. The community must have the confidence and be assured, that as a registered paramedic, that person meets national standards for practice in the profession. That's why we have regulation.**[25]

Now, paramedics stand alongside many other professionals – for example, doctors, nurses, psychologists, lawyers and accountants – who are engaged by Ambulance Victoria and who are also required to adhere to robust care and/or professional standards.

Importantly, in June 2021, the Australian Health Practitioner Regulation Agency and National Boards issued a position statement, entitled 'No place for sexism, sexual harassment or violence in healthcare'.[26] The statement reinforces the professional, respectful behaviour expected of registered health practitioners.

> **Ahpra and National Boards want to remind registered health practitioners about the close link between respectful, professional practice and patient safety. Respect is a cornerstone of good, professional practice and it is fundamental to the Australian community's trust in registered health practitioners. A culture of respect is an important part of our healthcare system that facilitates better patient outcomes.**
>
> **Our expectations of practitioner conduct and respectful, professional behaviour, including maintaining appropriate professional boundaries, are set out in National Board codes of conduct (or equivalent).**
>
> **Practitioners must always treat patients, consumers, students, employees and colleagues with respect. They must always communicate professionally and respectfully with and about others, including when using social media.**
>
> **There is no place for sexism, sexual harassment or gendered violence in healthcare. Ahpra and National Boards explicitly condemn this behaviour by registered health practitioners.**
>
> **By speaking up about and addressing disrespectful behaviour and unprofessional conduct, we can all help build a culture of respect in healthcare and contribute to safer care.**[27]

The statement also recognises the role of agencies, like Ambulance Victoria, 'in building and maintaining a culture of respect in healthcare and supporting behaviour change when needed'.[28]

Evolving capabilities

As the role of ambulance services has evolved, so, too, have the capabilities needed to deliver those services. For instance, for paramedics, there is a greater emphasis on the importance of communication and collaboration skills, in addition to being able to meet relevant clinical, ethical, legal, safety and other requirements – as highlighted in the *Professional capabilities for registered paramedics*, adopted recently by the Paramedicine Board of Australia.[29] In parallel, there has been a transition to the standardised setting of skills through agreed capabilities taught via undergraduate education at universities.[30]

Figure 2G – **Recent evolution of capability and accreditation standards for Paramedics**

March 2019	June 2021	June 2021
Paramedicine Board of Australia established the Paramedicine Accreditation Committee	Accreditation standards for paramedicine education programs came into effect [31]	Professional capabilities for registered paramedics came into effect [32]

Yet it is not just the capabilities of paramedics that have evolved; it is also the whole-of-organisation capabilities. These are typically associated with Ambulance Victoria's corporate workforce and are needed to enable the delivery of emergency health care across the state.

As Ambulance Victoria has expanded significantly in size and as its focus on partnering with communities and the health sector has taken shape, there has been a growing need for a workforce that is skilled in leadership, people management, influencing, communication and, for instance, stakeholder engagement. Other skills, like those related to project management, data analysis, research and continuous improvement, have equally come to the fore.

Organisational review and change

Ambulance Victoria has undergone considerable growth and transformation since its establishment in July 2008. This growth and transformation has been accompanied by significant organisational change, particularly with respect to the organisation's leadership, administration and service delivery. Among other things, this has included the:

- replacement of the (then) Ambulance Victoria Board in August 2011, with eight of nine members removed or not reappointed at the end of their term
- resignation of Ambulance Victoria's former CEO in September 2014
- removal of the (then) Board of Directors and appointment of an administrator in December 2014
- establishment by the Victorian Government of the Ambulance Performance and Policy Consultative Committee in January 2015 as part of a series of actions to address the significant issues facing the state's ambulance services at the time, including slow response times, poor workforce morale and culture, and ramping
- appointment of the current Ambulance Victoria Chair in September 2015 (who began his term on 1 December 2015)
- appointment of eight other directors to the Ambulance Victoria Board in December 2015, with the first meeting of the new Board held on 14 December 2015
- publication of the final report of the consultative committee in December 2015[33] that set a clear agenda, priorities and actions for the new Ambulance Victoria Chair and Board and the CEO and which focused on improving ambulance response times, workplace culture and the organisation's interaction with the rest of the health system (for example, priority areas included providing more support for Paramedic mental health and wellbeing, addressing occupational violence towards paramedics, expanding training and development opportunities and improving work-life balance)
- confirmation of (then Associate) Professor Tony Walker as Ambulance Victoria CEO in July 2016, after acting in the role for 18 months
- completion of several reviews and inquiries (see Appendix D), including for example the review of the organisation's operational structure and service delivery model.

The final report of the consultative committee, referred to above, provided the foundation for the *Ambulance Victoria Corporate Plan January 2016 – June 2017* and later helped to shape the organisation's current strategic plan, strongly

influencing the organisational focus and priorities since its release and the available government funding for Ambulance Victoria.[34]

Ambulance Victoria's recent priorities and organisational focus have also been informed by the organisation's response to the investigation and 2017 report of the Independent Broad-based Anti-corruption Commission into drug use and associated corrupt conduct involving paramedics.[35] Throughout the investigation, the organisation introduced new policies and practices to minimise opportunities for the possession, use and misappropriation of drugs of dependence and limit opportunities for misappropriation of equipment.[36] Following the release of the final report, it continued to take action, implementing the recommendations.[37]

At the same time as these developments, Ambulance Victoria's workforce demographics have shifted considerably, as Section 2.3 explores. Most notably, the number of women employed by Ambulance Victoria increased by 46% since 2016. This has disrupted the organisation's previously male-dominated workforce and necessitated changes to workplace structures and to the ways of working to ensure that they take into consideration the needs and circumstances of a more diverse workforce.

2.2.2 Current operating context

Ambulance Victoria's strategic plan acknowledges that the organisation's operating environment is changing continuously and is increasingly complex. The strategic plan singles out several factors of the organisation's operating environment that require Ambulance Victoria to be flexible. These factors are:

- increasing demand
- more complex needs
- emerging technology and better use of data
- changing community expectations
- more major incidents and extreme weather events
- increasing safety risks.[38]

Since the strategic plan's release in 2017, Ambulance Victoria has experienced major disruptions and demand during the recent summer bushfires.

More recently, as an essential health service on the frontline of the COVID-19 global pandemic, Ambulance Victoria has experienced protracted and unprecedented impacts. As Chapter 1 explored, the pandemic has affected the organisation's operational capacity and staff wellbeing. Over multiple years and continuing, the pandemic has impacted every facet of the day-to-day work of Ambulance Victoria's workforce, including as a result of more complex cases, the use of stringent personal protective equipment, heightened daily risk of exposure to COVID-19 for paramedics, working from home for corporate staff and, among other things, an increasingly tired and frustrated community. The impacts of the pandemic have also been felt in the personal lives of members of the workforce, from juggling work and home schooling to the blurring of boundaries between home and work and increased mental health and wellbeing stressors.

The organisation has had to respond to an ageing population and other changing demographics, as well as population growth that has driven an increase in demand. The organisation has also had to deal with rising inequality and economic insecurity among the Victorian population due to the flow-on effects of COVID-19.

And at the same time as ambulance services are becoming increasingly integrated into the broader health sector – taking on greater responsibilities for providing care, including in relation to mental health – it has been suggested that:

> **communities and many other health professionals have limited knowledge or understanding of how paramedic services are organised, the characteristics of paramedics and allied staff and limited appreciation of their potential to make greater contributions to the health and well-being of communities. As an emerging health profession, paramedicine needs to better embrace its role in the health sector and its potential to improve the health and well-being of specific populations.**[39]

When formulating recommendations, the Commission has taken these contextual factors into account, to ensure that they accommodate the realities of Ambulance Victoria's current operating environment, to the extent practicable.

2.3 Organisational snapshot

The importance of a diverse workforce is well established.

At a workforce level, it is accepted that diversity and inclusion supports the delivery of responsive, sensitive and appropriate services.[40] Diversity and inclusion improves organisational performance, decision making and culture and reduces the risk of harmful behaviours, like sexual harassment.[41] The importance of diversity and inclusion was reflected repeatedly throughout the review.

> **[O]ne of the key ... requirements of a modern inclusive ambulance service, is one that reflects our community – that our people reflect our community, and we serve as a whole.** *Participant, Focus group*

> **We've got a very diverse community here in Victoria. Our service needs to reflect that, and engagement with community is essential .... Inclusive staffing will ensure, of course, that those diversity of views are exposed and pursued.** *Participant, Focus group*

> **[An ambulance service] needs to be representative of its community, and that varies ... across where you are providing the care. But also, it needs to be representative of the community's needs and expectations. And so, we can build something, but if it doesn't meet the needs of the community, then it's not going to be as inclusive.** *Participant, Focus group*

Managing diversity in a workforce involves recognising, respecting and valuing the differences within and between groups and supporting everyone to feel safe and valued at work through the use of inclusion and access strategies.[42] Understanding and supporting workforce diversity also requires a commitment to collecting, analysing and acting on workforce data.[43] And to be effective, efforts to diversify a workforce must be approached as a holistic rather than tokenistic exercise, supported by inclusion strategies addressing issues of awareness, access and respect.[44] In other words, there must be a focus on what happens once women and diverse individuals join the workforce. As a recent study on gender diversity on Boards concluded (which is also applicable to an organisation's workforce):

> **the heightened focus on gender diversity should include what happens after diverse directors join boards. Inclusion and belonging are as important, if not more so, to changing boardroom culture and helping companies reap the benefits of diverse perspectives at the leadership level.[45]**

In a further illustration, ensuring the inclusion and ongoing participation of people with disability, and overcoming issues of accessibility,[46] requires appropriate systems for protecting confidential information and a supportive workplace culture.[47] This includes focusing discussions on necessary accommodations rather than on the underlying disability.[48]

Section 2.3 presents a snapshot of Ambulance Victoria's workforce. It is intended to provide important context for the discussions that follow in subsequent chapters of Volume I and in Volume II; for this reason, it does not contain findings. Volume II considers the composition of the workforce in more detail, including trends over time. That volume also considers diversity among Ambulance Victoria's Board and Executive Committee, including as part of an examination of efforts to grow a diverse talent pipeline.

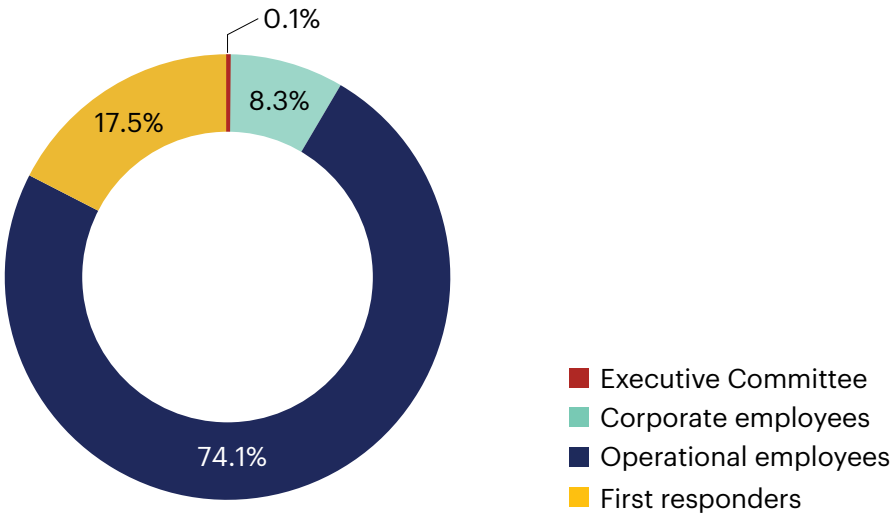
As at 31 March 2021, Ambulance Victoria's workforce included 7550[49] people from across the state, making it one of Australia's largest ambulance services.[50] The organisation is comprised of an inter-disciplinary, multi-generational workforce, spread across Victoria. It is a workforce in which paramedics, doctors, nurses, psychologists and other clinical staff work alongside business analysts, rostering experts, lawyers, health and safety practitioners, accountants, project managers, researchers, human resource professionals, data analysts, technology experts, improvement and administrative support staff and others. The data shows that the organisation's demographics have changed rapidly since its establishment. In particular, it has seen a significant growth in the number of women engaged, although they continue to be under-represented in middle management and in certain areas like Air Ambulance and Mobile Intensive Care Ambulance, while broader diversification has been more incremental.

2.3.1 Cohort

Broadly speaking, Ambulance Victoria's workforce is comprised of corporate and operational employees and first responders, in addition to its Executive Committee.

Operational employees – such as paramedics and nurses – make up the bulk of Ambulance Victoria's overall workforce, representing 5592 employees or just under three in four people (74.1%) (see Figure 2H), with a small number of medical practitioners also providing retrieval, cardiology and stroke clinical services. Whereas corporate employees – like those engaged in finance and corporate services, human resources and workforce planning, research and evaluation, strategic communications, and data and insights – total 630 people. First responders are the second largest cohort after operational employees, with 1318 people volunteering to support the provision of emergency care across Victoria.

Figure 2H – **Workforce (by cohort)**



Since 2016, the overall size of the workforce has increased by 31%. These changes have contributed to a rapidly growing organisation, often at a time of considerable organisational change and broader community crisis.

2.3.2 Role type

Each cohort is made up of a broad range of roles. Each role and what they entail vary greatly, illustrating the considerable diversity of capabilities and skills needed to operate a modern ambulance service.

Within the operational cohort, staff members can be engaged in roles as diverse as paramedics, management, operational communications and clinical instruction. Even the different Paramedic roles are diverse and include the following types, among others.

- Most Paramedics are trained as Advanced Life Support Paramedics. This allows them to provide emergency care to patients, including inserting intravenous cannula (drips), administering pain relief medication, performing advanced airway management, giving intravenous drug therapy for cardiac arrest patients and performing intravenous fluid replacement for trauma patients.

- Mobile Intensive Care Ambulance (**MICA**) Paramedics have a higher clinical skill set and can perform more advanced medical procedures. Among other things, they can administer advanced airway management, manage complex head injuries, administer intra osseous (into bone) drug and fluid in paediatric patients, treat life-threatening chest injuries and provide advanced management of cardiac conditions.
- Air Ambulance Paramedics are made up of MICA flight paramedics who work on helicopters and aeroplanes. Air Ambulance Paramedics are trained to perform advanced treatments in challenging environments, such as on boats or in the air. MICA flight paramedics are also skilled in performing winch rescue services.
- Referral Service Paramedics are trained in telephone triage and connect Triple Zero callers whose condition does not require an emergency ambulance to an alternative service that may be more suitable (e.g. a nursing service or a locum).
- Duty Managers are qualified paramedics who work in Ambulance Victoria's communication centres. They monitor demand for ambulances against the available vehicles, assess hospital activity and transfer times and manage meal break opportunities for paramedics to get rest and food during their shifts.

As at 31 March 2021, Ambulance Victoria engaged 3233 Advanced Life Support Paramedics, 422 MICA Paramedics and 292 Graduate Paramedics. In addition, it engaged 9 MICA Paramedic Educators and 206 Paramedic Educators. The organisation's paramedics were supported by 830 operational staff and 600 Managers (Operations supports), Team Managers, Senior Team Managers and Senior Managers.

A day in the life of an on-road Paramedic

On any given day, a Paramedic may:

- attend medical emergencies and accidents requiring the administration of advanced life support
- assess, treat and manage a patient's treatment en-route to hospital
- perform invasive techniques such as intravenous cannulation, administration of pain-relieving drugs, fluid resuscitation in the trauma setting and advanced airway management
- lift and place patients on stretchers and into ambulances and transport patients to hospital
- prepare patient care records and other reports on their injuries and the treatment provided
- triage patients to the most appropriate medical facility
- provide routine transport for patients from home to hospital and return
- perform daily vehicle and equipment checks, making sure that ambulances and medical supplies (including drugs) are accounted for, and that equipment is in good working condition
- attend public gatherings, where accidents or other health emergencies may occur.[51]

Across the corporate cohort, there is an even greater diversity of roles. This cohort includes business analysts, rostering experts, lawyers, health and safety practitioners, accountants, project managers, researchers, human resource professionals, data analysts and technology experts, among others. As at 31 March 2021, Ambulance Victoria engaged 517 corporate staff and an additional 113 Managers or Senior Managers.

A day in the life of an Executive Assistant

Ambulance Victoria's Executive Assistants provide a link between the business departments and the Executive Director. These roles cover the breadth of governance, reporting and stakeholder engagement (internal and external) and on any day may:

- support Executive Directors by providing high level, administrative support
- apply a high level of discretion to maintain confidentiality in dealing with sensitive information
- monitor and ensure timelines for delivery are planned and met
- coordinate meetings of Executive Committee members and key stakeholders
- draft, review and process business cases ensuring adherence to delegations
- prepare agendas and coordinate papers and presentations for governance and other meetings
- coordinate briefings for Executive Committee members
- provide secretariat support to internal committees
- assist in monitoring and coordination of divisional budgets
- coordinate issues management support as required
- applying and promoting recording keeping standards.

Ambulance Victoria engaged 1318 first responders, which at the time, comprised of Community Emergency Response Team volunteers and Ambulance Community Officers.

The organisation's 270 Community Emergency Response Team volunteers are dispatched at the same time as an ambulance to potentially time-critical emergencies in their local community. They are trained in providing basic emergency care services until an ambulance arrives. They respond in locations with limited ambulance coverage.

Ambulance Victoria 1048 Ambulance Community Officers, casual employees, provide advanced first aid in remote communities where the local branch is not staffed full-time.

2.3.3 Gender

Despite being denied access to Paramedicine in Victoria until 1987, women now make up just over half of Ambulance Victoria's overall workforce: women comprise 51.3% (n=3872) of the workforce (including Executive Committee and first responders) and men make up 48.7% (n=3678).

A brief history of women in Ambulance Victoria

On 27 July 1987, Ms Andrea Wyatt became Victoria's first female Paramedic, based in metropolitan Melbourne. However, her entry into the profession was not without obstacle. When she first applied to become a Paramedic in 1983, her application was declined due to a provision in the *Labour and Industry Act 1958* (Vic), which was then in force. This law prohibited women in an ambulance service or other trade from lifting or carrying more than 16 kilograms.[52]

This law was abolished in 1987. After entering the profession, Ms Wyatt went on to become the first MICA female Paramedic in 1993 and the first female clinical support officer in 1995.[53] In 2016, her long and distinguished service as a Paramedic was recognised with the Ambulance Service Medal, awarded as part of that year's Australia Day Honours.

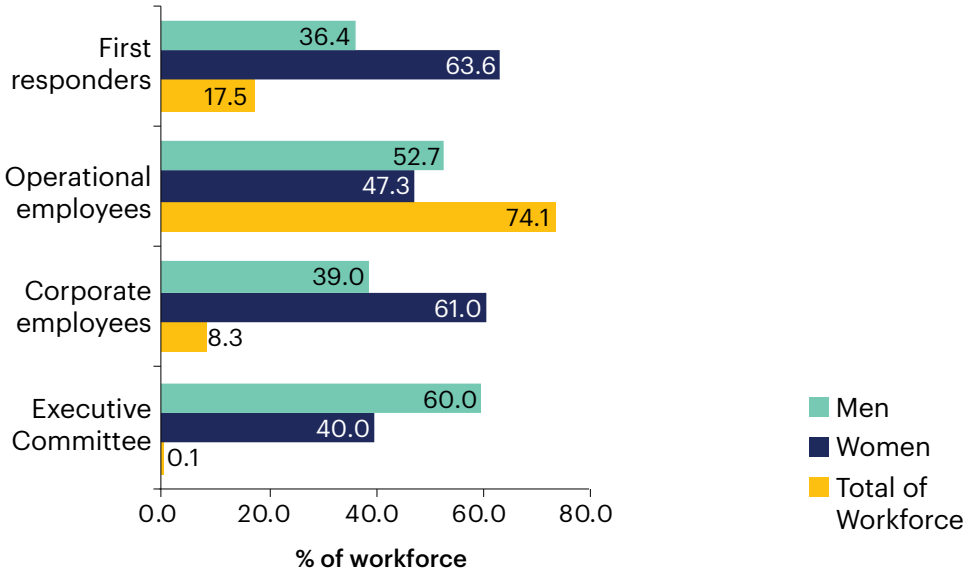
Also in 1987, Ms Melissa Buckingham became Victoria's third female Paramedic and the first regionally-based female Paramedic. Ms Buckingham has since served as a Paramedic for over 33 years and has gone on to become an Operational Community Engagement Liaison Coordinator in the Grampians region. In 2018, she was recognised for her long-term service and outstanding leadership.[54]

On 6 May 2019, almost 32 years after Ms Wyatt and Ms Buckingham became the state's first female paramedics, Ambulance Victoria welcomed the state's first female MICA Flight Paramedics on the organisation's air ambulance team.[55]

The proportion of women engaged by Ambulance Victoria has increased by 46% since 2016, compared to an 18% increase in male employees, and in 2021, women accounted for 64% of graduate paramedics, suggesting a continuation of the trend towards greater representation of women in the organisation.

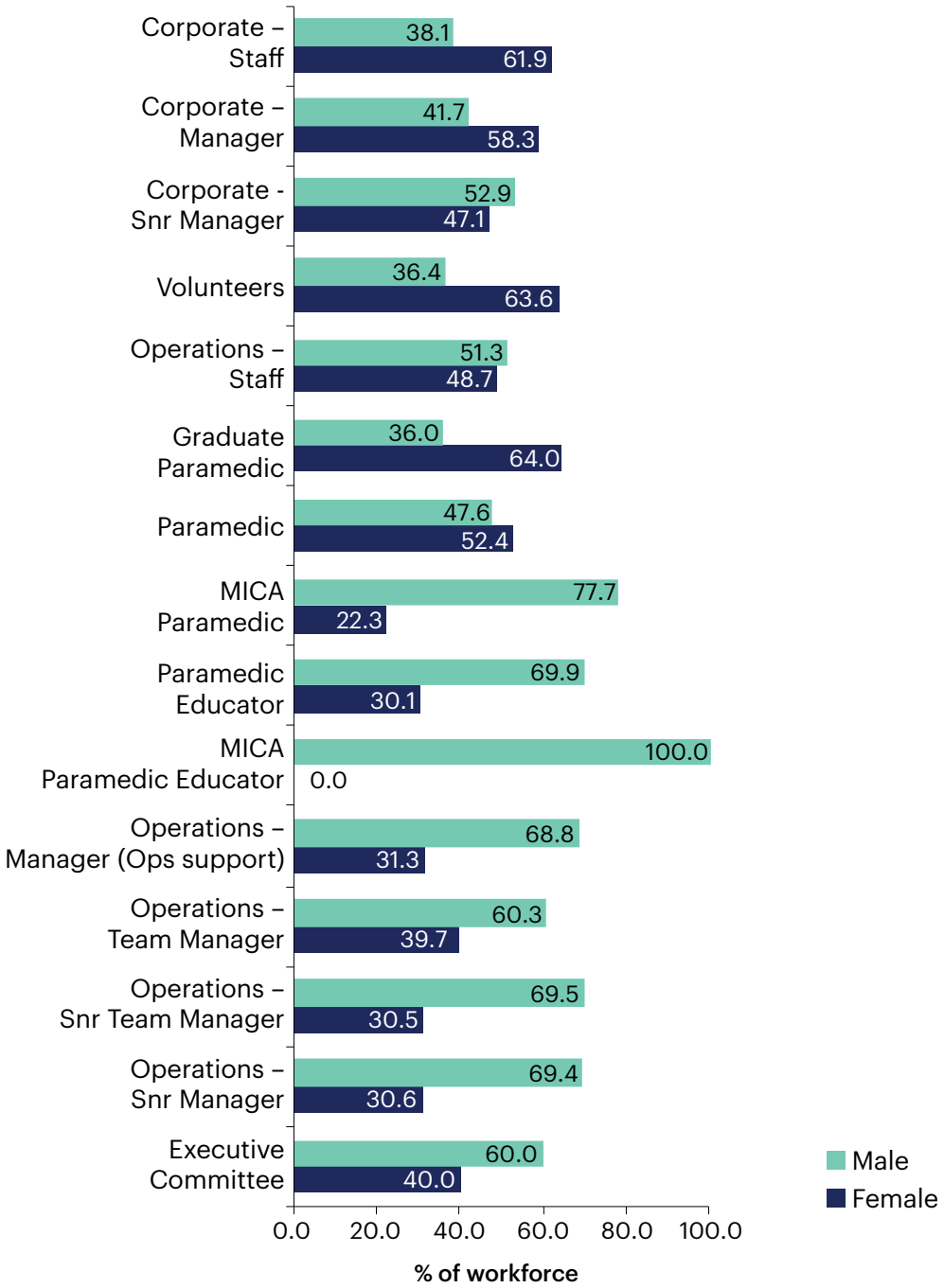
While women now dominate the organisation's corporate and first responder cohorts, men continue to comprise the majority of its Executive Committee and operational cohorts, as shown in Figure 2I.

Figure 2I – **Workforce cohorts (by gender)**



However, the distribution of women and men across the organisation is starkest within certain role types, particularly specialist clinical and management roles in the operational cohort, as set out in Figure 2J.

Figure 2J – **Role type (by gender)**



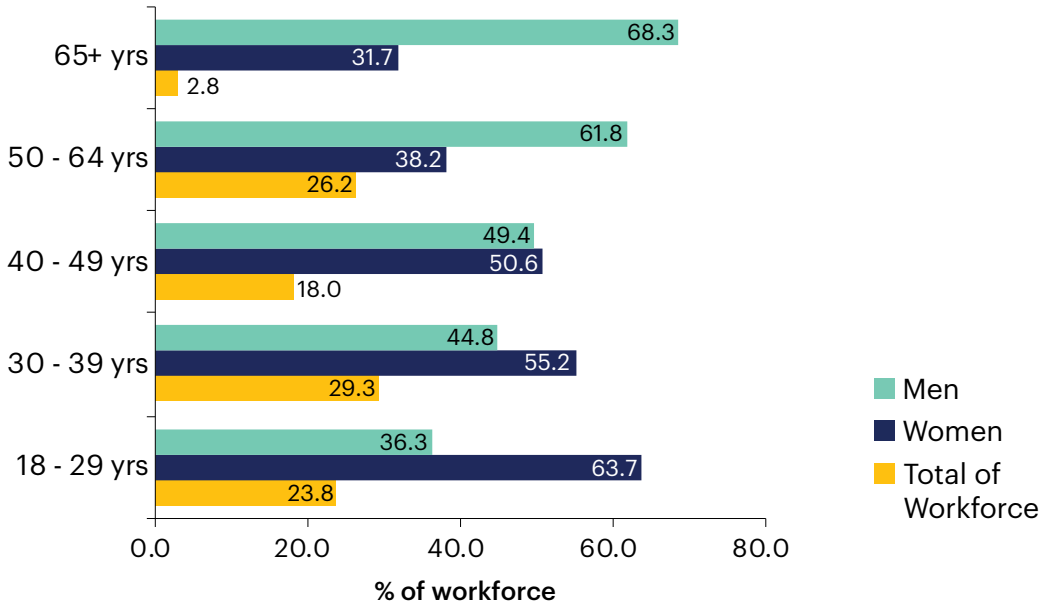
Of Ambulance Victoria's 422 MICA Paramedics, 77.7% (n=328) were men and 22.3% (n=94) were women, while all nine of its MICA Paramedic Educators were men. By contrast, the gender composition of the organisation's Advanced Life Support Paramedics was almost equal, with men and women comprising 47.6% (n=1540) and 52.4% (n=1693) of these roles, respectively, although Paramedic Educator roles were male-dominated (69.9% (n=144) men, compared to 30.1% (n=94) women). Within the graduate cohort, it is women who are in the majority, making up 64.0% (n=187) of the graduate in-take, compared to men who made up 36.0% (n=105).

Ambulance Victoria's operational middle and senior management roles continue to be male-dominated, with men holding between 60.3% and 69.5% of manager roles across Operations Support, Team Managers, Senior Team Managers and Senior Managers. These rates have been affected in part by the comparatively recent influx of women into the organisation.

2.3.4 Age

Within Ambulance Victoria, there are roughly equal numbers of women (50.6% or n=688) and men (49.4% or n=672) in the workforce aged between 40 to 49 years old. The younger cohorts are noticeably female-dominated, with the number of women aged between 18 to 29 years (63.7% or n=1143) almost twice the number of men (36.3% or n=651) the same age. The gender composition of the older cohorts is reversed, with considerably more men than women, likely in part an ongoing legacy of the historical exclusion of women from Paramedicine. This highly gendered dynamic, within a hierarchical organisation, creates a high-risk environment for unlawful and harmful conduct (see Section 6.1).

Figure 2K – **Overall workforce (by age and gender)**



2.3.5 Disability

Of the overall Ambulance Victoria workforce (n=7550), only a handful have disclosed to Ambulance Victoria that they have a disability. By contrast, 629 survey respondents indicated that they had a disability when completing the Commission's workforce survey, with mental illness the most commonly reported, followed by injury. By way of context, in Victoria, 13.9% of the population aged between 15 and 64 years are estimated to have a disability,[56] while the Victorian labour force participation rate for people with disability is 51.9%, compared to 54.9% for people without a disability.[57]

2.3.6 LGBTIQ+

It is estimated that 5.7% of adult Victorians identify as lesbian, gay, bisexual, transgender, intersex and/or queer.[58] Of the overall Ambulance Victoria workforce (n=7550), 35 people have disclosed to the organisation that they identify as LGBTIQ+ In the Commission's workforce survey:

- 134 people indicated that they are lesbian, gay, bisexual or queer
- five said that they are trans or gender diverse
- three self-described their gender
- one person indicated that they have an intersex variation.

There are likely to be different reasons for the variance between the disclosure rates to Ambulance Victoria and the Commission. Yet, research tells us that fear of being discriminated against or treated unfairly are common reasons for not disclosing LGBTIQ+ status.[59]

2.3.7 Race and cultural and linguistic diversity

Ambulance Victoria's workforce data show that 20 people, or less than 1% of the workforce, have self-disclosed that they identify as being Aboriginal or Torres Strait Islander, with a further two people disclosing that they identify as being both Aboriginal and Torres Strait Islander. By way of context, people who identify as Aboriginal and/or Torres Strait Islander make up 0.9% of the Victorian community.

Despite Victoria being one of the most culturally diverse societies in the world, with 28.4% of Victorians born overseas[60] only 18 people have self-disclosed a country of origin other than Australia to Ambulance Victoria. By contrast, 213 respondents to the Commission's survey indicated that they come from a culturally, ethnically or linguistically diverse background.

During the review, some participants expressed concern about disclosing their cultural or linguistical background to the organisation due to identifiability concerns owing to the limited number of colleagues from that same background. In light of these concerns, it is reasonable to conclude that the organisation's workforce is more racially and culturally diverse than the data suggest. However, this type of diversity appears to be low overall, with the workforce coming from a largely homogenous racial and cultural background.

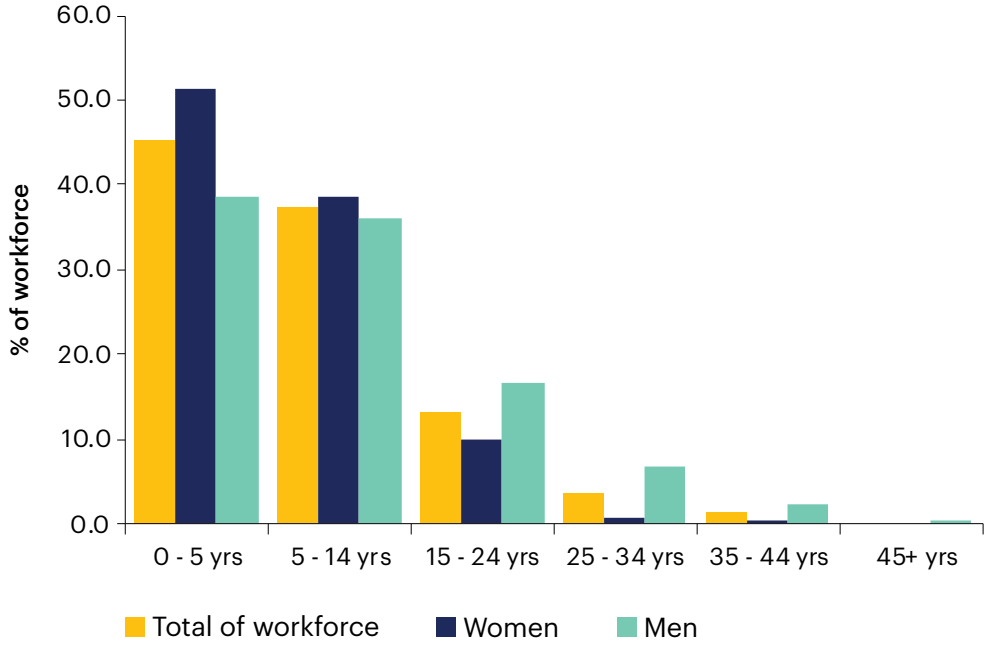
2.3.8 Length of service

Around four in nine people (44.9% or n=3392) in Ambulance Victoria's workforce have served the organisation for fewer than five years, with corporate employees and first responders more likely than other cohorts to have served for this period of time. This is in line with the 31% increase in the overall size of the workforce since 2016.

Of the 365 people who have served the organisation for more than 25 years, the overwhelming majority (92.3% or n=337) are operational employees.

When disaggregated by gender, length of service data reflect the story of the stark recent growth in the number of women in the workforce and the organisation's male-dominated origins. Over half (51.0% or n=1976) of women in the organisation today have served for fewer than five years, while 10.6% (n=410) of women have served for longer than 15 years. By contrast, two in five men (38.5% or n=1416) have been with the organisation for fewer than five years, with around one in four men (25.5% or n=939) serving 15 years or more.

Figure 2L – **Length of service (by gender)**



2.3.9 Employment status

About three in every four of Ambulance Victoria's 7550-strong workforce (72.9% or n=5508) were employed in ongoing roles at 31 March 2021, which aligns broadly with the 77% of ongoing employees engaged within the public sector. Men were more likely than women to be engaged on a permanent basis (76.5% or n=2812, compared to 69.6% or n=2696).

Casual employees were the next largest cohort (17% or n=1281) at Ambulance Victoria. The rate of casualisation in Ambulance Victoria was almost three times the rate in the overall public sector workforce (6%[61]) (although casual employment fell across the public sector during COVID-19 from 8.7%), and broadly reflects the rate of casualisation across Australia (19%) (this figure has fluctuated in response to COVID-19 falling from 20% pre-pandemic to 17% in May 2020).[62]

Ambulance Community Officers comprised the vast majority of the organisation's casual employees; they were employed on a casual basis to provide advanced first aid in rural and remote communities where the caseload is low and the branch is not staffed full-time. Women were more likely than men to be casual employees (19.8% or n=767, compared to 14.0% or n=514, respectively), likely influenced by women comprising the majority (62.8% or n=658) of the organisation's Ambulance Community Officers.

Volunteers made up 3.9% (n=297) of the organisation's overall workforce.

Of those employees engaged in ongoing roles (n=5508), seven in eight (n=4857) were engaged full-time, with the remaining employees (n=651) engaged on a part-time basis. Of those employed in fixed-term roles (n=149), five in eight (n=94) are engaged full-time, with the rest (n=55) in part-time roles.

Today, 12.4% (n=936) of the workforce are on flexible work agreements (see Volume II).

2.3.10 Work location

Five in every nine (n=4173 or 55.27%) members of Ambulance Victoria's workforce are based in metropolitan Melbourne, with the remaining members (n=3377 or 44.73%) fairly evenly spread across regional and rural areas – with slightly more of the regional workforce based in Barwon South West than in other regional areas.

Almost half (49.58%) of Ambulance Victoria's operational workforce (n=6293) is based in metropolitan Melbourne, with the other half (50.42%) based in regional or rural Victoria. By comparison, the majority of Ambulance Victoria's corporate workforce (n=1257) is based in metropolitan Melbourne (83.77%), with 16.23% of the corporate workforce spread across the rest of the state.

Notes

1. *Ambulance Victoria Enterprise Agreement 2020; Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020; Nurses & Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016 – 2020; AMA Victoria – Victorian Public Health Sector – Medical Specialists Enterprise Agreement 2018 – 2021; AMA Victoria – Victorian Public Health Sector – Doctors in Training Enterprise Agreement 2018 – 2021; Victorian Public Health Sector (Medical Scientists, Pharmacists and Psychologists) Single Interest Enterprise Agreement 2017 – 2021.*
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3. *Ambulance Services Act 1986* (Vic) s 15.
4. Ambulance Victoria's 7550-person workforce (as at 31 March 2021) includes casuals, contractors, employees (permanent, fixed-term and casual), temps, volunteers and employees on WorkCover.
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20. *Ambulance Services Act 1986* (Vic) s 21(4).
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PARTNERS
FOR LIFE

3 Workplace equality

Chapter 3 describes why it is critical that Ambulance Victoria prevents and responds effectively to unlawful and harmful workplace conduct. It also explains why it is necessary for equality to be embedded into the organisation. In addition, Chapter 3 sets out Ambulance Victoria's legal obligations and provides an outcomes framework to guide the organisation's actions in complying with the Equal Opportunity Act. It also details how Ambulance Victoria has approached unlawful and harmful workplace conduct and (in)equality to date. Also included are reports on how safe and respected the workforce told us they feel, and their views on the need for reform to embed equality.

⟶ KEY POINTS

Ambulance Victoria has a positive duty to prevent and respond to discrimination, sexual harassment and victimisation

- Members of Ambulance Victoria's workforce need to feel safe and respected when they come to work, they need to feel like they belong, are included and are treated fairly and equally, and they need to feel valued and prioritised.
- Under the Equal Opportunity Act, it is unlawful to discriminate against, sexually harass or victimise another person. It is also unlawful to bully another person on the basis of a protected attribute. The Act also places a positive duty on Ambulance Victoria to eliminate this conduct, requiring it to take measures to proactively prevent this conduct from happening and respond when it does occur.

Ambulance Victoria has taken steps to address unlawful conduct and inequality, but its approach is still maturing and would benefit from greater prioritisation and oversight

- Ambulance Victoria's recent approach to unlawful and harmful workplace conduct and inequality has been guided at the highest levels by its organisational values and its strategic priority to provide '[a] great place to work and volunteer', given effect in the *Ambulance Victoria Diversity and Inclusion Strategy 2018—2020*. More broadly, Ambulance Victoria's approach involves a mixture of frameworks, strategies, policies and the like, such as those related to complaints, workforce supports, professional development and risk management.
- Much of the organisation's early and continued efforts to address inequality have been directed at women, paralleling women's journey into the organisation in increasing numbers. These efforts have broadened recently to address the low representation of minority groups, create a more inclusive culture, respond to the needs of today's workforce and provide greater support for the workforce.
- However, across all areas, the organisation's approach is still maturing and there remain significant gaps in how it seeks to prevent and respond to unlawful and harmful conduct and embed equality.

⟶ KEY POINTS

Perceptions of safety and respect within Ambulance Victoria are low overall

- Fewer than two in seven survey respondents said they feel 'very safe' or 'completely safe' from unlawful conduct. Feelings of safety are being undermined by unlawful and harmful workplace conduct. Perceptions of safety are comparatively low among women and minority groups and among those in male-dominated teams.
- Over one-third of survey respondents reported feeling 'not at all' or 'only slightly' respected at work. Disrespectful behaviour appears to be normalised; this is further evidenced by extensive reports of disrespectful behaviour and of actual and perceived inaction by leaders and managers, in interviews and submissions.

There is broad recognition that changes are needed to address unlawful and harmful workplace conduct and to embed workplace equality

- Of the 2163 people who responded to the relevant survey question, 84.2% (n=1657) either agreed or strongly agreed that reforms are needed to improve equality at Ambulance Victoria. Support for reform was also strong in interviews and in submissions.

3.1 Why workplace equality matters

As explained in Chapter 1, Ambulance Victoria asked the Commission to conduct an independent review into 'workplace equality' at Ambulance Victoria. This section explains the meaning of the term 'workplace equality', as interpreted under the Equal Opportunity Act and applied in this report. This section also outlines why freedom from unlawful and harmful workplace behaviours and the presence of equal rights, opportunities and outcomes – both required by workplace equality – are important and matter to Ambulance Victoria and to other ambulance services.

3.1.1 Understanding unlawful and harmful workplace conduct and (in)equality

In line with the Terms of Reference and the Equal Opportunity Act, the Commission uses the term 'workplace equality' to refer to the absence of unlawful and harmful conduct and the presence of equal rights, opportunities and outcomes at work and across the employment lifecycle.

Understanding workplace equality

In this report, the term 'workplace equality' is used to refer to:

- the freedom from discrimination, sexual harassment, bullying and victimisation at work, referred to collectively in this report as 'unlawful conduct', as well as the freedom from other harmful behaviours, like incivility and disrespect
- equality of rights, opportunities and outcomes between persons of different protected attributes (e.g. race, sex/gender).

When referring to Ambulance Victoria's 'workplace', we mean:

- at work, including in branches and office buildings, as well as in other common areas, such as carparks, entrances and reception areas, and bathrooms outside of work premises[1]
- at places where work or work-related activities are carried out, including in work vehicles, at field locations and in hospitals
- in online spaces and through technologies and social media platforms where the conduct is in connection with the employment (e.g. during remote work)[2]
- between people sharing the same workplace (e.g. contractors working alongside employees or first responders).

We also have in mind the 'employment lifecycle' at Ambulance Victoria, which begins when a person seeks employment or seeks to volunteer with Ambulance Victoria through to retirement; this includes periods in and out of the organisation's workforce (e.g. due to injury or parental leave). Key points of the employment lifecycle include recruitment, remuneration, training and development opportunities, career progression, leave and flexible and part-time working arrangements.[3]

When the Commission refers to 'equality' in this report, we refer to it in the sense of 'substantive equality'.

Understanding *substantive* equality

Substantive equality requires:

- people of different protected attributes to be treated the same because they are equal *and*
- equality of opportunity and results, which sometimes necessitates non-identical treatment to address biological, and socially and culturally constructed differences between people of different protected attributes *and*
- the redistribution of power and resources among people of different protected attributes (e.g. women and men), the transformation of institutions, systems and structures that cause inequality and the modification of harmful norms, prejudices and stereotypes that deny people both their autonomy and agency, as well as the opportunity to develop their abilities, pursue their professional careers and make choices without the limitations they set.[4]

A participant reflected on the meaning of substantive equality in their own words.

> **To me, [equality in the workplace is] about the distribution of power within a workplace and the equal access to power in a workplace. ... It should be about ... the objective distribution of power based on capability and competence and ability to fulfil the roles .... [H]ow that could look is that there are requirements for organisations to rebalance power, to have quite deliberate strategies to do that, that might feel forced or less genuine at the outset, to actually be the catalyst to break the patterns that may have us recruit or promote or share power with likeminded individuals or people that we see ourselves in, as opposed to valuing diversity of perspective within the way in which we might share power.** *Participant, Interview*

3.1.2 Why workplace equality matters to ambulance services: the case for change

Being treated fairly and equally at work is a basic human right. So is being able to come to work without fearing for your physical or psychological safety.

Work is fundamental to our livelihood and identity and, for many, it is where we put our personal values into action. This is the case for many of the participants the Commission spoke with from Ambulance Victoria. But no person, no matter how skilled or passionate, can be happy or effective when working or volunteering in conditions where unlawful or harmful conduct is allowed to flourish or where there is inequality. Taking action to enhance workplace equality creates safer, fairer workplaces that comply with the law. It is not only the 'right' thing to do legally and morally; it also makes good business sense because workers do their

best when they feel safe, valued and respected. The benefits of workplace equality for workers, organisations, patients and service delivery are explored below.

- **Workplace equality benefits workers:** For individual employees and volunteers, workplace equality matters because it increases wellbeing, safety and job satisfaction. Certain groups are disproportionately likely to be targeted by discrimination, sexual harassment, bullying and victimisation.[5] These groups have an obvious interest in their workplace taking steps to prevent and address these issues through promoting equality and inclusion. However, evidence shows that workplace equality benefits everyone: it increases engagement,[6] satisfaction,[7] wellbeing and performance[8] for workers and volunteers of all backgrounds and identities. Workplace equality also increases trust, morale and collaboration within teams.[9] The Diversity Council of Australia's annual *Inclusion@Work* survey found that workers from 'inclusive teams' were 'five times more likely to be very satisfied with their job than workers in non-inclusive teams'.[10]
- **Workplace equality benefits organisations:** For employers, workplace equality has multiple benefits. It enables employers to create workplaces that are safer, more cohesive and freer from harm. This, in turn, reduces legal, reputational and financial risks and positions organisations to meet an increasing number of statutory obligations, guidelines, standards, accreditation processes and opportunities.[11] A demonstrable commitment to equality also allows employers to attract and retain diverse and skilled workers, broaden the talent pool, and position themselves as an employer of choice. Organisations with diverse leaders outperform others in service delivery, productivity, efficiency, profitability and innovation.[12] A study of 3000 Australian workers found that people who think that their workplace has an inclusive organisational culture are five times 'more likely to innovate', three times 'more likely to work extra hard', three times 'more likely to be highly effective' and three times 'more likely to provide excellent customer/client service', compared to people who report that their workplace culture is not inclusive.[13]
- **Workplace equality benefits patients and service delivery more broadly:** For patients, workplace equality is both essential and protective. Workplace bullying and harassment can have 'a potentially catastrophic impact on patient outcomes'.[14] Simulation studies in surgical and neonatal settings have found that even a low level of unprofessionalism is a risk to patient safety.[15] Major healthcare inquiries have found that workplaces that tolerate harassment, bullying and other harmful behaviours contribute to breaches in safety practices and poor patient outcomes.[16] In a healthcare setting marred by discrimination, sexual harassment, bullying and victimisation, workers are more likely to make errors, be reluctant to share information or ask for help, and refrain from questioning or correcting their colleagues or superior's clinical decisions.[17] In addition, a workforce that is more reflective of the community it serves is better able to engender trust and engagement and to bring new perspectives and solutions to challenges.[18]

The reasons why workplace equality matters and, in particular, why it matters for ambulance services are further explored in the table on the next page (see Figure 3A).

Figure 3A – **Why workplace equality matters**

Why workplace equality matters	Why workplace equality matters to ambulance services
People deserve to be respected and treated fairly and with dignity	People who work or volunteer for ambulance services – those who give their time to care for others – deserve to be respected and treated with the same fairness and dignity as others. Ambulance services that treat members of their workforce in this way become known as employers of choice, which helps them to attract and retain diverse and talented staff.
People who feel safe and valued are better able to focus and do a good job	When people feel safe and valued in the workplace, they are free to focus on their work and are more likely to go the extra mile for patients and colleagues. When they fear harmful conduct, they may be more likely to work in an anxious state, operate in silos or be reluctant to ask questions, share information or take initiative. This creates an environment that is not conducive to the excellence, collaboration and flexibility essential for service delivery in a fast-paced and dynamic environment like Ambulance Victoria.
Employers are legally obliged to ensure their organisations are safe and fair	Ambulance Victoria and other ambulance services across Australia must comply with a range of legal obligations that require them to create and maintain safe, equal and inclusive places to work or volunteer. Compliance also helps to meet further legal obligations to ensure patients are safe and receive the best care.
Unlawful and harmful workplace conduct can only be addressed if victim-survivors and others are heard and supported and perpetrators are held to account	People who raise concerns about unlawful and harmful conduct in ambulance services help those services by enabling them to see and understand the conduct and what needs to be done about it. Recent public examples of whistleblowing show the significant legal, financial and reputational repercussions organisations can face if people do not believe the organisation will address harmful behaviour. Where organisations fail to hold perpetrators to account, their behaviour can escalate and also put other employees, first responders and patients at risk.
Organisations with diverse leaders make better decisions and are better able to service the public	Equal representation, diversity and inclusion among organisational leaders contribute to improved financial and operational performance, better decision-making and high levels of innovation. All of these elements also contribute to the more effective delivery of ambulance services for the community.
Organisations that value diversity can deliver more effective services	At a workforce level, diversity and inclusion support the delivery of responsive, sensitive and appropriate services. Diversity and inclusion also improve organisational performance, decision-making and culture, and reduce the risk of unlawful and harmful workplace behaviours, like discrimination, sexual harassment, bullying and victimisation.

Why workplace equality matters	Why workplace equality matters to ambulance services
It is wrong for employers to pay some people less than others for work that is the same or of comparable value	Like others, people who work for ambulance services deserve to receive equal pay for equal work or work of comparable value. Ambulance services that remunerate their employees fairly are likely to attract and retain diverse and talented staff members, comply with their legal obligations, improve morale and productivity among the workforce and reduce risks to reputation and brand.
Flexible work arrangements help nurture and retain quality staff	Flexible work arrangements enable ambulance services to retain diverse and talented staff, including women, people with disability, people with caring responsibilities and older workers. This retention helps to build the pool of talent available for leadership roles – something that is even more important with the current focus on meeting extraordinary levels of demand.
Supporting parents, carers and pregnant workers removes barriers to women's full and equal participation at work	Victoria's population is growing, which means that demand for Ambulance Victoria's services will continue to grow. To meet this demand, Ambulance Victoria must retain skilled staff, increase its workforce and have talented leaders in the pipeline. Ensuring women, parents and carers can contribute and flourish at work is not only the right thing to do, but it will also help Ambulance Victoria maximise its pool of available workers and address the underrepresentation of women in specialist clinical and operational management roles.
Making reasonable adjustments for workers with disability levels the playing field and makes workplaces accessible and welcoming for all	Being an employer of choice for people with disability – including by supporting employment pathways and providing an inclusive culture – enables ambulance services to support the rights of people with disability. In doing so, the organisation also benefits from greater talent, diversity of thinking, perspectives and experiences. A workforce that is inclusive of people with disability also supports ambulance services to better understand and service the needs of individual community members with disability.

3.2 What the law requires

Noting that the purpose of the Commission's independent review is to assess whether Ambulance Victoria's policies and programs comply with the Equal Opportunity Act, Section 3.2 sets out important contextual information regarding the nature and scope of the legal obligations set out in the Equal Opportunity Act and in related laws.

3.2.1 The Equal Opportunity Act

The Equal Opportunity Act aims to eliminate discrimination, sexual harassment and victimisation and to facilitate the progressive realisation of equality. It also aims to eliminate bullying, where that behaviour is based on a protected attribute.

Objectives of the Equal Opportunity Act[19]

- Eliminate discrimination, sexual harassment and victimisation, and their systemic causes
- Promote and protect the right to equality, as set out in section 8 of the *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- Promote and facilitate the progressive realisation of equality by acknowledging that:
  - discrimination can cause disadvantage
  - there is not equal access to opportunities
  - equal application of a rule to different groups can have unequal results
  - achieving substantive equality may require reasonable adjustments,[20] reasonable accommodation [21] and special measures [22]
- Enable the Commission to encourage best practice and to facilitate compliance with the Equal Opportunity Act through our functions and to resolve disputes concerning unlawful conduct.

The Equal Opportunity Act seeks to achieve these objectives by prohibiting discrimination,[23] sexual harassment[24] and victimisation;[25] and imposing a positive duty to take reasonable and proportionate measures to eliminate these behaviours.[26]

The Equal Opportunity Act covers employment[27] and certain other areas of public life, such as the provision of goods and services.[28] The Act applies to Ambulance Victoria both as an employer and as a provider of services to the Victorian community.

Application of the Equal Opportunity Act to volunteers

The Equal Opportunity Act defines the employment relationship to include a person who performs work for another on a voluntary or unpaid basis for the purposes of the prohibitions against sexual harassment. Therefore, volunteers are protected against sexual harassment while volunteering at Ambulance Victoria. Although volunteers are not protected against discrimination under the parts of the Act that apply to employment,[29] they are protected against sexual harassment[30] and discrimination when Ambulance Victoria provides goods or services to them.[31] Case law supports a broad view of 'services'[32] which, in the Commission's view, encompasses the professional experience, accreditation, training and other helpful benefits that Ambulance Victoria provides to its volunteers. Accordingly, it is the Commission's view that volunteers at Ambulance Victoria are protected from discrimination under the Act.

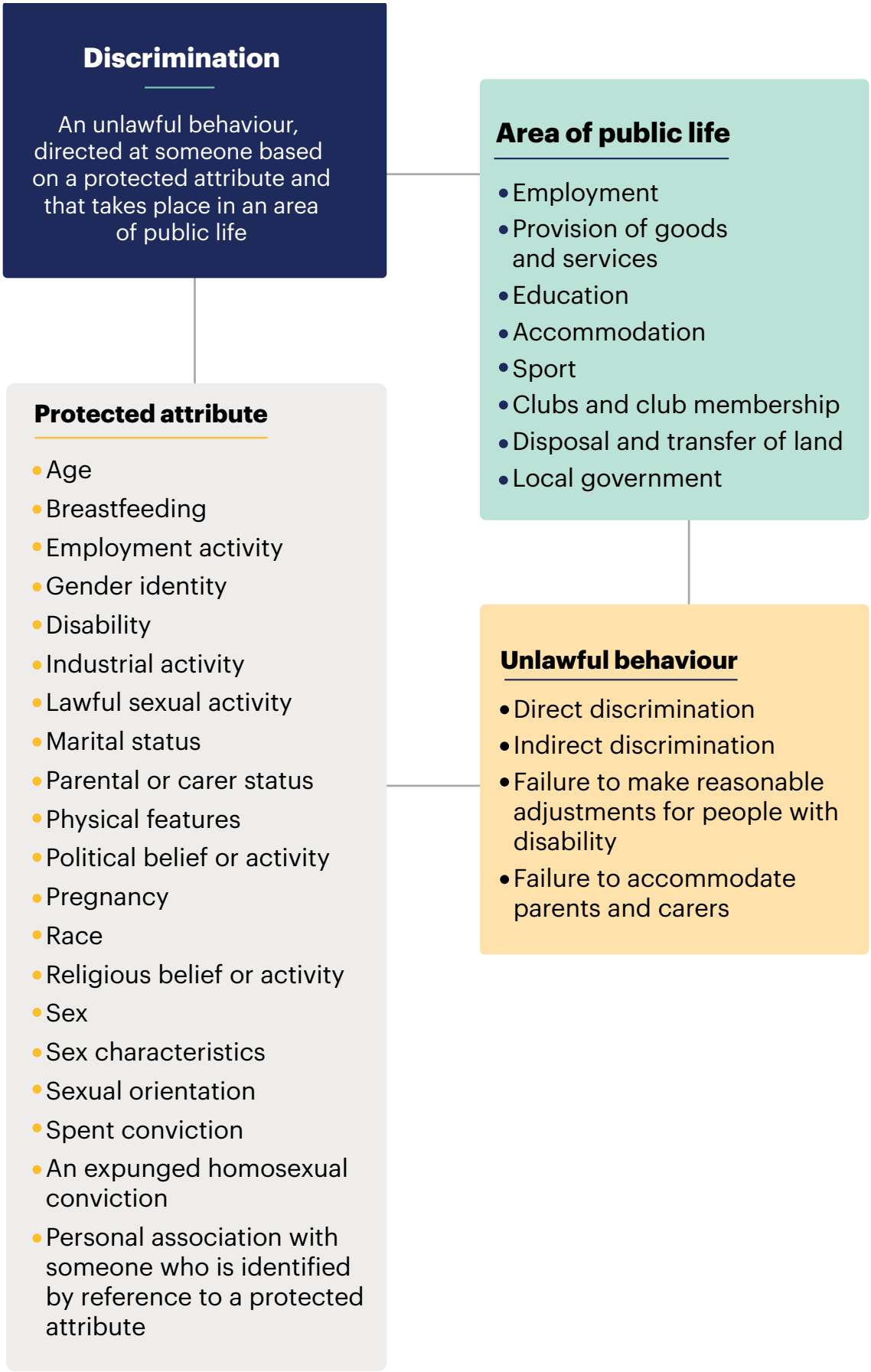
Duty not to discriminate, sexually harass, bully or victimise

Discrimination

The Equal Opportunity Act makes it unlawful to discriminate, which means to treat a person unfavourably (i.e. adversely) based on a protected attribute (or a characteristic that a person with that attribute generally has).[33]

As shown in Figure 3B the Act set out 20 protected attributes, including age, breastfeeding, employment activity, gender identity, disability, industrial activity, marital status, parental or carer status, pregnancy, race, sex, sex characteristics and sexual orientation.

Figure 3B – **Discrimination**



The Equal Opportunity Act prohibits both direct and indirect discrimination.[34]

- *Direct discrimination* occurs when a person treats another person unfavourably because of a protected attribute.[35] Examples include where an employer decides not to hire an applicant based on their sexual orientation or denies a woman a promotion because of her actual or perceived caring responsibilities.
- *Indirect discrimination* recognises that treating all people the same, regardless of their differences, may unfairly disadvantage some people. Indirect discrimination occurs when an unreasonable requirement, condition or practice is imposed that has, or is likely to have, the effect of disadvantaging a person because of a protected attribute.[36] Examples include workplace policies that fail to consider the needs of older workers, especially as they transition to retirement, or the construction of buildings that fail to provide safe and private spaces for employees to breastfeed or pray.

Both direct and indirect discrimination can be unintentional. For Ambulance Victoria, this means that it does not matter whether the perpetrator of the discrimination was aware they were being discriminatory, or whether they intended to breach the law.[37] Similarly, the motive of the perpetrator is irrelevant; an action done with a 'good' intention that discriminates against a person is still discriminatory.[38]

Sexual harassment

The Equal Opportunity Act makes sexual harassment by Ambulance Victoria and its agents unlawful.[39] The Act defines 'sexual harassment' as unwelcome conduct of a sexual nature, unwelcome sexual advances or unwelcome requests for sexual favours that could be expected to make a reasonable person feel offended, humiliated or intimidated.[40]

Figure 3C – **Sexual harassment**

Sexual harassment can be physical, verbal or written[41] and, among other things, can include:

- comments about a person's private life or the way they look
- sexually suggestive behaviour, such as leering or staring
- brushing up against someone, touching or hugging
- sexually suggestive comments or jokes
- displaying offensive screen savers, photos, calendars or objects
- repeated requests to go out on dates
- requests for sex
- sexually explicit emails, text messages or posts on social networking sites.

A single incident is enough to constitute sexual harassment;[42] the intent of the perpetrator is irrelevant.[43]

The Equal Opportunity Act covers a broad range of work-related situations. Sexual harassment in the workplace occurs when it happens at work, at work-related events, between people sharing the same workplace and between colleagues outside of work.[44] It is also unlawful in a 'common workplace'. This means any place a person attends for the purposes of carrying out any functions in relation to their employment, occupation, business, trade or profession: for example, a hospital or other health service worksite.

The duties of an employer in relation to sexual harassment extend to all full-time, part-time and casual workers, agents and contractors, trainees and apprentices, job applicants, volunteers and unpaid workers.[45]

Sexual harassment may also be discriminatory or a criminal offence

Sexual harassment may also meet the definition of discrimination under the Equal Opportunity Act when it is based on a protected attribute, such as sex. In addition, some forms of sexual harassment may constitute a criminal offence under the *Crimes Act 1958* (Vic). Examples include attempted or actual sexual assault or rape, stalking and unwanted touching of a sexual nature.

Bullying

Bullying can constitute discrimination under the Equal Opportunity Act if it is directed at a person because of a protected attribute.[46] For the purposes of the Act, bullying is when someone uses words or actions against someone else to cause them distress. Bullying can be verbal, physical or written abuse and the behaviour does not need to be repeated (i.e. one incident can be enough to constitute bullying).

Bullying that is unrelated to a protected attribute – for example when one person bullies another simply because they do not like them – is not discriminatory and is therefore not covered by the Equal Opportunity Act. However, bullying is a known source of workplace harm covered by the Occupational Health and Safety Act. In contrast to the Equal Opportunity Act, bullying under the Occupational Health and Safety Act must be *repeated*, unreasonable behaviour directed at an employee or group of employees that creates a risk to health and safety.[47] As explained in Section 1.1.2, this type of bullying is covered within the scope of the Commission's review into workplace equality in Ambulance Victoria.

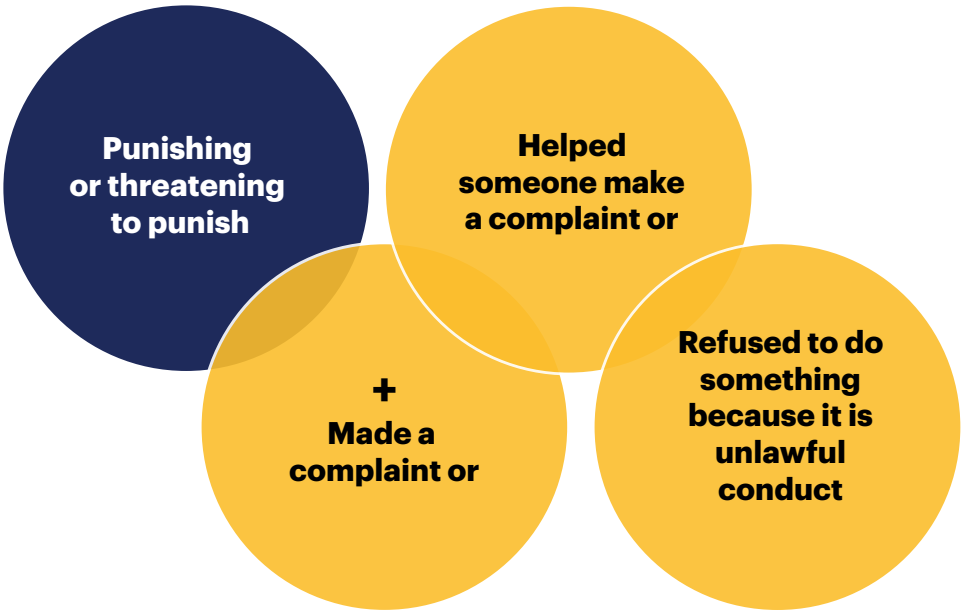
The Occupational Health and Safety Act also covers other psychosocial hazards that can overlap with unlawful conduct. Examples include occupational violence, gendered violence (which includes sexual harassment) and poor workplace relationships that lead to stress risk.[48]

Victimisation

Under the Equal Opportunity Act, Ambulance Victoria is responsible for eliminating victimisation in its workplace;[49] in addition, Ambulance Victoria and its agents must not engage in victimisation.[50]

Victimisation occurs when a person punishes or threatens to punish someone because they have made a complaint under the Equal Opportunity Act, or have helped someone else to make a complaint or have refused to do something because it would constitute unlawful conduct (see Figure 3D).[51] Examples include bullying and intimidating an employee who has made a complaint, demoting or threatening to demote someone because they helped a colleague to make a complaint and moving a worker who has made a complaint to another worksite without first checking if they want to move.

Figure 3D – **Victimisation**



Positive duty

Workplaces and the legal system usually place the burden of identifying and reporting unlawful or harmful workplace conduct on the person who experiences that conduct. Yet, individuals are often deterred from reporting conduct of this nature because of the risk to their personal and professional lives, and to their health, wellbeing and financial security.

That is why the Equal Opportunity Act includes a 'positive duty'.[52] This duty requires Ambulance Victoria to do much more than just respond to complaints of discrimination (including discrimination amounting to bullying), sexual harassment and victimisation as they arise. The positive duty is about being proactive, identifying problems and taking reasonable and proportionate measures to eliminate the causes of that conduct, as far as possible, that may be part of the systems or culture of the workplace.[53]

The steps required to comply with the positive duty vary between organisations. The variation is determined by factors such as:

- the size of the organisation
- the nature and circumstances of the organisation or operation
- the organisation's available resources and budget
- organisational and operational priorities
- the practicability and the cost of the measures.

Reasonable accommodation and adjustments

Everyone should feel productive, valued and included in their workplace. Yet, workplaces are often not designed to be inclusive for parents, carers or people with disability. For this reason, the Equal Opportunity Act requires Ambulance Victoria and other employers to take steps to creative inclusive workplaces for these groups via 'reasonable accommodation' and 'reasonable adjustments'.

Reasonable accommodation

Under the Equal Opportunity Act, Ambulance Victoria must not unreasonably refuse to accommodate an employee's or a prospective employee's responsibilities as a parent or carer.[54] Examples of reasonable accommodations include changing a person's hours of work and rescheduling meetings so that people with these responsibilities can participate.

The duty to make reasonable accommodations operates alongside the right to request flexible work under the federal Fair Work Act[54] and the obligation in the Equal Opportunity Act not to discriminate on the basis of parental or carer status.[56]

What is a reasonable accommodation?

In determining whether an employer has unreasonably refused to accommodate the responsibilities that a person has as a parent or carer, all relevant facts and circumstances must be considered. These include the:

- person's circumstances, including the nature of their parental or carer responsibilities
- nature of the role that is being offered
- nature of the arrangements required to accommodate the person's responsibilities
- financial circumstances of the employer
- size and nature of the workplace and the employer's business
- effect on the workplace and the employer's business of accommodating the person's responsibilities
- consequences for the employer of making such accommodation
- consequences for the person of not making such accommodation.[57]

Reasonable adjustments

The Equal Opportunity Act requires Ambulance Victoria and other employers to make reasonable adjustments – changes to the work environment or workplace conditions – to allow people with disability to work productively and safely. This obligation exists where adjustments are needed to allow an individual to perform the genuine and reasonable requirements of their employment. These adjustments must be made unless the individual could not perform the role even after those adjustments have been made.[58]

The term 'disability' includes: physical, psychological or neurological disease or disorder; illness (temporary or permanent); and injury (including work-related injuries).[59]

Examples of reasonable workplace adjustments include reviewing and, if necessary, adjusting the performance requirements of the job, permitting flexibility in work hours, modifying work instructions or reference manuals and approving more regular breaks for people with chronic pain or fatigue.

The duty to make reasonable adjustments complements the duty in the Equal Opportunity Act not to discriminate on the basis of disability.[60]

What is a reasonable adjustment?

In determining whether an adjustment is reasonable, all the relevant facts and circumstances must be considered. These include the:

- person's or employee's circumstances, including the nature of their disability
- nature of the employee's role or the role that is being offered
- nature of the adjustment required to accommodate the disability
- financial circumstances of the employer
- size and nature of the workplace and the employer's business
- effect on the workplace and the employer's business of making the adjustment including—
  - consequences of making the adjustment for the employer
  - consequences of not making the adjustment for the person or employee
- employer's action plan made under the *Disability Discrimination Act 1992* (Cth) or *Disability Act 2006* (Vic), if required.[61]

Special measures

The Equal Opportunity Act permits duty holders to adopt 'special measures', like targets or quotas, to promote substantive equality for disadvantaged groups with a particular attribute.[62] Special measures are put in place to counteract the impact of past discrimination. They recognise that to achieve substantive equality, certain disadvantaged groups may need special assistance to overcome disadvantage and that being treated the same as others will not achieve this.[63]

Special measures are lawful and, despite common misconceptions, they do not amount to 'reverse discrimination' provided they are: adopted in good faith to promote or achieve substantive equality; are a reasonably likely and proportionate way to achieve this purpose; and justified because the members of the group have a need for advancement or assistance.[64]

Legal liability

Ambulance Victoria can be held directly liable under the Equal Opportunity Act[65] for discriminating against,[66] sexually harassing[67] or victimising[68] a person. It can also be held vicariously liable under the Act when an employee or agent engages in these same behaviours during their employment or when acting on the organisation's behalf.[69] However, Ambulance Victoria will not be liable under the Act if it can prove that it took 'reasonable precautions' to prevent the behaviour, such as systematically investigating complaints and regularly training staff about their obligations under the Act.[70]

Employees and agents of the organisation are also liable for their own behaviour.

3.2.2 Other key laws

A range of other laws are relevant to the review, as shown in Figure 3E. The Commission makes no comment or finding on whether the practices or programs of Ambulance Victoria comply with laws other than the Equal Opportunity Act. However, taking steps to meet obligations under these other laws may support compliance with the Equal Opportunity Act, and vice versa.

Figure 3E – **Other key laws relevant to the review**

Charter of Human Rights and Responsibilities Act 2006

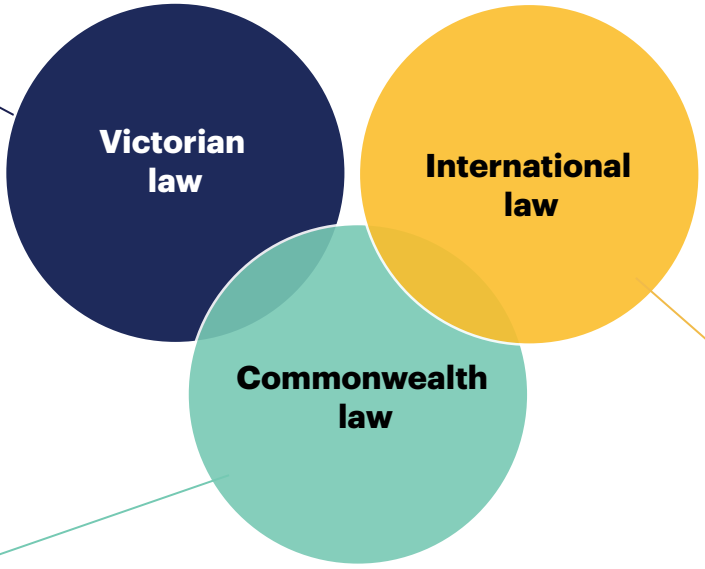
- The Charter requires Ambulance Victoria to act compatibility with human rights, including the right to equality, and properly consider human rights when making decisions. Section 8 provides that all Victorians have the right to be recognised as a person, to enjoy their rights without discrimination, to be treated equally under the law and protected from discrimination.

Gender Equality Act 2020

- The Gender Equality Act requires Ambulance Victoria to take positive steps to achieve gender equality in the workplace. It must consider and promote gender equality in its policies, programs and services, including through gender impact assessments. It also needs to undertake periodic gender equality audits, develop and implement Gender Equality Action Plans and report publicly on its progress against its plans.

Occupational Health and Safety Act 2004

- The Occupational Health and Safety Act requires Ambulance Victoria, so far as is reasonably practicable, to provide and maintain a working environment that is safe and without risks to health (including psychological health). Such risks include bullying, gendered violence and sexual harassment. Ambulance Victoria should be proactive and take all reasonably practicable measures to ensure health and safety at workplaces and in the conduct of undertakings.



Fair Work Act 2009

- The Fair Work Act makes it unlawful to bully another person in the workplace. It is also unlawful under the Act's general protections provisions for an employer to take adverse action or discriminate against an employee or prospective employee because of a protected attribute. Sexual harassment may constitute adverse action taken against a worker because of their sex.

Sex Discrimination Act 1984

- The Sex Discrimination Act prohibits discrimination based on a protected attribute, as well as sexual harassment. It operates concurrently with the Equal Opportunity Act, so an aggrieved person can decide to pursue action in either jurisdiction.

Several international human rights treaties prohibit discrimination, sexual harassment, victimisation and/or bullying, including at work, and require States Parties to adopt measures to achieve substantive equality at work and in other areas of life, including by adopting state and federal legislation to protect individuals against unlawful conduct and other forms of inequality. They include, among others, the:

- ***Convention on the Elimination of All Forms of Discrimination against Women***
- ***International Convention on the Elimination of All Forms of Racial Discrimination***
- ***Convention on the Rights of Persons with Disabilities***
- ***International Covenant on Economic, Social and Cultural Rights.***

3.3 A framework to address unlawful and harmful workplace conduct and inequality

What is needed to reduce unlawful and harmful workplace conduct, embed workplace equality and comply with the positive duty in the Equal Opportunity Act varies across different workplaces.

- As Section 3.2.1 sets out, the specific measures or actions that an organisation must take to comply with its positive duty change based on the organisational context and what is considered to be reasonable and proportionate in the circumstances, such as the organisation's size, the nature of its operations, available resources and budget, operational priorities and the practicability and the cost of the measures.
- The steps taken must also target the particular drivers of unlawful and harmful workplace conduct and inequality, specific barriers to reporting, and the needs and experiences of different groups of people in that organisation

Therefore, determining the specific measures or actions to take requires both a deep understanding of an organisation and the identification and analysis of the nature, extent, impact and drivers of workplace harm and inequality in that organisation. This is what the Commission's review into Ambulance Victoria does – and it delivers it by way of independent and expert analysis.

Armed with this knowledge – and the Commission's expertise in Victoria's key equality and human rights law and our deep understanding of how to improve workplace equality – we have developed an outcomes framework to guide Ambulance Victoria on the measures to adopt going forward. This framework informed our analysis of what we were told during the review, as well as the development of this final report, although the Commission acknowledges that the framework is a tool that may have broader applicability beyond Ambulance Victoria. In addition, the framework has been designed to set out a clear map for Ambulance Victoria and a baseline to understand the current state of workplace equality and enable the monitoring of its progress going forward.

As summarised in Figure 3F and detailed in Appendix E, the Commission's outcomes framework sets out:

- ten key domains for preventing workplace harm and embedding workplace equality at Ambulance Victoria
- outcomes for each domain that describe what success looks like
- indicators that identify what needs to change in light of what we learned are the drivers of unlawful and harmful workplace conduct and inequality at Ambulance Victoria and the barriers to reporting.

Figure 3F – **Framework to address unlawful and harmful workplace conduct and (in)equality**

The Commission has aligned the framework with the Victorian Government's *Outcomes Reform in Victoria* policy statement,[71] as well as Ambulance Victoria's own mission, strategic priorities and key organisational strategies. The framework also links to:

- existing standards, such as the Commission's own minimum standards for preventing and responding to workplace sexual harassment (see Chapter 4)
- broader frameworks and other key documents, such as the workplace gender equality indicators in the Gender Equality Act and the (then) Department of Health and Human Service's framework[72] and guiding principles[73] for promoting a positive workplace culture by preventing bullying, harassment and discrimination
- the best available international research on what works in reducing workplace harm and embedding equality in workplaces.

In developing the framework, we consulted with Ambulance Victoria, our Expert Panel, the relevant unions and professional associations, the Victorian Government Department of Health, the Public Sector Gender Equality Commissioner and other key workplace equality experts. Testing the framework in this way allowed us to assess whether each domain, outcome and indicator would enable Ambulance Victoria to work towards reducing unlawful and harmful workplace conduct, embed workplace equality and respond to existing and emerging challenges.

The Commission intends to work with Ambulance Victoria over the coming months to identify appropriate metrics to support the measurement of progress towards the desired outcomes in the framework. A critical part of this process will be identifying the relevant data that Ambulance Victoria collects, and the gaps in its available data sources. Until all the supporting data are available, it will not be possible for the organisation to establish a complete baseline of the state of workplace equality at Ambulance Victoria. More information about data and continuous improvement is available in Volume II.

We also intend for the framework to be read alongside the recommendations in this final report. While the framework provides an overall roadmap going forward and a means for the organisation to measure and understand its progress as it implements the program of reforms, the recommendations identify specific actions or measures to take to progress towards the desired outcomes.

3.4 Ambulance Victoria's current approach

Having set out why workplace equality matters, what the law requires and a leading practice framework for preventing unlawful and harmful workplace conduct and embedding workplace equality, it is appropriate to now turn to Ambulance Victoria's current approach to workplace equality. This section details the:

- approach adopted by the organisation at the time that the review was conducted (while acknowledging that its approach has changed over time and that different approaches informed the experiences of those participants who came forward during the review)
- extent to which Ambulance Victoria's workforce believes that the Board, the executive[74] and managers promote and prioritise workplace equality, finding mixed views across the organisation
- extent to which the workforce feels safe and respected while working or volunteering for Ambulance Victoria, finding that perceptions of safety and respect with Ambulance Victoria are low overall
- level of support for reforms to embed workplace equality within Ambulance Victoria, finding that there is broad recognition that changes are needed.

3.4.1 Approach to unlawful and harmful workplace conduct and workplace (in)equality

At the time of writing, Ambulance Victoria's approach to unlawful and harmful workplace conduct and workplace (in)equality is guided at the highest level by its organisational values – being respectful, working together, being accountable, openly communicating and driving innovation – that detail the acceptable and unacceptable standards of behaviour for how members of the organisation interact with each other (see Section 4.2.3).

Ambulance Victoria's current approach is further guided by its strategic priority to provide '[a] great place to work and volunteer' and the related goals of:

- keeping its people safe and physically and psychologically well
- providing an inclusive and flexible workplace
- developing a culture of continual learning and development
- embedding an ethical, just and respectful culture.[75]

This strategic priority was given effect in the *Ambulance Victoria Diversity and Inclusion Strategy 2018—2020*. While now outdated, the strategy acknowledges that to give effect to the organisation's vision of being a great place to work and volunteer, it needs 'a mindset which values and fosters inclusiveness and removes barriers to make sure everyone can safely and fully participate in the workplace and have equal access to opportunities'.[76]

The strategy describes the organisation's related challenges and barriers as being:

- an ad hoc and reactive approach to diversity and inclusion
- limited understanding of how to engage with people from different cultural backgrounds
- under-representation of women in leadership
- limited application of flexible work practices
- talent management policies that do not promote diversity across roles.[77]

In response, the strategy set four clear goals for the organisation, each with its own initiatives and indicators of success:

- be a leader in diversity and inclusion
- have a safe and inclusive culture
- have a diverse workforce
- be a flexible and supportive workplace.[78]

The strategy also identified several priority population groups (women, people from culturally and linguistically diverse backgrounds, people who identify as LGBTIQ+, Aboriginal and/or Torres Strait Islander peoples, people with disability and intergenerational teams) for its work across three horizons (see Figure 3G).

Figure 3G – **Three horizons of the Ambulance Victoria Diversity and Inclusion Strategy**

Horizon	Outcomes
Foundations 2018-19	• Raise awareness of Ambulance Victoria's commitment to diversity and inclusion • Raise the understanding and capability of our people to work inclusively and support diversity • Refine Ambulance Victoria's policies, processes and systems to build a diverse and inclusive workplace
Integration 2019-20	• Deepen the understanding and capability of our people to work inclusively and support diversity • Continue the alignment of Ambulance Victoria's policies, systems and process to diversity and inclusion outcomes
Embedding 2020	• Embed diversity and inclusion into day-to-day workplace practices, systems and processes.

Among other initiatives, the strategy established the organisation's Diversity and Inclusion Council, chaired by the CEO and with representative champions from each diversity group.

The Commission understands that Ambulance Victoria intends to develop a new strategy following its review of this report and the completion of its Gender Equality Action Plan, as required by the Gender Equality Act (see below).

Beyond the existing strategy, Ambulance Victoria's approach to unlawful and harmful workplace conduct and workplace (in)equality is comprised of a mixture of different frameworks, strategies, policies, procedures, programs and the like, as well as various forums, training, pathways and other options for support. As Figure 3H maps at a high level and as subsequent chapters explore, these can be grouped broadly as:

- policies, procedures and processes and other initiatives related to appropriate workplace conduct, including the organisation's values and those dealing with complaints, grievances and investigations
- pathways and supports for people who have experienced workplace harm and to support members of the workforce more broadly
- policies, procedures, processes and other initiatives related to individual performance
- initiatives to strengthen capability, such as policies and procedures related to professional development and training and other resources on workplace harm and (in)equality
- policies, programs and forums designed to increase representation and elevate the voices of different groups across the organisation, as well as foster an inclusive culture where people feel included and that they belong
- policies and procedures that target different issues related to workplace equality or specific points in the employment lifecycle (e.g. parental leave)
- frameworks that govern the organisation's approach to risk management.

Figure 3H – **How Ambulance Victoria has sought to address unlawful and harmful workplace conduct and (in)equality**

Frameworks and agreements	Key strategies, plans and frameworks		Key policies and procedure	
Various enterprise agreements	Code of conduct: Our way of working	Mental Health and Wellbeing Action Plan 2019-2022	Misconduct Policy	Cultural and Ceremonial Leave Policy and Procedure
Statement of Priorities	Strategic Plan 2017-2022	Health and Safety Action Plan 2019-2022	Grievance Procedure	Return to Work Procedure
Ambulance Victoria values	Strategic Plan 2017-2022	Cultural Safety and Equity Action Plan	Professional Conduct Policy and Procedure	Recruitment and Selection Policy and Procedure
Victorian Public Service values	Ambulance Victoria Diversity and Inclusion Strategy 2018-2020 (now outdated)	Gender Equality Action Plan (in development)	Complaint Policy and Procedure	Classification and Remuneration (Management and Administrative Employees) Procedure
Ambulance Victoria Enterprise Risk Management Framework 2020-21	Professional and Ethical Standards Code Leadership Behaviours Framework	Accessibility Action Plan 2020-2022	Investigations Procedure	Operations Review Recruitment Process
Integrity framework	Reconciliation Action Plan	Statement of Commitment to Reconciliation	Temporary Leave Arrangement Procedure	My Performance Plan – Future Opportunities
			Suspension from the Workplace Procedure	Individual Development Policy and Procedure
			Flexible Working Arrangement Procedure	Recognition and Development Process
			Parental Leave Procedure	Transfer and Allocation Policy and Process
			Personal and Family Circumstances Panel	Exit survey review
			Consultation Procedure (in development)	Transition to Retirement Policy
			Health and Safety Policy	Lactation Breaks Policy
			Performance and Development Policy and Performance Improvement Procedure	Wellbeing and Support Services Policy

Frameworks and agreements	Consultation and engagement	Capability, education and training	Pathways	Support
Multicultural Employment Program	Consultative Committee	Equal employment opportunity induction course	Professional Conduct Unit	Safe Space
People Based Rostering (forthcoming)	Diversity and Inclusion Council	Equal employment opportunity refresher course	Workplace Relations Unit	Wellbeing and Support Services
	Workforce Advisory Committee	Bullying and harassment course for managers and employees	Health and Safety Unit	
	Safeguarding Working Group	Courageous conversations course	Specialist Support Unit	
	Psychological Health and Wellbeing Consultative Committee	Aboriginal and Torres Strait Islander cultural awareness course	Organisational Development	
	Psychosocial surveys			
	People Matter Surveys			
	Gender Equality Working Group			
	Reconciliation Working Group			
	Integrity Community of Practice			

Much of Ambulance Victoria's early and continued focus on addressing unlawful and harmful workplace behaviour and inequality has centred on women's experiences. For example, the organisation recently:

- developed a proposed strategy to support women's access to leadership opportunities, which aims to increase the representation of women in leadership to 50% by 2025 (see Figure 10G, Volume II)
- began work to comply with the new Gender Equality Act.

Ambulance Victoria working towards compliance with the Gender Equality Act

From March 2021, Ambulance Victoria has been required to comply with the Gender Equality Act. Under the Act, the organisation must promote gender equality in the workplace and consider gender equality when developing policies and programs and delivering services to the public.

Ambulance Victoria has set up an internal working group to inform the development of processes and resources necessary to undertake gender impact assessments and workplace gender audits and prepare gender equality action plans, as required by the Act.

- *Gender impact assessments:* The working group identified an initial list of programs that required gender impact assessments to be undertaken, which was then refined and settled by the organisation. Ambulance Victoria has since completed several assessments, with some pending executive sign-off.
- *Workplace gender audit:* At the time of the review, Ambulance Victoria had completed its first workplace gender audit under the Gender Equality Act to assess the state and nature of gender equality in its workplace. It had shared the preliminary audit results with the Executive Committee and was preparing to share the results with the workforce as part of the consultation phase of the project.
- *Gender equality action plan:* Ambulance Victoria plans to draw on the results of its workplace gender audit, as well as research undertaken by its working group and internal stakeholder engagement, when developing its Gender Equality Action Plan. At the time of writing, Ambulance Victoria planned to consult with its governing body, employees and employee representatives, as required under the Gender Equality Act. The Executive Committee and then the Board will review the action plan.

In 2019-20, prior to the Act's commencement, Ambulance Victoria participated in the Gender Equality Act Implementation Pilot. During this time Ambulance Victoria completed a pilot gender impact assessment of its bulk recruitment process for Senior Team Managers. The organisation's participation in the pilot provided valuable learnings to the Commission for Gender Equality in the Public Sector, which informed the relevant guidance materials published for all defined entities.

Following its participation in the pilot, Ambulance Victoria joined the Commission's Practice Leaders Group, an informal group of organisations with obligations under the Gender Equality Act brought together to provide input and advice on the Act's implementation. Through this group, Ambulance Victoria continues to provide input into the development of guidance materials, to ensure they are fit-for-purpose.

Ambulance Victoria's focus has broadened in more recent years. The organisation has tried to address the low workforce representation of people from minority backgrounds. This has included introducing programs, plans and other initiatives to improve employment pathways and opportunities for a more diverse range of people.

Aboriginal cadetship and employment plan

In 2017, Ambulance Victoria introduced a Paramedic cadetship program to help increase the number of First Nations people among its Paramedic ranks. The program provided Aboriginal and/or Torres Strait Islander students of Paramedicine with an opportunity to participate in a paid work placement at Ambulance Victoria and gain first-hand experience of working in Paramedicine, complementing their university studies. Of the seven people who participated in the program, three completed the cadetship and all three were later offered placements as part of Ambulance Victoria's Graduate Ambulance Paramedic program.

In addition, Ambulance Victoria adopted an *Aboriginal Employment Plan 2017-2019*, which sought to increase employment opportunities for, and retain, Aboriginal and/or Torres Strait Islander people and to build the organisation's cultural capability through training, awareness activities and partnering. This plan has since been superseded by Ambulance Victoria's draft Reconciliation Action Plan, which is presently with Reconciliation Australia for approval. Among other things, this plan continues the organisation's focus on increasing the number of First Nations people it engages as employees and first responders.

Multicultural Employment Program

In July 2019, Ambulance Victoria and Lifesaving Victoria jointly launched a program to provide opportunities for refugees who are already qualified as lifeguards to train as Ambulance Community Officers.[79] In addition to providing employment pathways into Ambulance Victoria for refugees, the program aims to bring greater diversity to the organisation's workforce and helps to foster a stronger understanding among the workforce of people from culturally and linguistically diverse backgrounds.

Since 2019, Ambulance Victoria has enrolled 14 candidates in the program. Of these candidates, six were employed by Ambulance Victoria following completion of the program, spread across five different branches throughout four different regions.

In July 2021, Ambulance Victoria completed an internal stakeholder survey in an effort to evaluate the effectiveness of the program and identify opportunities to enhance its design and the supports available to program participants. The final results of the survey were still to be collated at the time of writing.

Ambulance Victoria has also introduced initiatives designed to create an inclusive culture for people of diverse backgrounds, such as its compelling 'Pride along', Ramadan and 'On reconciliation, racism and pride' videos, created and shared with the workforce and with the broader public via the organisation's social media channels (see following page). A further example is the organisation's participation in the Midsumma Pride March.

Communications supporting an inclusive culture

'On reconciliation, racism and pride'[80]

In 2021, Ambulance Victoria produced a short film, in two parts, to inform conversations about reconciliation as part of National Reconciliation Week. Using the format of ABC TV's *You Can't Ask That* program, Ambulance Victoria's workforce was shown candid interviews from Aboriginal and Torres Strait Islander colleagues who reflected on what reconciliation means to them. The film aimed to strengthen cultural safety within Ambulance Victoria and equal, appropriate care for its patients.

'You can ask me that: Ramadan'

Ambulance Victoria has acknowledged and celebrated Ramadan for some time, beginning as an initiative of Ambulance Victoria Board Chair, Mr Ken Lay AO APM, in partnership with the Australian Intercultural Society. Acknowledging and celebrating Ramadan is part of the organisation's commitment to proactively connect and engage with diverse communities.

Ambulance Victoria usually hosts an annual Iftar dinner with the Australian Intercultural Society. The yearly dinners provide an opportunity for Ambulance Victoria's workforce to engage with the broader community and develop its understanding of the cultural diversity that exists across Victoria. It also allows the organisation to reconnect with and support and empower its Muslim workforce, to share their spiritual journey.

During the COVID-19 pandemic, Ambulance Victoria undertook a digital engagement campaign, comprising a video, entitled 'You can ask me that: Ramadan'. This video similarly used the format of ABC TV's *You Can't Ask That* program and featured candid interviews with Muslim staff and a Muslim Board member.

In a further example, the Commission acknowledges the development of Ambulance Victoria's *Accessibility Action Plan 2020-2022*, which aims to improve access to services and inclusion for everyone. The development of this plan involved an extensive co-design process with members of the community with lived experiences of disability and others, including advocates, carers, support services and the organisation's Community Advisory Committee. The plan also signalled an important change in how the organisation engages with both staff and the community on issues of accessibility.

Ambulance Victoria's broadened focus has also seen it prioritise efforts to create a modern and inclusive operating environment that reflects today's workplaces. The organisation has made efforts to accommodate people's increasing need and desire to be able to work and volunteer while also balancing their personal goals

and responsibilities. These efforts include the 'Think Flex First' and 'People Based Rostering' initiatives (see Section 11.1.2, Volume II).

Ambulance Victoria has also invested heavily in strengthening mental health supports for members of its workforce, including initiatives like the *Mental Health and Wellbeing Action Plan 2019—2022*. Among other things, this plan aims to build the workforce's resilience, and to prevent and intervene early to treat concerns related to people's mental health (see Section 4.2.2).

As chapters 7 to 9 explore in detail, Ambulance Victoria has also recognised the need to improve its report and complaints system, implementing significant changes since 2017. At the heart of these changes is the newly established professional conduct framework and the centralisation of complaint handling in the Professional Conduct Unit.

However, across all areas, Ambulance Victoria's approach is still maturing and, as this final report explores in detail, there remain significant gaps in how it seeks to prevent and respond to unlawful and harmful workplace conduct and embed equality. By way of illustration:

- there are low perceptions of safety and respect among the participants who came forward during the review (see Section 3.4.2) and high rates of unlawful and harmful workplace conduct (see Chapter 4); this tells us that the organisation's approach to prevention – which does not currently effectively target the specific drivers of this conduct in the organisation – is not working
- there are low rates of reporting of all forms of unlawful conduct, which shows that the workforce does not feel safe and supported to make complaints; those who have engaged with the organisation's report and complaints system overwhelmingly reported profound dissatisfaction; this is clear evidence that there is a need to strengthen and refocus the system (despite earlier reforms) (see chapters 7 to 9).

Notwithstanding these challenges, the road map set out in the Commission's outcomes framework, together with the recommendations in this final report, provide a clear path forward for the organisation. Both identify significant opportunities to align Ambulance Victoria's approach with leading practice and the requirements of the Equal Opportunity Act.

Findings

- Ambulance Victoria has taken steps to address unlawful conduct and inequality, but its approach is still maturing and would benefit from greater prioritisation and oversight

3.4.2 Attitudes towards equality, safety and respect

Findings

- Fewer than two in seven survey respondents said they feel 'very safe' or 'completely safe' from unlawful conduct. Feelings of safety are being undermined by unlawful and harmful workplace conduct. Perceptions of safety are comparatively low among women and minority groups and among those in male-dominated teams.
- Over one-third of survey respondents reported feeling 'not at all' or 'only slightly' respected at work. Disrespectful behaviour appears to be normalised; this is further evidenced by extensive reports of disrespectful behaviour and of actual and perceived inaction by leaders and managers in interviews and submissions.
- Of the 2163 people who responded to the relevant survey question, 84.2% (n=1657) either agreed or strongly agreed that reforms are needed to improve equality at Ambulance Victoria. Support for reform was also strong in interviews and in submissions.

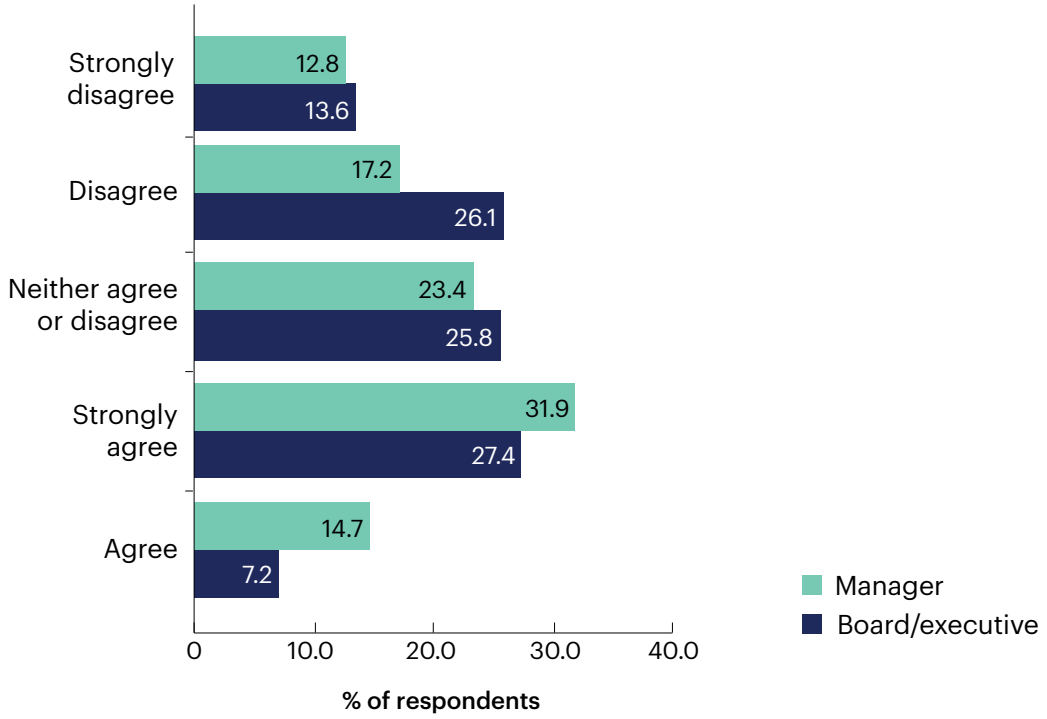
Perceptions of commitment to workplace equality

It takes leadership, governance, resources and sustained commitment to embed equality in workplaces. Research tells us that without these elements, discrimination, sexual harassment, bullying and victimisation, as well as incivility and disrespect – and the significant harm they cause – are unlikely to be prevented.[81]

The Commission's survey asked whether the Ambulance Victoria Board/executive[82] and managers proactively promote and prioritise workplace equality. We heard mixed responses to these questions, as shown in Figure 3I.

- Just over one third (34.6% or n=638) of the 1846 respondents 'strongly agreed' or 'agreed' that the Board/executive proactively promote and prioritise workplace equality. However, a larger proportion (39.7% of n=732) 'strongly disagreed' or 'disagreed'.
- Comparatively more people indicated a belief that their manager promotes and prioritises workplace equality, with just under one-half (46.6% or n=921) of the 1977 respondents 'strongly agreeing' or 'agreeing', decreasing to 30.0% (n=593) of people who strongly 'disagreed' or 'disagreed'.

Figure 3I – **Promotion and prioritisation of workplace equality by the Board/executive and managers**



The mixed views that emerged from the survey were echoed in interviews and in submissions, where participants did not draw any clear distinctions between the Ambulance Victoria Board or executive when discussing whether each proactively promote and prioritise workplace equality.

Some participants told us they believed the Board, the executive and managers do promote and prioritise workplace equality. Some participants had a sense that this commitment is increasing now that the organisation has stabilised following an earlier period of significant change in its leadership, organisational administration and service delivery model. To support this view, participants pointed to several initiatives described in Section 3.4.1, including the *Ambulance Victoria Diversity and Inclusion Strategy 2018—2020*.

> **We've had some successful cadet programs ... and a partnership with Lifesaving Victoria in getting representatives from refugee communities embedded in Community Emergency Response Teams .... And that's seen people from different faiths and backgrounds participating ... they talk about "you can't be what you can't see", and I think there is a level of cultural safety people feel if they can see themselves represented in the people who come to see them that is really powerful.** *Participant, Interview*

> **We're trying to encourage more women to undertake management positions ... spending a lot more time mentoring them about their CVs and applying for positions and coaching them in those sorts of areas as well, because if we're going to see change it's not going to happen overnight but we need to assist and empower people so that they will be successful in applying for positions and things like that.** *Participant, Interview*

We also heard that there is a sense of hope within the organisation that is emanating from the seriousness with which both the Board and the Executive Committee are taking this independent review. Some participants were optimistic in response to the willingness of the Board, the Executive Committee and other senior leaders to take the appropriate steps to prioritise and promote workplace equality, and to make changes going forward.

> **I'm really optimistic with what you guys are putting together, I think that all of these recommendations that you guys make, I reckon they'll – I would be very surprised if they didn't implement all of them ... [senior leaders] are very proactive.** *Participant, Interview*

Yet, equally, we heard from a great number of participants who believe that legitimate organisational commitment to workplace equality is low.

> **We call for help again and again and again and yet nothing changes.** *Participant, Written submission*

Some people we heard from were so sceptical that the the Board, the Executive Committee and other senior leaders will act on the recommendations arising from the review that they withdrew as participants from the review, concerned that they would be wasting their own time by sharing their experiences and views. Senior leaders, we were told by some participants, are seen to 'talk the talk' but not to follow through with genuine action. Examples regularly cited for this view were several workplace surveys, reviews and inquiries where it is believed that recommendations have not been implemented or, at the very least, actions taken in response have not been communicated or communicated well to the workforce.

A view was shared with us repeatedly that the lack of genuine action is due to the prioritisation of operational KPIs over employee safety and wellbeing. The lack of action was also perceived to be due to the external political pressure applied to and scrutiny of the organisation's response times. This view also came through in the 2020 People Matter Survey, in which less than half of the respondents (44% or n=527) agreed that senior leaders within Ambulance Victoria consider employee's psychological health to be as important as productivity. It was also a view echoed strongly during interviews.

> **Key performance indicators suddenly became a driver that was important at a ... political level, and it just filtered down to this organisation and kind of wiped everything in its path.** *Participant, Interview*

> **They're not serious about the wellbeing. They just want response times met.** *Participant, Interview*

Participants also reflected that rather than being seen as a whole-of-organisation or joint executive commitment or responsibility, workplace equality can be siloed within the organisation and is often viewed as the sole responsibility of the People and Culture division.

> **People Matters may be seen by some as a People and Culture responsibility, when actually we all own the outcomes of People Matters. Just as we all own patient outcomes and performance because you can't achieve positive outcomes in one without the other. And yet, I think that when [the Executive Committee] restructured there was a strong view of ensuring a single point of accountability. ... Of course, we should be accountable for the things that we're responsible for, but that idea of a single point of accountability can feel like a silo when we need to work together to achieve the best outcomes. And as an executive member, I should be responsible and accountable to the broader health of the organisation as well...** *Participant, Interview*

> **[I]t does feel like at the board meetings, that some Executive members predominately talk about their own patch and their performance within their own patch and do not have an eye to ... their interdependencies in creating those bridges and connections.** *Participant, Interview*

> **I think ... as an executive we don't operate the enterprise collectively. So, when we as an [executive] should collectively own the outcomes of the organisation, and then we have our divisional responsibilities as secondary, we come with our divisions as a group of individuals. ... [T]he silos, right? ... I think the opportunity for us is how we can, as an executive operate collectively. And I do think that this goes to how the Board interacts with us as well. I mean when we are having the performance issues ..., the Board calls in the 'blue shirts', and has a one-on-one conversation .... The rest of us don't know what's been said. And so, it creates right from the top, it creates this sense that you're responsible for performance and ... it flows all the way through.** *Participant, Interview*

> **So, I think we tend to compartmentalise actions and change. Because this is a change to the way we're going to be. Workplace equality is every day. Workplace diversity is every decision, every day.** *Participant, Interview*

The Commission's conversations with numerous operational employees and first responders left us to believe that the often-limited face-to-face time between managers and their team members is one reason affecting whether operational managers are able to promote and prioritise workplace equality effectively or at least the perception of whether they are. Some participants reflected that they could complete entire shifts without having contact with their managers. They attributed this to the isolated nature of Paramedic work and to the impacts of the current rostering system. Others reflected on the impact of recent changes in supervision ratios, the lack of time physically present in branches (exacerbated by ramping issues at hospitals) and routine changes in people's managers, in large part due to operational staff being entitled to ten weeks of annual leave.

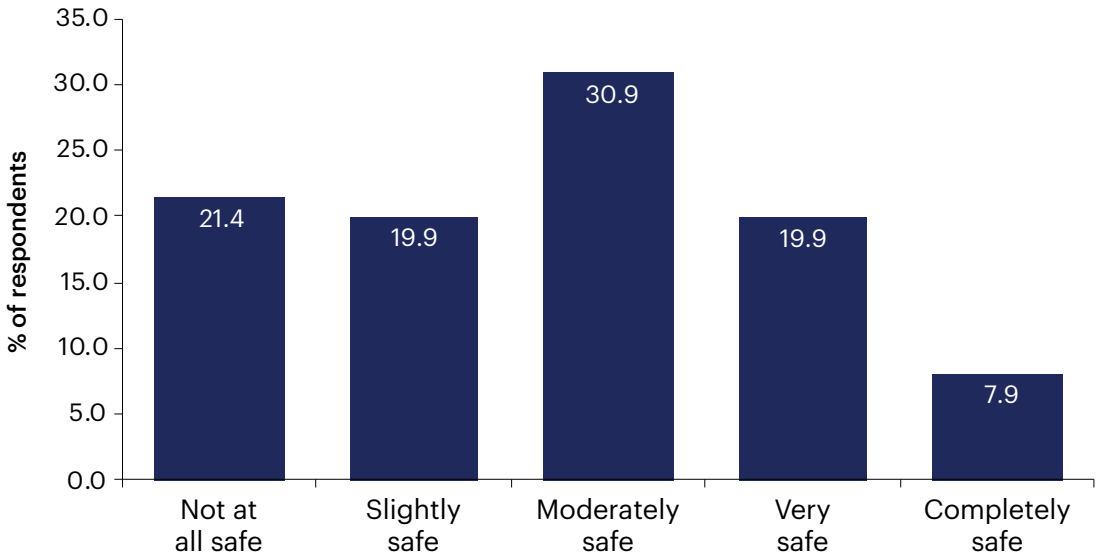
> **A lot of it has to do with visibility. So, the managers are far removed physically from where we are and because we are a reactive workforce in terms of the pager goes off, you've got to go, so you could be interrupted if say a manager drops into a branch. Managers used to get around to all the branches quite a lot and check up on welfare and engage with their staff. They just haven't got the time to do that anymore.** *Participant, Interview*

Feelings of safety

To prevent and respond effectively to unlawful and harmful workplace conduct and embed workplace equality, an organisation's leaders[83] and its values[84] need to foster a safe and respectful culture. Therefore, it is concerning that among those people who shared their experiences with the Commission, perceptions of safety and respect with Ambulance Victoria were low overall.

The Commission's survey asked how safe people feel from discrimination, sexual harassment, bullying and victimisation in their Ambulance Victoria workplace. Among the 2043 people who answered the question, fewer than two in seven people told us that they feel 'completely' or 'very safe' from these types of unlawful conduct (7.9% or n=162 and 19.9% or n=406, respectively) (see Figure 3J). By contrast, 21.4% (n=437) said they 'do not feel safe at all', 19.9% (n=406) reported feeling 'only slightly safe' and a further 30.9% (n=632) indicated that they feel 'moderately safe' from these types of unlawful conduct at work.

Figure 3J – **Feelings of safety from unlawful conduct**



Those participants who during interviews and in submissions conveyed a strong sense of safety tended to fit the archetype of a Paramedic: white, male, of able-body and mind, confident and stoic. In addition, many of the participants who reported feeling safe highlighted the organisation's recent focus on manual handling and mental health and wellbeing, which has been driven by the current CEO, although the recent pressures on the workforce arising from the COVID-19 pandemic tempered these views somewhat.

> **I feel like they've been really focused on our safety say for the last five years from a manual handling perspective and a psychological safety and welfare [perspective].** *Participant, Interview*

It was in interviews and in submissions, however, that concerns about a lack of safety were put most strongly to the Commission.

> **Everyone has the right to feel safe at work and right now not many people do, corporate or paramedics. It's for different reasons, but AV is failing its employees time and time again.** *Participant, Written submission*

> **This organisation's culture is unsafe for people who are not white males.** *Participant, Interview*

> **I don't feel like it's a safe place, especially for someone who was an immigrant that now works for us. Someone who's transitioning ... I think it is unsafe.** *Participant, Interview*

Some participants, particularly male participants, reflected on their own sense of safety, while also acknowledging that this same sense wasn't always shared by their colleagues.

> **I'm a white male in my mid 30s ... so I've had a pretty cruisy run to be honest. ... And I think the frustrating thing for me is that I've got a lot of female friends I've had to observe them having not the same experiences ....** *Participant, Interview*

Feelings of safety at work are being undermined by unlawful and harmful conduct

Feelings of safety were strikingly low among survey participants who reported personal experiences of discrimination, sexual harassment, bullying and victimisation. Feelings of safety were also low (although not as low) among those who had witnessed these types of workplace harm. These findings, reflected starkly during interviews and in submissions, are significant given the extent of unlawful and harmful workplace conduct reported to the Commission during the review.

These findings align with broader research into the chilling effects of these types of harm occurring within a workplace, especially when they are allowed to continue without consequence and over a period of time. Going forward, these findings underscore the importance of addressing unlawful conduct to improve how safe employees and first responders feel within their Ambulance Victoria workplace.

Feelings of safety are lower among women than men

Women were less likely than men to say that they felt 'completely safe' from unlawful conduct; the option was selected by only 5.8% (n=56) of the 959 women who responded to the question about safety, compared to 10.2% (n=90) of the 879 men who responded.

Feelings of safety were particularly low for women who reported experiencing sexual harassment. Of the 277 women and 44 men who reported that they had experienced sexual harassment, only 0.7% (n=2) of these women felt completely safe compared to 4.7% (n=2) of the men. Participants identified the extent of sexual harassment within Ambulance Victoria as a factor that had contributed to them feeling unsafe.

> **Speaking to some of the other women at branch, they've all – it seems like they've all experienced something, whether it's someone saying something about how tight their [pants are] – like how good their ass looks in those pants or something.** *Participant, Interview*

Sexual harassment has been identified as a significant factor in workplace safety and needs to be prioritised by Ambulance Victoria to improve levels of safety for women in the organisation.

Feelings of safety are comparatively low in male-dominated teams

Among those who told us that they feel completely safe, the gender composition of their team appears to have influenced their sense of safety.

Consistent with broader research,[85] participants from male-dominated teams (27.4% or n=98) were more likely to report via the survey that they 'do not feel safe at all', compared to those from teams with roughly equal representation (20.0% or n=211) or mainly women (19.1% or n=71). By contrast, participants from teams comprised of mainly women (i.e. two-thirds or more) (10.2% or n=38) or roughly equal numbers of women and men (7.9% or n=83) were more likely to say that they felt 'completely safe' in their Ambulance Victoria workplace, than those from teams made up of mainly men (6.1% or n=22).

The connection between the gender composition of a participant's team and their sense of safety at work was also reflected in what the Commission heard during interviews and in submissions, particularly in relation to male-dominated operational teams.

> **The male dominance is ever-present. It has been there from day one of Ambulance Victoria's first female paramedics commencing employment in 1987. Gendered comments, poor treatment stemming from a resistance to allow females to work with Ambulance Victoria at all, and an agenda to make the lives of those women impossible.** *Participant, Written submission*

> **It became very clear to me early on that if I was to survive at MICA [deleted branch number], then I had to put up with this 'boys' club' .... That is what the culture was like and it is an unspoken rule. "Jump on board or the train will leave without you".** *Participant, Written submission*

A number of participants reflected thoughtfully on the entry of women into roles that were traditionally held by men or that continue to be male-dominated, with a number commenting on the implications for the respect for, and safety of, women.

> **I'm more worried about can we support and protect them because you want to bring on a diverse workforce, but you want to also make sure that you've got the right supports in place, that they'll be going into parts of the organisation that are not that diverse, that have a history of being – I was going to say misogynistic, but that's maybe a little bit strong.**
> *Participant, Interview*

> **I am so scared to submit this information. AV can be a terrible place if you're seen to be stepping out of your lane.**
>
> *Participant, Focus group*

Given the low levels of representation of women in certain areas of Ambulance Victoria – for instance, in Air Ambulance and MICA – it will be important that efforts to ensure more equal gender representation are prioritised (see Chapter 10, Volume II).

Feelings of safety are comparatively low among certain minority groups

Across the survey, interviews and submissions, the Commission learned of comparatively low perceptions of safety among participants who identify as LGBTIQ+, have a disability and/or are from a racial minority.

> **In that meeting he acknowledged that he didn't like the fact that I was gay; he didn't think he should have to work with me; he didn't think he should have to change.** *Participant, Interview*

As evidenced in some of the quotes earlier in this chapter, participants repeatedly expressed the view that Ambulance Victoria is a safe place if you are a white male, but much less so for those who are not. We heard that many people who identify as LGBTIQ+, have a disability and/or are from a racial or other minority group are fearful to be seen as being 'out of place' or as 'going against the grain'.

> **I felt ostracised, but I also felt like I couldn't actually talk about the elephant in the room. Because I didn't feel like I would be believed. And people might go, "Racism – she's using that card".** *Participant, Interview*

> **And I have this thought where, I'm reluctant to fill out surveys when they ask about nationality, or what region you're from, because it's just me.** *Participant, Interview*

Given these findings, it is important for Ambulance Victoria to prioritise efforts to diversify its workforce and foster a culture in which everyone feels safe and that they belong, no matter their cultural identity, sexual orientation, disability or any other personal characteristics.

Feelings of respect

The Commission learned of a deeply held sense of a lack of respect within Ambulance Victoria. So extensive were the reports made to us regarding disrespectful behaviour – and of actual and perceived inaction by leaders and managers – that it is clear to us that disrespect is normalised and tolerated within the organisation.

> **You know, it's a real challenge I think in the organisation. Kindness and respect is something that I don't think we've had enough emphasis on .... I expect that ... when [the Commission] delve[s] around in all of this, you'll find a lot of incivility.** *Participant, Interview*

> **They haven't come into the twenty-first century in terms of a respectful workplace. And it's one of the five AV values. It's on ... every email; respect and leadership, and it's just not at AV. It's lip service.** *Participant, Interview*

> **I'd never come across a collective who were so routinely disrespectful to their colleagues.** *Participant, Interview*

Of the 2031 participants who responded to the survey question 'How respected do you feel in your workplace?', only 5.6% (n=113) reported feeling 'completely respected', while more than twice this number (12.0% or n=243) said they 'do not feel respected at all'. A further 22.8% (n=463) told us that they feel 'only slightly respected'. While levels of respect were particularly low for some groups of employees and first responders, we heard from participants all over the organisation who noted it as an area of concern.

Feelings of respect at work are being undermined by unlawful conduct

Similar to feelings of safety, feelings of respect were significantly low for participants who reported experiencing discrimination, sexual harassment, bullying and victimisation, both across the survey and in interviews and submissions. Participants were left feeling little respect for alleged perpetrators and for an organisation that, in their experiences, did not protect its employees.

> **I was just absolutely humiliated and crushed mentally. I just felt like again, I followed your procedures. I voiced concerns over safety. I found out that you weren't abiding by your contract and I spoke up and I did the right things. And you've come back and attacked me.** *Participant, Interview*

Feelings of respect are comparatively low for participants in operational roles

Participants who work in operational roles were slightly more likely than their corporate colleagues to report low levels of respect. That is, they were more likely to say that they felt 'not at all' or only 'slightly' respected in their workplace. Of the 311 corporate participants who responded to the question, 28.4% gave one of these answers. This compared to 36.1% of the 1379 operational participants who responded.

This disparity was stated more strongly in interviews. Many of the on-road staff we heard from described a culture of bravado and egotism among staff members,

which is underpinned by disrespect of others. This was notably high among MICA Paramedics. During the review, this area of the organisation became synonymous with low levels of respect both among the paramedics and towards other staff members.

> **Now it is quite accepted that MICA would treat road staff like pieces of sh*t ... again this comes back to disrespect, there is a lack of respect within the organisation between colleagues.** *Participant, Interview*

> **[In MICA] I'd never experienced such a high level of disrespect. But the way the culture pumped them up – it really did encourage and foster that sort of response.** *Participant, Interview*

Participants noted how the hierarchal structures of the organisation – which place MICA and Air Ambulance paramedics at the pinnacle of clinical training – have enabled a culture of disrespect, superiority, elitism and heavy competition between staff members.

> **I heard a Paramedic say – I asked him whether he would ever do MICA, because he was an amazing Paramedic. And he said, "I'm not interested in getting into the culture where it's dog eat dog, where they eat their young".** *Participant, Interview*

> **Working within a team of senior MICA Paramedics, we sit in a clinically quite senior and respected level. This gradient of clinical seniority gives people the opportunity of power and some use this to treat other paramedics quite poorly, this had been a routine and accepted culture within MICA for many years and still exists.** *Participant, Interview*

Section 6.1 considers this driver of workplace harm in detail and the urgency of disrupting this culture of disrespect and incivility among these cohorts.

Low levels of respect are fuelling incivility in the workplace

The Commission heard how this disrespect has contributed to the daily poor treatment of individuals within the workforce, to an underlying and pernicious culture of incivility and a permissive environment for more serious forms of workplace harm (see Section 6.1).

> **So, I've worked in big organisations and I've been a small player in all those organisations, but I've never been treated with such disdain and such disrespect from an organisation that is supposedly all about care and provision of safety.** *Participant, Interview*

> **There's a lot of issues in AV around some of the behaviours that we consider are okay towards each other. Whether they're bullying or harassment, or they're just broadly disrespectful. Neither is a good thing. It all contributes to toxicity, and then that toxicity festers.** *Participant, Interview*

To implement lasting reforms, Ambulance Victoria must address the low levels of respect throughout the organisation.

Support for workplace equality reforms

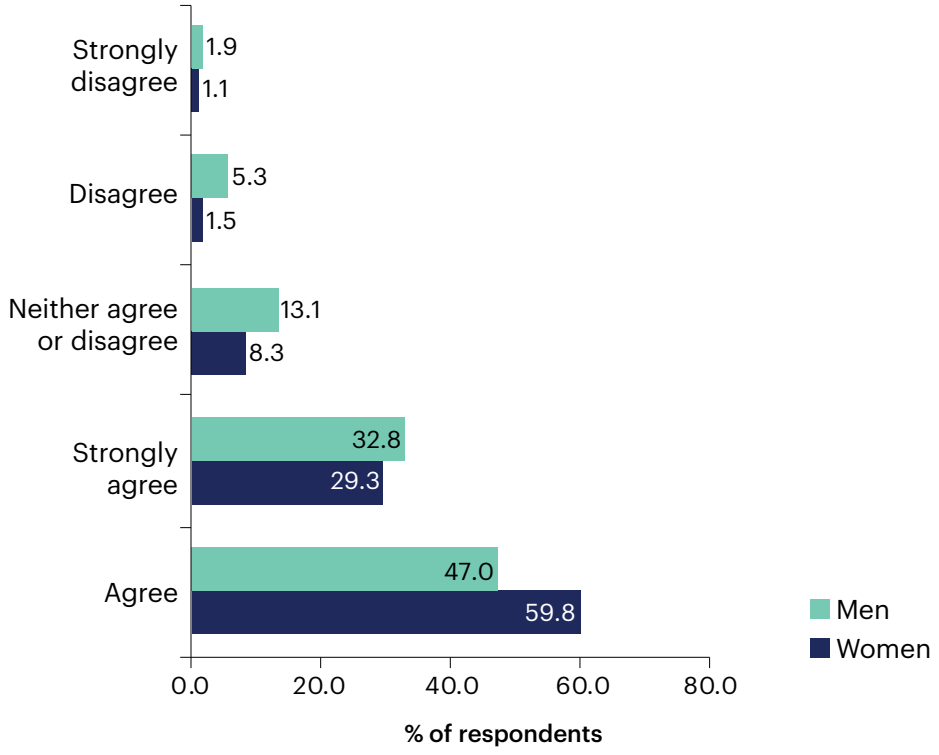
There is broad recognition that changes are needed to address workplace harm and embed workplace equality.

Of the 2163 people who responded when asked in the survey whether reforms are needed to improve equality at Ambulance Victoria, 84.2% (n=1657) either 'agreed' or 'strongly agreed'. As set out in Figure 3K, support for reforms was strong among both women and men, although:

- more women than men 'agreed' or 'strongly agreed' that reform is needed (89.1% or n=828, compared to 79.8% or n=683)
- more men than women 'strongly disagreed' or 'disagreed' (7.1% or n=61, compared to 2.6% or n=24).

Support for workplace equality reforms was broadly comparable across the corporate and operational cohorts, as well as among metro and regional and rural employees and first responders, with no meaningful differences between them.

Figure 3K – **Need for reforms to improve workplace equality in Ambulance Victoria**



In line with the survey results, the Commission learned of widespread support for workplace equality reforms during interviews and in written submissions.

> **All of us just want to see changes that make it a better more inclusive, fair and respectful place to work.** *Participant, Written submission*

> **There's always been a really bizarre, borderline toxic culture and I just felt that it's really good that AV was putting a mirror to itself with your assistance ... real change needs to happen.** *Participant, Interview*

The level of recognition of the need for reforms points to inadequate steps being taken in the past by Ambulance Victoria to embed workplace equality. Yet, positively and importantly, it does mean that a significant number of people accept that change is needed. This provides a strong foundation upon which the organisation can build and move forward as it implements the changes recommended in this report. The Commission encourages Ambulance Victoria to harness and build upon this broad support for reform.

We note, however, that we did hear from some participants, particularly long-term male employees, who believe that they have begun to miss out on opportunities and experience 'reverse discrimination' and therefore are not or are less inclined to support reform.

> **I feel that's almost gone full circle, and it's almost reverse discrimination against males, or people who don't identify with any gender.** *Participant, Interview*

> **You want to see the best person for the job or the person who needs that opportunity, or who's gone through the process or whatever it might be. You don't put them in there because they're a chick and they want chicks in there, because I don't think that helps the problem.** *Participant, Interview*

While acknowledging the perception of these participants, the Commission did not find any evidence to support these claims of reverse discrimination within Ambulance Victoria (see Section 4.3.1).

The Commission encourages the organisation to see resistance and backlash as a normal and expected product of transformative organisational change.[86] While their existence is not inherently problematic,[87] it is critical that Ambulance Victoria ensures careful and evidence-based communication as well as genuine consultation with the workforce about why the reforms are essential.[88]

Notes

1. *Ewin v Vergara* (No 3) [2013] FCA 1311 [43].
2. *Bowker and Others v DP World Melbourne Limited T/A DP World and Others* [2014] FWCFB 9227 (Ross J, Hatcher VP, Gostencnik DP, Hampton C, Johns C, 19 December 2014).
3. This definition is adapted from the use of the term in Victorian Equal Opportunity and Human Rights Commission, *Equal pay matters: Achieving gender pay equality in small-to-medium enterprises* (State of Victoria, 2021).
4. This definition is adapted from the interpretation of the term 'substantive equality' adopted by the UN Committee on the Elimination of Discrimination against Women. See *Report of the Committee on the Elimination of Discrimination against Women: Thirtieth Session; Thirty-first Session,* UN GAOR, 59th sess, Supp No 38, UN Doc A/59/38 (2004) annex 1 ('*General Recommendation No 25, on Article 4, Paragraph 1,* of the Convention on the Elimination of All Forms of Discrimination against Women, on *Temporary Special Measures*') [3]-[14]; Committee on the Elimination of Discrimination against Women, *General Recommendation No 28 on the core obligations of states parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women,* 47th sess, UN Doc CEDAW/C/GC/28 (2010).
5. Research by McKinsey & Company found that '[w]orkplace diversity increases job and life satisfaction for women and members of minority groups provided the workforce is diverse enough. For minority workers, for example, the boost in satisfaction kicks in when representation exceeds 15 percent of the workforce. Where diversity recruitment is a token effort, psychological outcomes are poorer." Vivian Hunt, Dennis Layton and Sara Prince, *Diversity matters* (McKinsey & Company, 2015), 11.
6. Gallup's annual global poll of employees has repeatedly found that diversity drives employee engagement (and other benefits). For example, in the 2013 poll, the management behaviour most likely to affect engagement was "demonstrates strong commitment to diversity". Gallup, *State of the global workplace* (Gallup Inc, 2013) 14. See also James K Hartner et al, *The relationship between engagement at work and organizational outcomes - 2020 meta-analysis: 10th edition* (Gallup, October 2020); Stephanie N. Downey et al, 'The role of diversity practices and inclusion in promoting trust and employee engagement' (2015) 45(1) *Journal of Applied Social Psychology* 35-44.
7. In a representative sample of 3,000 Australian workers, the Diversity Council of Australia found that organisations who take action to create a more diverse and inclusive workplace, have staff who report feeling significantly more satisfied at work compared with staff of organisations who are not actively pursuing diversity and inclusion strategies (52% versus 25%). These staff also report feeling more accepted at work (41% versus 31%) and that they have the same opportunities for progression compared with their colleagues (31% versus 20%). J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019), 14. See also: David M. Kaplan, Jack W. Wiley, and Carl P. Maertz Jr., "The role of calculative attachment in the relationship between diversity climate and retention" (2011) 50(2) *Human Resource Management* 271.
8. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019) 7.
9. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019), 16; Elizabeth Kelan, Andrea Voigt, Lamia Walker et al, *Innovative potential: Men and women in teams* (Report, 2007), 3-7; Credit Suisse, *Gender diversity and corporate performance* (Credit Suisse Research Institute, 2012).
10. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019) 16.
11. See, eg *Equal Opportunity Act 2010 (Vic); Occupational Health and Safety Act 2004* (Vic), *Gender Equality Act 2020* (Vic).
12. Vivian Hunt, Sara Prince, Sundiatu Dixon-Fyle, Lareina Yee, *Delivering through diversity* (McKinsey & Company, 2018) 1; Vivian Hunt, Dennis Layton and Sara Prince, *Diversity*

matters (McKinsey & Company, 2015), 11; Workplace Gender Equality Agency, 'Workplace gender equality: The business case' (Webpage, 18 November 2018) , <www.wgea.gov.au/publications/gender-equality-business-case>; Marcus Noland, Tyler Moran and Barbara Kotschwar 'Is gender diversity profitable? Evidence from a global survey' (Working paper series 16-3, Peterson Institute for International Economics, February 2016); Elizabeth Kelan, Andrea Voigt, Lamia Walker et al, *Innovative potential: Men and women in teams* (Report, 2007); Credit Suisse, *Gender diversity and corporate performance,* (Report, 2012); Cedric Herring, 'Does diversity pay? Race, gender and the business case for diversity' (2009) 74 *American Sociological Review* 208.

13. J. O'Leary and R. D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce,* (2019, Diversity Council Australia) 15.

14. Clara E. Munro and Alexander W. Phillips, 'Bullying in the workplace' (2020) 38(10) *Surgery* (*Oxford*) 653.

15. Arieh Riskin et al, 'The impact of rudeness on medical team performance: a randomized trial' (2015) 136(3) *Pediatrics* 487-495; Arieh Riskin et al, 'Rudeness and medical team performance' (2017) *Pediatrics* 139; Daniel Katz et al, 'Exposure to incivility hinders clinical performance in a simulated operative crisis' (2019) 28(9) *British Medical Journal - Quality and Safety* 750-757.

16. The Mid Staffordshire NHS Foundation Trust Inquiry, Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust (Final Report, 2010) vol I.

17. Matthew Grissinger, 'Disrespectful Behavior in Health Care Its Impact, Why It Arises and Persists, And How to Address It—Part 2' (2017) *Pharmacy and Therapeutics* 42(2) 74, 77; Johanna Westbrook et al, 'The prevalence and impact of unprofessional behaviour among hospital workers: a survey in seven Australian hospitals' (2021) *Medical Journal of Australia* 214(1) 31.

18. See Gallup, *Three Requirements of a Diverse and Inclusive Culture — and Why They Matter for Your Organization* (Report, Gallup, 2018), 5-6; Rocío Lorenzo et al, 'The mix that matters: Innovation through diversity' (26 April 2017) < https://www.bcg.com/de-de/publications/2017/people-organization-leadership-talent-innovation-through-diversity-mixthat-matters.aspx; Vivian Hunt, Dennis Layton and Sara Prince, *Diversity matters* (McKinsey & Company, 2015), 13-14.

19. *Equal Opportunity Act 2010* (Vic) s 3.

20. The term 'reasonable adjustment' is not defined in the Equal Opportunity Act. However, the Act states that in the area of employment, in order to comply, an employer must do what a person with disability requires 'in order to [adequately] perform the genuine and reasonable requirements' of that employment: *Equal Opportunity Act* 2010 (Vic) ss 20(1)(b), 33(2), 33(1)(b) and 33(2).

21. The term 'accommodation' is not defined in the Equal Opportunity Act. However, in the context of employers' duties, the term is used alongside the term 'adjustment' to describe what steps an employer must take to comply with *Equal Opportunity Act* 2010 (Vic) ss 20(1)(b), 33(2), 33(1)(b) and 33(2); see also Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).

22. *Equal Opportunity Act 2010* (Vic) s 12(1).

23. *Equal Opportunity Act 2010* (Vic) pt 4.

24. *Equal Opportunity Act 2010* (Vic) pt 6.

25. *Equal Opportunity Act 2010* (Vic) s 103.

26. *Equal Opportunity Act 2010* (Vic) s 15.

27. *Equal Opportunity Act 2010* (Vic) ss 13-37.

28. *Equal Opportunity Act 2010* (Vic) ss 44-51.

29. *Equal Opportunity Act 2010* (Vic) s 4.

30. *Equal Opportunity Act 2010* (Vic) pt 6, s 4.

31. *Equal Opportunity Act 2010* (Vic) s 44.

32. See *IW v City of Perth* [1997] HCA 30; [1997] HCA 30; (1997) 191 CLR 1; *Falun Dafa v Melbourne CC* [2003] VCAT 1955.

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34. *Equal Opportunity Act 2010* (Vic) s 7(1)(a).
35. *Equal Opportunity Act 2010* (Vic) s 8(1).
36. *Equal Opportunity Act 2010* (Vic) ss 9(1)-(2).
37. *Equal Opportunity Act 2010* (Vic) s 8(2)(a).
38. *Equal Opportunity Act 2010* (Vic) s 10.
39. *Equal Opportunity Act 2010* (Vic) s 93
40. *Equal Opportunity Act 2010* (Vic) s 9(2)1.
41. *Equal Opportunity Act 2010* (Vic) s 92(2).
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43. *Frith v The Exchange Hotel* [2005] FMCA 402.
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55. *Fair Work Act 2009* (Cth) s 65.
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57. *Equal Opportunity Act 2010* (Vic) s 17(2).
58. *Equal Opportunity Act 2010* (Vic) ss 20(1)-20(2).
59. *Equal Opportunity Act 2010* (Vic) s 4(1).
60. *Equal Opportunity Act 2010* (Vic) s 6(e).
61. *Equal Opportunity Act 2010* (Vic) s 20(3).
62. *Equal Opportunity Act 2010* (Vic) s 12.
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65. *Equal Opportunity Act 2010* (Vic) ss 13, 109.
66. *Equal Opportunity Act 2010* (Vic) ss 16-18, 105.
67. *Equal Opportunity Act 2010* (Vic) ss 93, 95.
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Independent Review into Workplace Equality in Ambulance Victoria

4 Preventing unlawful and harmful conduct

Chapter 4 maps at a high level the steps that Ambulance Victoria has taken to prevent discrimination, sexual harassment, bullying and victimisation within its workplace and analyses the adequacy of those steps using the Commission's minimum standards for compliance with the positive duty in the Equal Opportunity Act. In doing so, this chapter identifies where the organisation is complying with the Act, as well as areas where the Commission has determined it is not meeting the standards required by the Act. Chapter 4 also details the Commission's findings regarding the extent of discrimination, sexual harassment, bullying and victimisation reported to us, providing context for our findings regarding the adequacy of the preventative measures adopted so far.

→ KEY POINTS

The Equal Opportunity Act requires Ambulance Victoria to provide a safe work environment in which employees and first responders are free from unlawful conduct

- Everyone has a right to be safe while working or volunteering for Ambulance Victoria. The positive duty in the Equal Opportunity Act requires Ambulance Victoria to provide a safe working environment by taking reasonable and proportionate measures to prevent discrimination, sexual harassment, bullying and victimisation.

Ambulance Victoria has implemented some preventative measures, but there are key gaps in its compliance with the positive duty that are undermining workplace safety

- Ambulance Victoria has developed, communicated and sought to embed clear behavioural expectations via its values. However, there has been a loss of faith and trust in those values in guiding expected behaviour, due to a lack of role modelling by some in the workforce and inconsistent accountability for those who do not adhere to them, among other things.
- The effectiveness of the preventative measures adopted by Ambulance Victoria has been limited by the absence of any prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation. The measures adopted are also not captured in a single prevention plan with measurable outputs or clear accountability for implementation and monitoring. As a result, its preventative measures are not having their intended or maximum effect, as seen in the reported extent of the unlawful or harmful conduct described below.
- Ambulance Victoria has introduced some important initiatives to support leaders and managers/supervisors to build a safe, respectful and inclusive workplace culture. Yet, infrequent training and low attendance are compromising capability to proactively lead the workforce in taking early steps to address unlawful or harmful workplace conduct (in contrast to the evident capability in leading difficult conversations around clinical issues). Capacity to lead these conversations is also limited, particularly for those in operational roles.
- Unlawful conduct has, to varying degrees, been addressed through a risk lens, but it was only after October 2020 that this was elevated as a significant organisational risk. The information and data sources presently relied upon to monitor, identify and assess related risks have resulted in gaps in knowledge that have limited the organisation's ability to intervene early or respond, including due to declining participation rates in the People Matter Survey and notable underreporting. A more comprehensive approach to risk monitoring, supported by rebuilding trust, and fostering of a safe environment to speak up, is needed.

⟶ KEY POINTS

The high number of participant reports of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria indicate that its preventative measures are not keeping employees and first responders safe at work and they must be strengthened.

- The Commission's workforce survey, reinforced by interviews and submissions, shows there is a large number of people who have directly experienced or been a bystander to discrimination, sexual harassment, bullying or victimisation in the organisation:
  - 47.2% of the 1925 people who responded to the survey question told us that they had experienced discrimination at Ambulance Victoria
  - 17.4% of the 1928 people who responded said that they had been sexually harassed
  - 52.4% of the 1886 people who responded said they had been bullied
  - 34.5% of the 232 people who had made a formal complaint of unlawful conduct and answered the question reported being ostracised, victimised or ignored, while 40.5% reported negative career consequences
  - a significant number of participants reported witnessing or later learning of discrimination (47.7% of 1887 survey respondents), sexual harassment (39.3% of 741 respondents) and bullying (66.4% of 1887 respondents).
- The scale of incivility and other everyday forms of disrespect are not only harming employees and first responders but are also creating a permissive environment for more widespread and serious forms of unlawful or harmful conduct.

4.1 Preventing unlawful conduct at work

4.1.1 The importance of preventing unlawful conduct

Everyone has a right to be and feel safe at work.

Yet, research shows that people continue to experience discrimination, sexual harassment, bullying and victimisation, as well as other harmful conduct like incivility, while at work. One in three people, for instance, are subjected to sexual harassment at work,[1] while one in 10 experience workplace bullying.[2]

These types of unlawful and harmful workplace conduct routinely cause significant, long-lasting and irreparable harm to individuals and organisations. Inadequate responses by organisations often further and compound the original harm caused. (See Section 5.2.)

Preventing unlawful conduct – or at the very least minimising its occurrence to the greatest extent possible – is essential to avoiding harm at work and ensuring that people are and feel safe to come to work. It is also a foundation of a safe, equal, respectful and inclusive workplace and it offers a range of other benefits (see Figure 4A).

Figure 4A – **Why preventing unlawful conduct matters**

Why preventing unlawful conduct matters

- It ensures people are treated fairly and with respect and dignity
- It helps to create safe workplaces, by eliminating or reducing the risk of harm and stops workplace harm before it occurs
- It helps Ambulance Victoria (and other employers) to discharge the positive duty in the Equal Opportunity Act
- It helps Ambulance Victoria (and other employers) to avoid legal liability for discrimination, sexual harassment, bullying and victimisation
- It helps to improve the effective delivery of emergency health care by allowing employees and first responders to be the best they can be

4.1.2 Obligations to prevent unlawful conduct

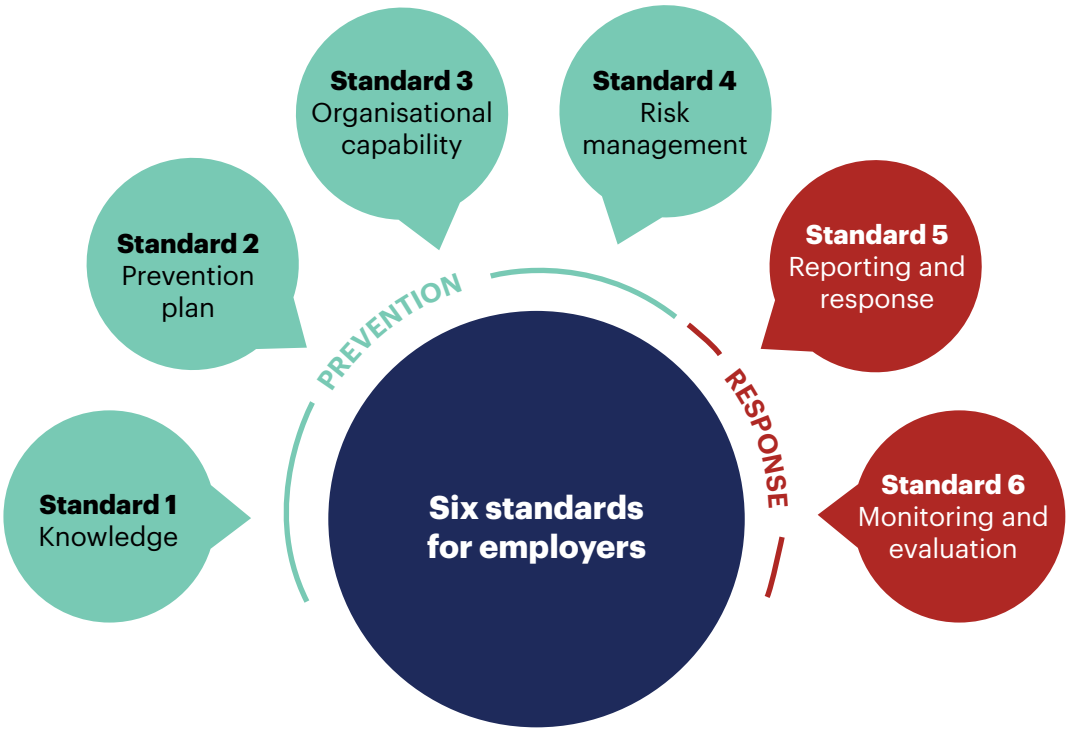
As Chapter 3 explained, the Equal Opportunity Act requires Ambulance Victoria (and other employers) not only to refrain from discrimination, sexual harassment and victimisation in the workplace, but also to identify and take 'reasonable and proportionate measures' to eliminate – or prevent – this unlawful conduct.[3]

The steps that an employer must take to comply with the positive duty vary for every organisation, considering factors such as the size, nature, resources and priorities of the business or operations, as well as the practicality and cost of the measures. Yet, to be effective, prevention efforts must target the risk factors and systemic drivers of the conduct, as well as any barriers to reporting or making complaints about unlawful conduct.[4]

4.1.3 Leading practice approaches to prevention

The way in which courts and tribunals have interpreted the Equal Opportunity Act and determined and resolved cases provide guidance on the specific measures that employers need to adopt. The Commission's 'practice guidelines', issued under the Act,[5] draw on the courts and tribunals' interpretation and decisions as well as leading practice research and literature, to also provide critical guidance. Our guideline on preventing and responding to workplace sexual harassment sets out six minimum standards for complying with the positive duty in the Act, with the first four standards focused on prevention (see Figure 4B) and the final two standards focused on response (see chapters 7 to 9).

Figure 4B – **Minimum standards to comply with the positive duty**



Importantly for this review, the minimum standards are broadly applicable to discrimination, bullying and victimisation, in addition to sexual harassment, and have been adapted here when considering prevention, as shown in Figure 4C.

Figure 4C – **Minimum prevention standards**

Standard	Outcomes
Standard 1: Knowledge Employers understand their obligations under the Equal Opportunity Act and have up-to-date knowledge about unlawful workplace conduct	• Employers understand the law relating to unlawful workplace conduct including their positive duty • Employers understand the drivers and impacts of unlawful workplace conduct • Leaders and supervisors know how to identify and respond to unlawful workplace conduct
Standard 2: Prevention Plan Unlawful workplace conduct is prevented through the development and implementation of an effective prevention plan	• Employers have assessed what steps they will take to prevent unlawful workplace conduct, including measures in compliance with these standards, and have documented the plan • Workers and their representatives have an opportunity to contribute to the development or revision of the plan • Workers understand the plan (including relevant policies and procedures) and know where to find it • Leaders have implemented the plan and are accountable for the commitments within it
Standard 3: Organisational Capability Leaders drive a culture of respect by building organisational capability	• Expectations of respectful workplace behaviour have been set and clearly communicated to workers • Leaders model respectful workplace behaviour • Employers have taken steps to ensure workers understand that unlawful workplace conduct is against the law and will not be tolerated • Employers encourage and support bystanders to act safely to respond to unlawful workplace conduct
Standard 4: Risk Management Employers have built a culture of safety and address risk regularly	• Employers have regularly identified and assessed risk factors for unlawful workplace conduct, including by seeking feedback from workers • Employers have recognised and treated unlawful workplace conduct as a work health and safety risk • Employers have taken steps to minimise and control workplace risk factors • Workers understand and are encouraged to use systems in place to address risk

Where the Commission has not developed applicable practice guidelines or existing guidelines benefit from comparative approaches, other aligned leading practice guidelines, standards and published materials can also assist Ambulance Victoria (and other employers) to understand what steps to take to prevent unlawful workplace conduct. An example is the 2019 framework, published by the (then called) Victorian Government Department of Health and Human Services, which details principles for preventing bullying, harassment and discrimination and building a positive workplace culture in the health sector[6] The Commission has also considered this framework, alongside its own, when analysing Ambulance Victoria's approach to prevention.

4.2 How Ambulance Victoria seeks to prevent unlawful conduct

Ambulance Victoria has adopted a number of measures in an effort to prevent workplace discrimination, sexual harassment, bullying and victimisation. Illustrative examples of these measures are canvassed below, mapped and analysed against each of the minimum prevention standards for complying with the positive duty in the Equal Opportunity Act. The Commission has focused the discussion on critical aspects of each standard, with further detail and examples of Ambulance Victoria's efforts provided in Volume II, where relevant.

Findings

- Ambulance Victoria has adopted and implemented a range of preventative measures across each of the minimum standards that aim to provide its employees and first responders with a safe working environment that is free from discrimination, sexual harassment, bullying and victimisation, with many of these measures supporting its progress towards compliance with the positive duty.
- When these measures are mapped against the Commission's standards, however, gaps in the organisation's compliance with the positive duty emerge. These gaps are attributable either to the absence of important preventative measures (for example, a comprehensive and evidence-based prevention plan) or the inadequacy of the measures adopted (for example, the over-reliance on People Matter Survey results and complaints data to gain insights into unlawful or harmful workplace conduct and support early intervention).
- The gaps in the organisation's compliance with the positive duty in the Equal Opportunity Act are enabling discrimination, sexual harassment, bullying, victimisation and incivility and are undermining the safety of its employees and first responders, as evidenced by the high rates of unlawful and harmful conduct described to the Commission (outlined in Section 4.3).

Findings

- The recent period of significant organisational change and the heightened impact of the COVID-19 pandemic on Ambulance Victoria as a frontline service provider have impeded the implementation of some preventative measures.
- Changes to learning management systems may be limiting Ambulance Victoria's ability to understand workforce attendance rates for critical equality training over the past five years. There is also concerning evidence of low attendance for recently introduced mandatory bullying and harassment training for managers.
- The findings in this report regarding the scale and profound impacts of unlawful and harmful conduct in the workplace demonstrate the importance of prioritising efforts to prevent harm before it occurs and to ensure a safe working environment for a workforce already under significant, sustained pressure. A more holistic, integrated approach to prevention will not only help to stop harm to employees and first responders but will also have a positive impact on the organisation's ability to deliver effective services to the community. This is particularly the case as the organisation is delivering services during these unprecedented circumstances and at a time when the impacts of the COVID-19 pandemic on the organisation are expected to worsen due to the projected surge in demand as the state emerges from its most recent lockdown.
- The organisation must balance the peak demands on its services in the coming weeks and months while also managing the critical need to ensure a safe workplace. It can achieve this balance by implementing immediate actions to address critical safety concerns, while developing a longer-term plan to implement the reforms as soon as practicable once the pressures related to the COVID-19 pandemic ease. This balance can also be achieved by taking into consideration the recommendations in Volume II of this report.
- Prioritising the workforce's safety will be a collective endeavour. It will require the commitment and ongoing support of the Ambulance Victoria Board, the CEO and the Executive Committee, the workforce, the Minister for Ambulance Services, the Victorian Government Department of Health and other key partners, particularly the various unions and professional associations, and the broader health system. Everyone in the workforce also has a critical role in prevention – from treating each other fairly and with dignity and respect, to role modelling appropriate behaviour, calling out unlawful or harmful conduct and, for managers and leaders, holding people who behave unlawfully to account, and addressing workplace risk factors and systemic drivers.

4.2.1 Knowledge

Building and maintaining a safe workplace culture that is free from discrimination, sexual harassment, bullying and victimisation requires Ambulance Victoria's leaders and managers to understand their obligations under the Equal Opportunity Act. This includes the positive duty. It is also essential that they understand the particular drivers or risks factors and impacts of unlawful workplace conduct and know how to identify and respond to this conduct when it does occur.

Understanding the law

Ambulance Victoria offers several training courses on appropriate workplace conduct (see Figure 4D). Some of these are open to the entire workforce, including leaders and managers/supervisors. Other courses target leaders and managers/supervisors, with some tailored training recently provided to the Board and the Executive Committee.

Ambulance Victoria monitors completion of these courses through reporting and uses an automated system to notify a staff member and their manager via email if completion of a compulsory program is outstanding. Managers are also able to review the training records for members of their team.

Figure 4D – **Ambulance Victoria's training courses on appropriate workplace conduct**

Equal employment opportunity induction and refresher course	Since 2013, Ambulance Victoria has required new starters (including first responders, casual Ambulance Community Officers and volunteer Community Emergency Response Teams but excluding contractors and agency casuals) to complete a mandatory course on equal employment opportunity as part of their induction. In 2018 the course was updated as an online e-learning course. This course describes the types of unlawful conduct, individual responsibilities regarding this conduct, and the organisation's complaints and misconduct processes. Ambulance Victoria also requires staff members (excluding contractors and agency casuals) to complete this course as a refresher program every two years.
Manager training on bullying and harassment	Ambulance Victoria requires managers to undergo mandatory anti-bullying and harassment training. Offered for the first time in 2018-2019 via face-to-face sessions and delivered by Swinburne University, 401 of 1057 managers (37.9%) have completed the course (as at May 2021).
Courageous conversations course	Ambulance Victoria offers an optional training course for staff that provides guidance on how to prepare for, and have, challenging conversations in the workplace in a constructive manner. Leaders, managers and supervisors are particularly encouraged to complete this course, which focuses on early conflict management and provides education on how to address issues fairly and professionally, although it does not directly address unlawful conduct.
Anti-bullying, harassment and discrimination workshop for the AV Board	In May 2018, Swinburne University facilitated a one-off workshop for the Ambulance Victoria Board on 'Bullying in the boardroom'. This workshop explored the legal implications of workplace bullying, as well as discrimination and sexual harassment, including in the boardroom, and emphasised the Board's role in creating a respectful and cohesive culture.
Equal Opportunity Act workshop for the AV Board	In September 2021, the Commission facilitated a workshop for all members of the Ambulance Victoria Board on its role and responsibilities in relation to the Equal Opportunity Act. This workshop sought to improve understanding among directors of legal duties imposed on workplaces under the Act and clarify the role and responsibilities of the Board with respect to preventing and responding to unlawful and harmful workplace conduct and embedding equality.
Equal Opportunity Act workshop for the AV Executive Committee	In August 2021, the Commission facilitated a workshop for the Ambulance Victoria Executive Committee on its role under the Equal Opportunity Act. This workshop sought to build the Executive Committee's understanding of their responsibilities under the Act to prevent and respond to unlawful and harmful workplace conduct and inequality. It sought to build the capability of the leadership team to acquit their responsibilities under the Act and to implement the recommendations that would arise from Phase 1 of the review.

These educational offerings are provided or facilitated in an attempt to ensure (among other things) that the organisation's Board and its senior leaders and managers/supervisors are aware of their responsibilities to create and maintain safe, equal and inclusive places to work.

Although Ambulance Victoria monitors training attendance and completion rates, it has been difficult for the Commission to understand the rates and frequency of completion for all the above programs over the last five years. Ambulance Victoria has advised that in October 2020 a new learning management system was implemented, which provides more sophisticated reporting capability. Prior to the implementation of this system data was contained within a different, more limited system, which meant it was more difficult to capture information including the number of enrolments in courses.

These limitations in available training data collection and analysis systems may have been undermining the visibility of who has completed necessary training and therefore whether leaders, managers and supervisors have the knowledge required to prevent and address unlawful conduct.

The Commission understands that Ambulance Victoria takes some steps to assess whether these courses are achieving their intended outcomes, such as assessing question and answer activities, work-related scenarios or exam type activities embedded in the training material. The use of pre-course and post-course surveys to assess levels of attendees' awareness and understanding are not currently used.

Responses to the Commission's survey suggest that awareness of rights and responsibilities under the Equal Opportunity Act is fairly high overall, based on respondents' self-assessments, including those completed by leaders and managers. Among the 742 survey participants who said they supervised others and responded to the question about their knowledge of the Act, 51.2% (n=380) said they were either fully familiar with or understood most details of the Act. A total of 29.6% (n=220) said they were familiar with some details; while the remaining 19.1% (n=142) of supervisors indicated that they were either unaware of the Act or not familiar with any of its details.

These results broadly align with responses to the survey question asking people to rate their manager's awareness of their obligations under the Act; although, there is a tendency for employees' and first responders' perceptions of their managers' knowledge to be higher than supervisors' self-ratings. Of the 1637 people who provided a rating for their manager's knowledge of the Act:

- 61.6% (n=1009) believed their manager is fully familiar with the Act or understood most of its details
- 22.3% (n=365) believed their manager is familiar with some details of the Act
- 16.1% (n=263) believed their manager is either unaware of the Act or not familiar with any of its details.

These responses provide some insight into people's confidence in management, with the survey indicating that employees and first responders have a reasonable degree of confidence that their managers have a solid understanding of the Act and therefore may expect that their manager will uphold their rights.

However, the Commission observed and heard about lower literacy levels in practice, particularly through the interviews, which suggests that both the perceptions of employees and first responders and the self-ratings may overestimate actual knowledge of the Act. Concepts such as substantive equality, indirect discrimination and special measures were, for instance, oftentimes misunderstood.

> **[The acting manager] kept repeating the mantra, 'We treat people the same' and they're missing the point of what the Act says which is not that you have to treat people the same, but you have to achieve similar outcomes for people from different backgrounds or of these protected backgrounds. I don't think it's my role as an operational employee to educate senior – even line managers or senior management about what the Equal Opportunity Act says.** *Participant, Interview*

> **I think there is a lack of knowledge within the organisation about what actually constitutes discrimination and how we can avoid it ... the definition of indirect discrimination has been occurring to many people over a long period of time within the organisation and it's accepted and condoned and enforced.** *Participant, Interview*

> **I think in cases where it's obvious, like direct discrimination based on gender or race ... [managers are] very accountable. I think in a situation like mine, where it's not as on the surface – that senior management are just doing their job to the best of their ability. They're just implementing the policies that are in place and they are misinformed. I don't believe it's personal.** *Participant, Interview*

In addition, knowledge of the steps needed to implement the positive duty appears to be limited among leaders, managers and supervisors. We typically learned of leaders and managers reacting to concerns or reports or complaints, rather than proactively seeking to build and maintain a safe workplace culture free from unlawful or harmful conduct. This would include proactively discussing with employees and first responders what it means to build such a culture and how people want to work and volunteer together to ensure it is maintained.

In a further illustration, we observed and heard of limited capacity (particularly among operational managers) and capability to proactively lead the workforce in sensitive and challenging conversations about unlawful or harmful workplace conduct, in contrast to the evident capability around how to lead difficult conversations about clinical issues.

> **I think that's one of the things that we really need to train our [Senior Team Managers] and [Team Managers] on. They get operational stuff really, really well, but it's the difficult conversations ... I think that's one of the key things that was missing in the [Senior Team Manager and Team Manager] space and they are requesting this training.** *Participant, Interview*

> **[T]hey're terrified to have a conversation with their staff because they don't know how to do it. And it's not that they don't have the capability; they've just never done it before.** *Participant, Interview*

> **[T]here needs to be that ongoing challenge to inappropriate behaviours ... I sadly think ... service wide ... [there is a] low appetite to have challenging conversations and a low appetite for managers to follow through and feel that they've got senior managers back by having hard and challenging conversations with staff and holding them accountable.**
> *Participant, Interview*

The Commission is concerned that mandatory bullying and harassment training for managers has had low completion rates and that Ambulance Victoria otherwise does not appear to have a clear picture of the completion rates for other critical training modules for managers, including courageous conversations and equal opportunity refresher training. Having the knowledge, skills and confidence to have courageous conversations about inappropriate conduct is a critical way for managers to intervene early and to prevent behaviour escalating to unlawful conduct. This underscores the importance of increasing attendance at these courses and carefully monitoring completion rates. The Equal Opportunity Act workshop attended by all members of the Executive Committee in 2021 is an important step in supporting these conversations, but it is important that these types of conversations continue and are extended to a broader audience within the organisation. A critical forthcoming conversation that will be needed concerns the findings and recommendations in this report and what they mean, both in terms of reflective practice but also going forward.

The findings in Section 4.3 and Chapter 5 regarding the nature, extent and impacts of unlawful and harmful workplace conduct within Ambulance Victoria, underscore the urgency of adopting a more structured and outcomes-focused approach to ensuring Ambulance Victoria's leaders and managers have access to the necessary training and are supported to undertake it. After all, safety at work – including freedom from discrimination, sexual harassment, bullying and victimisation – is not negotiable.

See Chapter 12, Volume II for a detailed discussion of strengthening organisational capability.

Understanding the drivers and being able to identify and respond to unlawful workplace conduct

When the Commission began this review, Ambulance Victoria had undertaken some work to identify and understand the drivers of discrimination, sexual harassment, bullying and victimisation within its workplace. For example, in 2019, Ambulance Victoria developed a workplace behaviour risk profile, in which it allocated a behavioural risk rating to individual branches based on People Matter Survey results, complaints and other relevant data (see Section 4.2.4). This culminated in the anti-bullying and harassment training for managers being adapted and delivered to employees in 2021, as described above. It also led to some analysis of the data and efforts to distil the underlying drivers and risk factors, including consideration of management styles and the stability of work teams.

Efforts like these have provided the organisation with important insights into the drivers and risk factors behind discrimination, sexual harassment, bullying and victimisation. Yet, a more broad-ranging assessment of these drivers or risk factors – and the steps needed to prevent this conduct from occurring – was lacking. This is partly due to limited capability arising from the data systems currently available to Ambulance Victoria (discussed at Section 9.5). There also appears to have been limited discussion or analysis of the individual, team and wider organisational impacts of these behaviours, outside of the training described above. As a result, understanding of the drivers or risk factors and serious impacts appears to be low within Ambulance Victoria; this impression was borne out in interviews, focus groups and submissions.

The process of conducting this review – including the conversations that it has prioritised and brought into focus and the significant volume of data and experiences that have been shared that have enabled the drivers, risk factors and impacts to be mapped – has already helped to improve awareness and understanding of these drivers and risk factors. The Board is to be commended for requesting the review and, through this process, enabling this information to surface for the benefit of the organisation. Throughout the review, the Commission has also observed a keen desire by the Ambulance Victoria Board and the organisation's Executive Committee to better understand and take practical steps to address these drivers and risk factors.

Going forward, a critical initial education piece for the organisation will be to engage its leaders and managers/supervisors in critical conversations about the drivers, risk factors and impacts that have been identified in this final report and how they have manifested within Ambulance Victoria. What are the drivers and risk factors? How might have past practice and systems contributed to or enabled those drivers or risk factors to materialise? Why is it important to address them? What are the roles and responsibilities of leaders and managers/supervisors to address drivers and risk factors? How should leaders and managers/supervisors talk to their divisions and teams about them? How should they seek to tackle drivers and risk factors?

Engaging in such conversations will, in turn, help and support the leaders and managers/supervisors to engage the workforce in similar conversations. Furthermore, as the drivers and risk factors will not necessarily remain static over time, it will be important that the organisation revisits this assessment on a regular basis.

Findings

- Apart from an equal employment opportunity induction course, leaders, managers and supervisors are only required to undertake refresher training on equal employment issues every two years, which appears to be impacting the level of understanding of rights and responsibilities under the Equal Opportunity Act, including key concepts like substantive equality, indirect discrimination, and special measures.
- While some additional, targeted educational courses have been developed on bullying and harassment, and on how to have difficult conversations in the workplace, the potential of these courses has been severely constrained by the low attendance rates and limitations in the systems designed to monitor attendance and completion rates.
- Prior to the Commission's independent review, understanding of the drivers of unlawful and harmful workplace conduct within Ambulance Victoria was low. Even where individuals knew how to identify and respond to such conduct when it occurred, organisational tolerance of the conduct and a resulting culture of silence prevented people from speaking up (see Section 6.1).

4.2.2 Prevention plan

Ambulance Victoria has not previously mapped in a single, integrated prevention plan, the proactive steps it is already taking, or plans to take, to prevent this conduct from occurring. The organisation has also not identified in such a plan the measurable outputs of its prevention efforts or assigned accountability for driving the implementation and monitoring of these efforts.

Rather, Ambulance Victoria's approach so far has involved integrating several measures designed to prevent discrimination, sexual harassment, bullying and victimisation across a range of the organisation's programs and practices.

For example, the *Mental Health and Wellbeing Strategy 2016-2019* (now superseded) identified a reduction in the incidence of bullying and harassment as being critical for delivering comprehensive mental health interventions and training throughout the employee lifecycle (although this was omitted in the current iteration of the strategy). The organisation's *Mental Health and Wellbeing Action Plan 2019-2022* includes a commitment to protect mental health and wellbeing by modifying risk and protective factors. It also acknowledges a link to the *Diversity and Inclusion Strategy 2019-2022*. While this link is not drawn out in detail, it may be a useful step towards recognising that unlawful and harmful workplace conduct and inequality can lead to poor mental health and wellbeing, and vice versa.

By way of a further example, Ambulance Victoria's *Aboriginal Employment Plan 2016-2019* includes a commitment to providing cultural training to employees. This commitment resulted in a 30-minute cultural awareness e-learning module being launched in 2017; as at 21 October 2021, this has been completed by 92.25% of staff members, including first responders, casual Ambulance Community Officers and volunteer Community Emergency Response Teams (but excluding contractors and agency casuals). The Aboriginal Employment Plan also includes a commitment to developing a Cultural Safety Framework that seeks to address unconscious bias.

The Ambulance Victoria *Diversity and Inclusion Strategy 2018-2020* is one of the primary strategies in the organisation's approach to prevention. As Section 3.4.1 explained, the strategy sets four clear goals for the organisation, each with its own initiatives and indicators of success: a leader in diversity and inclusion; a safe and inclusive culture; a diverse workforce; and a flexible and supportive workplace.[8]

The strategy lists several initiatives under the goal of '[a] safe and inclusive culture':

- ensure our people understand their contribution to fostering an inclusive and safe workplace through training, effective performance development and reward mechanisms
- implement targeted leadership programs to accelerate the diversity of Ambulance Victoria's leadership at all levels of the organisation
- implement mentoring programs to support employees within identified groups
- celebrate and participate in recognised days of significance such as Harmony Day, International Women's Day, Midsumma Pride March, International Day Against Homophobia, Biphobia and Transphobia
- implement the professional conduct model to protect the safety of Ambulance Victoria employees and provide support to those who experience workplace bullying, harassment or discrimination.[9]

The measures highlighted above, and the other preventative measures adopted by the organisation are important steps towards providing its employees and first responders with a safe working environment. Many of these measures also support the organisation's progress towards compliance with the positive duty. For example, the Commission was often told about the organisation's sustained focus on improving the mental health and wellbeing of its workforce over recent years; although, we heard a sense that some of the successes in the space have been tempered by the heightened and sustained stresses of providing emergency care during a pandemic.

> **[I]n the last five years ... there's been a significant recognition of the impact of mental health and wellbeing, the type of work that we do, and the desire to really care for our people ... we saw a significant investment as I said in the independent reviews, the restructuring, the appointment of key roles, which is something that we hadn't had before ... So that sort of whole shift around thinking, stigma, investment of resources, restructuring of the team has all kind of coincided over the last five years or so.** *Participant, Interview*

> **There is a significant focus on the health and wellbeing of the workforce, broadly, particularly in acknowledgement of the demand and pressures, the rise in mental health concerns, the rise in WorkCover claims and length of time of people being on WorkCover. There is a very genuine and deep care and consideration for the workforce.** *Participant, Interview*

Yet, owing to the past failure to comprehensively identify and assess the particular drivers or risks factors of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria, the measures outlined above, and the others adopted but that space prevents us from detailing, are not comprehensive or necessarily evidence-based.

Furthermore, as Section 4.3 below shows, in many cases, the measures do not appear to be having their intended effect of preventing unlawful or harmful conduct, which is evidenced by the extent of the conduct reported to the Commission throughout the review.

The absence of a comprehensive, integrated prevention plan within Ambulance Victoria has in part contributed to missed opportunities to:

- clearly demonstrate the seriousness with which it views workplace discrimination, sexual harassment, bullying and victimisation
- reiterate its commitment to preventing unlawful and harmful conduct and providing a safe working environment
- reiterate the standards of behaviour to which all members of the workforce are expected to adhere
- improve understanding of workplace discrimination, sexual harassment, bullying and victimisation, by giving greater visibility to the meaning of this conduct and providing practical and relevant examples of how they manifest in the workplace (this is critical information that can be applied in all relevant educational material and training)
- acknowledge the particular drivers of unlawful and harmful conduct within Ambulance Victoria, including the shared drivers and interconnections between forms of unlawful conduct and workplace harms (for example, sex/gender discrimination and sexual harassment)
- recognise the individual and organisational impacts when unlawful or harmful workplace conduct does occur
- affirm that workplace discrimination (including bullying based on a protected attribute), sexual harassment and victimisation are unlawful under the Equal Opportunity Act, contrary to the organisation's values and code of conduct, and unacceptable
- confirm Ambulance Victoria's legal obligation to eliminate discrimination, sexual harassment and victimisation (i.e. the positive duty)
- understand which initiatives are working to prevent unlawful conduct in the workplace.

The absence of a comprehensive prevention plan has led to further missed opportunities to clarify that *everyone* in the workforce has a role to play in preventing unlawful and harmful conduct (for example, treating each other fairly and with dignity and respect, role modelling appropriate behaviour, calling out unlawful or harmful conduct and, for managers and leaders, holding people who behave unlawfully to account and addressing workplace risk factors and systemic drivers). The absence of a comprehensive prevention plan has also meant there have been missed opportunities to engage and educate the workforce, including leadership, in the importance of prevention and the actions it is prioritising to tackle unlawful and harmful conduct.

Furthermore, the lack of a comprehensive prevention plan has resulted in the limited identification and visibility of prevention activities and outputs (and why they are needed), the individuals responsible for overseeing them, or their outcomes. Accountability for implementation and monitoring of prevention efforts – for example, through KPIs in individual performance plans, has also suffered.

As a result of taking the step of engaging the Commission to conduct this independent review, Ambulance Victoria now has an evidence-based

understanding of the specific drivers and risk factors contributing to discrimination, sexual harassment, bullying and victimisation in its workplace. The information in this report – particularly the discussion of drivers in Section 6.1 – means that the organisation is now well positioned to co-design a prevention plan with the workforce in which it sets out all the proactive steps it is already taking and will take to prevent or reduce unlawful and harmful conduct from occurring in the workplace.

Findings

- Ambulance Victoria has taken a number of important steps and established initiatives that are working towards providing employees and first responders with a safe working environment. For example, the (now superseded) *Mental Health and Wellbeing Strategy 2016-2019* specifically identified reducing bullying and harassment as vital to delivering a comprehensive approach to mental health throughout an employee's time with Ambulance Victoria. The *Diversity and Inclusion Strategy 2019-2022* has similarly guided the delivery of a number of key initiatives designed to foster a safe and inclusive workplace.
- The effectiveness of Ambulance Victoria's preventative measures has been limited by the absence of any prior comprehensive analysis of the key drivers of, or risk factors for, discrimination, sexual harassment, bullying and victimisation. The measures adopted are also not captured in a single prevention plan with measurable outputs or clear accountability for implementation and monitoring. As a result, the organisation's preventative measures are not having their intended effect, which is seen by the reported extent of the conduct, as described below.

4.2.3 Organisational capability

To drive a culture of safety and respect, Ambulance Victoria needs to build the organisational capability required to prevent discrimination, sexual harassment, bullying and victimisation from occurring. It is critical that there is clear, unambiguous and visible support from leaders and managers for preventing and addressing unlawful and harmful workplace conduct and its drivers. Leaders must be seen to be 'champions' for eliminating this conduct and they must model respectful behaviour, including by calling out inappropriate conduct and creating an environment where bystanders are encouraged to safely speak up and complainants are supported and protected from victimisation.

Setting and communicating behavioural expectations

Setting behavioural expectations

Ambulance Victoria has taken a critical step towards meeting the minimum standard related to organisational capability by defining the acceptable and unacceptable standards of conduct and communicating them to the workforce. In 2013, Ambulance Victoria adopted a set of organisational values that guide the acceptable and unacceptable standards of behaviour for how the organisation works and how staff members interact with each other (see Figure 4E).

Figure 4E – **Ambulance Victoria's values**

Being respectful	We encourage a workforce that is as diverse as the patients we care for. We recognise and value the contributions that each individual brings. We treat our colleagues, patients, families and members of the community with courtesy, respect, dignity and compassion. We share responsibility for creating an environment that demonstrates equality and is free from harassment and discrimination.
Working together	Providing high quality patient care is our core business. It is only by working together, that we can consistently achieve this. We are committed to working in a collaborative environment, seeking out the diverse knowledge and experience of others and building effective working relationships to deliver on our vision.
Being accountable	We trust and empower each other to deliver on our commitments, take ownership for our work and are answerable for our actions. We hold ourselves and each other accountable for our behaviours.
Openly communicating	We are committed to open, honest and transparent communication that builds trust and effective relationships, leading to better outcomes.
Driving innovation	We drive innovation by finding day-to-day efficiencies and improved ways of working. By using our creativity, we identify and drive changes that will allow us to better serve our patients and community. We foster a work environment in which everyone is encouraged to share ideas that will lead to positive change.

The values and descriptions are accompanied by examples of acceptable and unacceptable behaviours that are intended to bring the values to life. For instance, examples of acceptable behaviour relating to the value of 'Being respectful' include among other behaviours:

- treating others as we would like to be treated regardless of their age, race, sex, physical features, impairment or any other characteristics protected by law
- treating people with dignity and compassion and being sensitive to their needs.

By contrast, examples of unacceptable behaviour related to this same value include being intimidating, bullying or showing aggression towards others and, for instance, speaking disrespectfully of others, engaging in gossip, and having conversations that belittle others.[10]

Ambulance Victoria's *Code of conduct: Our way of working* – which details the organisation's values – explains that the values 'provide direction on the type of organisation [that Ambulance Victoria] aspire[s] to be and what type of behaviour [it] should expect and [it] regard[s] as appropriate for an ambulance service'.[11] It further explains that the values are intended to help create a positive and respectful culture[12] and stipulates the consequences for breaches.

> **Our Values represent a cornerstone in developing our desired culture and provide an important indicator of the behaviours required of each and every one of us. Critical to our success, our values support us in creating a positive and respectful culture; a culture where our people are engaged, where they are enabled to achieve their best, learn to expect respect and where we are all aligned and working together.**
>
> **The AV values provide a road map for acceptable and unacceptable behaviours, provide decision making guidance and describe how we intend to operate on a day to day basis. They are intended to encourage reflection on the impact that our behaviours have on each other, AV, our patients, community and our contribution to the Victorian Public Sector.**[13]

Ambulance Victoria's values sit alongside the Victorian Public Sector Values, which set out the standards of behaviour expected of all government agencies: responsiveness; integrity; impartiality; accountability; respect; human rights and leadership.[14] As a public sector agency, Ambulance Victoria is bound by these values, which set the standards of behaviour for all government agencies, and its employees and volunteers are also expected to uphold them.

The outcomes in Ambulance Victoria's strategic plan (see Section 2.1.3) also touch on acceptable standards of conduct, which are informed by the organisation's values. Outcome 3 (making the organisation a great place to work and volunteer) is particularly relevant. As part of achieving this outcome, Ambulance Victoria has stated that it aims to:

- keep its people safe, and physically and psychologically well
- provide an inclusive and flexible workplace
- develop a culture of continual learning and development
- embed an ethical, just and respectful culture.[15]

In addition, Ambulance Victoria's Professional and Ethical Standards Code seeks to uphold appropriate behaviour, including by committing the organisation to supporting diverse cultures and explaining that unlawful conduct is unacceptable.[16] The *Professional Conduct Policy* and *Professional Conduct Procedure* detail what constitutes discrimination, sexual harassment and bullying.

Various other policies seek to protect the rights of people with certain protected attributes, like the *Cultural and Ceremonial Leave Policy*, the *Parental Leave Policy*, and the *Flexible Working Arrangements Policy*.

Embedding behavioural expectations

Ambulance Victoria has sought to embed its values – and with them expected standards of behaviour – in a variety of ways. In addition to its code of conduct[17] and strategic plan,[18] which describe the intention behind the values and how they apply to the organisation's day-to-day work, Ambulance Victoria promotes its values through, among other avenues:

- the recruitment of external Paramedic and corporate candidates
- its induction for new starters
- an online peer-recognition tool that allows people to tag a value that a colleague has demonstrated
- its annual Excellence Awards, where nominators must outline how nominees represent the values
- its performance development process, by identifying the organisation's values as a key tool to inform the setting of performance expectations and assessment for promotion processes
- its Recognition and Development Program that requires candidates seeking eligibility for upward relieving roles to be assessed against the values
- the Graduate Ambulance Paramedic Probation Behavioural Checklist requires Team Managers to assess whether graduates have demonstrated the organisation's values during their probationary period.

Experiences of Ambulance Victoria's values

Many participants shared their perceptions about and lived experiences of Ambulance Victoria's values and the organisation's attempts to define acceptable standards of behaviour.

Overall, the Commission heard that there is a good level of awareness and recognition of Ambulance Victoria's values, with participants routinely citing the values during interviews and in submissions, and/or pointing out where they can be found or how they are communicated to the workforce. In line with these reports, 84% of respondents to the 2019 People Matter Survey indicated that they had seen or heard communications or information about the organisations values in the previous 12 months. In this respect, it appears that the organisation has been largely successful in communicating its values widely.

Yet, there was a view shared by a great many participants of a disconnect between the intent and lived experience of the values, with some suggesting that the values are discarded or minimised when they are inconvenient or seen to obstruct operational KPIs.

> **I think it's about trust. Some people talk about values and they're written on the bottom of email signatures and they're on the board at the branch and everyone knows what they are, what the five values of AV are. So, they're talked about, but people's lived experience doesn't reflect it. And so, it's about trust. So, you can tell [them] until the cows come home that we value integrity or we value trust or whatever, but if people go to work and don't experience that, then it's a very different experience for them.**
> *Participant, Interview*

> **[V]alues were seen as things other organisations had time for but "this is different, this is ambulance", the usual rules don't apply.**
> *Participant, Written Submission*

> **I've worked for [organisation name redacted] and they in my opinion would be the best at actually establishing a value set that people truly lived by. So, it was called the [organisation's name] way and everybody knew it and everybody worked to it and people would say to each other "you're not working the [organisation's name] way" if they were using inappropriate language ... I would say that the values of this organisation [Ambulance Victoria] are not messaged at all. So, we were told to put an indigenous statement at the start of every meeting ... but it's not done at the start of the senior leadership team meeting, for example. So [executive committee member's] meeting, [they don't] include that but we were all sent out the email about "we're going to be setting an atmosphere". So, there's the indigenous inclusive statement and then there's a respect statement. I think I'm the only person I've ever heard actually say it out loud except for my team. So, my team do it all the time at the start of their meetings, as well and it's like we will engage in respectful conversation and value what is shared and I actually really like it and I genuinely feel from that statement and make it contextual to the meeting that we're having. But I'm the only one who does it and I think they are the sorts of things that repetitively shift the expectations of an organisation. ... Things are on the front of the webpage but the delivery of the message of what we are here to do is so tainted for this organisation because if you ask any single Paramedic what are they here to do? I think they would all say, "we are here to get to code 1 cases within 15 minutes". So, our response KPI is the thing that we live and breathe by....**
> *Participant, Interview*

This disconnection that the Commission heard about is borne out in the rates and severity of harmful workplace behaviours reported during the review, ranging from everyday incivility and disrespect through to the most serious forms of workplace harm.

As highlighted above, some participants attributed this disconnect to the organisation's prioritisation of achieving operational KPIs over other priorities. Some attributed it partially to inadequate steps to help the workforce understand what the values stand for and felt that more could be done to help individuals to apply the values in practice.

> **Follow this and do this. But we have really lagged behind in that, what it means to be a professional, and what it means to behave kindly and respectfully and what our values – we plant our values around, but how do we make sure that people understand what that means? And I've been involved in lots and lots of reviews where we don't deliver best care, and where things seem to go wrong and it's seldom an isolated, clinical knowledge gap, more often than not, it's about behaviour, it's about communication, and it's about stuff that people just don't call out.** *Participant, Interview*

Other participants pointed to a need for additional measures to shift the organisation from a compliance-based culture to a values-based culture.

> **We need to turn around this compliance-based culture to being a values-based culture where we're aspirational and we want to be excellent at everything we do.** *Participant, Interview*

Some participants expressed concerns that this disconnect arises due to a lack of role modelling by some leaders and managers, even by those who expect their own staff and volunteers to uphold the values, as the sub-sections below explain.

Modelling respectful workplace conduct

Ambulance Victoria expects those in leadership roles to model the organisational values, including the appropriate forms of workplace conduct that they require. For example, the Terms of Reference of the organisation's Executive Committee provide that it is responsible for 'modelling and upholding the highest level of leadership, integrity and ethics to ensure the organisation maintains and facilitates a strong culture, staff standards, behaviours and values with an emphasis on inclusion, fairness, safety and respect'.[19] These expectations are reiterated via forums such as the Senior Leader forums. The Ambulance Victoria Ethics and Integrity Unit also highlights and embeds these standards.

The Commission heard from some participants who shared that, in their experiences, most leaders and managers model the organisation's values appropriately, while still acknowledging that poor behaviour can and does occur at times.

> **I don't see people [executive members] not modelling the values in the way in which they operate, in my experience.** *Participant, Interview*

> **I think that the leadership of the organisation reflects a strong culture of commitment to the values that we're talking about.** *Participant, Interview*

These views partially aligned with previous People Matter Survey results, which suggest that the respondents are reasonably confident that senior leaders model the organisation's values. While the 2020 People Matter Survey was silent on the question of senior leaders modelling organisational values, in 2019, 62% of respondents either agreed or strongly agreed that they model the values (up 14% from the 2018 survey). That same year, 74% of respondents agreed or strongly agreed that the organisation's managers model its values, while in 2018, 76% of respondents said that their manager encourages behaviours that are consistent with my organisation's values.

That view of the organisation's leaders and managers model its values was not universally held, however, with a considerable number of participants expressing strong concerns regarding the conduct that some leaders and managers model, even those who expect their own teams to uphold the values and expected standards of behaviour.

> **And they're always throwing the AV values at you and all that sort of stuff, and you just think, "Well, my Team Manager doesn't operate under the AV values, nor does my Senior Team Manager or my Area Manager. So yeah, why am I doing it?** *Participant, Interview*

> **There's a huge disconnect between management and the operational staff. The operational staff are – it's drummed into us that we have to follow AV values, that we have to be respectful and communicate openly and fairly and transparently and always look to provide the best care every time we have that opportunity. But management are completely void of any of that belief. ... [T]hey'll drive these values into us and expect us to uphold them when they're in the background, completely unravelling that belief system.**
> *Participant, Interview*

> **Management continually fail to demonstrate the AV values and the way they expect the staff below them [to] uphold them.**
> *Participant, Written Submission*

While it is not possible for the Commission to say with certainty, it may be that the more positive People Matter Survey results speak to the question's focus on senior leaders, who may have had greater training and experience in values-driven cultures and the importance of role modelling expected behaviours.

Upholding organisational values and behaviours

A critical further step in building organisational capability to prevent discrimination, sexual harassment, bullying and victimisation from occurring is ensuring that the workforce understands that this conduct is unlawful and will not be tolerated.

The Commission is aware of concrete steps that have been, and are being, taken by Ambulance Victoria to hold individual alleged perpetrators of discrimination, sexual harassment, bullying and victimisation to account for their actions in the workplace. We have also examined recent changes introduced by Ambulance Victoria to its reports and complaint system. The aims of these changes include ensuring that this system better responds to the needs of complainants, and also provides fair and consistent outcomes for those who engage in unlawful conduct (see chapters 7 and 8). The changes have, for instance, included the establishment of a centralised complaint unit (the Professional Conduct Unit), increased focus on data analysis to identify trends and risks, and the creation of a new independent telephone service ('SafeSpace') to provide information and advice on complaint pathways and support.

Still, the Commission was told repeatedly of concerns that Ambulance Victoria's senior leaders do not consistently hold individuals to account for failing to uphold the organisation's values or behave in accordance with expected standards of conduct. Worse still, as Section 6.1.2 details, we were told by participants of an organisational tolerance of discrimination, sexual harassment, bullying and victimisation and multiple instances where individuals who had reportedly behaved contrary to the organisational values were nonetheless promoted to more senior roles or otherwise indirectly rewarded for poor behaviour.

> **We've walked past a lot of stuff and we've accepted it. And it's still going on now.** *Participant, Interview*

> **So, I'd heard numerous conversations with [people senior to me about the bullying] and [it was always] that old age excuse –"oh that's just [them], that's just how [they've] always been". Rather than talking about the deficits about [this person] meeting AV's values and code of conduct.**
> *Participant, Interview*

> **They're clearly not showing the attributes that the managers come out and say, "These are the things we value. This is what we value", and the people getting promoted are not the people who are showing these values.** *Participant, Interview*

> **Stop rewarding bad behaviour and follow the policies and procedures. Staff who do the right things see staff who do the wrong things [being] rewarded with awards, like inappropriate behaviour towards another person .... Staff also see this when the Ambulance Service Medal is awarded to a person who is well outside of the meritorious service. This is not setting the Ambulance Victoria values or that of any reasonable person.**
> *Participant, Written Submission*

> **Someone with multiple complaints should not be able to continue to rise in the ranks without significant changes in their behaviour to align them with AV's values.** *Participant, Written Submission*

> **I think that someone needs to hold them to account with their values. Like the values are all well written and even just the professional code of conduct for just all Victorian public service workers, if people were to follow that and if there was some way that people could be held to account for that.** *Participant, Interview*

As Section 6.1.2 explores in detail, this type of organisational tolerance of unlawful and harmful workplace conduct not only harms the workforce, but it also creates a permissive environment that enables more widespread and serious forms of conduct and fosters a culture of silence due to a fear of victimisation and a lack of accountability, which then enables the conduct to continue unchecked. Furthermore, while acknowledging different points of view, it appears to have contributed to a wide-scale loss of faith and distrust in Ambulance Victoria's values and the willingness of the organisation's leaders to hold people accountable for acting in ways that are contrary to the values. As a result, the values have been rendered largely meaningless and the credibility of some leaders and managers has been undermined.

Building the workforce's understanding of unlawful conduct

A critical aspect of building organisational capability to prevent discrimination, sexual harassment, bullying and victimisation is supporting the workforce to contribute to a safe, equal and respectful workplace culture. To do this, employers like Ambulance Victoria should ensure that everyone in the workplace properly understands what unlawful conduct is, and why it is against the law and contrary to the organisation's values and objectives.

The commissioning of this review has been an important means of engaging the workforce in discussions related to unlawful and harmful workplace conduct, which the Commission has observed is helping to improve the workforce's focus on, and literacy around, this conduct.

Ambulance Victoria has also sought to build the workforce's understanding of unlawful conduct through its equal employment opportunity induction and refresher courses (and efforts to set and communicate behavioural expectations, as detailed above). These courses broadly cover workplace discrimination, sexual harassment, bullying, victimisation and vilification, and explain Ambulance Victoria's report and complaint processes.

The Commission's survey asked people to describe their experiences of training in relation to discrimination, sexual harassment, bullying and victimisation while at Ambulance Victoria:

- Of the 2057 people who responded to a question about whether they had ever received such training, 77.1% (n=1586) indicated that they had (either face-to-face or online), while 15.8% (n=326) said they had not.
- Of the 1410 people who responded to a question about when they received their most recent training, around three in five (61.4% or n=866) said it took place between one and three years ago, with 17.5% (n=247) of respondents indicating it occurred within the previous year. For 21.2% (n=297) of respondents, the training took place more than three years ago.
- Of the 1408 people who responded to a question about whether the training helped them to understand their rights and obligations under the Equal Opportunity Act, 76.8% (n=1082) said it had, whereas 23.2% (n=326) indicated it had not.

It is welcome to see that the majority of the survey respondents who had completed these courses felt that the training had strengthened their understanding of the Act and their related rights and responsibilities. In Volume II, the Commission explores whether there are opportunities to improve organisational capability related to unlawful and harmful workplace conduct by improving the 'content of these courses. The Commission will consider issues including, the prominence of the Act in training materials, particularly the positive duty, how key drivers and impacts of this conduct are explained and how the training supports employees and first responders to identify and respond to unlawful and harmful conduct when it occurs, as well as the information available about complaint pathways. Further to these issues, the Commission will also explore whether the frequency of the refresher courses are adequate and in keeping with standard practice.

Speaking up

Another critical step in building organisational capability and complying with the positive duty in the Equal Opportunity Act is encouraging and supporting bystanders to act safely to respond to unlawful workplace conduct.

Who is a 'bystander'?

When referring to 'bystanders', the Commission includes both people who directly witnessed workplace discrimination, sexual harassment, bullying, victimisation or incivility and those who later learned about this conduct. This is because research tells us that later learning about these types of unlawful and harmful workplace conduct can be just as harmful as witnessing this conduct directly.[20] The rates of bystanders detailed in this report are reflective of this broader definition and are therefore higher than if the Commission had just asked participants about experiences of directly witnessing unlawful or harmful conduct.

In line with the positive duty, bystander interventions provide an important opportunity to proactively address discrimination, sexual harassment, bullying and victimisation by those who may be present when it occurs, or who later learn about it. In addition, bystander interventions contribute to the setting of acceptable standards within an organisation by challenging those who engage in this conduct.[21] In the Commission's experience, knowledge that bystanders are able to clearly understand and identify a need to act may also have an important deterrent effect, helping to prevent harm before it occurs.

A 'speak up' culture is characterised by equipping and supporting the workforce to identify and act on unlawful or harmful conduct,[22] with increasing emphasis on the critical role of bystanders in supporting such a culture. Research into effective bystander interventions have consistently identified a framework of key components to enable bystanders to take action. This includes supporting bystanders to:

- identify behaviours that require action
- decide to act (including by emphasising active bystander action as a norm)
- determine what action to take
- be confident in taking the identified action
- take the identified actions.[23]

Organisational training and resources that support bystanders to clearly understand and identify the need to act, and the provision of clear, practical guidance on what to do, are key enablers of building a 'speak up' culture. It is equally important that organisations like Ambulance Victoria proactively address known barriers to speaking up, including power imbalances and a perceived organisational tolerance of unlawful or harmful conduct.[24]

It is therefore welcome that Ambulance Victoria has recognised the importance of creating and maintaining a 'speak up' culture and has recently taken steps to create positive environments to encourage people to act when they witness or later learn about unlawful or harmful workplace conduct (see Figure 4F). These efforts have included implementing programs to build capability and confidence to have courageous workplace conversations and respond proactively to inappropriate behaviours. Its efforts to create such a culture extend also to encouraging employees and first responders to speak up about concerns about patient safety – an area where the organisation is leading.

Figure 4F – **Ambulance Victoria's steps to create a positive workplace environment**

Raise It! pilot and Upstander program

In early 2020, Ambulance Victoria partnered with the Commission to pilot *Raise It!*, a program designed to:

- raise awareness of workplace sexual harassment and discrimination related to pregnancy, parental leave and access to flexible work
- build confidence and competence among participants to have conversations about these issues.

A holistic program incorporating preparation, education and resources, *Raise It!* was developed in recognition that many people in workplaces – including managers, employees and volunteers – find it difficult to have conversations about these challenging issues. Ambulance Victoria rolled out the pilot in one region, with 35 staff attending the face-to-face training that focused on empowering people to respond to inappropriate workplace conduct and take proactive steps to reinforce positive behavioural norms among their work colleagues.

After participating in the pilot, Ambulance Victoria identified a need for a further, targeted program for its workforce to challenge cultural 'social norms' around the acceptability of subtle, bullying workplace behaviours, such as gossiping, spreading rumours, offensive humour and unreasonable criticism of colleagues. It engaged the Commission to develop an 'Upstander' program, which targeted identified behavioural change champions to become coaches of 'upstander' behaviour. A total of 15 people participated in a co-design workshop, with 56 staff participating in the training program in 2021. Ambulance Victoria plans to roll out the training organisation-wide in 2022.

Best care framework

In 2018, Ambulance Victoria introduced its 'best care' framework, which seeks to create a safe environment in which staff can safely raise concerns related to patient care and safety. Developed through wide-ranging consultation, the framework describes how the organisation's purpose, people and system pillars enable a best care experience and emphasises the role of everyone within the organisation in creating and supporting best care.

Ambulance Victoria includes a video on best care in its new starter induction program and integrates best care accountabilities across its position descriptions. Other organisation-wide examples include the Best Care Innovation Fund and Excellence Awards, which promote and enable continuous improvement to deliver on its best care goals and provide focused recognition of staff and initiatives that support best care. Best care committees also operate across the organisation's regions and operational areas, providing the necessary clinical governance structures and focus for continued integration.

By piloting a program promoting, encouraging and supporting bystander action, Ambulance Victoria's initiative aims to build a team culture that is conducive to challenging and speaking up against inappropriate workplace behaviours, and helps to increase the perceived respect, civility, trust and engagement among team members. Importantly, an evaluation of the pilot found that those who attended the training session reported having more confidence in their ability to speak up and challenge inappropriate behaviour following the training.

During interviews, the Commission heard positive reflections about the impact of the 'best care' framework. While not directly related to unlawful and harmful conduct, this framework points to how targeted and integrated strategies and initiatives can promote enduring change. Participants reflected that there had been a transformational change to the approach towards clinical incidents, from disciplinary to remedial, and they felt more empowered to speak up about clinical concerns:

> **[I]f you were to have a clinical breach or a clinical incident, and there was no behavioural aspect to it, if I just simply gave the wrong drug or, I acted in error, my experience would be very different than if I was involved in a report through the Professional Conduct Unit, whether I was the complainant or the alleged perpetrator.** *Participant, Interview*

The Commission also observed through its engagement that 'best care' has become integrated into the organisational vernacular and is embedded across a range of policies, frameworks, initiatives and programs. While the framework and underpinning approach have not been formally evaluated, the perception and impact of the work described to the Commission indicates Ambulance Victoria's capability to promote and engender 'speak up' cultures, such as in patient safety settings.

While commending Ambulance Victoria on these important steps to encourage a 'speak up' culture, including in relation to unlawful and harmful workplace conduct, the Commission notes with concern our findings in this report showing that:

- a high proportion of participants in this review reported witnessing or later learning about unlawful conduct during their employment with the organisation (see Section 4.3)
- among those participants who identified as bystanders, there is a low rate of bystander reporting of unlawful conduct (see Section 7.3).

We also note the view strongly and widely expressed by participants that there is a culture of silence within the organisation, perpetuated by a fear of victimisation and a lack of perpetrator accountability, which is acting as a barrier to bystanders and victim-survivors speaking up and making reports or complaints (see sections 6.1.2 and 8.2).

> **[T]he culture of "speak up and you will be shut down" has been heard and understood by many staff.** *Participant, Written Submission*

> **You either keep your mouth shut, do your job and fly under the radar. If you speak up, you get reprimanded, for a better word, and denied career progression.** *Participant, Interview*

Furthermore, while the initial roll-out of the 'Upstander' program is encouraging – even in the context of the current unprecedented demands on the organisation – its impact has been constrained by the relatively small number of employees and first responders who have completed the program so far, relative to the size of the workforce. In addition, the Upstander program has so far not been made a regular part of Ambulance Victoria's training program for employees and first responders, or been situated within a broader, strategic approach that focuses on encouraging bystander action and a 'speak up' culture related to unlawful and harmful workplace conduct. For example, Ambulance Victoria's complaint policies and procedures do not specifically address the important role of bystanders or the supports that are available to them.

Findings

- Ambulance Victoria has developed, communicated and sought to embed clear behavioural expectations via its values, but there has been a loss of faith in those values as guiding expected standards of conduct. This loss of faith has arisen in response to, among other things, the failure of some leaders and managers to model appropriate conduct and to hold individuals consistently to account for failing to adhere to the expected standards.
- There are significant opportunities to improve the workforce's understanding of the Equal Opportunity Act, as well as the meaning, drivers and impact of workplace discrimination, sexual harassment, bullying and victimisation. One way to achieve this is to increase the frequency of relevant training courses and to strengthen their content (for example, in relation to the positive duty).
- There is a need to develop a strategic and integrated approach to encouraging and equipping bystanders to respond to unlawful and harmful workplace conduct. There is also a need to create an environment in which people feel and are safe to come forward with concerns.

4.2.4 Risk management

The positive duty in the Equal Opportunity Act requires Ambulance Victoria to regularly identify and assess risk factors for discrimination, sexual harassment and victimisation.

Establishing a risk framework

Ambulance Victoria's Enterprise Risk Management Framework sets out its approach to risk management. It is supported by a Risk Management Policy, an Enterprise Risk Register and a Divisional Risk Register, with both registers updated annually and as required. The Board approves the Enterprise Risk Register each year and receives monthly updates on risk treatment plans from the Executive Committee. The Audit and Risk Committee oversees these processes on behalf of the Board.[25]

The Commission heard from some participants who noted that risks related to discrimination, sexual harassment, bullying and victimisation have been on the organisation's agenda to varying degrees in recent years, with particular attention paid to the People Matter Survey results and the organisation's complaints data as indicators of the rates of unlawful conduct.

Yet, Board papers over the past five years show that unlawful and harmful workplace conduct has not been considered to be a significant organisational risk requiring close monitoring. For example, it was not included as an area of *significant* risk in the 2019-2022 Health and Safety Action Plan and it has historically been left to the remit of People and Culture, rather than being seen as a shared accountability of all divisions. Until recently, discrimination, sexual harassment, bullying and victimisation were not included on the organisation's Enterprise Risk Register as risks in their own right. Rather, they were reflected in relation to other risks, such as workforce safety or organisational culture, including as indicators.

The Commission observed evidence that the risk lens applied to discrimination, sexual harassment, bullying and victimisation has shifted recently, particularly since the emergence of the public allegations in October 2020. More recently, Ambulance Victoria has used the Enterprise Risk Register to monitor, assess and treat several critical risks related to discrimination, sexual harassment, bullying and victimisation. In 2020, the register captured these risks under the umbrella of:

- a 'workforce safety and wellbeing' enterprise risk, encompassing mental health, manual handling and occupational violence, assigned to the Executive Director of People and Culture
- an 'organisational culture divisional risk', re-assigned to the CEO from late 2020 when this independent review was set up and now including risks relating to unlawful conduct.

In addition, as part of the statement of priorities commitment to implement the department's framework and guiding principles for promoting a positive workplace culture,[26] in November 2019, Ambulance Victoria developed a workplace behaviour risk profile. As noted earlier in this chapter, this involved the organisation allocating a behavioural risk rating to individual branches based on People Matter Survey results, and complaints and other relevant data. In May 2020, the organisation presented the risk profile, together with 'hot spot' locations

and remedial actions (for example, training, management action or complaint investigations), to the People and Culture Committee. The profile was also used to prioritise the delivery of anti-bullying and harassment training to employees and managers in 2021.

This recent shift in the approach to risks related to unlawful and harmful workplace conduct is welcome and one that the Commission encourages the Ambulance Victoria Board, supported by the Executive Committee, to continue strengthening.

Monitoring and understanding risks

Consultation and feedback

In addition to reviewing complaints data from the Professional Conduct Unit, one way that Ambulance Victoria seeks to monitor known risks and identify and assess new and emerging risks related to unlawful and harmful workplace conduct, is to engage and seek feedback from the workforce.[27]

Ambulance Victoria invites the workforce to share their experiences of safety and workplace equality (as well as other experiences) by completing the Victorian Public Sector Commission's annual People Matter Survey. Ambulance Victoria relies on these survey results as key indicators of the extent of unlawful and harmful workplace conduct and to monitor risks related to people and culture.

Beyond the People Matter Survey, Ambulance Victoria:

- periodically invites participation in a survey to understand workplace experiences that impact the workforce's psychosocial health and wellbeing[28] and uses survey data to monitor and inform iterative measures under the organisation's Mental Health and Wellbeing Strategy
- encourages departing workforce members to complete an exit interview survey, wherein they are asked to reflect on their experiences in the organisation, including their reasons for leaving
- has commissioned or conducted ad hoc reviews, inquiries and health/pulse checks in response to risks or concerns being raised (see Appendix D)
- has set up several representative forums (for example, the Psychological Health and Wellbeing Consultative Committee), the stated objectives of which include seeking input from the workforce or employee representatives, and unions and professional associations and providing feedback to leadership, which could include risk identification.

While acknowledging the various methods relied upon, the Commission heard that the organisation's People Matter Survey results and complaints data from its Professional Conduct Unit are the main sources regularly relied on to understand people's experiences of unlawful and harmful workforce conduct. This is consistent with the two previous psychosocial health and wellbeing surveys being administered three years apart, the previous reviews being reactive and ad hoc and the exit interview survey data yielding limited information about unlawful and harmful workplace conduct.

The Commission's survey asked people to indicate how often Ambulance Victoria consults about personal experiences of unlawful or harmful workplace conduct or inequality. Of the 2043 people who responded to this question, around one-

quarter (25.8%) indicated that Ambulance Victoria consulted them annually. While we cannot be certain, it is likely that Ambulance Victoria's participation in the annual People Matter Survey informed many of these responses. A further 32 people told us that Ambulance Victoria consulted twice yearly, while 113 people (5.5%) said they were consulted every two years, and 203 (9.9%) indicated they were consulted every three or more years.

The most common response, however, came from around four in seven people (57.2% or n=1168) who told us that they did not know or were unsure how often Ambulance Victoria consulted people about experiences of unlawful conduct. It is possible that this uncertainty has arisen at least partly from the recent low workforce engagement with the People Matter Survey, with response rates lowest in 2016 (14.0% or n=616) and in 2020 (17.0% or n=1197) (and highest in 2019 (50.0% or n=3318), followed by 2017 (29.0% or n=1636)).

The Commission heard that high levels of distrust across Ambulance Victoria's workforce may be discouraging engagement with the survey. Some respondents held the perception that these results are shared with the organisation's management, even though the results are confidential and de-identified. Although we did not identify evidence to support this perception, we note that links to the survey are sent out by Ambulance Victoria as is the standard procedure (and not the Victorian Public Sector Commission), which may be influencing the perception. The COVID-19 pandemic is also undoubtedly a factor in the participation in the past two surveys. Regardless of the reason, those who have not completed the survey, may be unaware of the opportunity it affords to provide feedback on experiences of unlawful conduct.

The high levels of uncertainty regarding how often Ambulance Victoria consults about personal experiences of unlawful or harmful workplace conduct or inequality point to a lack of awareness among employees and first responders of how the organisation seeks to understand people's individual experiences of harm occurring in the workplace. Considered alongside the low participation rates in the People Matter Survey, the low rates of informal reports and formal complaints about unlawful and harmful conduct in the organisation (see Section 7.3) and the widespread concerns reported to the Commission that those who complain will be penalised (see sections 6.1.2 and 8.2.1), it is clear that Ambulance Victoria is missing opportunities to learn about the extent – and the nature – of discrimination, sexual harassment, bullying and victimisation in its workplaces, manage related workplace risks, and tailor its responses appropriately.

Contact Officers and Champions

Equal Opportunity Contact Officers and Workplace Equality Champions can play a key role in supporting organisations like Ambulance Victoria to meet their positive duty under the Equal Opportunity Act to take reasonable and proportionate steps to prevent discrimination, sexual harassment and victimisation.

Contact Officers

As part of their role, Contact Officers can help to identify new and emerging risks of unlawful and harmful conduct, support early intervention, and contribute to the design and implementation of effective preventative measures. Contact Officers can play a particularly important role in workplaces where there might be high levels of distrust of management or widespread fears of victimisation, as people may see the officers as a safe avenue through which they can raise concerns and obtain information about their options.

The role of Contact Officers

A Contact Officer is a first point of contact for people with enquiries related to discrimination, sexual harassment, bullying or victimisation. While many staff will raise these matters directly with their manager or with People and Culture, others may be unable to, for example, if their manager is the person responsible for the conduct, or they may prefer to talk to a Contact Officer. The role of a Contact Officer is to:

- provide accurate, impartial information about workplace policies related to discrimination, sexual harassment, bullying and victimisation and reporting or complaint procedures
- help promote awareness of these policies and procedures and people's rights and responsibilities under the Equal Opportunity Act
- provide information about where to access support or advice, both internally and externally
- where appropriate, provide guidance on how to use the internal processes available to them
- identify issues that need to be escalated for resolution and reporting (for example, criminal matters)
- work with other contact officers to develop skills, share practice knowledge (in a de-identified way) and identify new and emerging risks and trends
- champion and support the organisation to build a culture of workplace equality and safety, monitor risks and inform the design of effective prevention and early intervention strategies.[29]

Ambulance Victoria currently has six Contact Officers who have volunteered to be a first point of contact for people enquiring about discrimination, sexual harassment, bullying or victimisation. While these Contact Officers are still in place, the program is currently inactive and under review. The Contact Officers have not received training since 2017.

The lack of Contact Officers at Ambulance Victoria was raised by a small number of participants. The Commission did, however, hear routinely from participants who expressed concerns about the rigid pathways for accessing information related to reporting and complaints, including concerns about being directed to raise issues with their manager (see chapters 7 and 8). The absence of Contact Officers means that there is one less internal pathway available to seek information and advice about rights and options in relation to discrimination, sexual harassment, bullying and victimisation. This is concerning in light of our findings related to the high rates of discrimination, sexual harassment, bullying and victimisation (see Section 4.3), the low rates of informal reports and formal complaints (see Section 7.3), and the repeated concerns expressed that those who complain will be penalised (see Section 8.2).

For those who would prefer to seek initial advice and guidance from a peer, rather than their manager or the Professional Conduct Unit, the absence of Contact Officers may be a factor that is likely to undermine their willingness to raise concerns. The absence of Contact Officers also means that Ambulance Victoria is missing further opportunities to learn (in a de-identified way) about the workforce's experiences of discrimination, sexual harassment, bullying and victimisation and to intervene to prevent further occurrences of this conduct.

Champions

Champions, like Contact Officers, can also be a critical first point of contact in the workplace. The role of Champions is typically different and broader in nature than that of Contact Officers, extending, for instance, to championing an issue or workplace reform or other large program of cultural change. Leading models range from champions embedded at the local level across an organisation, to champions who are key leaders in their respective industries. The distinctive and broader focus of champions can be helpful for an organisation when seeking to identify new and emerging risks of harmful behaviour, but particularly when seeking to identify risks related to change implementation (such as backlash) to enable early and effective intervention in response.

CASE STUDY

Different models of Workplace Equality Champions

Change Our Game Champions: The Change Our Game Champions program brings together influential leaders from the sport and active recreation sector to champion cultural change and generate leadership opportunities and experiences for women and girls. The Workplace Equality Champions are leaders from the industry and their role is to influence change, not just within their organisation but sector wide, by sharing information, resources and acting as a figurehead in driving positive change.[30]

The Victorian Public Sector Women of Colour Network: Established in 2019, this network is a staff-led collective run by and for women of colour in the Victorian Public Sector.[31] Championed by the Deputy Secretary of Fairer Victoria, the network was established to create a safe and inclusive space for members to share lived experiences, advocate for the personal professional development of members, inform policies and programs on how to meet the needs of communities and improve diversity and inclusion practices across the public sector.

Champions of Change Coalition: Convened by the former Sex Discrimination Commissioner and originating with a group of eight male business leaders coming together to drive change on gender equality in their organisations, the Champions of Change Coalition has since evolved to include both male and female leaders from a diverse range of industries and professions, as well as sparking industry-specific subgroups, like Champions of Change Fire and Emergency.[32] Members of these groups publicly commit to leading 'practical, constructive and disruptive action to accelerate change'.[33] The coalition allows members to draw on the knowledge of their peers and work from a collective action plan that allows them to measure progress. The Champions of Change Coalition has supported members to take concrete action to address workplace sexual harassment and support flexible work, among other positive impacts.[34]

VEOHRC Gender Equality Act implementation champions: The Commission is in the process of adopting a network of champions initiative to implement our new obligations as a 'defined entity' under the Gender Equality Act. As our implementation obligations extend organisation wide, the champions model will help all employees of the Commission to upskill and roll-out our new responsibilities. Under the initiative, each branch identifies a 'champion' who will be provided with training, resources and guidance to support their fellow branch members in implementation. These champions will be the first port of call for staff members conducting gender impact assessments and will support and advise staff. Champions will also raise any implementation concerns so they can be addressed.

Ambulance Victoria has a limited champions model in place in its Diversity and Inclusion Council. The council's Terms of Reference specify a range of responsibilities for members, many of which reflect champions model. These responsibilities include supporting the development of diversity and inclusion strategies, holding management accountable for delivering the strategies (although, it is not clear how this is to occur), and ensuring Ambulance Victoria remains attuned to leading diversity and inclusion practices. In addition, members are required to 'be willing, active and engaged Diversity and Inclusion Champions within their business units and areas of influence.'[35] On a day-to-day level, members undertake activities such as promoting Diversity and Inclusion topics of discussion, representing colleagues at the Diversity and Inclusion Council and communicating information from those discussions to colleagues, and organising related events.

However, the Terms of Reference suggest that the council operates centrally as a senior advisory body for the implementation of diversity and inclusion strategies, rather than emphasising and specifying the role of members in setting the cultural tone for their respective areas on issues of diversity and inclusion more broadly.

Other groups that Ambulance Victoria put forward as following a 'champion' model include the Peer Group, Integrity Group, People Matter Community of Practice and Reconciliation Working Group.

This suggests that Ambulance Victoria, while taking some important steps towards utilising a champions model, could do more to empower individuals in the organisation to be a force for transformative change on workplace equality and prevention issues and to make this the central focus of a champions group.

Findings

- Not considered to be a significant organisational risk until a recent shift in approach, unlawful and harmful workplace conduct and inequality requires closer and more frequent monitoring by the Ambulance Victoria Board, informed by the Executive Committee.
- The information and data sources presently relied upon to monitor, identify and assess risks related to unlawful and harmful workplace conduct have resulted in gaps in knowledge that have limited the organisation's ability to intervene early or respond, necessitating a more comprehensive approach to risk monitoring, supported by the rebuilding of trust and the fostering of a safe environment in which to raise concerns.
- While a feature in the workplace in the past, the current absence of Contact Officers has limited both the avenues available for employees and first responders seeking initial advice and guidance regarding unlawful and harmful workplace conduct, as well as the organisation's ability to identify new and emerging risks related to this conduct.
- While some important steps have been taken to create diversity and inclusion champions, more steps could be taken to incorporate a champions model into the workplace.

4.3 Extent

The Terms of Reference directed the Commission to examine the extent of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria. We sought to understand the extent of this unlawful conduct – and, in the process, the effectiveness of the organisation's efforts to prevent it – by considering a broad range of data sources. In our workforce survey, we asked current and former employees and first responders to indicate whether they had experienced, witnessed or later learned about unlawful conduct (and, for those who said that they had, to describe the nature of their experiences).

We considered the responses we received in the context of:

- other relevant surveys, such as the Australian Human Rights Commission's national survey on sexual harassment in Australian workplaces, the annual Victorian Public Sector Commission's People Matter Survey, and other Ambulance Victoria workforce surveys (while acknowledging that no two surveys considered are directly comparable)
- experiences shared with us in interviews, submissions, focus groups and otherwise throughout the course of the review
- Ambulance Victoria's data on the number of reports and complaints of discrimination, sexual harassment, bullying and victimisation from 2016-2017 onwards
- the Commission's own data related to complaints about Ambulance Victoria.

We have detailed what we learned about the extent of this unlawful conduct in this section. We do so while acknowledging that even one case of discrimination, sexual harassment, victimisation or bullying is too many and knowing that even a single case may cause considerable harm to the individuals affected and the organisation as a whole.

The information presented here is based on the experiences of those people who came forward to the Commission. Without speaking to every individual in Ambulance Victoria, it is not possible to determine precisely how widespread this conduct is within the organisation. The data presented here should not be extrapolated to the whole workforce, although it does provide a clear insight into the scale of the conduct that is occurring more broadly.

Research also tells us that under-reporting of the conduct we examined influences what is known about it,[36] which suggests that there are likely to be more people affected by this type of unlawful conduct in the organisation whose experiences are not reflected in this report.

The Commission is not a court of law and, under our review function in section 151 of the Equal Opportunity Act, we do not investigate individual matters brought to us. The reports of discrimination, sexual harassment, bullying and victimisation detailed in this report are based on the information shared with us by participants. The Commission does not require participants to substantiate their claims, but rather listens carefully to those experiences and learns from them, including what they illustrate about broader systemic issues within the organisation. This also explains why we use the terms alleged victim-survivor and alleged perpetrator or reported, when describing the individual experiences shared with us.

Findings

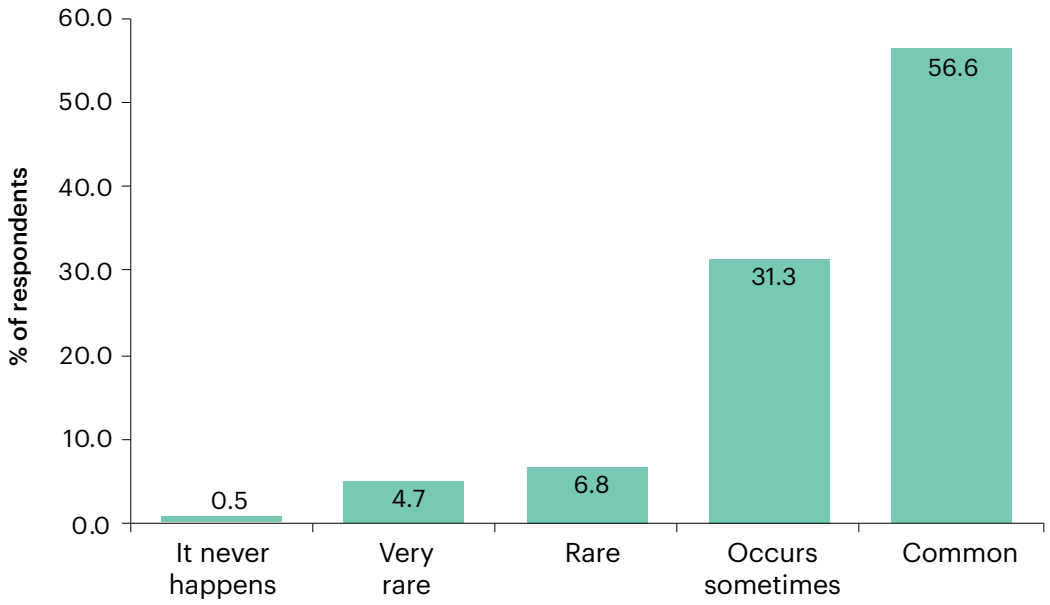
- The Commission's workforce survey, reinforced by the interviews and submissions, shows a large number of participants have directly experienced discrimination, sexual harassment, bullying or victimisation in the organisation:
  - 47.2% of the 1925 people who responded to the survey question told us that they had experienced discrimination at Ambulance Victoria
  - 17.4% of the 1928 people who responded said they had been sexually harassed at Ambulance Victoria
  - 52.4% of the 1886 people who responded to the question said they had been bullied
  - 34.5% of the 232 people who had made a formal complaint of unlawful conduct and answered the question reported being ostracised, victimised or ignored, while 40.5% reported negative career consequences
  - 14.6% of all survey respondents said they experienced bullying as well as another form of unlawful conduct and 8.2% of all survey respondents said they had experienced all three (discrimination, sexual harassment and bullying).
- Experiences of incivility and other everyday forms of disrespect are widespread among participants. This conduct is not only harming employees and first responders, but also creating a permissive environment for more widespread and serious conduct.
- A large number of participants reported witnessing or later learning about discrimination, sexual harassment, bullying or victimisation, further evidencing the scale and awareness of this conduct within the organisation; it is not only occurring behind closed doors, but also openly in workplaces and there is a perception that it will be tolerated even if seen.
- The high number of reports of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria indicate that its preventative measures are not keeping employees and first responders safe at work and must be strengthened.

4.3.1 Discrimination

After bullying, discrimination was the second most common type of unlawful conduct reported to the Commission via the workforce survey. Of the 1925 people who responded to the survey question, just under half (47.2% or n=909) indicated that they had experienced discrimination within Ambulance Victoria. A similar number told us that they had witnessed or later learned about it occurring in the organisation, with 47.7% (n=900) of the 1887 respondents saying they were a bystander.

Reinforcing these findings are the experiences of discrimination shared regularly during interviews and in submissions, and the strong perception revealed via the survey that discrimination is common within Ambulance Victoria (see Figure 4G). Of the 1778 people who responded to the survey question, more than half (56.6% or n=1007) told us that they believe discrimination to be commonplace.[37]

Figure 4G – **Perceptions of the occurrence of discrimination at Ambulance Victoria**



In relation to the reported occurrence of discrimination at Ambulance Victoria, the results of the Commission's survey – reinforced by what we were told during interviews and in submissions – are considerably higher than those reported in the People Matter Survey, which have ranged from 10% (n=331) in 2019 to 14% (n=232) in both 2018 and 2020 (n=167) for Ambulance Victoria.

As explained in Chapter 1, the higher rate of reporting experiences of discrimination in response to the Commission's survey might arise from the context of our survey (feeding into an independent review) disproportionately encouraging people who had experienced unlawful conduct to participate. However, ORIMA Research found no obvious indication of non-response bias, with participants in the Commission's survey being broadly representative of the workforce. While the Commission cannot be certain as to the reason for the significantly higher rate of discrimination reported in our survey, a possible

reason – given what the Commission heard about the high levels of distrust across Ambulance Victoria – is that the workforce felt motivated to report their experiences to an external, independent review. While the People Matter Survey is also conducted by an independent body (i.e. the Victorian Public Sector Commission), and the results are confidential and de-identified, we heard that some within the workforce believe identifiable information is shared with the organisation's management. This perception could be discouraging engagement with the People Matter Survey and, in turn, impacting the rates of reporting unlawful conduct, like discrimination. The fact that the link and reminders to complete the People Matter Survey are sent from Ambulance Victoria (the standard practice across the Victorian Public Sector) may reinforce this perception.

Despite the high number of people experiencing or witnessing discrimination and the view that this type of unlawful conduct is commonplace, there are low rates of related complaints internally, with only 18 made in the five years from 2016-2017 according to Ambulance Victoria records (see Section 7.3.1). The impact of the scale of discrimination on rates of reporting is addressed in Section 8.2.

4.3.2 Sexual harassment

Despite being unlawful, research shows that sexual harassment is widespread and persistent across Australian and Victorian workplaces.[38] Awareness of the extent of workplace sexual harassment has grown considerably following the #MeToo and other related movements, and with the continued emergence of high-profile cases[39] in Australian workplaces. At the same time, understanding of what sexual harassment looks like, the reasons it occurs, the resulting impacts, and how to prevent and respond to it effectively has also improved. Yet, as the Sex Discrimination Commissioner, Ms Kate Jenkins, said in her ground-breaking 2020 report, *Respect@Work*, Australia still 'lags behind other countries in preventing and responding to sexual harassment',[40] which suggests that workplaces – and our community in general – have a long way to go in addressing this issue.

The Commission's survey asked whether respondents had personally experienced sexual harassment at Ambulance Victoria, based on a simplified legal definition of this conduct. Those who said they had been harassed in the organisation were asked to identify which of the specified behaviours likely to constitute sexual harassment they had experienced.

The survey shows that there are a significant number of people who have experienced sexual harassment within Ambulance Victoria. Of the 1928 people who answered the question, 17.4% (n=335) said they had been sexually harassed in the organisation. Many more people told us during interviews and in submissions of their personal experiences of sexual harassment within Ambulance Victoria.

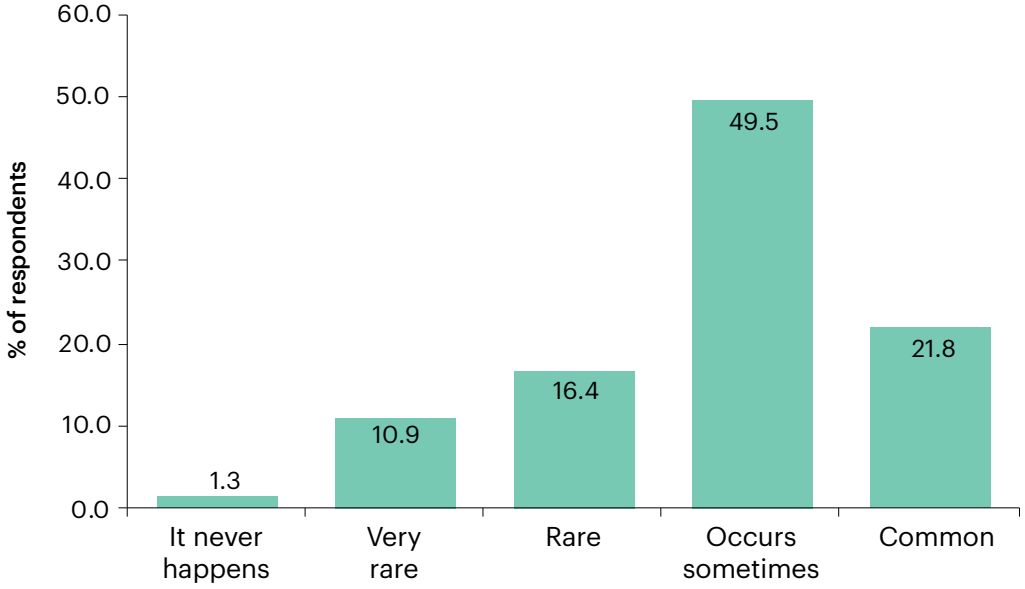
This result from the Commission's survey is higher than the results reported in the People Matter Survey in previous years, which have ranged from 12% (n=398) and 11% (n=128) in 2019 and 2020, respectively, to 15% (n=249) in 2018. As with discrimination, the high levels of distrust of Ambulance Victoria reported to the Commission could explain, at least in part, why the workforce reported their experiences to the Commission in high numbers, compared to via the People Matter Survey. Methodological differences in how the question was asked across the two surveys may also be a factor.[41]

The Australian Human Rights Commission's national survey on workplace sexual harassment provides further context for the Commission's survey results. Although, due to important methodological differences relating to the way that sexual harassment was defined (using a simplified legal definition and listing behaviours consisting sexual harassment or only listing the behaviours), the results are also not comparable. The 2018 survey concluded that workplace sexual harassment is 'widespread and pervasive'[42] with one in three people saying they had experienced it in the previous five-year period[43] and one in five people reporting harassment in the previous year.[44]

Reinforcing the finding that sexual harassment is a significant issue within Ambulance Victoria is the 39.3% (n=741 of 1887) of survey respondents who said they were bystanders to sexual harassment; in other words, they had personally witnessed sexual harassment in the organisation or learned about it later on. Noting that research indicates that workplace sexual harassment is often hidden or perpetrated against people in isolated settings, this finding appears to suggest that harassment is tolerated within Ambulance Victoria to a degree that it is perpetrated openly in the workplace without fear of repercussions. This might also help to explain the low rates of reporting of sexual harassment within the organisation between 2016-2017 and 2020-2021, which in multiple years have been as low as one complaint and at its highest has been eight complaints (see Section 7.3.1).

Further reinforcing these findings, the Commission heard about strong perceptions among the workforce regarding the scale of sexual harassment within Ambulance Victoria. Of the 1393 people who responded to the question, around five in seven people indicated that they believed that sexual harassment occurred sometimes (n=690) or is commonplace (n=304).

Figure 4H – **Perceptions of the occurrence of sexual harassment at Ambulance Victoria**

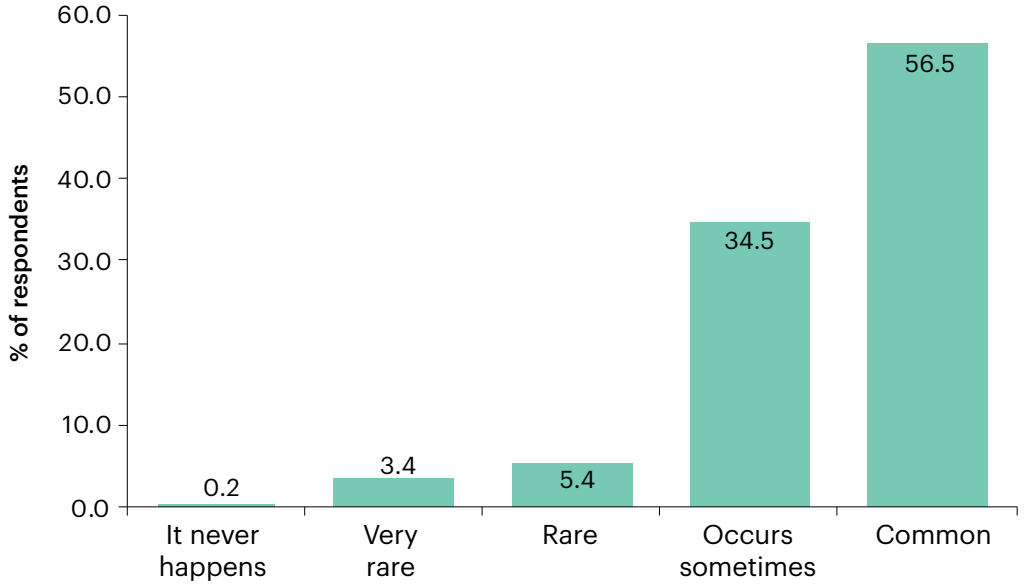


4.3.3 Bullying

Bullying was the most common type of unlawful conduct reported to the Commission, with extensive information provided about the scale of its occurrence and persistence over time. Of the 1886 people who responded to the survey question, over half (52.4% or n=988) said they had been bullied at Ambulance Victoria. An even higher number reported that they had witnessed or later learned about bullying, with 66.4% (n=1253) of the 1887 respondents to the survey question reporting being a bystander to bullying.

Further reinforcing these findings, the Commission heard about strong perceptions among the workforce regarding the pervasiveness of bullying within Ambulance Victoria, as shown in Figure 4I. Of the 1783 people who responded to the survey question, over half (56.5% or n=1007) shared a perception that bullying is commonplace within the organisation and roughly one-third (34.4% or n=615) suggested it occurs sometimes. Only 9.0% of respondents (n=161) thought bullying was rare or very rare or never happens.

Figure 4I – **Perceptions of the occurrence of bullying at Ambulance Victoria**



Bullying was also a central and almost universal theme during interviews and in submissions, with the majority of people having experienced, witnessed and/or heard about it within Ambulance Victoria. Alongside these experiences, incivility and other everyday forms of disrespect were commonly reported to the Commission during interviews and in submissions – often together with bullying. As Section 5.2 explores, this type of workplace conduct is not only harming the employees and first responders who reported experiencing, witnessing or later learning about it, but it is also creating a permissive environment for more widespread and serious conduct to occur. Research suggests, for instance, that seemingly isolated, subtle uncivil incidents can often build and escalate, leading to a pattern of behaviour such as bullying.[46]

The Commission's overarching impression formed across all these datasets is one where bullying, incivility and disrespect have seeped into the fabric of the organisation. Indeed, multiple people reflected to us that some people believe that they are expected to mirror this type of unlawful conduct that they see others engaging in across the workforce, largely without consequence, or at a minimum to not call it out.

> **It's very much – you've got to be aggressive and alpha and mean and rude. This is how this whole thing started, I believe ... then once it happens to someone, they think, "Well, I went through it, so you can go through it". [A] rite of passage.** *Participant, Interview*

> **[B]y no means am I completely innocent. I have never, ever said that – because we all participate in whatever happens to us. But because of the constant bullying and harassment in the job, and the constant stress you feel under, you tend to respond in a certain way.** *Participant, Interview*

> **I said, "[expletive]". And he laughs. And I'm thinking, "In what corporate world would you say [expletive] to your ... boss's boss and have them laugh at you?" This is the behaviour. It's almost like he was proud of me ...** *Participant, Interview*

These findings are consistent with a survey conducted in late 2020 that found that bullying 'appears both ingrained and systemic in the workplace for a significant number of paramedics and ambulance workers' in Ambulance Victoria.[47]

Once again, response rates to the Commission's survey are higher than for the People Matter Survey results for the past three years, which range from 16% (n=531) to 25% (n=299). Yet, there were emerging indications pre-dating this review, that workplace bullying was a problem within Ambulance Victoria:

- a 2019 internal survey of 1333 employees and first responders found that 22.0% of respondents reported experiencing workplace bullying (an increase from 15.7% in 2016)
- bullying complaints made to Ambulance Victoria have been increasing and have tended to be more common than other forms of unlawful conduct, with 14 complaints in 2018-2019, 48 complaints in 2019-2020 and 94 complaints in 2020-2021 (see Section 7.3.1).

At the same time, there has been emerging evidence that workplace bullying is a serious problem across the health and emergency services sectors.[48]

4.3.4 Victimisation

Only a small group of participants who experienced unlawful conduct in Ambulance Victoria told the Commission that they went on to make an informal report or formal complaint (see Section 7.3.1). Yet, of those participants who did so, a significant proportion of them indicated that they had experienced victimisation or negative consequences for their career. This was reflected by participants across the survey, interviews and submissions.

Of the 659 people who made an informal report about discrimination, sexual harassment or bullying to a relevant Ambulance Victoria representative (for example, a manager or People and Culture representative), just under one-quarter (n=152) reported being ostracised, victimised or ignored by colleagues and one-quarter (n=165) reported negative consequences for their careers (for example, being demoted, losing their jobs or being denied workplace opportunities, such as training or promotion).

Of the 232 people who made a formal complaint about discrimination, sexual harassment or bullying, just over one-third (n=80) reported being ostracised, victimised or ignored by colleagues as a result of making that complaint and just over two in five (n=94) reported negative consequences for their careers (for example, being demoted, losing their jobs or being denied workplace opportunities, such as training or promotion).

These experiences were echoed in interviews and submissions, where many participants – some who had also directly experienced workplace harms – spoke about witnessing or hearing about instances of victimisation. This was often discussed in the context of an understanding that it was not safe for an employee or first responder to speak up or complain about workplace harms at Ambulance Victoria.

> **They do not forgive and they do not forget. They're extremely vindictive ... I've watched them with other guys. They suddenly go, "Oh, we're going to review your case sheets because we've had some reports, clinical problems". And suddenly, all your case sheets for the last six months get pulled, and then they just go through them looking for things that are wrong.**
> *Participant, Interview*

Ambulance Victoria's complaint data indicate that experiences of victimisation are not being reported internally, with zero complaints raised between 2016-2017 and 2018-2019, and only four complaints raised in 2019-2020. Rather than indicating an absence of victimisation, however, this is indicative of the chilling effect of victimisation on victim-survivors of unlawful conduct. Chapter 7 discusses this effect in detail.

Notes

1. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 8.
2. R Potter, M Dollard and M Tuckey, *Australian Workplaces: Results from the Australian Workplace Barometer Project 2014–2015* (Safe Work Australia, 2016).
3. *Equal Opportunity Act 2010* (Vic) s 15.
4. Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and Their Children in Australia* (Our Watch, 2015) 33.
5. *Equal Opportunity Act 2010 (*Vic) s 148(1).
6. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019). The principles set out in the framework are: leaders demonstrate a commitment to a positive workplace culture; the organisation and staff understand and manage risks relating to culture and inappropriate behaviour including bullying, harassment and discrimination; safe systems of work are in place that reduce risks to health and safety associated with inappropriate behaviour, including bullying, harassment and discrimination, and that promote staff wellbeing; the organisation has effective mechanisms for the management of people; staff access appropriate, consistent and effective training; workplace relationships are respectful and built on trust; and the organisation embraces diversity and is committed to inclusion.
7. This does not include those additional respondents who answered the question but indicated that they were not sure about their manager's level of awareness (n=418).
8. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 9.
9. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 12.
10. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8.
11. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 4.
12. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8–10.
13. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8.
14. Victorian Public Sector Commission, *Code of Conduct for Public Sector Employees* (State of Victoria, 2015).
15. Ambulance Victoria, *Strategic Plan 2017–2022* (State of Victoria, 2017) 7.
16. Ambulance Victoria, *Professional and Ethical Standards Code* (State of Victoria, 2021).
17. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8–10.
18. Ambulance Victoria, *Strategic Plan 2017–2022* (State of Victoria, 2017). 9
19. Ambulance Victoria, *'Executive Committee – Terms of Reference', Doc No. GOV/CEO/011, version 5* (State of Victoria, 20 January 2021) 1.
20. Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 5; K Schneider, 'Bystander stress: The effect of organizational tolerance of sexual harassment on victims' coworkers' (PhD Thesis, University of Illinois, 1996) 8–9; K Miner-Rubino and L Cortina, 'Beyond targets: Consequences of vicarious exposure to misogyny at work' (2007) 92(5) *Journal of Applied Psychology* 1254–69.

21. Paula McDonald and Michael Flood, Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace (Australian Human Rights Commission, 2012) 35; Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 2; House of Representatives Standing Committee on Education and Employment, *Parliament of Australia, Workplace Bullying: We Just Want It To Stop* (Report, 2012), 137–8.

22. Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 51; Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 3.

23. The seminal framework for bystander interventions was originally developed in 1970 and has been consistently supported by empirical research; see Bibb Latané and John Darley, *The Unresponsive Bystander: Why Doesn't He Help?* (Prentice-Hall, 1970). For example, in 2018, VicHealth endorsed the framework as a model for empowering bystanders to act on sexist and sexually harassing behaviours in universities. VicHealth also highlighted additional research that has suggested the need to focus on how bystanders can be empowered from deciding what action to take to following through and taking those steps; this can be affected by a range of organisational and individual factors. See VicHealth, *Take Action: Empowering Bystanders to Act on Sexist and Sexually Harassing Behaviours in Universities* (Report, 2019) 17–8, 42. See further Iain Coyne et al, 'Bystander responses to bullying at work: The role of mode, type and relationship to target' (2019) 157 *Journal of Business Ethics* 813, 823.

24. Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 15–16; Paula McDonald, Sara Charlesworth and Tina Graham, 'Action or inaction: Bystander intervention in workplace sexual harassment' (2016) 27(5) *International Journal of Human Resource Management* 548, 562; Neill Thompson et al, 'Workplace bullying in healthcare: A qualitative analysis of bystander experiences' (2020) 25(11) *The Qualitative Report* 3993, 4013.

25. Ambulance Victoria, 'Audit and Risk Committee Terms of Reference' (2020) 5–6.

26. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019).

27. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 63.

28. Previous Ambulance Victoria surveys, 'Health and stress in Ambulance Services Victoria, Australia' were conducted in 1984, 1986, 1993, 2002 and 2010 to check the health and wellbeing of paramedics. For the first time, the 2016 survey included corporate staff and volunteers along with operational staff.

29. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer Resource Manual: Information, Tips and Tools* (State of Victoria, 2020) 3.

30. Office of Women in Sport and Recreation, 'Change our game champions' (Web Page) <https://changeourgame.vic.gov.au/the-initiative/change-our-game-champions>.

31. Victorian Government, 'VPS Women of Colour Network' (Web Page, 13 September 2019) <https://www.vic.gov.au/vps-women-colour-network>.

32. These champions are convened by former Victorian Equal Opportunity and Human Rights Commissioner Kristen Hilton.

33. Champions of Change Coalition, 'About the Champions of Change Coalition' (Web Page, 2021) <https://championsofchangecoalition.org/about-us/>.

34. Champions of Change Coalition, *Impact Report 2020: Summary* (Champions of Change Coalition, 2020) 13.

35. Ambulance Victoria, 'Diversity & Inclusion Council Draft Terms of Reference' (undated) 2.

36. See, eg, Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 67; Legal Affairs Legislative Committee, Parliament of New South Wales, *Inquiry into emergency services agencies (Report, July 2018) 6; J Gardener, An Equality Act for a Fairer Victoria: Equal Opportunity Review Final Report* (2008) 8, 39; A Cooper, *Bringing Equality Laws to Life – 2018 Churchill Fellowship to Establish Best Practice for a Regulatory Framework to Create Equality through Discrimination Law – Sweden, United Kingdom, United States of America and Canada* (2019) 10.

37. These results exclude responses that indicated 'don't know' (n=203) and 'prefer not to say' (n=7).

38. See Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018); Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 95–122.

39. Brittany Higgins' allegations of rape occurring inside Parliament House have spurred multiple inquiries, revealed a number of new allegations against politicians, and have led to the laying of criminal charges. See Andrew Tillett, 'Brittany Higgins' push for new watchdog on staffer complaints', *The Australian Financial Review* (Sydney, 30 April 2021); Tom McIlroy, 'Higgins rape report reveals 38 new allegations against MPs', *The Australian Financial Review,* (Sydney, 4 June 2021); Tom McIlroy, 'Man to be charged over Brittany Higgins rape allegations', *The Australian Financial Review* (Sydney, 6 August 2021). See also Gabrielle Chan, 'Barnaby Joyce sexual harassment allegation: Catherine Marriott speaks out', *The Guardian* (online, 18 September 2018) < https://www.theguardian.com/australia-news/2018/sep/18/barnaby-joyce-sexual-harassment-allegation-catherine-marriott-speaks-out>; Nassim Khadem, 'Julia Szlakowski sparked AMP's 'Me Too' movement, but it wasn't the first time she'd been forced out of a job due to sexual harassment', *ABC News* (online, 21 July 2021) <https://www.abc.net.au/news/2021-07-21/sexual-harassment-amp-metoo-julia-szlakowski-amp-diversity/100307672>; Amelia Searson, 'BHP sacks 48 workers for inappropriate sexual behaviour over two-year period, inquiry hears', *ABC News* (online, 20 August 2021) <https://www.abc.net.au/news/2021-08-20/bhp-sacks-workers-over-inappropriate-sexual-behaviour/100395186>; Calla Wahlquist, 'Victoria Police has 'unacceptably high' levels of sexual harassment – report', *The Guardian* (online, 27 August 2019) <https://www.theguardian.com/australia-news/2019/aug/27/victoria-police-has-unacceptably-high-levels-of-sexual-harassment-report#:~:text=Victoria%20police%20has%20%E2%80%9Cunacceptably%20high,human%20rights%20body%20has%20found.>; Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019).

40. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 9.

41. For example, the Commission's survey asks, 'Have you ever personally experienced sexual harassment at Ambulance Victoria?', with options for 'Yes, directed at myself'; 'Yes, directed towards someone else'; 'No'; 'Don't know'. We do not have the exact wording of the PMS survey question or responses, but the 2020 report states, 'In the survey, we asked staff to tell us if they'd experienced sexual harassment at work', suggesting a similar phrasing to the Commission's survey. Methodological differences in the survey are, therefore, likely only to be a partial explanation for the difference. See Victorian Public Sector Commission, *People Matter Survey Wellbeing Check, Ambulance Victoria Wellbeing Check Results Report* (State of Victoria, 2020) 42.

42. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 6.

43. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 26.

44. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 25.

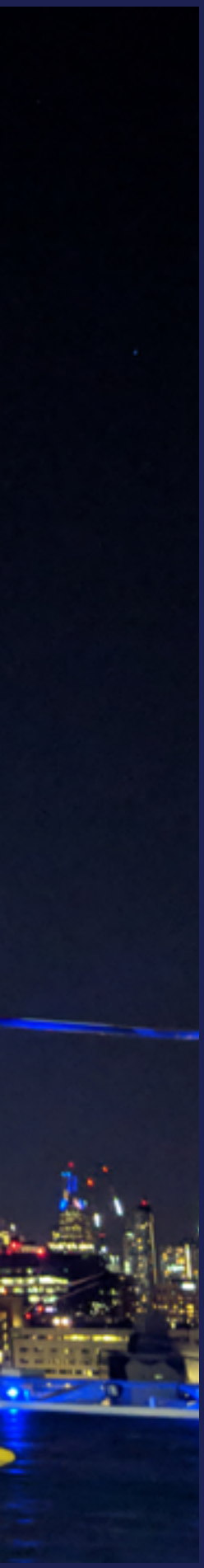
45. In the Australian Human Rights Commission's fourth national survey of workplace sexual harassment, 44% of participants who had experienced workplace sexual harassment in the past five years reported that the incident was not witnessed by others, and a further 14% were unsure whether anyone else witnessed the incident. See Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 48. See also Chai R Feldblum and Victoria A Lipnic, *Select Task Force on the Study of Harassment in the Workplace – Report of Co-Chairs* (US Equal Employment Opportunity Commission, June 2016); Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 5, 17.

46. Rajashi Ghosh, Judy L Jacobs and Thomas G Reio Jr, 'The toxic continuum from incivility to violence: What can HRD do?' (2011) 13(1) *Advances in Developing Human Resources* 3–9.

47. Peter Holland et al, *Findings from the Survey on Workplace Climate and Wellbeing of Victorian Ambulance Workers* (Report, 2020) vol 1, 10. This survey was commissioned by the Victorian Ambulance Union Incorporated.

48. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) x (finding that Ambulance Victoria and other Victorian health sector agencies did not have effective controls in place to prevent or reduce inappropriate behaviour, including bullying and harassment); Medical Board of Australia and Ahpra, *Medical Training Survey 2020: 2020 Annual Report* (Report, 2021) 45 (a national survey of doctors in training that found that combined, one in three (34%) had experienced and/or witnessed bullying, harassment, and/or discrimination in the past 12 months); Legal Affairs Legislative Committee, Parliament of New South Wales, *Inquiry into emergency services agencies* (Report, July 2018) 3 (finding that Ambulance New South Wales had the highest rates of bullying compared to other New South Wales emergency service agencies).

AMBULANCE



5 Experiences of unlawful and harmful conduct

Chapter 5 details what the Commission heard about the workforce's experiences of unlawful and harmful conduct within Ambulance Victoria. It describes what we were told about the nature of those experiences. It also shares the individual and organisational impacts that were reported to us arising from discrimination, sexual harassment, bullying and victimisation, as well as the way in which Ambulance Victoria has responded to this conduct.

⟶ KEY POINTS

- Discrimination, sexual harassment, bullying and victimisation are a current concern for Ambulance Victoria, with a majority of experiences shared via the Commission's survey having occurred in the last five years and with 348 survey respondents indicating that their experiences were ongoing at the time of the survey.
- The discrimination reported to the Commission most commonly took the form of verbal, physical or written abuse and adverse decisions concerning training, promotion and progression; there is a widely held perception that these decisions lack transparency.
- Sexual harassment most often took the form of sexually suggestive comments and jokes, unwelcome touching and intrusive questions about a person's private life or physical appearance. We also heard about some experiences that, if proven at law, would not only constitute sexual harassment, but would also constitute a criminal offence.
- The most common forms of bullying reported via the survey were hostile behaviour, verbal abuse and exclusion from work communications or activities. The survey did not ask about incivility, but it was a prominent type of behaviour reported during interviews and in submissions. We were told often of rude, abrupt and condescending communication occurring in person, in meetings, in emails and over the phone. We also heard about demeaning names being used and swearing at colleagues.
- Much of the reported unlawful conduct took place in open areas, indicating a belief held by potential perpetrators that the conduct will be tolerated without consequences. For example, participants often spoke of witnessing unlawful conduct and being aware of well-known repeat offenders in the organisation who had continued to engage in such conduct with apparent impunity. At the same time, participants told us that some conduct is occurring in isolated settings, including on the road, in rural areas and in branch sleeping quarters.
- In contrast to research that suggests that some groups may be at heightened risk of experiencing unlawful and harmful workplace conduct, broadly speaking the experiences of discrimination and bullying reported to the Commission were not confined to a particular demographic, minority group, work cohort or region. Rather, experiences of discrimination and bullying were widespread amongst participants and emerged as an organisation-wide issue.

⟶ KEY POINTS

- Our survey did reveal some important differences, however, with higher rates of reporting of discrimination by operational employees, employment activity discrimination by men, sex/gender discrimination by women and age discrimination among older (50+ years) and younger (18-29 years) members of the workforce. In line with broader research, women were also far more likely than men to report workplace sexual harassment in both the survey and in interviews and submissions.
- Alleged perpetrators of discrimination and bullying were most often occupying a senior position, whereas alleged harassers were most often a co-worker; although, we also heard about managers and senior leaders perpetrating harassment. Men comprised the majority of alleged perpetrators of all types of unlawful conduct (ranging from 67.7% (n=667) for bullying to 90.3% (n=299) for sexual harassment), but women were reported to be responsible for a substantial amount of discrimination and bullying (42.3% (n=368) and 44.8% (n=440), respectively).
- Unlawful conduct – and how the organisation has responded to it — have contributed to poor mental health outcomes for many participants and prevented some from thriving at work, among other impacts. There is also evidence that points to an overall decline in morale and trust among the workforce arising from that conduct and subsequent organisational responses. We also heard of examples of unlawful conduct undermining clinical judgment and professionalism and, in turn, the overall patient experience.
- Participants in operational roles often told us that they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us they felt ill-prepared and unsupported to deal with the discrimination, sexual harassment, bullying and/or victimisation they experienced at work, as well as Ambulance Victoria's response to it.

5.1 Nature

In line with the Terms of Reference, Section 5.1 describes the different types of unlawful conduct – discrimination, sexual harassment, bullying and victimisation – reported to the Commission during the review. It outlines what we were told by people who had directly experienced these forms of unlawful conduct and those who had witnessed or later learned about it. Where relevant and where evidence permits, Section 5.1 details:

- the particular behaviours reported to us (for example, sexist jokes)
- the basis of that behaviour (for example, the protected attribute, such as sex/gender, disability)
- when and how often the behaviour occurred
- the means by which it took place (that is, over the phone, online, in person)
- the workplace location where the behaviour occurred.

Where survey participants indicated that they had experienced one or more types or incidents of unlawful conduct, they were asked a series of follow-up questions about their most recent experience. These follow-up questions asked for details about the nature of the conduct, demographic information about the alleged perpetrator(s), whether and to whom the unlawful conduct was reported the consequences of the conduct, and (if relevant) the reporting processes. Focusing on participants' most recent experience of unlawful conduct allowed the Commission to present Ambulance Victoria with a contemporary understanding of this conduct within its workplace. At times, this means we are unable to link types of unlawful conduct with details about reporting and consequences, because in the common case where a respondent has reported experiencing multiple incidents of unlawful conduct, we are unable to specify which types of behaviours were part of the most recent incident.

The information presented in this section is based on the experiences of those people who came forward to the Commission and focuses on the most common types of unlawful and harmful workplace conduct reported to us. As such, the experiences detailed are not necessarily reflective of the experiences of those who did not come forward but who have experienced discrimination, sexual harassment, bullying or victimisation, although common themes often emerged across the experiences shared. Nor do the experiences shared below capture every experience we were told about. For example, due to the number of protected attributes under the Equal Opportunity Act, it was not possible in the time available to detail what was reported to us in relation to each attribute.

Furthermore, the Commission acknowledges that the experiences shared here do not reflect everyone's experiences of working or volunteering at Ambulance Victoria. There are a great many employees and first responders who have not experienced unlawful or harmful workplace conduct. Many of these people have also not been a bystander to such conduct. Caution is needed, therefore, not to extrapolate the experiences to the entire workforce.

When analysing and reporting on the experiences shared with us, the Commission has taken care to examine meaningful differences between different groups of people within Ambulance Victoria's workforce. For example, people of different sexes and genders, the corporate and operational cohorts, employees and first responders in metropolitan, regional/rural areas and, for example, younger and

older employees. Where meaningful differences have been identified between different groups, these are detailed in the report. Often, however, meaningful differences between the experiences of different groups were *not* identified. The Commission believes that this is likely to be indicative of the extent of discrimination, sexual harassment, bullying and victimisation alleged to have occurred.

Findings

- In contrast to research that suggests that some groups may be at heightened risk of experiencing unlawful and harmful conduct in the workplace, broadly speaking the experiences of discrimination and bullying reported to the Commission were not confined to a particular demographic, minority group, work cohort or region. Rather, experiences of discrimination and bullying were widely reported by participants and emerged as an organisation-wide issue. Our survey did reveal some important differences, however, with higher rates of reporting of discrimination by operational employees, employment activity discrimination by men, and sex/gender discrimination by women.
- In line with broader research, women were far more likely than men to report workplace sexual harassment via the survey (29.5% (n=279) versus 5.1% (n=44)) and other data sources. While people in corporate and operational roles reported sexual harassment, it was reported more often via the survey by people in operational roles (19.3% (n=264), compared to 10.3% (n=32).
- Alleged perpetrators of discrimination and bullying were most often in a more senior position than the alleged victim-survivor, whereas alleged harassers were most often a co-worker, although we also heard about managers and senior leaders perpetrating harassment.
- Men comprised the majority of alleged perpetrators of all types of unlawful conduct reported to the Commission (ranging from 67.7% (n=667) for bullying to 90.3% (n=299) for sexual harassment), but women were reported to be responsible for a substantial amount of discrimination and bullying (42.3% (n=368) and 44.8% (n=440), respectively).
- Discrimination, sexual harassment, bullying and victimisation are current problems at Ambulance Victoria, with most of the conduct reported taking place in the past five years and a total of 348 survey respondents indicating that their experiences of unlawful conduct were ongoing when they completed the workforce survey. This raises serious concerns about harm to these individuals but also the risk of harm to others in the workplace if the alleged perpetrators are not held to account.
- Much of the unlawful conduct reported to the Commission occurred in open areas, suggesting that perpetrators believe their conduct will be tolerated and they will not be held to account. However, participants also told us that unlawful conduct is occurring in isolated environments, including when isolated while working on the road or in rural areas, as well as in branch sleeping quarters.

5.1.1 Discrimination

Behaviours

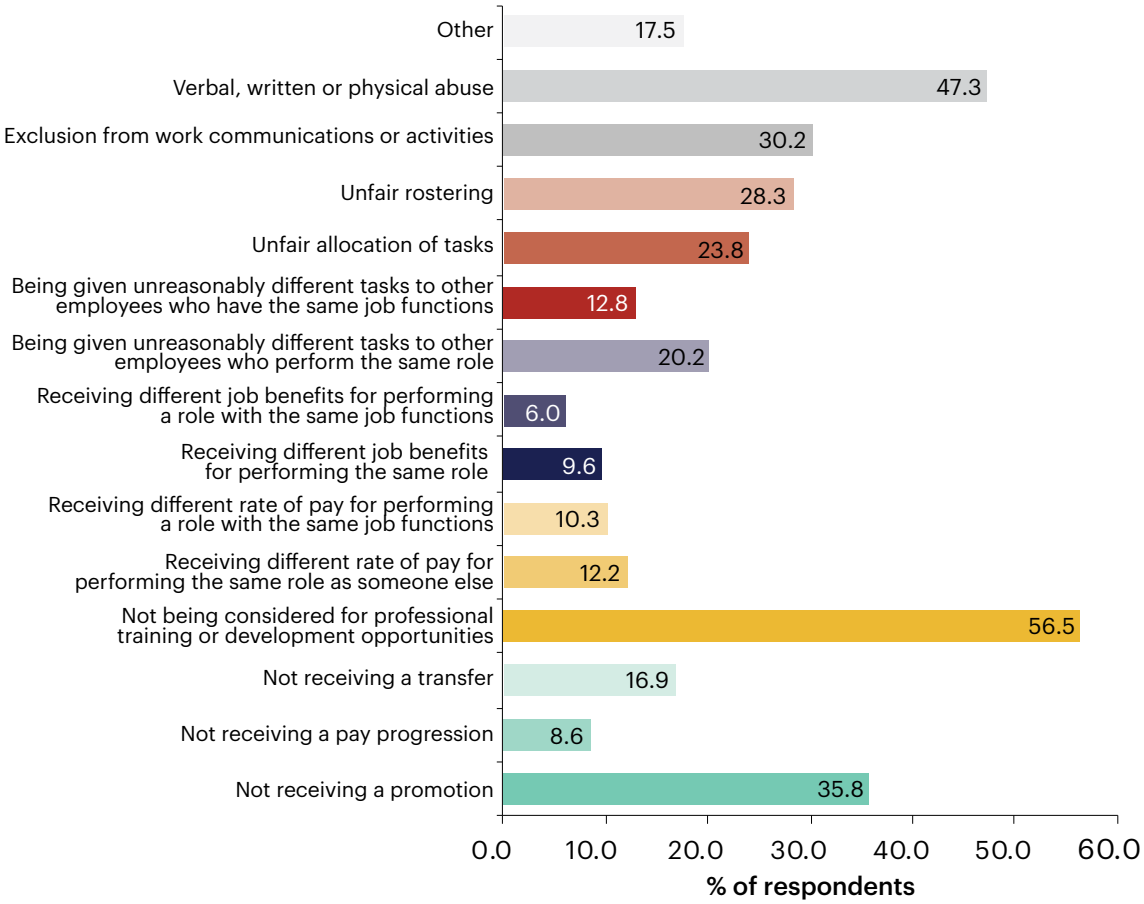
Survey respondents who said they had experienced discrimination (n=909) were asked to describe the nature of the treatment they had experienced (see Figure 5A). Among the 903 people who responded to the question, the top five most common reported behaviours were:

- not being considered for training or development opportunities (56.5% or n=510)
- verbal, written or physical abuse (47.3% or n=427)
- not receiving a promotion (35.8% or n=323)
- exclusion from work communications or activities (30.2% or n=273)
- unfair rostering (28.3% or n=256).

Across all the behaviours reported, there were no meaningful differences between the responses of women and men, except in relation to receiving a promotion, for which 40.8% (n=155) of male respondents reported experiencing this behaviour, compared to 32.5% (n=150) of female respondents.

Compared to the operational cohort, corporate employees were more likely to report exclusion from work communications or activities (50.5.% or n=49, compared to 27.0% or n=181) and unfair allocation of tasks (45.4% or n=44 compared to 19.9% or n=133).

Figure 5A – **Discriminatory behaviours**[1]



The five most common behaviours reported via the survey align with what participants told the Commission during interviews and in submissions. For example, across these data sets, we routinely heard that decisions relating to promotion and professional development were unfair, discriminatory or lacked transparency (see Volume II, Chapter 10).

PERSONAL STORY

Julia's* story:

Facing discrimination and disadvantage because of gender and parenting responsibilities

During my time working with Ambulance Victoria, I've had children which has certainly opened my eyes up to how badly parents and particularly mothers are treated in this organisation. I think it's probably one of the worst situations you could be in as a woman in Ambulance Victoria.

Early in my career, before I'd even had children, I was going through the process of applying for MICA and I was advised by senior MICA paramedics that if I wanted to do the MICA program I would need to stay childless or at least delay my desire to have children. I had already been endorsed but then had to make a decision as a young woman about whether or not kids were going to be in my life for the next three years.

So I decided to wait and have kids first. Years later, I entered the MICA program. I had a child during the program, but I continued to study throughout my pregnancy and maternity leave – I was completely committed to it.

It wasn't until I returned to work after maternity leave that I was informed that Ambulance Victoria had cut my funding for the program. I had worked so hard for those years – up late at night studying, pregnant, looking after young children, practising scenarios and they had just dropped me.

I was in shock. When I attempted to find out what happened, the only answer I got was, they didn't know my intention because I was having babies, they didn't know if I was going to actually finish the course. I felt I was being discounted just because I had made the decision to have children, even though it had nothing to do with my abilities.

**Name has been changed to protect privacy.*

Reinforcing this, of the 1211 survey participants who shared feedback on improvements at Ambulance Victoria, 29.4% (n=357) related to improvements to staffing and resourcing decisions and processes. Of those 357 people or over one-third (37.2% or n=133), noted the need for increased transparency in hiring decisions, with another third (36.1% or n=129) saying that decisions need to be based on merit, qualifications and experience.[2]

In addition, discriminatory abuse and mistreatment emerged as a common theme during interviews and in submissions, with participants describing being subjected to bullying or derogatory comments about their protected attribute or because of their protected attribute.

> **I was working with a colleague I had only just met [and an area manager] comes into the room and calls me a 'fag', outing my sexuality to this colleague.** *Participant, Written Submission*

> **They would always say that I use [my disability] as an excuse. ... One [colleague] said, "Only stupid people have [my disability]".** *Participant, Interview*

These findings are supported by the results on workplace bullying (see Section 5.1.3).

Basis of the discrimination

Setting aside 'other' responses, the protected attributes that were most commonly identified as being the basis of discrimination by the 883 survey respondents who responded to the question were:

- employment activity (38.7% or n=342)
- sex/gender (34.8% or n=307)
- age (27.9% or n=246)
- parental or carer status (19.9% or n=176)
- physical features (11.6% or n=102).

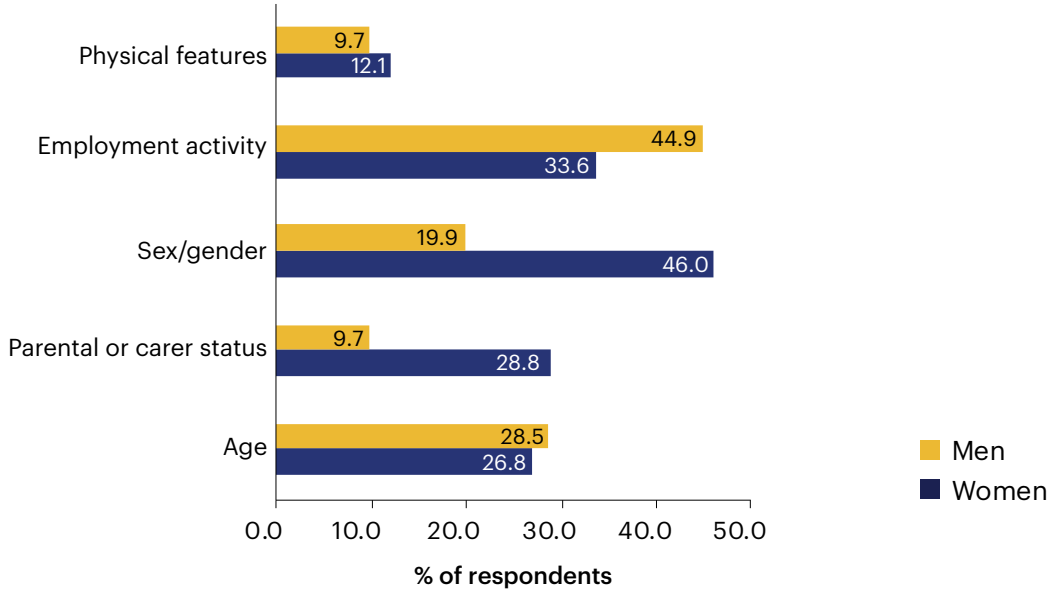
Discrimination related to sex/gender and age also featured strongly during the interviews and in the submissions, while discrimination on the basis of employment activity was raised less often via these pathways. All three of these attributes are considered in further detail below.

Employment activity was identified as being the basis of discrimination by 44.9% (n=167) of male and 33.6% (n=153) of female participants. There is currently limited research into employment activity discrimination,[3] to provide context for the experiences of this type of discrimination reported during the review. Notably, however, complaints of employment activity discrimination to the Commission increased by 57.0% in 2020–2021, compared to the 2019–2020 financial year, with entitlements such as accrued leave, salary or flexible work arrangements being raised.[4]

In relation to sex/gender discrimination, numerous studies have shown that women are more likely to experience sex discrimination and gender bias in the workplace,[5] as well as sex-based or gendered harassment.[6] Women are also more likely to experience discrimination and disadvantage that is closely tied to their sex/gender, including pregnancy discrimination, and discrimination based on breastfeeding/expressing and on parental status or responsibilities.[7] Consistent with these studies, of the top five protected attributes identified via the Commission's survey, women were more likely than men to identify sex/gender, parental or carer status and physical features (46.4% (n=211) versus 19.9% (n=74), 28.8% (n=131) versus 9.7% (n=36) and 12.1% (n=55) versus 9.7% (n=36), respectively). Whereas men were more likely than women to identify employment activity as the basis of the discrimination (44.9% (n=167) versus 33.6% (n=153), respectively). Discrimination related to pregnancy or breastfeeding was also reported by a number of women (10.1% or n=46), while discrimination based on industrial activity was cited by 15.3% (n=57) of men and 6.4% (n=29) of women.

A 2015 national prevalence survey of age discrimination in the workplace found that over one-quarter (27%) of Australians aged over 50 years had experienced workplace age discrimination in the previous two years.[8] Similar to our survey findings, the national survey found men and women were equally likely to be subjected to age discrimination.[9]

Figure 5B – **Top five protected attributes as a basis of discrimination (by gender)**



Other protected attributes, including disability, sexual orientation, race and marital status, among others, were also raised via the survey, during interviews and in submissions, although less often than the attributes previously identified:

- 7.4% (n=65) of respondents who answered the question told us that they were discriminated against on the basis of their disability
- 3.9% (n=34) told us the discrimination was based on their sexual orientation
- 3.6% (n=32) told us that the discrimination was because of their race
- 3.6% (n=32) identified marital status as the basis of the discrimination.

Many of the participants we heard from told us that their experiences of discrimination could not be attributed to any one single attribute. Rather, their experiences were the result of multiple and intersecting attributes. For example, the Commission heard often from women of childbearing age who were excluded from opportunities, particularly operational opportunities, based on a perception that they would require time off work or lighter or different duties, irrespective of their reproductive intentions or personal circumstances.

> **Men [would be] making constant references, "You'll get pregnant soon, so what's the point of promoting you?" or, "You'll be after an [flexible work arrangement], what good are you to me in the job?"** *Participant, Interview*

> **It's almost like you went from being respected to, "[T]here, there. You're a Mum now, you're emotional, you can't cope with this, you don't want to do this".** *Participant, Interview*

> **It is almost as though it is accepted in the organisation that males have families and careers; but for females, it has to be one or the other.**
> *Participant, Written Submission*

Employment activity

Discrimination on the basis of employment activity was the most common type of discrimination raised overall and by men via the workforce survey. It was also one of the top four types of discrimination reported by women. It did not, however, feature as strongly as other attributes, particularly sex/gender, during interviews and in submissions.

What is 'employment activity'?

- The term 'employment activity' refers to when an employee/contractor: makes a reasonable request to their employer/principal for information about their employment entitlements; or raises with their employer/principal a concern that they have not been, are not being or will not be given some or all of their employment entitlements.[10] Examples include an employee/contractor asking about how much leave they have accrued or their entitlement to paid parental leave or raising a concern about whether they have been paid their overtime allowance or paid at their correct rate of pay.[11]
- In contrast to the Fair Work Act,[12] the protection against employment activity discrimination in the Equal Opportunity Act does not extend to a person exercising their employment entitlements. Rather, it is limited to making enquiries or raising concerns about them. For this reason, employment activity will generally not include requests for flexible work arrangements or reasonable adjustments, where that request does not include a concern/complaint that it will not be granted.
- Recent case law has, however, clarified that employment activity does include raising concerns or complaints relating to safety in the workplace, including a concern that a person is not safe because of conduct that may breach work health and safety laws or workplace codes of conduct.[13] This means that it may be unlawful for an employer to treat an employee badly because they have raised a complaint or concern in relation to bullying or other workplace harms.

In those interviews and submissions where employment activity was raised, we heard that raising concerns or speaking up about employment entitlements could result in a 'black mark' against a person, with potentially long-lasting detrimental impacts on their employment.

> **A lot of people are too scared to complain, for fear that there'll be repercussions .... Even the way your concerns are raised, if you continually raise concerns, it just gets worse and worse and worse for you.**
> *Participant, Interview*

> **Everyone always talks about keep[ing] your head below the radar, because if you poke your head up, if you poke your pinkie finger up, you're labelled a problem child.** *Participant, Interview*

The employment entitlements that we often heard about during interviews were those relating to safety from workplace harms, accessing leave and seeking adjustments to work arrangements, often on the basis of parenting or caring responsibilities. We also heard about participants being disadvantaged for reasons closely associated with, but not legally on the basis of, 'employment activity'. Examples of this included adverse treatment of, and backlash against, participants who had accessed or sought to access accrued leave or negotiate rostering adjustments.

This ties closely to the culture of silence participants spoke about during interviews and in submissions, with a common refrain that those who 'kept their head down' are rewarded, while those who spoke up about their rights risked repercussions. The organisation's focus on meeting operational demand and prioritising response times (see Section 6.1.3) have also created an enabling environment for employment activity discrimination. Employee requests and concerns relating to rights and entitlements were often treated as oppositional or as an inconvenience to managers where they clashed with operational requirements.

PERSONAL STORY

Sandra's* story:

Discrimination following employment activity

Last year, I made a bullying complaint regarding my manager. At the beginning, I just thought he didn't like me but, but things really escalated and the behaviour was relentless. He was a bully. He wouldn't allow me to progress with my career and every time I went into work, I'd be yelled at for whatever indiscretion he thought I'd done. The last straw was when I was trying to return to work after leave and he just kept on putting obstacles in the way. It should have been an easy process, but he purposefully made it so much more difficult.

I was really distressed, not only with the process but knowing I was returning to work with this man. So I took it to a more senior manager, I said, "Look, this has been going on for so long and now I'm at a point where I can't return to work safely". I then put in a formal complaint. From there the process was just terrible. They basically said, if you can't present any physical evidence, then we're not interested. It came down to a "he said, she said" situation, and he was believed.

I was pretty much told I was a liar and a troublemaker for making the complaint. It was like they were trying to force me to withdraw the complaint and when I didn't, they disciplined me instead of my bully. After the complaint, I had a range of responsibilities and anything that I was doing that was extracurricular was taken away. I was made to do a communications course to "rectify my communication problems" that they attributed to the breakdown in our relationship.

The whole thing has broken me, it's been such a protracted, prolonged and awful experience I felt such a lack of self-worth by the end of this process. They've make sure I would never, ever complain or speak out again.

**Name has been changed to protect privacy.*

Sex/gender

Sex discrimination is recognised as an ongoing concern in Australian workplaces; this was one of the motivating factors behind the enactment of Victoria's Gender Equality Act.[14] While more overt forms of sex discrimination – such as the earlier exclusion of women from Paramedicine (see Section 2.3.3) – are less common now, rigid gender attitudes, practices and structures continue to drive sex discrimination, particularly against women.[15] This was reflected in the experiences that participants, particularly women, shared about working at Ambulance Victoria.

Sex/gender discrimination was the second most common discrimination type reported by survey participants overall (34.8% or n=307) and the most common type reported by women (46.4% or n=211). This type of discrimination also featured strongly across interviews and submissions. While many participants acknowledged that there has been a substantial reduction in sex/gender discrimination in the organisation over the past decade, it is clear that this type of discrimination remains a current issue and is affecting a large number of people. Indeed, claims of sex/gender discrimination were the genesis of this independent review into Ambulance Victoria.

While each experience of sex/gender discrimination shared with us by female employees and first responders was unique, several themes emerged strongly throughout the review.

Consistent with the preliminary findings of a current study investigating the everyday sexism experienced by female paramedics across Australia,[16] women in operational roles routinely reported experiences of everyday sexism and abuse based on their sex/gender. The behaviours and comments these women experience often related to women's perceived suitability for operational work and reflected harmful gender stereotypes. In some cases, the abuse was extremely serious in nature involving intimidation and/or threats.

> **I remember having an older MICA male paramedic turn to me in front of everyone and point his finger and [say], "I can guarantee YOU won't last more than seven years in the service". He was insinuating that young [female] paramedics ... are not used to the long hours and the hard work [and that] I would burn out quickly.** *Participant, Written Submission*

> **Another person I know said that they were told that they were too soft on their team, maybe it's because you're too maternal.** *Participant, Interview*

> **It was expected ... that [because I was female that] I would clean up the mess in the rec room. "That's a girl's job, you can do the dishes."** *Participant, Interview*

> **[H]e came in and [said], "How come you haven't done the truck changeover?" He just got angry and walked out to the garage, and basically said "You [expletive] fat, lazy bitch."** *Participant, Interview*

Close to half (47.9% or n=34) of the women working in corporate roles who responded to a question about the discrimination they experienced, said it

included exclusion from work communications or activities, compared to 26.3% (n=88) of women in operational roles.

> **I had someone say that they're making sure no-one would ring me or talk to me or do anything because [they didn't agree with what I was doing].** *Participant, Interview*

This also arose during interviews with female corporate employees, with some describing the unfavourable treatment (often bullying behaviours) to be on the basis of both their sex/gender and their background as a non-operational worker.

Another common theme to emerge concerned sex (and/or pregnancy) discrimination in access to progression, promotion and training opportunities for operational employees, including access to the MICA training program. We were routinely told that reliance by (often male) managers on harmful gender stereotypes relating to women's suitability for certain roles or programs, or their actual or expected childbearing and caring responsibilities saw them being excluded from such opportunities. Ambulance Victoria's reliance on manger-endorsement as a prerequisite for employees to access promotional and training opportunities also appears to have facilitated subjective and biased decision-making (see Section 6.1.5).

> **I applied for MICA a few years ago ... the endorsement and interview went well, [but] I was given no feedback as to why I was not offered a position.... I was [later] told by three separate MICAs that "you are a female of a certain age", "why would AV invest in you if you're going to go off and have babies?", and other statements to that effect.** *Participant, Written Submission*

> **All my upward relieving opportunities ended when I fell pregnant. I was called into the team manager office [and told that there was concern] about me doing the team manager role.... They felt that because I was pregnant, that I could not do in-field shifts and therefore I could not do [the role].** *Participant, Interview*

> **[W]hen I expressed a desire to be endorsed to commence MICA Paramedic training .... a local MICA asked me what my intentions were for having a family. He advised me in no uncertain terms that my endorsement for the MICA process was contingent on my plans to have a family, and he warned me not to get pregnant otherwise he would not sign the required paperwork.** *Participant, Written Submission*

> **[T]he women that were appointed [to leadership roles] were all very similar. Similar age, similar personalities, all finished having children, and it just smacked of okay we can invest in these women because they're not going to end up taking time off and disrupting things.** *Participant, Interview*

For more information about equal representation across the organisation, see Volume II.

The stories told to us by female participants also demonstrated disadvantage arising from the inflexible application of workplace processes, policies and requirements. The disadvantage was often connected to their gender or related characteristics and included situations where a reasonable adjustment to the requirement may have eliminated the disadvantage caused.

- For instance, we heard that processes to put operational employees forward for upward relieving opportunities (the 'recognition and development program') required managers to comment on an employee's recent on-road response times. These times were unavailable for women returning from a period of parental leave and the policy did not allow pre-parental leave performance data to be relied upon (see Volume II).
- In a further example, we were told that the 'shift weight-calculator' used to determine whether a person is granted a flexible work arrangement can result in unfair outcomes for people with caring responsibilities and often require them to work more unsociable shifts to make up necessary points (see Volume II).
- It was also repeatedly noted that the MICA training course is not offered on a part-time basis, which usually limits access for women with caring responsibilities (see Volume II).
- Several participants also described the standard female uniform for operational staff not being fit for a variety of female bodies, particularly for pregnant employees and first responders. Some women said they had been wearing the male uniform for many years as a result. For some, this issue was seen as emblematic of the organisation's failure to adequately support and include women in the operational workforce.

Seventy-four men reported that they had been discriminated against because of their sex/gender. However, fewer men than women raised this form of discrimination during interviews and in submissions. The sex/gender discrimination that men described in interviews often related to parenting or caring responsibilities, with some describing being refused flexible work arrangements or reasonable accommodations in circumstances where they considered their female colleagues would be allowed.

> **I was like, "Yeah, but I've told you the baby's going to be due and I want to be around." I got an email back that said, "Bad luck. I'll try and find someone else but if we can't, you're going, that's it. End of story." Very, very inflexible.**
> *Participant, Interview*

Some, but not all, of the men who reported experiencing sex/gender discrimination spoke of what they called 'reverse discrimination'. They claimed that Ambulance Victoria's efforts to increase the representation of women in leadership roles constituted discrimination against men on the basis of sex/gender and that women were being selected for reasons unrelated to merit. This attitude was also reflected in the experiences of some of the women who described allegations of tokenism from their peers.

> **[F]rom day one after I got my job, it was basically, "Well, you got the job because you're a girl". That was my introduction into AV world, "Because we need some more females, so that's why you got the job, essentially".**
> *Participant, Interview*

> **I have heard directly and had it relayed to me that staff felt that I received the position only because AV wanted to increase the number of women in management, and not for merit. The comments went so far as to say, more suitable men candidates missed out because they weren't female.**
> *Participant, Written Submission*

While acknowledging the perception of these participants, the Commission did not find any evidence to support these claims of reverse discrimination within Ambulance Victoria. Workforce data shows that women have been underrepresented in leadership positions. This is likely due to a combination of factors including their historical exclusion from operational roles and the impact of gender inequality (see Section 6.1.1). This means that Ambulance Victoria has a reasonable basis to address this disadvantage by supporting women to take on leadership positions and that any related 'special treatment' of women will not amount to unlawful discrimination against men under the Equal Opportunity Act.

Research has identified allegations of reverse discrimination to be a common form of resistance or backlash to gender equality initiatives.[17] Related to this, some participants (both men and women) voiced their general opposition to the use of gender quotas or targets in Ambulance Victoria. Going forward, it will be important that Ambulance Victoria anticipates and addresses this type of resistance, including by dispelling myths, engaging the workforce and carefully setting out the rationale and justification for gender equality initiatives.[18]

Age

A recent study by the Australian Human Rights Commission confirms that ageism (defined as a combination of stereotypes, prejudice, and discrimination) affects Australians across their lifespan.[19] Our survey data suggests that age discrimination is an issue in Ambulance Victoria. Of the 883 people who answered the question, 27.9% (n=247) said that age was the main reason for their most recent experience of discrimination.

Age discrimination was reported across all age groups, to varying degrees. Of the:

- 88 people aged 18-29 who answered the question, 50.0% (n=44) said their most recent experience of discrimination was because of their age
- 254 people aged 30-39 who answered the question, 22.0% (n=56) said their most recent experience of discrimination was because of their age
- 213 people aged 40-49 who answered the question, 10.3% (n=22) said their most recent experience of discrimination was because of their age
- 233 people aged 50-64 who answered the question, 39.1% (n=91) said their most recent experience of discrimination was because of their age
- 15 people aged 65+ who answered the question, 66.7% (n=10) said their most recent experience of discrimination was because of their age.

Participant interviews and submissions shed light on the nature of age discrimination experienced by employees and first responders of different ages. In our interviews with older participants, we were told of multiple instances where employees felt forced into retirement or where conversations around transition arrangements were handled insensitively and disrespectfully by managers. Older employees also reported feeling overlooked for career-development opportunities because of their age and being subject to unfair assumptions about their competence and capability.

> **As I entered my 50s, and especially after being 55 years of age – I certainly encountered ageism – both covertly and overtly. I suddenly found that many doors were now shut to me regarding opportunities for promotion, educational opportunities, and upward relieving.**
> *Participant, Written Submission*

> **I'm getting stuff like, "You can give me a transition to retirement proposal". And I've read the policy, I retire when I retire, but their practice is to push and push till your stressed or they get you out. It's a common track record seen by many... It's ageism.** *Participant, Interview*

Conversely, older participants in operational roles also described having trouble accessing adjustments to their work to assist them to transition to retirement, with some facing pressure to work shifts that were contrary to their agreed flexible work arrangements.

The survey data also suggests that operational staff have a heightened risk of age discrimination, compared to their corporate colleagues. Out of the 657 operational survey participants who responded to a question about the basis of the discrimination they experienced, 29.7% (n=195) said it was because of their age, whereas out of the 95 corporate staff who responded to the same question only 15.8% (n=15) said it was because of their age.

Our interviews also provide insight into how younger cohorts experience ageism. Some younger workers told us they felt they were not taken seriously or supported by their managers to progress in the organisation because of their age and related assumptions about their competency. From participants in the 18-29 age bracket, we also heard examples of discrimination and bias against women because of assumptions based on their age and sex, namely that they would be wanting to start a family and work flexibly, as discussed earlier in this chapter.

Disability

Close to one-third (27.2% or n=514) of the 1889 survey participants who responded to a question about whether they lived with a disability indicated that they did; mental illness was the most common form of disability identified, followed by injury and illness. The extent of mental illness as an identified disability is consistent with evidence that ambulance personnel are at heightened risk of mental illness and psychological distress due to a number of factors associated with their work, but not arising solely from exposure to traumatic events.[20]

Of those survey participants who identified that they had a disability, 19.5% (n=60) reported experiencing discrimination on the basis of their disability. Disability discrimination also arose during interviews and in submissions. Participants

with a disability described experiencing a range of unfavourable treatment and disadvantages in the workplace related to or on the basis of their disability, including:

- experiencing stigma because of mental illness or related WorkCover claims
- being subjected to derogatory comments about their disability
- being deterred from accessing sick leave or adjustments to their work arrangements and having their sick leave closely scrutinised by their manager
- being subjected to unreasonable 'fitness for duty' assessments after disclosing their disability or requesting reasonable adjustments to their work arrangements
- having difficulty negotiating reasonable adjustments to their work arrangements they require because of their disability.

Some participants also described their career progression being stymied because of perceptions about their disability, related WorkCover claims or their need for adjustments.

> **The feeling I got from Ambulance Victoria at the time is, "If we have to make any adjustments for you, you're not fit to perform the role".** *Participant, Interview*

> **[I]t was like just common knowledge and an understanding that if you had any kind of mental health challenge, you were just – for starters you weren't one of the boys, because the boys would never admit to that. And you weren't cut out for it. You weren't tough enough. You weren't manager material. I'm sure not every manager at the time had held those views. But enough of them did. And enough senior managers, the impression was that they did, that that was the culture.** *Participant, Interview*

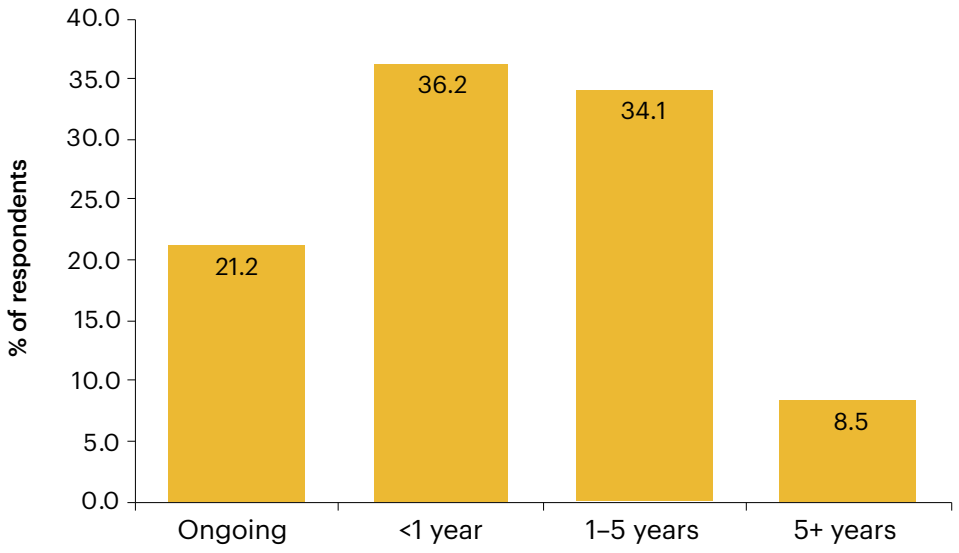
Consistent with this, a 2019 Commonwealth Senate inquiry into the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers found that many resisted reporting concerns about their mental health to their employers because of pervasive stigma and 'a genuine fear ... of being subjected to ridicule, bullying and discrimination'.[21]

Many participants did, however, speak positively about the mental health supports available at Ambulance Victoria. There was a sense that the conversation concerning mental health and stigma was beginning to shift. Notwithstanding these mental health initiatives (discussed in Section 3.4.1), participants stories illustrate that the initiatives have not necessarily worked to eliminate disability discrimination. Discrimination and low levels of support are still being experienced by some ill and injured employees at the team level, particularly where their disability requires some accommodation to their work arrangements.

Recency of experiences

The Commission's survey asked people to indicate when their most recent experience of discrimination took place. The results – reinforced by what the Commission was told during interviews and in submissions – indicate that discrimination is an issue affecting the workplace today (see Figure 5C). Of the people who responded to the question (n=873), a majority indicated that it had occurred within the previous year (36.2% or n=316) or was ongoing at the time of the survey (21.2% or n=185).

Figure 5C – **Extent of discrimination in Ambulance Victoria (by time of occurrence)**



That so many people reported that discrimination is an issue today reinforces the need for Ambulance Victoria to re-examine its policies, procedures and processes to ensure that they do not unfairly advantage some people within the workforce, while also disadvantaging others. It also underscores the importance of appropriate and accessible supports for those who feel that they have been subject to unfair treatment (see Chapter 9).

Alleged victim-survivors

Across all data sources, workplace discrimination emerged as a seemingly widespread problem at Ambulance Victoria, with a range of different individuals and groups experiencing it in varying forms.

Both men and women, participants working in metropolitan and regional areas and those in different age brackets, all reported high rates of experiencing and witnessing discrimination that were largely consistent with the overall rates (47.2% (n=909) for direct experiences and 47.7% (n=900) for witnessed discrimination). Operational participants were at heightened risk of discriminatory treatment, with 50.1% (n=675) experiencing it and 50.2% (n=684) also reporting they had witnessed it, compared to 31.3% (n=97) and 37.0% (n=115) of participants working in corporate roles.

Participant interviews and submissions added to the survey data to paint a more detailed picture of who in the workplace is experiencing different forms of workplace discrimination. These data sources suggest that:

- women – in both operational and corporate roles – are experiencing discrimination on the basis of sex/gender and related attributes of parental or carer status and pregnancy
- operational employees aged 50 years and above and women aged 18-29 years are experiencing age discrimination
- employment activity discrimination, or unfavourable treatment closely related to employment activity, is being experienced by a significant number of people, but particularly by men.

The survey data shows that participants with a disability were more likely to report experiencing discrimination, but not necessarily on the basis of their disability.[22] In fact the basis of discrimination that those with a disability reported largely mirrored the overall results for survey participants, with employment activity and sex/gender the most common basis for discrimination. This may be because disability – in the form of mental illness and injury – is often arising as an impact of discrimination and other unlawful conduct (as discussed below in Section 5.2.1) and/or that those with a disability are more vulnerable to other forms of unlawful discrimination.[23]

Alleged perpetrators

The Commission heard across all data sets that men in senior management roles make-up the majority of people responsible for discrimination within Ambulance Victoria.[24]

Among the 885 people who responded to the question about who discriminated against them, senior managers (51.3% or n=454), direct managers or supervisors (45.9% or n=406) and other managers or supervisors (25.4% or n=225) featured most commonly. In the survey, operational staff were more likely than corporate staff to identify people in these roles as the person responsible for the discrimination. During interviews and in submissions, however, both corporate and operational staff most frequently identified direct managers and other managers as the relevant alleged perpetrator.

While executives were also identified as being responsible for discrimination (11.4% or n=101), it was corporate employees who were far more likely than operational employees to identify them as being responsible for the discrimination they experienced (33.3% or n=31, compared to 7.0% or n=46). Of these corporate employees, those occupying a corporate director or manager role were particularly likely to identify an executive as the person discriminating against them (78.9% or n=15).

Of the 871 people who told us that they had experienced discrimination and indicated the sex/gender of the person (or persons) responsible (multiple response), 77.6% (n=676) said that person was (or included) a man, compared to 42.3% (n=368) who said the person was (or included) a woman. The preponderance of male perpetrators is partly explained by the gender split for the 723 senior management roles at Ambulance Victoria, with 62.1% (n=449) men and 38.7% (n=274) women in these positions (see Section 2.3.3. for a full breakdown of these roles). However, even accounting for the increased number

of male managers, the survey data suggests that men in senior management roles are somewhat more likely to perpetrate discrimination than women in senior management roles. This is also consistent with what we heard in submissions and during interviews.

While men were just as likely as women to identify a male perpetrator (76.8% or n=282, compared to 79.4% or n=358), men were more likely than women to identify a female perpetrator (45.0% or n=165, compared to 38.6% or n=174).

The different types of unfavourable treatment that may amount to discrimination that we asked participants to identify in the survey (see Figure 5A), describe many activities that are within the discretion of managers and supervisors. This may explain the above results that tended to show that managers and supervisors were perpetrating discrimination. Notably, however, not all those behaviours are restricted to managers; anyone can perpetrate discriminatory abuse and exclusion and these behaviours were reported by a substantial portion of participants as set out in Figure 5A.

5.1.2 Sexual harassment

Nature

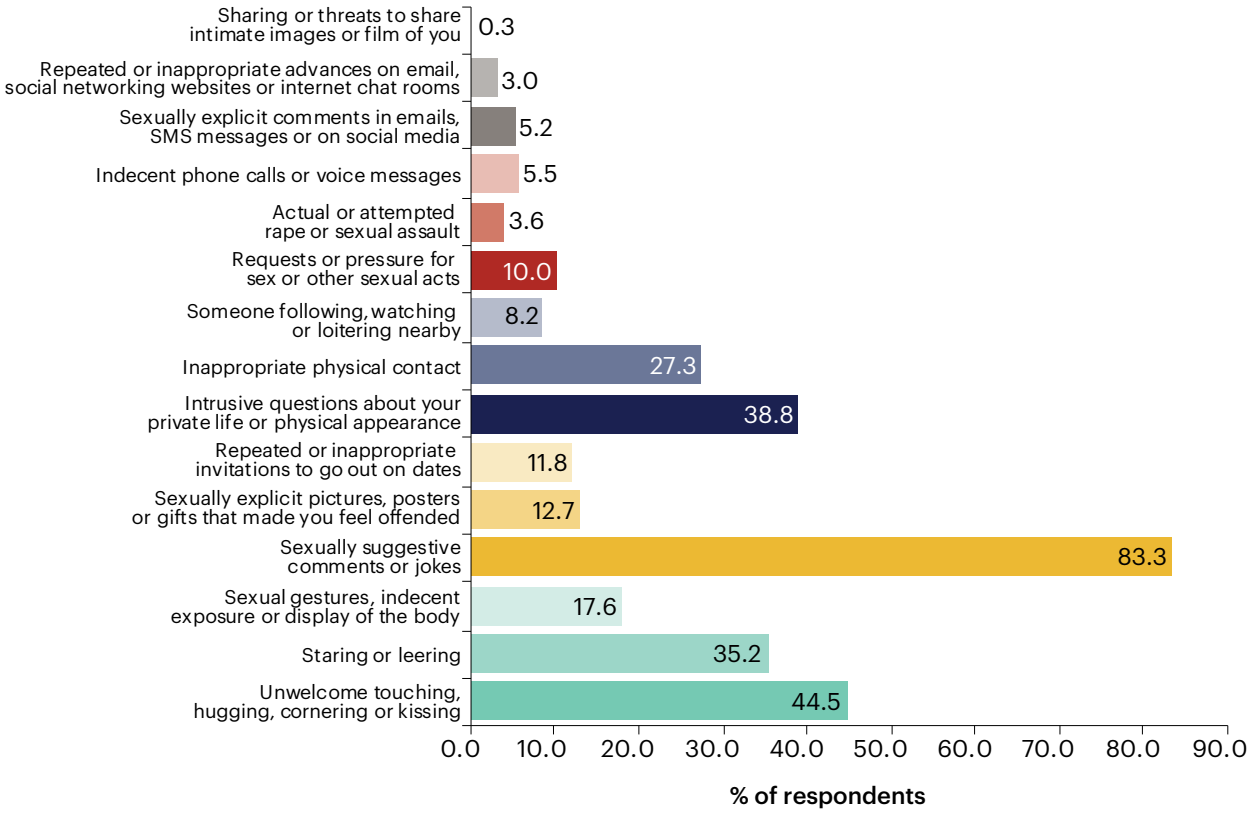
Behaviours

The Commission asked survey respondents who reported sexual harassment to identify the types of unwelcome sexual behaviour that they had experienced. Among the 330 respondents, the five most commonly reported behaviours were:

- sexually suggestive comments or jokes (83.3% or n=275)
- unwelcome touching, hugging, cornering or kissing (44.5% or n=147)
- intrusive questions about your private life or physical appearance (38.8% or n=128)
- staring or leering (35.2% or n=116)
- inappropriate physical contact (27.3% or n=90) (see Figure 5D).

These same behaviours were also the five most commonly reported behaviours in the 2018 national workplace sexual harassment survey and the Commission's Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, *in Victoria Police*, although their precise order differed.[25]

Figure 5D – **Types of workplace sexual harassment (by gender)**



The sexual comments participants described experiencing included comments about their body or appearance, sexual innuendo and crude, sexualised jokes.

> **A MICA team manager who was in control of signing off some of my stuff had said that if I was really that serious about becoming a MICA [Paramedic], I should be using my womanly assets more.**
> *Participant, Interview*

> **I said "I'm just going to have a quick shower..." and my colleague who was sitting next to my team manager said, "Do you need a hand in there?"**
> *Participant, Interview*

> **[T]his clinical instructor, he told me I was too pretty to be a Paramedic and that I would need to prove to him I had what it takes. ... I laughed it off and tried not to think anything of it.** *Participant, Written Submission*

Unwelcome sexual touching, as well as constituting sexual harassment, may also amount to sexual assault (a criminal offence). The unwelcome touching that participants described during interviews and in submissions varied in nature and seriousness. We heard about co-workers unnecessarily brushing up against other workers, touching them on the bottom and, in some rarer instances, perpetrating unwanted, invasive physical behaviour of a sexual nature.

Some participants expressed a perceived unspoken expectation that they had to put up with this conduct if they wanted to succeed at Ambulance Victoria, particularly in operational roles.

> **I felt I had to ignore [it] in order to "fit in", despite the fact that it didn't sit well with me. The fact I was forced to put up with uncomfortable sexual innuendo in order to prevent my career being ruined made me sick to my stomach and severely impacted my anxiety around her.**
> *Participant, Written Submission*

> **We have to let the men in MICA try to schmooze us. One guy always wants a hug and I don't want to, but I know I have to. For women to [get approval from] MICA men [and] get into MICA, we have to let them talk to us like that... [We just have to] brush that off.** *Participant, Interview*

The survey results are consistent with what we heard from participants during interviews and in submissions, where these unwelcome sexual behaviours were described in greater detail and indicate a culture in which everyday sexism and gendered disrespect are common.

Research indicates sexual harassment is more likely to occur in workplaces characterised by male-dominated work practices, culture or behaviour expectations.[26] Sexist jokes and commentary serve to reinforce such cultures, perpetuate gender stereotypes, amplifying unequal, gendered power relations and intensifying sexism.[27] These behaviours contribute to the normalisation of sexual harassment, which creates toxic working environments for women and produces circumstances in which victim-survivors, witnesses and leaders may be unwilling to challenge disrespectful or offensive behaviour for fear of exclusion or reprisal.[28]

While all forms of sexual harassment are unlawful and have no place at work, the Commission expresses our particular concern regarding the reported rates of physical forms of sexual harassment, particularly unwelcome touching, hugging, cornering or kissing and inappropriate physical contact. We also note with great concern that:

- 33 respondents indicated that they had experienced requests or pressure for sex or other sexual acts
- 12 respondents told us that they had been subjected to actual or attempted rape or sexual assault while at Ambulance Victoria.

For a number of reasons (i.e., confidentiality, secrecy, ethical obligations and methodological process), the Commission is unable to provide further data regarding these particular instances reported via the survey. However, multiple participants also shared experiences of unwanted physical touching with us during interviews and in submissions and to a lesser extent, serious instances of sexual assault.

> **He groped my breast and told me he'd been wanting to do that for ages. It's awful. And I just froze.** *Participant, Interview*

> **[My team manager] kissed me on my forehead while hugging me at branch.**
> *Participant, Written Submission*

> **[S]he grabbed me and kissed me. I was shocked, scared and alone.**
> *Participant, Written Submission*

> **I'm a member of the LGBTI community and when I first started in the job, one of the staff members refused to work with me because, in his words, "he will come in the room at night and rape me!"**
> *Participant, Written Submission*

Basis of the harassment

The Commission's survey asked about the reason(s) people believed they had been sexually harassed, with respondents able to select more than one reason. Of the 333 people who responded to this question, almost three in four (73.6% or n=245) indicated that they believed their sex/gender was the reason for the harassment. This was followed by physical features (34.8% or n=116) and marital status (8.7% or n=29), among other attributes.

Women were considerably more likely than men to identify one or more of the survey's listed characteristics as the basis for the sexual harassment they experienced, including their sex/gender (79.5% or n=221 compared to 36.4% or n=16), physical features (37.1% or n=103 compared to 22.7% or n=10) and marital status (9.0% or n=25 compared to 4.5%, n=2); on the other hand, men were more likely to respond with 'don't know' (36.4% or n=16 compared to 16.8% or n=19) and 'other' (15.9% or n=7 compared to 7.9% or n=22).

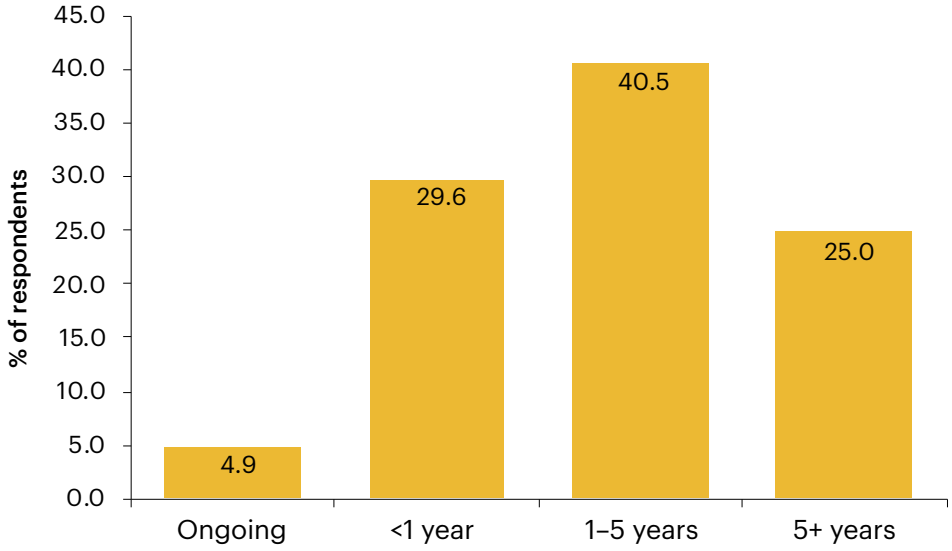
Setting aside the 'don't know' and 'other' responses, the reasons for sexual harassment most commonly identified by men were sex/gender (36.4% or n=16), followed by physical features (22.7% or n=10) and sexual orientation (11.4% or n=5).

Recency of experiences

The Commission's survey asked people to indicate when their most recent experience of sexual harassment within Ambulance Victoria took place. Of the people who responded to the question (n=328), three in four (75.0% or n=246) said that that they had been harassed within the previous five years (see Figure 5E). This shows that sexual harassment is a contemporary issue that the organisation faces today.

Of particular concern to the Commission are the 16 people who reported that the sexual harassment was ongoing when they completed the survey. These reports highlight the harm being experienced by these 16 people, as well as the risk of harm to others in the workplace if the alleged perpetrators responsible for the harassment are not held to account. Also concerning is the 97 people who said that they had been harassed within the previous year.

Figure 5E – **Extent of sexual harassment in Ambulance Victoria (by time of occurrence)**



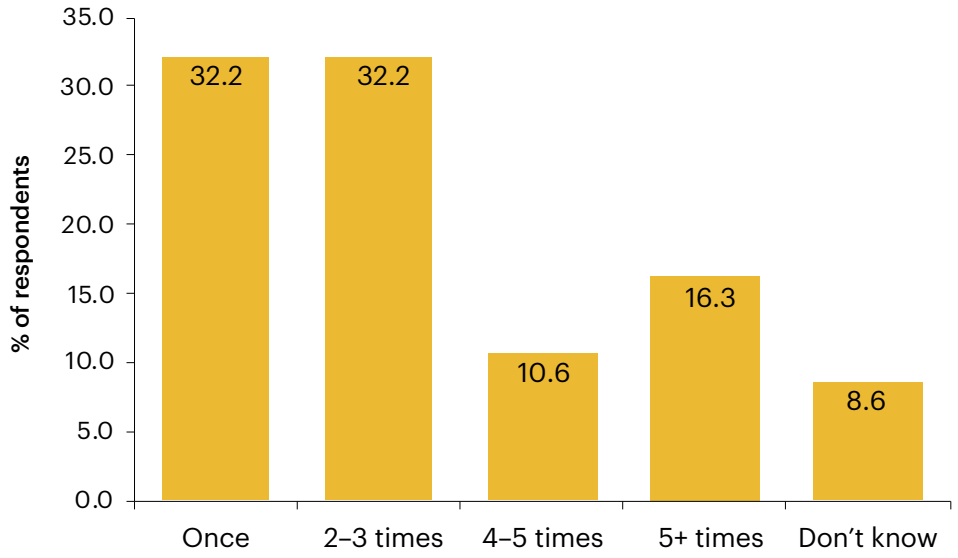
Frequency of experiences

The Commission asked survey respondents to indicate whether their most recent experience of sexual harassment occurred once or over multiple occasions. Of the 325 people who responded to this question, more than half (58.8% or n=191) told us sexual harassment happened over multiple occasions. This aligned with what participants described during interviews and in submissions about sexual harassment being part of an ongoing pattern of conduct that included multiple instances of harassment, with some reporting an escalation in the types of harassment they experienced over time. This aligns with leading evidence on the nature of sexual harassment, with victim-survivors commonly reporting experiencing the same type of harassment more than once in the same workplace in the last five years – most often repeated offensive, sexually suggestive comments or jokes.[29]

Of the remaining people who responded to this question, around two in five reported that the sexual harassment happened once (38.5% or n=125) and nine said that they were unsure.

We also asked how many times people had experienced sexual harassment in the previous two years. Of the 301 people who responded to this question, just under one-third (32.2% or n=97) said they had been harassed once, with most of the remaining respondents indicating that they had been harassed on multiple occasions (see Figure 5F).[30]

Figure 5F – **Number of experiences of sexual harassment in the previous two years**



The results of the Australian Human Rights Commission's national survey revealed that women were more likely than men to report that their most recent experience of sexual harassment was not a one-off but had happened previously at the same workplace,[31] the behaviour they experienced was common in their workplace,[32] and that others had experienced the same type of sexual harassment in their workplace.[33]

Means

The Commission's survey asked respondents to indicate the ways in which they were sexually harassed within Ambulance Victoria; people had the option to select multiple responses. Of the 333 people who responded to the question, the overwhelming majority (94.3% or n=314) said that it took place in person. Only a small proportion of respondents to this question indicated that it took place over the phone (8.1% or n=27) or online (6.3% or n=21) or in other ways (2.4% or n=8).

Sexual harassment at work perpetrated via technology and social media has increased significantly in recent years, particularly in industries in which online engagement is an integral part of the work.[34] Yet, as the nature of healthcare work, including emergency care, necessitates close physical and emotional proximity, the physicality of sexual harassment experienced within Ambulance Victoria reflects experiences within the broader medical community.[35]

Location

Our survey asked those who reported being sexually harassed within Ambulance Victoria (n=335) to let us know where the most recent incident of harassment occurred, and the gender composition of the workplace at the time. Consistent with broader research,[36] the majority of incidents of sexual harassment reported to the Commission occurred when the workplace was two-thirds or more male (54.9% of 334 total responses, or n=169) as opposed to female-dominated (3.6% or n=11) or gender neutral (41.6% or n=128).[37]

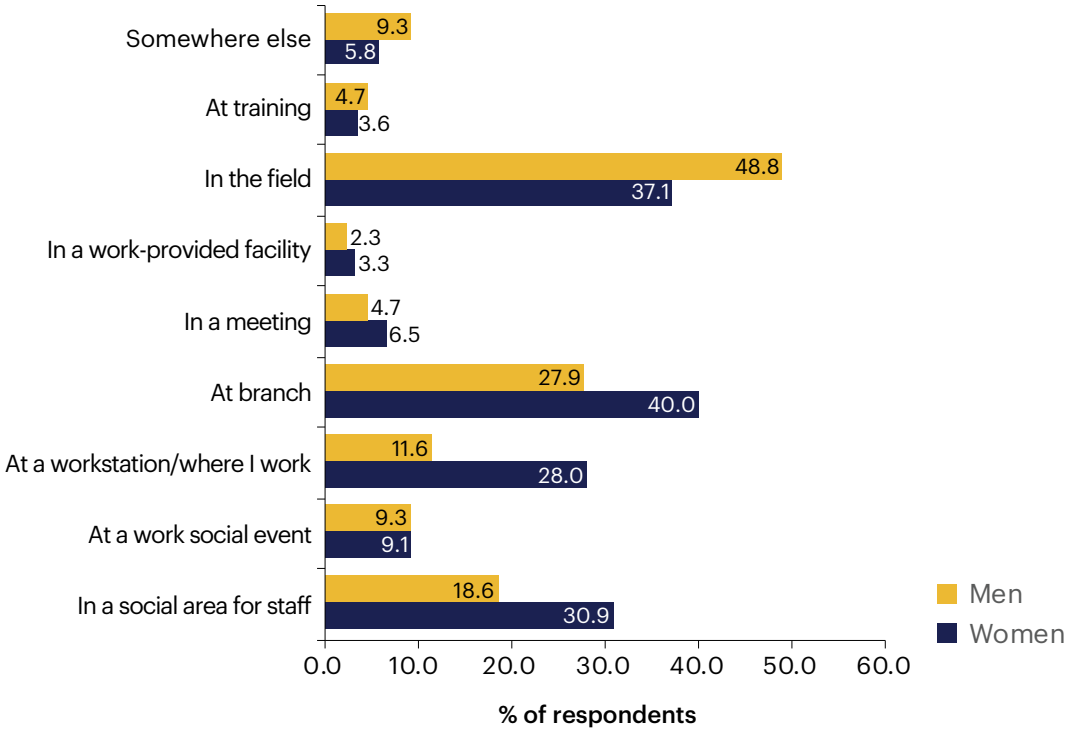
The three most common locations indicated by the 328 respondents to this question were at a branch (38.4% or n=126), followed closely by in the field, including in a work vehicle or while providing care to a patient (38.1% or n=125), and then in a staff social area (29.6%, or n=97).

Figure 5G shows that there were some differences across the 44 men who reported an incident of sexual harassment and detailed the location, compared with the 279 women who did so. For men, incidents of sexual harassment were more likely to occur in the field (47.7% or n=21 compared with 36.6% or n=102 for women), whereas women were more likely to report experiencing sexual harassment in an office location, including:

- a work social area (30.5% or n=85 compared with 18.2% or n=8 for men)
- at a workstation (27.6% or n=77 compared with 11.4% or n=5 for men)
- at branch (39.4% or n=110 compared with 27.3% or n=12 for men).

These differences persisted when the comparison was limited to operational employees only, so they were not driven by role type (that is, women being more likely to work in corporate roles than men).

Figure 5G – **Location of sexual harassment**



When considered alongside the results showing the most common form of sexual harassment is sexual comments and jokes and the high rate of bystanders to this type of harassment, the finding of high rates of sexual harassment in staff social areas and at workstations – and even while in the field treating patients – point to an environment where sexual harassment is occurring in the open without fear of repercussions. This is consistent with what emerged during the interviews, where sexual harassment appeared to be a component of a broader culture of workplace incivility. This is also consistent with the perception among many participants that sexual harassment is tolerated, and perpetrators will not be held to account.

At the same time as the Commission was told of sexual harassment being perpetrated in the open, we heard about harassment occurring in isolated work environments that create opportunities for it to occur. During interviews and in submissions, participants working in operational roles described branches and work vehicles as isolated, unsupervised work spaces. It was often in these isolated spaces that we heard of operational staff being sexually harassed or of concerns for participants' safety from harassment. As one participant described it:

> **[I]t's one word versus the other.** *Participant, Interview*

These experiences align with research that tells us that where people work alone, in confined or isolated environments, they are at heightened risk of sexual harassment.[38]

PERSONAL STORY

Chloe's* story:

How sexual harassment impacted her and put patient care at risk

When I was a graduate Paramedic, a clinical instructor sexually harassed me.

He would make inappropriate comments about my appearance, ask me about my sexual history, tell me stories about his own sexual past and show me explicit images of himself, all without my consent. Multiple times he used medical equipment to hit me on the backside during a shift.

He would just find any excuse to make the conversation sexual in some way and it made me so uncomfortable and shaken. I failed my first clinical review during that month because I was so anxious around this man. It really impacted my confidence and ability to do my job.

Once on a shift, instead of monitoring a patient in the back of the ambulance truck as he should have been, he came and sat in the front with me and took his shirt off. I kept on asking what he was doing and why he wasn't with the patient, but he just made some excuse about it being too hot. I didn't know what to say. As a graduate, you really have no power in the situation to say anything. After we got to the hospital, the patient died and I remember being so terrified it was something we had done, and I would end up getting blamed for it.

A lot of this stuff with my clinical instructor happened in the ambulance truck when it was just the two of us. No one else was around. I knew it would be my word against his and I was so scared that people weren't going to believe me if I complained and that I would be flagged as a trouble-maker. I just couldn't risk it.

It is sad to think that these clinical instructors are in such a position of power that they can get away with this stuff but in Ambulance Victoria, that's just how it is. It wasn't till I saw a psychologist later on that I realised I had been sexually assaulted, him hitting me on the bum and touching me inappropriately. That was assault. But I was led to believe it was no big deal.

**Name has been changed to protect privacy.*

We also heard from operational staff (who had experienced sexual harassment) that branch sleeping quarters create opportunities for harassment to occur due to a lack of safeguards.

> **He walked around to the other side of the bed and climbed in. He shuffled closer towards me ... and started touching my left arm and slid his hand under my shirt and on to my stomach.** *Participant, Written Submission*

> **[After he sexually assaulted me in the branch bedroom, I was afraid of being alone with him.] There was one other time where it was just him and I at branch. I was the single officer and I was restocking the truck. I was just in the storeroom ... you can't get out of there. It's just one entrance.** *Participant, Interview*

> **I had been sleeping in the bedrooms at branch, but our bedrooms don't have locks on the doors. And I just – I didn't feel safe. I felt uncomfortable. So, I have been sleeping on the couches instead because normally there's another crew that works at the same time.** *Participant, Interview*

Alleged victim-survivors

Overwhelmingly, the Commission heard that sexual harassment is a problem that largely affects women at Ambulance Victoria; this is in line with what is known about the gendered nature of workplace sexual harassment.[39] Of the 947 women who responded to the survey question about sexual harassment, 29.5% (n=279) said they had been sexually harassed in the organisation. By comparison, of the 865 men who responded to the question, 5.1% (n=44) said they had been harassed. This finding was reinforced repeatedly by what we were told about sexual harassment during interviews and in submissions.

Personal experiences of sexual harassment were also more likely to be reported via the survey by the 1356 people in operational roles who responded to the question about sexual harassment (19.3% or n=264) than the 312 respondents in corporate roles (10.3% or n=32). Although the survey and information shared during interviews and in submissions makes it clear that sexual harassment has affected people in both cohorts of the workforce.

More broadly, in contrast to current research into sexual harassment,[40] there appear to be few groups at heightened risk of sexual harassment within Ambulance Victoria. Although there was some evidence to suggest that the risk is higher for some groups as detailed below.

- Consistent with existing research,[41] employees and first responders with a disability were more likely to report experiencing sexual harassment: of the 486 survey participants who responded to both questions about their disability status and whether they had experienced sexual harassment, 26.1% (n=127) said they had experienced sexual harassment, while the equivalent figure was 14.4% (n=208) among the 1442 respondents who did not identify a disability and who responded to the question about sexual harassment.
- In line with broader research, employees and first responders who identify as being lesbian, gay, bisexual or queer were at heightened risk of experiencing sexual harassment, compared to their heterosexual colleagues:[42] of the 128

survey participants who identified as lesbian, gay, bisexual or queer in the survey and who responded to the question about experiencing sexual harassment, 26.6% (n=34) said they had, compared with 16.8% (n=279) of the 1657 heterosexual respondents to both questions.

These survey results align with participants' experiences, with many different women coming forward to share their experiences of sexual harassment and no obvious trend emerging that might suggest this conduct is confined to certain pockets of the organisation. This suggests that sexual harassment – while perhaps not pervasive – is at an unacceptable risk of occurring across Ambulance Victoria.

Alleged perpetrators

In line with existing research,[43] the Commission's survey results – reinforced repeatedly during interviews and in submissions – shows that men made up the overwhelming majority (90.3% or n=299) of alleged harassers within Ambulance Victoria.

The Commission's survey also asked about the relationship of the alleged harasser to the victim-survivor (with multiple responses allowed to account for multiple perpetrators). In line with broader research,[44] but distinct from experiences of bullying and discrimination reported within Ambulance Victoria (see sections 5.1.1 and 5.1.3), 'co-worker' was the most common relationship reported. A total of 442 survey participants reported that they had been sexually harassed and answered a question about their relationship with the alleged perpetrator(s). Of these respondents:

- 36.2% (n=121) reported that their harasser(s) were/included a co-worker that was more senior
- 34.0% (n=107) reported that their harasser(s) were/included a co-worker at the same level
- 7.8% (n=26) reported that their harasser(s) were/included a co-worker that was more junior.

During interviews and in submissions, we heard many examples of managers and other senior leaders abusing their power to sexually harass others in Ambulance Victoria.

> **I can't forget how many times a male would try to hit on you, and because they were a clinical instructor or in a position of power, ... they'd try to intimidate you.** *Participant, Interview*

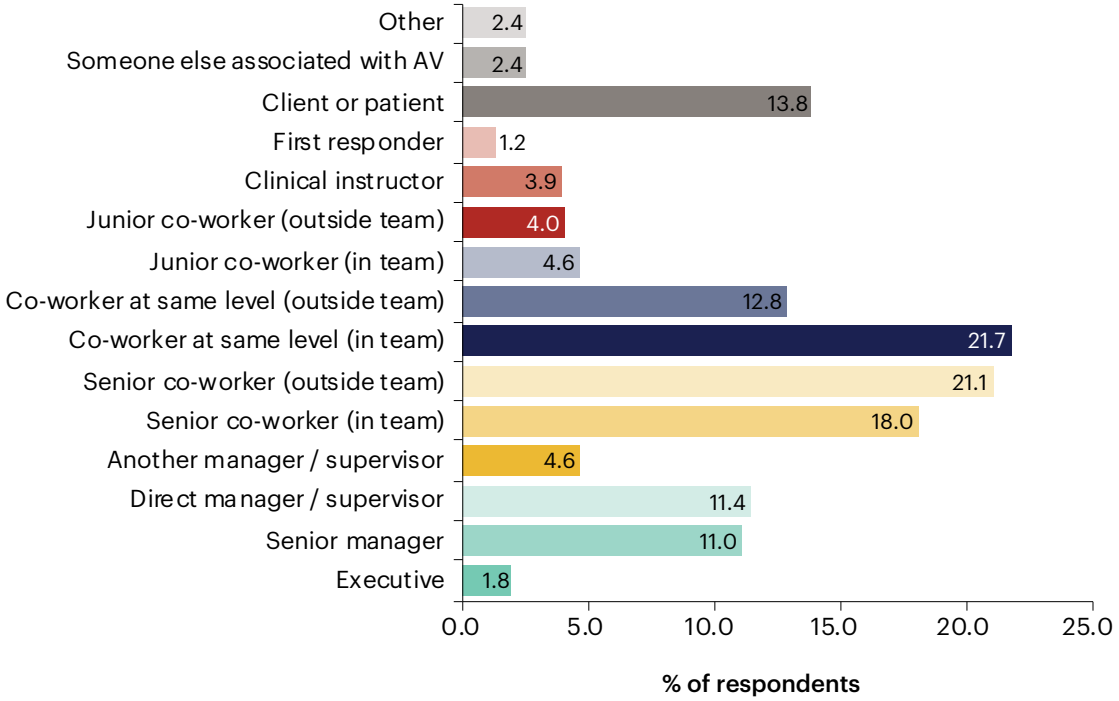
The survey results also revealed harassment by those more senior than the victim-survivor, with:

- 1.8% (n=6) reporting that their harasser(s) were/included an executive[45]
- 11.4% (n=38) reporting that their harasser(s) were/included their direct manager or supervisor
- 3.9% (n=13) reporting that their harasser(s) were/included a clinical instructor.

The behaviour of workplace leaders is instrumental in either the prevention or perpetuation of sexual harassment; workplace harassment is more likely to occur when it is seen to be perpetrated or sanctioned by authority figures, and

less likely to occur when they condemn it.[46] Leading research shows that the involvement of workplace leaders in sexual harassment reinforced victims' feelings of powerlessness and heightened their sense that they would not be supported in efforts to stop or report the behaviour.[47] Research also indicates that sexual harassment perpetrated by senior leaders, managers or supervisors impacts victim-survivors more severely, resulting in higher levels of associated stress, adverse impacts on mood, and increased intentions to resign; these instances of sexual harassment are less likely to be reported for fear of reprisal.[48] Complaints of sexual harassment made against management result in fewer organisational actions against perpetrators, increased retaliation against victim-survivors, and increased minimisation of allegations.[49] While outside the scope of this review, it is noteworthy that 13.8% (n=45) of harassers were reported to be patients.

Figure 5H – **Relationship of the alleged harasser to the victim-survivor**



Of particular concern to the Commission, several participants described some perpetrators as being 'well known' within Ambulance Victoria for behaving in a sexually inappropriate, harassing manner towards others, including themselves. These repeat alleged harassers were seemingly able to continue this pattern of behaviour without consequence.

> **He's been known for this behaviour for his 20+ [year] career in Ambulance Victoria and nothing has ever been done.** *Participant, Written Submission*

> **I was with this clinical instructor for 16 shifts [and] before I worked with him, I had a few of my colleagues come up to me and say, "Hey, he's known to be really inappropriate with female grads. He can be sexually inappropriate and just be a bit of a bully, so just a heads up".** *Participant, Interview*

> **I understand he's done similar stuff in another part of the service, and rather than address it, we moved him to a different area. Which used to happen a lot. So, rather than really go, "That is shitty behaviour - you're sacked", we just moved them.** *Participant, Interview*

There is evidence to indicate that it is not uncommon for those that sexually harass in the workplace to target more than one individual. Two in five participants in the national workplace sexual harassment survey who said they had been sexually harassed in the last five years were aware that others in their workplace had experienced the same form of harassment as them and that this was most often by the same harasser.[50]

> **Individuals may be able to engage in sexually harassing behaviour over long periods of time where employers are reluctant to make known information about incidents or complaints in their workplace.**[51]

The importance of tracking trends in reports and complaints to identify emerging risks is further explored in Chapter 7.

5.1.3 Bullying

Nature

Behaviours

The Commission asked survey respondents who reported being bullied (n=988) at Ambulance Victoria to identify the types of behaviour they had experienced (see Figure 5I). Among the 986 respondents, the five most commonly reported types of behaviours were:

- hostile behaviour (61.4% or n=605)
- verbal abuse (58.9% or n=581)
- exclusion from work communications or activities (45.1% or n=445)
- unreasonable demands, pressure or impossible deadlines (40.5% or n=399)
- threatening body language (31.5% or n=311).

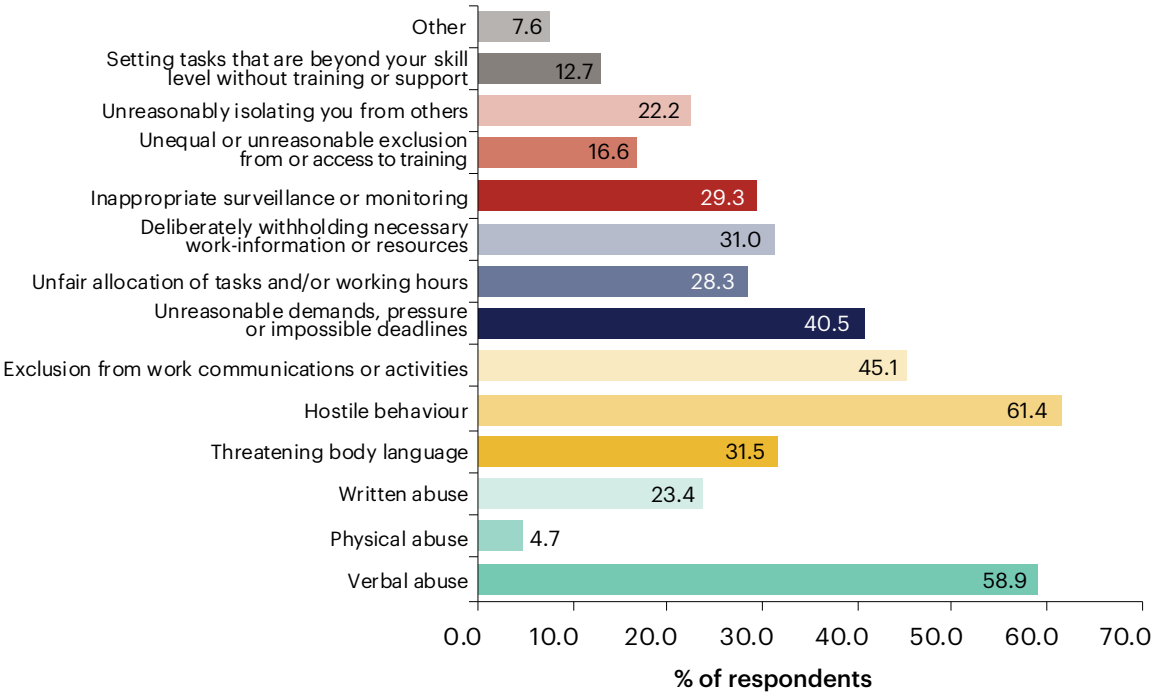
Literature suggests that bullying behaviours tend to appear on a continuum, where incivility, gossip and banter are initial workplace harms that, when allowed to exist, escalate to more overt, humiliating and violent behaviours.[52]

Physical abuse made up 4.7% (n=46) of bullying reported via the survey, with equal numbers of women and men reporting such abuse (4.8% or n=23, compared to 5.0% or n=23).

> **The paramedic was picking up the chair and he was ... swearing ... it was very scary. It was really scary ... I grabbed my radio. Because [Community Emergency Response Teams] have the same radio as the paramedics, you know, the big ones and I just grabbed it. I was almost going to press my duress button.** *Participant, Interview*

Broadly speaking, there were no particular gendered differences in the types of bullying behaviour reported by women and men through the survey.

Figure 5I – **Types of workplace bullying**[53]



In addition to the behaviour listed in Figure 5I above, the types of bullying conduct that regularly emerged during interviews included:

- verbal abuse involving being put down, sworn at, called names or shouted at, sometimes in front of other employees and patients
- berating and overly critical behaviour, which was commonly used as a so-called training or clinical improvement tool, with examples of this occurring in open forums
- micro-management and targeted clinical reviews being used as a bullying tactic.

> **[P]eople have left meetings because of the way [this person has] spoken to people. And [their] behaviour is just abhorrent.** *Participant, Interview*

Some participants described the bullying behaviour including more subtle forms of exclusion or poor treatment, such as not responding to emails, denying acess to training courses, or not approving overtime requests.

Although less common, there were also examples of participants being physically assaulted, spat on, and receiving serious threats.

> **I was contacted by the manager [and] informed that if I was to turn up at the Christmas party, the guys there had threatened to smash my face in.** *Participant, Interview*

> **[He] snatched the pager from [me] and pushed me up against the nearby wall with his right forearm across my chest [and] throat area. He began berating me about taking too long to clear.** *Participant, Written Submission*

While the Commission's workforce survey did not ask about incivility, it was a prominent type of behaviour reported during interviews and in submissions. We were told often of rude, abrupt and condescending communication occurring in person, in meetings, in emails and during phone calls. We also heard about demeaning names being used to identify individuals or different work cohorts and co-workers regularly swearing at one another.

> **I would call it incivility.... Like, there are some people that are just not nice, they're quite mean in the way they talk to each other, it's disrespectful. I heard one [example] recently where someone said, "oh, I think you should pack up your stuff and [expletive] off". I mean, who says that to a colleague?** *Participant, Interview*

> **I would say that there's a lot of low-level interpersonal conflict in AV that's not managed.** *Participant, Interview*

We also heard about incivility occurring between different work cohorts or divisions. Several participants described a history of MICA Paramedics treating Advance Life Support Paramedics with derision and disrespect.

> **They [MICA] turned it into a sport, and they would go out targeting paramedics, coming back to the branch and having a big laugh about it: who they made cry, what people they made almost pee their pants, as they would put it.** *Participant, Interview*

> **[Some MICA officers are] particularly well-known throughout all the ALS. They don't want them there on the scene. They don't want them because of the bullying that they're going to be under, and they'll be made to feel like they shouldn't have called.** *Participant, Interview*

A 2020 Safer Care Victoria review of Ambulance Victoria's aeromedical critical care services also found 'a lack of trust and respect between Adult Retrieval Victoria and Air Ambulance Victoria staff', with 'reports ranging from disrespectful behaviour and mistrust to intimidation'.[54]

Basis of the bullying

The Commission heard reports of discriminatory and non-discriminatory forms of bullying across all data sets. While the perceived basis of the bullying reported to the Commission via the survey spanned all of the protected attributes in the Equal Opportunity Act (except for Intersex status), the vast majority of this conduct concerned employment activity (40.5% or n=394), followed by sex/gender[55] (22.6% or n=220) and age (21.9% or n=213). Men were considerably more likely than women to report bullying related to employment activity (45.9% or n=209, compared to 35.2% or n=166), whereas women were far more likely than men to report sex/gender-based bullying (37.4% or n=176, compared to 7.7% or n=35) or age-based bullying (26.8% or n=126, compared to 17.1% or n=78).

Compared to these results, bullying on the basis of employment activity arose less often during interviews and in submissions, possibly for the same reasons it arose less often in relation to discrimination (see Section 5.2.1). In line with the survey results, however, during interviews and in submissions we regularly heard participants describe bullying on the basis of their sex/gender (most often women) and, to a lesser extent, on the basis of age, disability and race.

PERSONAL STORY

Jenna's* story:

Sexism and bullying within MICA

During my time at Ambulance Victoria, there have been countless moments where I have been bullied specifically because of my gender. I am a MICA paramedic, and if the rest of Ambulance Victoria is a boy's club, MICA is even worse. It's a very male-dominated area. They break you down and then they build you up and start again, it's the MICA rite of passage.

I can remember one of my first clinical instructors for MICA, a man I had never met saying as his opening line to me, "I don't want 'some girl' crying at work". From day one, it was that; he had no interest in teaching me or getting to know me, I was just "some girl".

There was continuous, constant bullying and intimidation. He undermined me. Discouraged me. Dismissed me. Questioned my decision making at jobs. Provided no feedback. Ignored me. Not just him, but so many other paramedics in the team. It was the way they addressed me. The way they talked to me. The assumptions around my gender and my subsequent abilities. It was as if I was just a game to them, something to make fun of so they could bond.

I had no self-esteem left and I had no one to confide in. I was completely broken. I had no support from my manager either. If you have a problem or a complaint at Ambulance Victoria, your first port of call is your manager, but the problem is that many of the managers are no better. Many of them are bullies themselves so they allow this behaviour to continue. In fact, they create the blueprint which others feel they have to replicate.

People just follow the behaviour they see, and if their boss is a bully, they think they should act like that too to get ahead. I wish I could say that it's gotten better throughout my career but it's still the same. I still get treated like my abilities must be lesser just because I'm a woman.

**Name has been changed to protect privacy.*

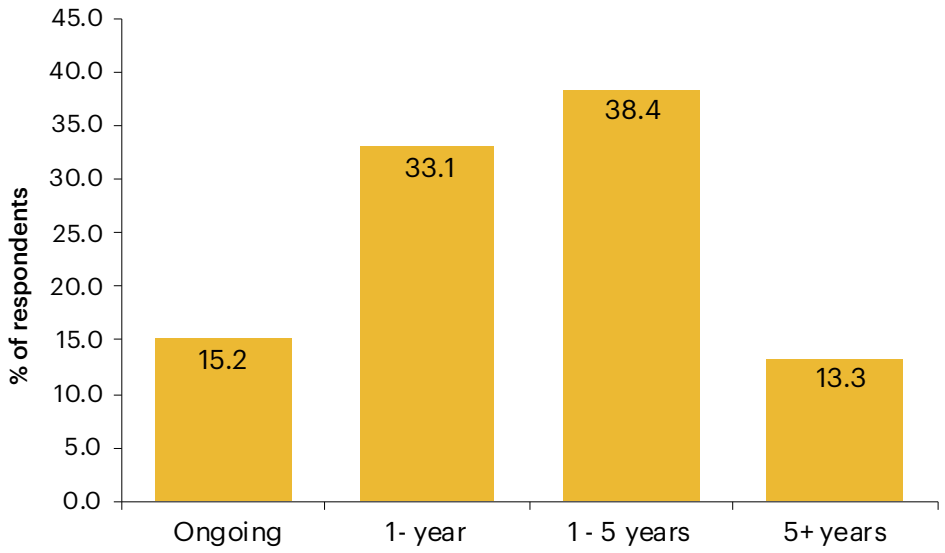
Wider research on workplace bullying does not paint a clear picture of who is generally at heightened risk of experiencing this behaviour, nor does it indicate that workplace bullying commonly occurs on the basis of the above protected attributes. There is some evidence that women are more likely than to men to label certain negative behaviours as bullying[56] but the evidence is otherwise largely inconclusive.[57]

When

Just under half of the bullying reported via the Commission's survey occurred recently, suggesting that bullying – like the other types of unlawful conduct – is a current, not an historical, issue within Ambulance Victoria (see Figure 5J). In this regard, it is concerning that 147 people reported the bullying to be ongoing when they completed the survey, and for an additional 320 people, it had taken place in the previous year.

The risk of harm to these individuals – and also their colleagues and potentially to their patients – if the conduct does not stop and the alleged bullies are not held to account is significant. There is also a risk of re-traumatising other victim-survivors who may not be presently experiencing the behaviour but are nonetheless aware of its existence across the organisation.

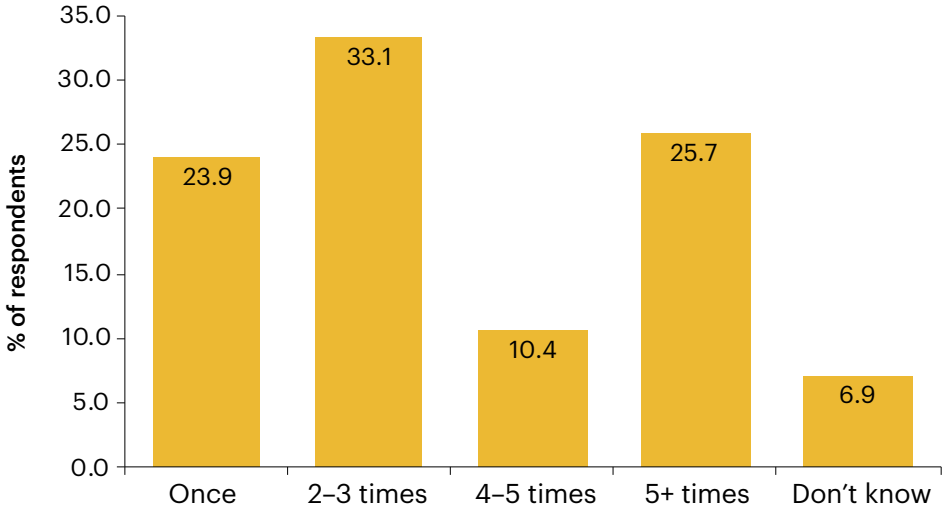
Figure 5J – **Extent of bullying in Ambulance Victoria (by time of occurrence)**



How often

We also asked the survey participants who reported being bullied how many times it had occurred in the previous two years. Of the 912 respondents, just over one-third (33.1% or n=302) said that they experienced two to three bullying episodes, with one-quarter (25.7% or n=234) reporting it occurred more than five times (see Figure 5K).

Figure 5K – **Number of experiences of bullying in the previous two years**



Means

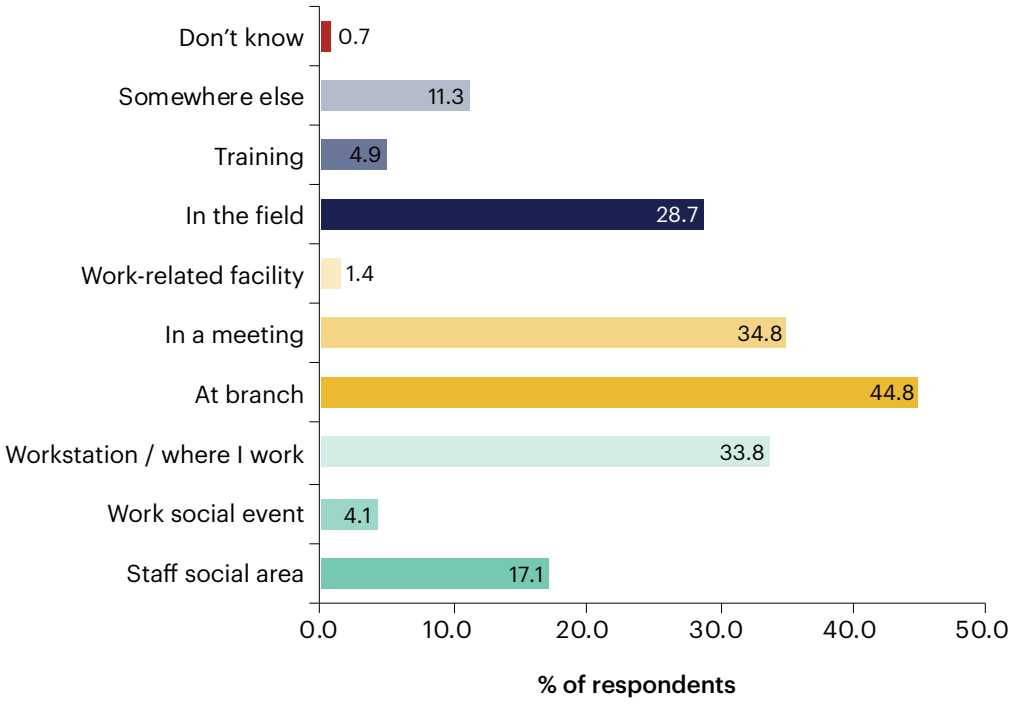
The Commission's survey asked respondents to indicate the ways in which they had been bullied within Ambulance Victoria, with the option to select multiple responses. Of the 968 people who responded to the question, the overwhelming majority (83.8% or n=811) said that it took place in person. The proportion of respondents who said they had been bullied online or over the phone was more equal (22.8% or n=221, compared to 21.6% or n=209).

Compared to operational employees and first responders, corporate employees were more than twice as likely to report experiencing bullying online (42.2% (n=62) of 147 respondents, compared to 18.5% (n=130) of 704 respondents). This speaks to the different nature of the work for these cohorts, with operational work being largely in-field focused and corporate work typically being office-based, with regular reliance on online technologies. Corporate employees' reliance on online technologies has been particularly pronounced because of work-from-home requirements arising out of public health measures introduced in response to the COVID-19 pandemic. We heard some examples of corporate employees experiencing bullying via email, but overwhelmingly both corporate and operational participants described bullying occurring in person, with interviews and submissions reinforcing this.

Where

Our survey asked those who reported being bullied to let us know where it occurred. The three most common locations identified by the 908 respondents to this question were at a branch (44.8% or n=434), in a meeting (34.8% or n=337), at a workstation or where the person worked (33.8% or n=327) and in the field, including in a work vehicle or while providing care to a patient (28.7% or n=278). These results suggest that bullying is not just occurring in workspaces that may be covert or hidden, but in open spaces and in front of others in meetings, at branches, and in staff social areas. The significant rates of bullying that are occurring at workstations and ordinary places of work also speaks to the extent of bullying occurring in both the corporate and operational areas of Ambulance Victoria.

Figure 5L– **Location of bullying**



This aligns with what we heard during interviews and in submissions, with participants most often describing bullying as being visible and having a sense that the behaviour is 'acceptable' within Ambulance Victoria.

Alleged victim-survivors

Among those who reported bullying via the Commission's survey, there were few meaningful differences across the different workforce cohorts. The survey data does, however, suggest that women working in corporate roles are at a slightly increased risk of bullying compared to their male counterparts. Of the 211 women in corporate roles who responded to a question about bullying, 49.8% (n=105) said they had experienced it, compared to 44.3% (n=39) of the 88 men in corporate roles that answered in the affirmative.

Compared to the overall survey results, the other groups that were more likely to report experiencing bullying were:

- participants with a disability (66.3% or n=323, compared to 45.9% or n=588 of participants without disability)
- those aged over 50 years of age (58.6%, n=309) and who had been with the organisation for more than 20 years (58.5%, n=179) compared to 52.7% (n=988) overall.

MICA Paramedics and trainees (58.4%, n=115) and operational support and managerial staff (57.9%, n=73) were also somewhat more likely to experience bullying compared to participants in other roles, including on-road or air ambulance clinical staff (53.2%, n=432) and corporate or administrative support staff (48.5%, n=150). The sub-culture within MICA was often discussed during interviews and in submissions, with participants describing it as a toxic, elitist and hyper-masculine environment, where bullying behaviours were the norm.

> **[This MICA branch is a] cowboy branch. It's a boys' club. If you display bullying or intimidating behaviour to your colleagues, to other MICA Paramedics or to Advanced Life Support Paramedics, you'll survive. But if you show vulnerability or compassion, you will drown and it is beyond unbearable.** *Participant, Interview*

Alleged perpetrators

While some of the available research suggests that anyone can be a bully,[58] there have been some attempts to categorise bullies by personality traits or by the types of behaviours used.[59] There is some evidence that perpetrators are generally more likely to be men than women and are more likely to occupy supervisory roles;[60] although, research suggests that these findings are likely to say more about the influence of organisational power as a predictor of workplace bullying,[61] as opposed to any biological drivers of bullying behaviours. Some research indicates that men usually have the 'resources and opportunities to engage in bullying',[62] since they are typically overrepresented in management roles.

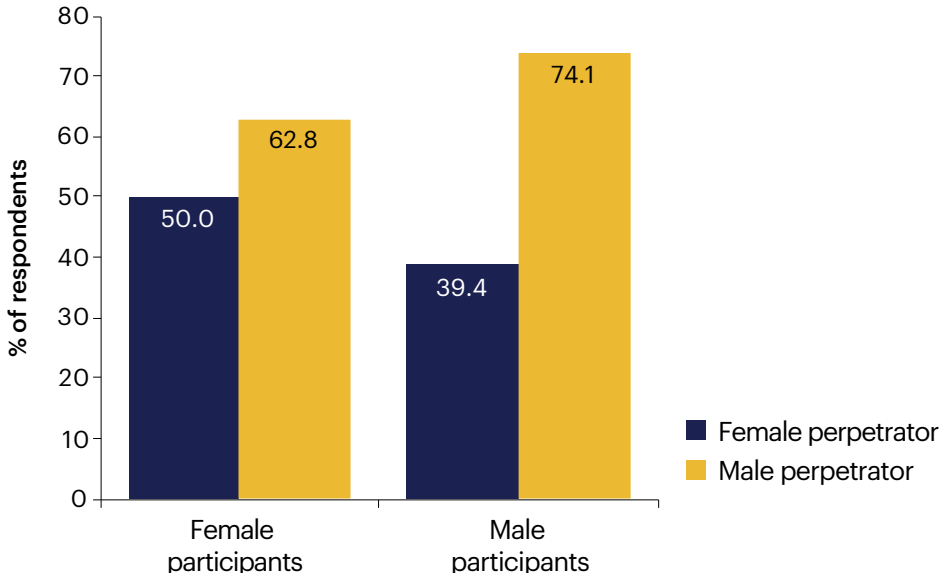
Bullying can be downward (where a supervisor bullies a worker) horizontal (where a co-worker bullies a co-worker) and upward (where a subordinate bullies a manager).[63] With these different types of bullying, the power that is abused when a person bullies can be drawn from legitimate sources (such as a formal position of authority) or informal (such as physical or social power).[64]

This understanding of bullying aligns with what participant interviews and submissions revealed about alleged bullies in Ambulance Victoria, with downward bullying occurring from managers and rarer instances of upward bullying. It also helps to explain why men were more likely to be identified as bullies compared to women, as men generally occupy more management and supervisory roles in Ambulance Victoria (see Section 2.3.3). Men may also have more informal power because of the male-dominated history of the organisation and enduring notions of emergency service work as being 'quintessentially masculine' in nature.[65]

Of the 985 people who responded to the survey question about the sex/gender of the alleged bully (or bullies), over two-thirds (67.7% or n=667) indicated that the alleged bully (or bullies) was (or included) a male, whereas 44.8% (n=440) of alleged bullying incidents included a female perpetrator.

While both men and women were more likely to identify that they had experienced bullying from a male perpetrator, a substantial portion of women also identified being bullied by a female perpetrator. Of the 476 women who responded to this survey question, half (50.0%, n=238) identified the perpetrator(s) of the bullying as a woman, compared to 39.4% (n=181) of the 459 men who responded, as shown in Figure 5M below.

Figure 5M – **Alleged perpetrator of bullying (by gender)**



This was consistent with what we heard during interviews and in submissions, with men often identified as engaging in bullying behaviours and to lesser but not insignificant extent, women. Research suggests that men may more readily engage in bullying behaviours in the workplace because of gender norms that dictate that aggressive or angry behaviour in men is to be expected or rewarded.[66]

Some participants told us that some women working in operational roles in Ambulance Victoria appeared to have adopted bullying behaviours in an effort to assimilate into the culture that had been set by their male peers.

> **I have also seen the situation of female paramedics taking on the toxic culture and becoming the perpetrators to impress their male colleagues (older males MICAs) to aspire their own MICA career.**
> *Participant, Written Submission*

> **I might add that women are some of the worst bullies against women. I've had women complain to me about – somehow when women get into groups, they will pick out another woman to bully.** *Participant, Interview*

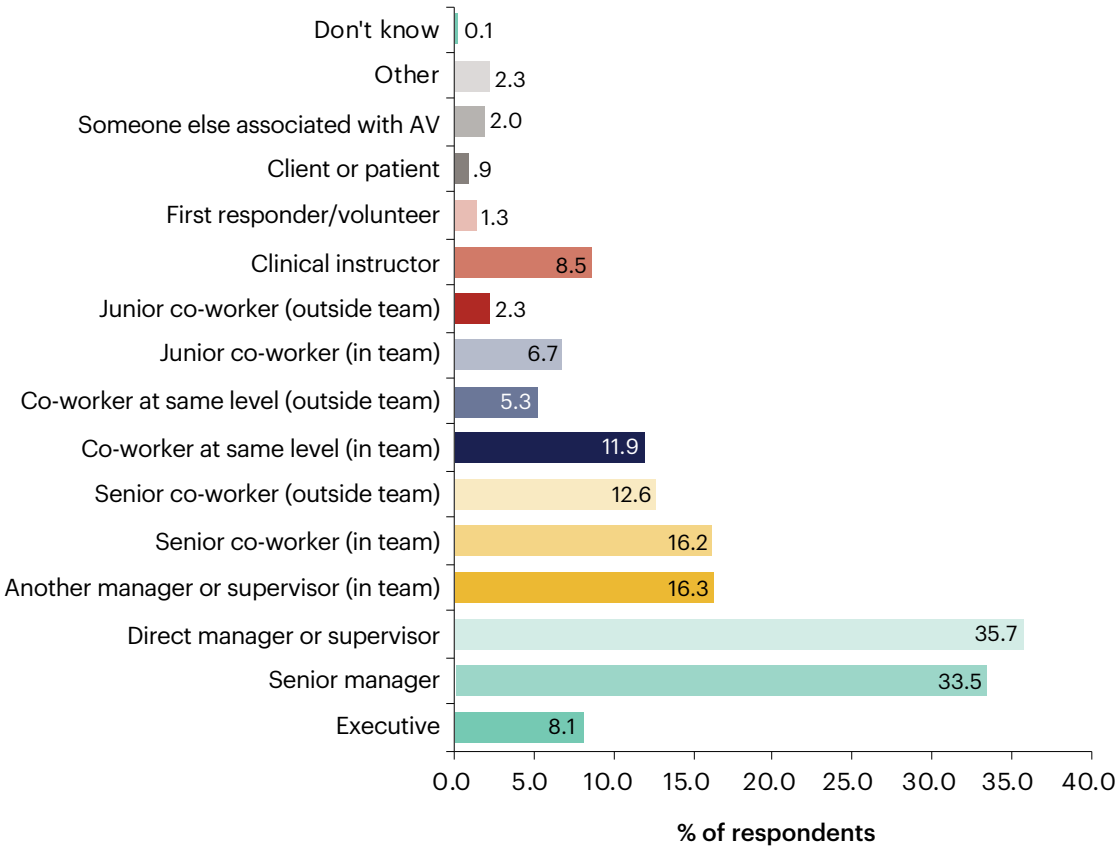
Research within the healthcare sector identifies that workplace characteristics are more relevant predictors of workplace harm through bullying than any particular demographic characteristic, including gender.

Across all data sets, the alleged bullies reported to the Commission typically occupied a more senior position of power in the organisation relative to the victim-survivor. Most often this was via formal positions of authority, in particular managers and supervisors. There were also some instances of alleged bullies occupying positions of power via the centralised systems of rostering and operational communications.

The Commission's survey asked about the relationship of the alleged bully to the victim-survivor (with multiple responses allowed to account for multiple perpetrators). As with discrimination, but distinct from sexual harassment, the vast majority of the 971 respondents who responded to this question indicated that the alleged bully was in a senior position within the organisation, with:

- 35.7% (n=347) of incidents of alleged bullying involving the respondent's direct manager or supervisor
- 33.5% (n=325) of incidents of alleged bullying involving a senior manager
- 16.3% (n=158) of incidents of alleged bullying involving another manager or supervisor
- 8.5% (n=83) of incidents of alleged bullying involving a clinical instructor
- 8.1% (n=79) of incidents of alleged bullying involving an executive.[68]

Figure 5N – **Relationship of the alleged bully to the victim-survivor**



Through the interviews, the Commission heard several concerning reports of senior leaders displaying bullying behaviour and incivility during the early stages of their career at Ambulance Victoria and while occupying senior leadership positions. We also heard from many participants who described either being bullied as a graduate Paramedic or witnessing a graduate Paramedic being bullied. The survey results did not show that graduate paramedics were at heightened risk of workplace bullying, but this may be because few graduate paramedics participated in the survey.[69]

Some participants described this as Ambulance Victoria 'eating its young', while some others suggested that bullying was being used to 'break down' graduates and MICA recruits in an effort to initiate them into the workplace culture.

> **[When I] was in my grad year, I was bullied and bullied and there was no mercy...** *Participant, Interview*

> **She said [to me], "By the end of the month I'd had enough of you, so I decided to make your life hell". I said, "What was the issue? What did I do?" She said, "You just didn't know your place as a grad".**
> *Participant, Written Submission*

Hazing is a recognised phenomenon that involves organised, targeting bullying of new team members by veteran team members in a form of 'degrading and hazardous initiation'.[70] It has been found to occur in sporting groups,[71] university colleges[72] and the defence force,[73] among other environments. While we did not hear examples of serious degrading abuse of graduates or MICA recruits, the reports of bullying being used as an initiation practice in Ambulance Victoria is, nonetheless, alarming.

While not occurring as frequently, we also heard several instances of upward bullying – where managers were bullied by staff. This appeared to most frequently occur for managers who were new to their management role or new to a particular branch and seemingly had been deemed 'outsiders' by long-standing branch employees or first responders.[74] In some cases, the bullying these managers experienced came from multiple workers and could be considered to be 'mobbing'; this is a term used to describe 'repeated unreasonable behaviours used by a group towards an individual (or group)'.[75]

PERSONAL STORY

Joe's* story:

Bullying of a new manager by employees

I was previously working in the one region, when I got a job as a manager in another area. I got my first clue that I had made a 'mistake' before I even started. When I dropped into the office to meet some team members, I was met by a Paramedic from my new team who basically told me that I must think I am better than the people in my new area.

It just got worse from there, it became very clear that they didn't want me there. It was a really toxic culture that really didn't look kindly on people in management positions. There was this one bully who they all followed. He said to me at one point that he'd seen many managers come and go and he was ready for me to be the next to leave. He was basically admitting that he had bullied others who had come before me.

When I would go into the break room in the morning to greet them, this one bully would get up and leave the room and everyone would follow him, till I was just sitting there by myself. I was isolated and threatened by this man, he obviously was so used to being in control.

When I tried to raise these behaviours with management, the messaging was basically that it was just this one guy who was a bully and to ignore him and do my job. At one point, I was actually told to "put your big boy pants on, go and sort it out yourself".

I lacked motivation to do a good job, because honestly it didn't matter what I did, I was always criticised in some way for whatever I was doing, whether it was a personal criticism or a professional criticism. I know many of my management colleagues have left the organisation because of bullying, some who reported it formally, but were pushed out. I stuck it out but it's definitely done long-term damage. I just wish the organisation would've stepped in and done more than talk-the-talk. This was a situation where actions would have spoken much louder than words.

**Name has been changed to protect privacy.*

As with sexual harassment, the Commission heard that there are well-known alleged repeat bullies who have targeted multiple individuals within Ambulance Victoria and who do not appear to have been held to account for their behaviour. Indeed, many participants said that well-known alleged bullies have been promoted and seemingly protected.

> **Quite a number of people within the branch [were bullied by him, including myself], some of them very severely psychologically impacted. Some have left the profession because of him.** *Participant, Interview.*

> **[A Paramedic I know wrote to leadership after this review was announced about the person that had bullied them saying], "He got moved from here [to another branch], now he's bullying some other people down there, and I'm just letting you know that your inaction has caused other people harm, because this person had never been brought to account".**
> *Participant, Interview*

> **[I]t's the same behaviour ... shouting, belittling, controlling ... behaviour. [And this] particular guy that comes to mind, he's been known for this behaviour for his whole career. It's well known within AV – and yet despite three or four serious complaints being made against him, he recently received a promotion.** *Participant, Interview.*

Research on repeat perpetrators is limited. However, studies have shown that repeat bullies establish their power by creating support for themselves throughout their workplace and gaining a network of powerful supporters. Once this is established, the bully will start to target those who threaten or challenge them. They use their power to deny opportunities such as training and blame the complainants for their mistakes and discard them publicly, then move onto the new target.[76]

5.1.4 Victimisation

While survey responses suggest that only a small proportion of those who experienced unlawful conduct went on to raise complaints, a substantial portion of those people experienced victimisation as a result (see Section 4.3.4). The victimisation identified by survey participants included negative career consequences, such as being demoted, losing their job or being denied progression or training opportunities, as well as being ostracised from their peers.

The detailed descriptions of the victimisation provided by participants during interviews and in submissions illustrated that the nature of victimisation experienced echoes the behaviours that the Commission heard about in relation to discrimination, sexual harassment and bullying at Ambulance Victoria. For instance, they included participants:

- being demoted or denied progression and promotion opportunities
- experiencing verbal abuse and bullying
- being micro-managed, having their work and performance subjected to excessive scrutiny or being performance managed
- being labelled as mentally unwell or 'emotional' and sometimes being required to demonstrate their fitness for ordinary duties.

PERSONAL STORY

Audrey's* story:

Victimisation following a sexual harassment complaint

After being sexually harassed by my manager, I decided to make a formal complaint. He was just always overstepping his mark, once calling me on the phone saying some incredibly inappropriate things asking, "What I was doing tonight, what I was wearing" or texting me inappropriate comments about my physical appearance. At the office, he would just stand far too close to me, staring at me. The last straw was when I went to get into my car one day and he grabbed my hand and tried to kiss me.

I had a good friend who had been a Paramedic for many years who advised me to come forward, but he also warned me that I might face retaliation. I remember him saying, "They may come for you because he's protected".

My manager had been in the job for quite some time. He had a lot of people in that area that he knew, a lot of buddies on the team.

I made a formal complaint and it was awful, it's like the process was there to protect the perpetrator. And soon after I made the complaint, my workplace became increasingly uncomfortable. I stopped getting shifts, managers would refuse to sign me off for training. I don't know how it got out, but people were acting like I was the one in the wrong for coming forward. It was as though instantly a black mark was against my name.

I asked to be moved to a different area to avoid the hostility from other staff members but they wouldn't let me. They just made everything so difficult for me. It's a 'boys club' and it was obvious that they were protecting one of their own.

It was a really difficult time for me, I wasn't coping. This was my career, this was my life, something I love, and I still love and I was made to feel like I wasn't wanted.

**Name has been changed to protect privacy.*

The Commission also heard of complainants being subjected to vexatious 'counter-complaints' and being required to change work locations against their wishes so they were no longer working with the alleged perpetrator. Some participants who experienced unfavourable treatment and ostracism from their co-workers when they raised a complaint, told us that this seemed to be due to their co-workers' loyalty to the alleged perpetrator. We heard that employees and first responders tend to remain at Ambulance Victoria for many years, which means there are longstanding working relationships where deep loyalties are formed, particularly in smaller regional branches.

> **[E]veryone is friends with everyone. Everyone is such a tight-knit group, and very cliquey. So, it just feels like if you were to say something against someone, someone would always have their back, who's a good friend of theirs. So, I don't think that would happen.** *Participant, Interview*

> **I have been victimised for raising health and safety concerns and for submitting a complaint about a manager. Despite being on the [recognition and development program] list and never [receiving] negative feedback about my performance, I have not been offered any upward relieving opportunities since submitting that complaint. Later, when the time came to renew the recognition and development program application, I was knocked back, with management refusing to give a reason or any feedback.** *Participant, Written Submission*

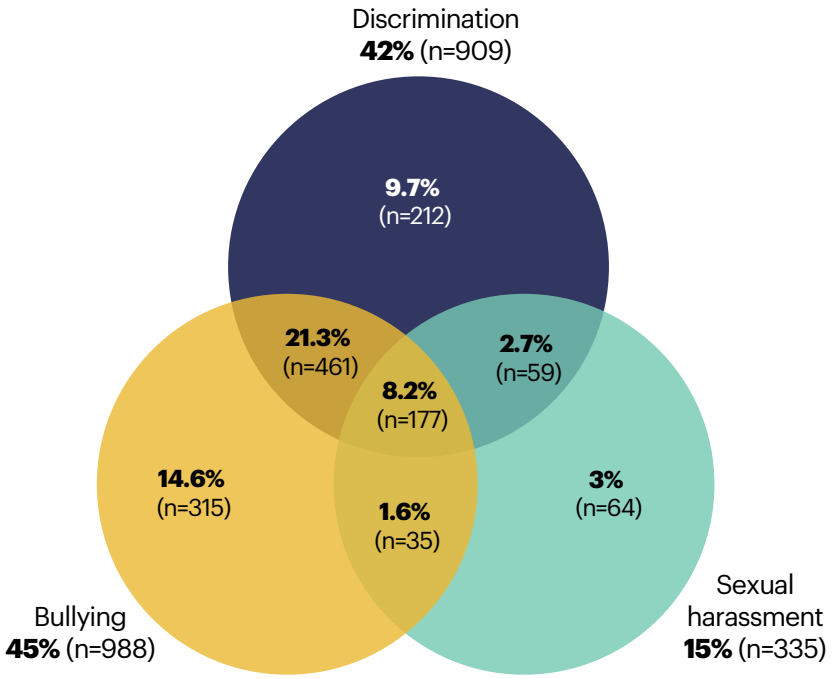
> **A clinical review changed in nature after I complained and went from a minor issue to one serious enough to now impinge, irretrievably, on my career.** *Participant, Written Submission*

5.1.5 Multiple types of conduct

Our survey results revealed that some participants are experiencing multiple and overlapping forms of unlawful conduct, as shown in Figure 5O below.

Of particular concern are the 177 people, or 8.2% of all survey respondents, who reported experiencing all three forms of unlawful conduct that the Commission surveyed. Of the 965 women, 14.9% (n=144) reported experiencing all forms of unlawful conduct, compared with 3.0% (n=27) of 887 men. Participants were also more likely to have experienced all forms of unlawful conduct if they were in an operational role – 10.5% (n=146) of 1395 operational participants compared with 4.1% (n=13) of 317 corporate participants.

Figure 5O – **Survey participants who experienced multiple forms of workplace harm**



**The total number of survey participants (n = 2163) was used as the denominator for all percentages in this diagram. For this reason, percentages in this diagram might vary slightly from percentages elsewhere in the report where the denominator included only participants who responded to the question*

During interviews and in submissions, participants sometimes described overlapping forms of workplace harm in single incidents or episodes, as well as experiencing individual, distinct instances of workplace harm at different stages of their employment.

The second most reported form of unfavourable treatment constituting discrimination was 'verbal, written or physical abuse' (47.3% or n=427). This may help to explain the considerable overlap between participants who said they experienced bullying and those who experienced discrimination (n=461).

During interviews and in submissions there were several accounts of bullying overlapping with workplace discrimination, including overt instances of verbal abuse or insults referring to a person's protected attribute and targeted bullying of individuals for reasons that appeared to include their protected attribute.

There was also a notable overlap across all data sources between people experiencing sexual harassment and discrimination. Women, in particular, were more likely to report experiencing both these types of unlawful conduct. Nearly half (43.4%, n=197) of the 454 women who had experienced discrimination who also answered a survey question about sexual harassment said they had also directly experienced it. This is compared to the 8.1% (or n=30) of the 372 men who experienced discrimination who said they had also experienced sexual harassment.

> **[O]ne of the men present remarked, "[S]he's only been in the job a few years and she's already a [team manager], I wonder who you have to sleep with to climb the ladder that quickly" and the other three men standing there laughed along.** *Participant, Written Submission*

> **There is often locker room behaviour ... including commentary on women's bodies [and attractiveness], ogling of bottoms or chests while women are performing tasks including CPR. This is often done in conjunction with [commentary on the woman's] ability to perform their role.**
> *Participant, Written Submission*

This is consistent with evidence provided to the national inquiry into sexual harassment in Australian workplaces that indicates that sexual harassment often arises in conjunction with sex discrimination or sex-based harassment.

While it may be convenient to discuss workplace discrimination, sexual harassment and bullying as distinct phenomena and forms of unlawful or harmful workplace conduct, these results show that employees and first responders do not always experience them in this way. Rather, these different types of workplace harm are interrelated, often co-occurring or overlapping or affecting the same individuals throughout their careers and contributing to cumulative harms.

PERSONAL STORY

Lucy's* story:

Experiencing discrimination and subsequent bullying and victimisation

When I returned to work after having my baby, Ambulance Victoria would not allow me any provisions to breastfeed. I was discriminated against due to my gender and the fact that I was breastfeeding and when I complained about it, I was victimised and bullied by management.

Despite my ongoing attempts to negotiate a flexible work arrangement beginning while I was still on maternity leave, I had to return to work full time rather than part time, as I had requested. I couldn't pump or express milk safely because of the long shifts and drives between cases and it resulted in a painful case of mastitis.

Ambulance Victoria wouldn't take my word for it and insisted I produce a medical certificate from my doctor proving I was indeed breastfeeding before they would consider any necessary adjustments to my usual working arrangements.

During this process, there were terrible comments from managers, it was obvious they just didn't know how to speak to women. Generally speaking, in my experience, the higher up the management chain, the more sexist their views are.

The process of negotiation went on for ten months, it was just constant arguments, they just kept refusing me without actual justification. I was then treated like a problem child and victimised. I was put through unjustified clinical reviews, gossiped about constantly, reprimanded for things I didn't do, and had my judgment questioned. It was like they were trying to bully me out of the organisation or at least to drop my request for flexible work.

I lodged a grievance on the basis they were discriminating against me, but they still wouldn't listen. It was only after I involved senior management that I was granted my flexible work arrangement. However, the discrimination I faced was never addressed or resolved and those people are still my managers and treat me appallingly to this day.

**Name has been changed to protect privacy.*

5.2 Impacts

The damaging impacts of workplace discrimination, sexual harassment, bullying and victimisation are well documented.[78] They have been found to adversely affect almost every aspect of a person's life, from mental and physical health, to employment and financial security and personal relationships.[79] Leading research on the consequences of workplace discrimination, sexual harassment and bullying identify poor mental health and stress – including depression and anxiety, chronic stress, post-traumatic stress disorder, suicidal ideation and suicide behaviours – as a shared commonly occurring impact for individuals who experience these workplace harms.[80] Research also tells us that the resulting individual impacts may vary, depending on the nature of the conduct experienced, its duration, frequency and severity, how an organisation responds and the individual circumstances of the victim-survivor.[81]

Research has found that an organisation's poor response to allegations of unlawful conduct, both at the individual and organisational level, can silence victims,[82] compound the adverse consequences of the conduct and in some instances cause greater distress.[83] Conversely, well-managed and victim-centric responses can promote healing for victim-survivors and help build a positive workplace climate.[84]

Unlawful conduct can also affect an organisation, including through absenteeism, presenteeism, financial impacts and as poor patient outcomes.[85] The culture also breeds low morale and motivation among employees including a lack of trust and engagement. High staff turn-over and associated recruiting costs can also be seen in some industries.

Section 5.2.1 details what the Commission heard about the impacts of unlawful conduct and the organisation's response to it on individuals, including bystanders, and on the organisation.

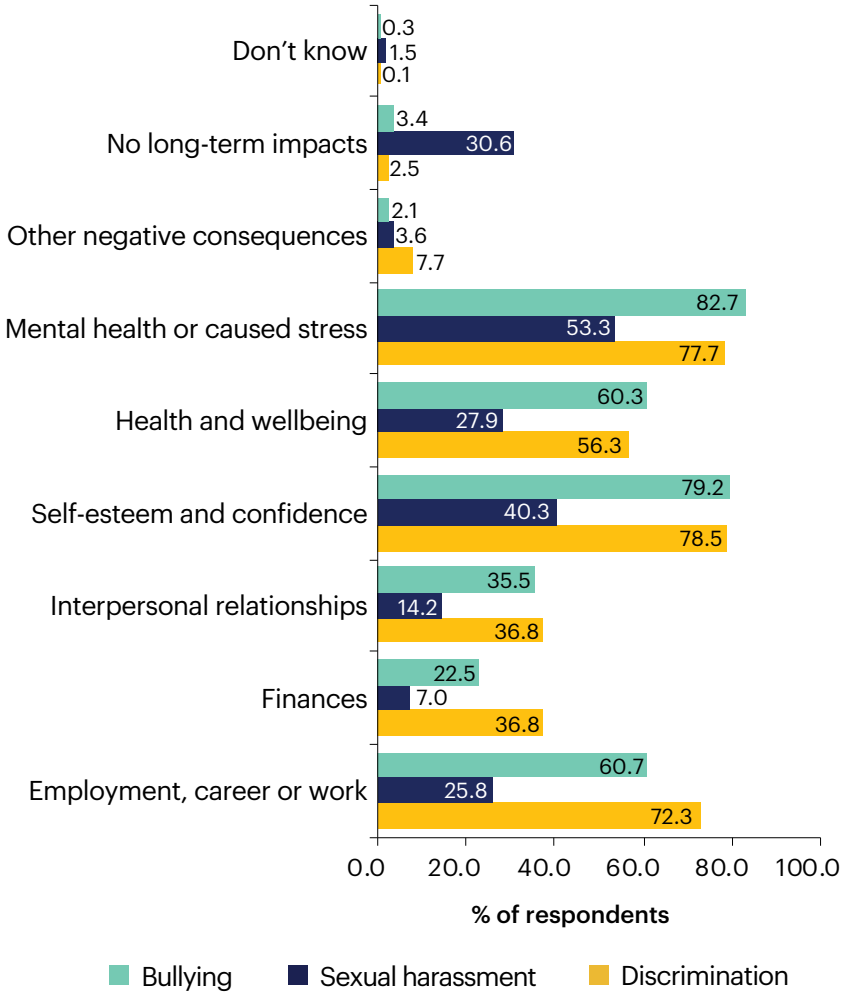
Findings

- While the impacts on those participants who reported experiencing or being a bystander to discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria varied, a substantial number told us that they were deeply and profoundly harmed by this conduct. Mental ill-health and stress were among the most commonly reported impacts, particularly by alleged victim-survivors who told us about discrimination or bullying; suicidal ideation was a prominent theme among the reported impacts of discrimination or bullying.
- Other participants did not perceive themselves to be harmed profoundly by their experiences. Those who reported being sexually harassed in the organisation were less likely than those who told us they had been discriminated against or bullied to report long-lasting impacts. This is possibly due to the extent of lower-level forms of harassment reported to us, with sexually suggestive comments and jokes the most common type of harassment reported via the survey.
- For many of these participants, how Ambulance Victoria responded to the reported conduct was a relevant factor in the impacts they experienced. Participants who shared that the organisation's response was inappropriate or ineffective reported that this response contributed to further and often compounding impacts. Those who felt supported and believed the organisation's response was appropriate told us that the response had helped to alleviate the impacts of the conduct.
- Participants in operational roles often told us they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us they felt ill-prepared to deal with the discrimination, sexual harassment, bullying and/or victimisation that they experienced at work, as well as Ambulance Victoria's response to it.
- The impacts reported to the Commission extended beyond individuals to Ambulance Victoria itself. Participants reported that unlawful conduct had negatively affected workplace culture and morale, contributed to a loss of trust in the organisation and diminished workforce engagement. While the Commission did not hear evidence of unlawful conduct directly leading to clinical errors or poor patient outcomes, this conduct undermined clinical judgment and professionalism and, in turn, the overall patient experience. There have also been some financial costs to the organisation; for example, arising from related WorkCover claims and backfilling staff on long-term WorkCover or sick leave.

5.2.1 Individual impacts

In order to understand the individual impacts of discrimination, sexual harassment, bullying and victimisation, the Commission's workforce survey asked people who indicated that they had directly experienced that conduct, to identify the personal consequences. We also asked about impacts during the interviews. While every individual's experience is unique, what emerged is that there is a substantial number of people within Ambulance Victoria who have been deeply and profoundly harmed by the extent and sometimes severity of unlawful conduct within the organisation, with lasting impacts for victim-survivors and bystanders. This includes the cumulative harms for those experiencing and witnessing different forms of mistreatment over the course of their employment and the exacerbating impact of poor organisational responses.

Figure 5P – **Individual impacts (by type of unlawful conduct)**



An overwhelming majority of survey participants who reported experiencing discrimination or bullying experienced substantive impacts as a result, with mental health and stress among the mostly commonly reported impacts (see Figure 5P above). The survey results are broadly consistent with what we heard during interviews and in submissions, with mental health and stress a serious and common impact for all forms of workplace harm reported to us.

This review has shown that sexual harassment, in particular, is a type of workplace harm that has distinct impacts. Compared to experiences of discrimination and bullying, those who had experienced sexual harassment at Ambulance Victoria were less likely to report suffering employment, career or work consequences, or poor self-esteem and confidence. These participants were also substantially more likely to indicate that there were no long-term impacts of the harassment. These results are consistent with the most recent national survey on workplace sexual harassment, which found that 40% of those who had experienced sexual harassment in the last five years said there were no long-term consequences for them.[86] As with that survey, our own survey did not ask about the impacts of previous or cumulative experiences of sexual harassment, only the most recent. These results may, therefore, not be a true reflection of those cumulative impacts and must also be considered in light of evidence that the impacts from sexual harassment can be delayed and change over time.[87]

The absence of long-term impacts of sexual harassment for some participants may also speak to the extent of lower-level forms of sexual harassment reported to us. The most common form of sexual harassment reported by survey participants was harassment in the form of suggestive comments and jokes (83.3% or n=275). In addition, just over one-third (37.0%) of respondents to the 2020 People Matter Survey for Ambulance Victoria said they responded to sexual harassment by trying to 'laugh it off and forget about it'. This is consistent with what participants told us during interviews and in submissions about feeling pressure to accept the conduct. These results do not, however, diminish the very severe impacts of sexual harassment that were shared with the Commission, often arising from unwelcome touching, assault and sexual advances. Participants described serious mental impacts, as well as feelings of shame and guilt.

Broadly speaking, the survey did not reveal any meaningful differences in the impacts of unlawful conduct reported by women and men. It did, however, show that female victim-survivors of sexual harassment were more likely than male victim-survivors to report negative impacts on their employment, career or work (25.8% or n=71, compared to 18.2% or n=8) and on their self-esteem and confidence (42.2% or n=116, compared to 25.0% or n=11).

Mental ill-health and stress

The Commission learned that unlawful conduct at Ambulance Victoria and organisational responses to this conduct, are regularly undermining people's mental health, self-esteem and confidence in significant ways and causing extreme distress. We heard about severe levels of stress, feelings of dread coming to work and, in many instances, being diagnosed with mental health conditions, including adjustment disorders, post-traumatic stress disorder, depression and anxiety.

> **And that's really the kicker for me, is that I do have these wonderful support services available, but I would not be seeking psychological help if it wasn't for Ambulance Victoria.** *Participant, Interview*

> **I still suffer daily from it. It's something that I'm never going to get over, and it's hard to talk about it without getting emotional.** *Participant, Interview*

> **[W]hen I left, I was totally catatonic. It took me a week to get out of bed, it took me a week. I had a complete breakdown.** *Participant, Interview*

Some participants told us they had become so unwell that they could no longer continue to work and had to lodge WorkCover claims or use sick leave over extended periods.

> **So, I went on leave and just saying, "I can't go back. I just cannot keep going through this". I'm at the stage where I don't even think I can go back and work at the office.** *Participant, Interview*

> **Some days [I experience] so much [anxiety and fear about going to work] that I become physically ill from lack of sleep and cannot attend ... adding financial burden as I have no sick leave left.** *Participant, Written Submission*

> **[T]wo people [in the team are] on WorkCover. One's been on WorkCover for two years, [the] other one for 12 months ... then there was myself [I've been on WorkCover for four months], all for bullying and harassment issues.** *Participant, Interview*

Adding weight to these reports, an Ambulance Victoria 'Claims and return to work performance overview' report from September 2020 provides that:

> **the most noted increase in mental injury claims lodged in FY19/20 related to work related harassment and/or workplace bullying (154% increase compared to FY18/19), and workplace pressure (121% increase compared to FY18/19).**[88]

These figures were based on an increase from 13 claims relating to work harassment or bullying in 2018/19, to 33 claims in 2019/20.[89]

Many of the adverse mental health impacts that the Commission heard about also resonate with the findings of Ambulance Victoria's bi-annual psychosocial health and wellbeing surveys, which have found that a growing number of participants are experiencing psychological distress; in multiple instances this includes active suicidal ideation. The 2019 report concluded that:

> **a small but significant proportion of AV staff and volunteers that [sic] continue to experience mental health concerns, and suggest that this group may be increasing over time. These mental health concerns may relate to various aspects of work with AV, including operational exposures and important non-operational factors that can be addressed at organisational level. The latter include particular problems with bullying and harassment that require attention.**[90]

Suicide attempts and ideation and other forms of self-harm

The number of participants who raised suicidal ideation during interviews and in submissions is concerning. Participants regularly told us that the discrimination, sexual harassment, victimisation and/or bullying that they had been subjected to had caused them to contemplate suicide and/or self-harm. For others, it was because of the way in which the organisation responded to the unlawful conduct, with some who came forward describing the trauma associated with the organisation's response as being more severe and distressing for them than the harm caused initially by the unlawful conduct. Other participants told us that it was due to both the conduct itself and the compounding effects of the organisation's poor response, and sometimes a range of other complex circumstances in the person's life.

For a small group of participants, we heard that their distress was so severe that it led them to attempt suicide. While this only arose in a small number of cases, even one attempt is too many.

> **I was dreading the pager going off because it meant leaving everyone at branch and then [he] would not hold back with the bullying [and] I would be humiliated in front of my patients again. I [became] suicidal .... I couldn't see a way out anymore. I had tried everything and given up my whole life to be a Paramedic and I couldn't see it ever getting any better.**
> *Participant, Written Submission*

The Commission is aware of a number of reports that have emerged publicly regarding current or former members of the workforce attempting suicide in similar circumstances, as well as similar incidents in interstate ambulance services.[91] We also note the findings of one of Ambulance Victoria's 2019 psychosocial health and wellbeing survey, in which 18.0% (n=183) of respondents reported active suicidal ideation in the past year – a rate that was reported to be higher than comparable figures for emergency service workers and ambulance sector personnel,[92] as well as the general adult population.[93] Of the 1300 survey participants, a further 22.2% (n=226) said they felt that life was not worth living, 5.7% (n=58) said they had made a suicide plan and 1% said they had attempted suicide in the previous 12 months. This is despite Ambulance Victoria's own data and analysis from 2020 suggesting that actual suicide rates for paramedics are lower than that of the general population.[94]

Participants in operational roles often told us that they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us that they felt ill-prepared to deal with the discrimination, sexual harassment, bullying and/or victimisation that they experienced at work, as well as Ambulance Victoria's response to it. For example, a number of people shared that they had been devastated and debilitated by the conduct and the way they were treated by the organisation.

> **There is nothing on road that I have witness[ed] that has caused me more stress than the stress I have felt in the organisation with its culture.** *Participant, Interview*

> **The work steadily predisposes you to developing psychological distress. Speaking with colleagues and people who've left the organisation and long-term paramedics, the most stressful aspect of being a Paramedic is dealing with the organisation.** *Participant, Interview*

> **Who would've guessed the most traumatic thing I've experienced and witnessed as a Paramedic was workplace behaviour?** *Participant, Written Submission*

What we heard is consistent with information submitted to a 2008 parliamentary inquiry into the New South Wales Ambulance Services:

> **The Committee heard that many of the suicides or attempted suicides within the Service are a result of bullying and harassment and lack of support from management, rather than because of what paramedics 'see on the road'.**[95]

What we heard is also consistent with a 2020 study into the effects of emergency medical service work on the psychological, physical and social wellbeing of people engaged by ambulance services. It found that psychological distress for ambulance personnel 'is not just a matter of exposure to traumatic incidents, but also arises from the way the organisation responds at a managerial and organisational level'.[96] In particular, the study noted that management's ability to address bullying, workplace conflict and poorly managed rosters and promotion can exacerbate emergency personnel's psychological distress and reactions to traumatic incidents.[97]

Anecdotal evidence has long supported an understanding that emergency service workers are at heightened risk of sustaining a mental injury, experiencing psychological distress and having suicidal thoughts.[98] While there is support for this understanding in some literature,[99] Ambulance Victoria's 2019 psychosocial health and wellbeing survey found that the majority of survey respondents fell within a normal range for experiences of depression, anxiety and stress symptoms.[100] The same survey also found that rates of post-traumatic stress disorder as reported by participants were three times higher than that of the general adult population,[101] as well as high rates of psychological distress and suicidal ideation (discussed above).

Evidence suggests that this heightened risk is not simply a consequence of the nature of operational work. New research has shown that it is 'not only the exposure to traumatic events that impacts the mental health of police and emergency services personnel, but the workplace that people take those experiences back to'.[102] These findings align with the results of the 2019 psychosocial and wellbeing survey which found that:

> **[I]ncreasing stressors were mostly associated with organisational characteristics (versus operational exposures).**[103]

Similarly, it is clear from the experiences that were shared with us that unlawful conduct and poor organisational responses are having their own distinct impact and, in some cases, are even exacerbating or compounding on-the-job trauma.

Physical health and wellbeing

Physical ill-health emerged during participant interviews as an impact of unlawful and harmful workplace conduct, often arising as a secondary effect of adverse mental health impacts. We received reports of teeth grinding, headaches, chest pains, nausea, vomiting, insomnia and fatigue. Participants also described workplace harms leading to a decline in their general wellbeing, including positive relationships with friends and family, and their diet.

> **I've definitely put on weight from stress and I've had weird skin rashes and things like that, and I've been having nose bleeds a lot lately, so I feel like the impacts of the stress have been affecting me not just inside, but also externally as well.** *Participant, Interview*

> **[The] stress led to an exacerbation of my asthmatic symptoms. I had multiple chest infections. I was on antibiotics. I also developed arthritis in my hands and my feet during this time as well.** *Participant, Interview*

> **I live in a state of "emotional numbness". I rarely socialise. I have deliberately isolated myself from people.** *Participant, Written Submission*

These impacts reiterated the far-reaching, knock-on effects reported to us, particularly with regard to overall general health and wellbeing.

Reduced self-esteem, confidence and self-worth

Participants also reported experiencing feelings of shame and worthlessness and a loss of self-esteem and confidence following experiences of unlawful and harmful workplace conduct and being subjected to poor organisational responses. This was particularly the case for participants who reported being discriminated against when seeking progression and promotion opportunities, who were left feeling that they were not cut-out for more senior roles.

Other participants who experienced bullying that was related to their performance, including unreasonable repeated criticism and abuse, similarly spoke of losing their confidence to perform their role and suffering performance anxiety.

> **My clinical instructor's conduct made me feel humiliated, objectified, harassed, embarrassed and made me doubt my ability to be a good Paramedic.** *Participant, Written Submission*

> **I've lost my confidence in backing my own decisions ... I'm silent. It's made me lose my voice entirely; it's made me lose my confidence.**
> *Participant, Interview*

> **I felt my confidence deteriorate, I was hesitant in making any kind of clinical decision because I was afraid of it being incorrect and I would be reprimanded and I felt that my every move and all our conversations were being noted to include in the progress reports.**
> *Participant, Written Submission*

> **Over the period of time working with her my self-esteem was crushed and I dreaded coming in to work only to be told on a daily basis how worthless I was or how I was never going to ... perform the most basic of tasks to [her] standard.** *Participant, Written Submission*

> **I had a clinical instructor who repeatedly bullied me, both privately and in front of patients, families, and all that stuff. That injured my confidence and my ability to learn and progress through Ambulance Victoria's training program.** *Participant, Interview*

While the majority of impacts we heard were negative, some participants did mention how, when they were listened to by the organisation, this had a positive effect on their self-worth; a process of truth-telling ultimately alleviated some of the impacts of the conduct.

Adverse impacts on employment, career and work

The Commission heard unequivocally that operational employees and first responders hold a deep commitment to and love for their job; for many, their job was integral to their identity. This helps to explain the devastation that some participants expressed when unlawful conduct interfered with their ability to do the job and thrive at work.

For many participants, the unlawful conduct they described was directly tied to their career or employment conditions; for instance, where progression and promotion decisions were discriminatory or victimising, adversely affecting their ability to progress into senior or different roles.

> **I feel locked into my position at the moment and watching those around me be promoted above me because they are mates with the boss makes me care less about my job.** *Participant, Written Submission*

> **The conduct has stunted my career. I don't think it will ever recover.**
> *Participant, Written Submission*

> **[W]e do our 'My Performance Plans', ...where we talk about what we want to do with our careers and how we want to develop. [I told my manager] that I wanted to try area managing, and he just said, "No, you can't on a flexible work arrangement."** *Participant, Interview*

Other impacts we heard about included alleged victim-survivors:

- feeling that they had no choice but to resign from their employment to escape the behaviour and take up alternate career paths
- feeling 'pushed out' of their employment
- transferring work locations to escape the behaviour (sometimes requiring relocation)
- not feeling safe at work and reduced enjoyment of work
- feeling deterred from applying for promotion, progression or training opportunities.

> **I tendered my resignation some five years earlier than I had planned.** *Participant, Submission*

> **I think the sign of a good employer is people walking out the door a better person than when they walked in. I walked out broken.** *Participant, Submission*

Adverse impacts on participants' mental health and their feelings of distress have both had flow-on effects for participants' employment, including needing to take time out of work either on WorkCover or using personal leave. These effects required adjustments and have led to reduced performance.

> **I grabbed this guy's shirt, and I pulled him off the stretcher and I slammed him into the bed and told him ..., 'You need to behave yourself, we're here to help you.' And I realised after that job, as much as some would say he deserved it, it was very unprofessional and I thought, 'something's wrong', and the next day I didn't get out of bed. And I didn't get out of bed for about three months.** *Participant, Interview*

Some participants described experiencing stigma and discrimination, including in decisions relating to career progression, because of their resulting mental health conditions.

PERSONAL STORY

Alice's* story:

The erosion of self-worth due to unlawful conduct

I've worked in Ambulance Victoria for a long time, and it's taken its toll on me. It's not just the trauma or intensity of being a Paramedic but the organisation and the way they treat people. Deep in my heart I feel my self-worth has been decimated.

When I started my role, it was made very clear that I was not wanted. But I stuck to it and I did the job well. At the end of the day, I could say I'd made a real difference to people's lives and I supported people. Doing that work gave me a genuine feeling of value and confidence for a long time. But over the years Ambulance Victoria has taken that from me.

I complained about my experiences with a repeat bully who was later promoted. I was barred from applying for promotions that were then given to people's mates. I was shamed by co-workers for working on a flexible work arrangement. The lack of support within the organisation has been crushing and I couldn't fight it anymore.

I finally went to my manager and I said, "I'm struggling, I need some help. I need some support". But I received nothing, instead they used that to insinuate that I just wasn't resilient enough when really it was that they didn't want to admit they had failed me.

I am currently on leave and I just don't know if I can ever go back. The worst thing is I don't think Ambulance Victoria cares. They think I'm a bit too old to worry about it, so they just stick me in a corner and wait till I get to retirement age.

Ambulance Victoria has taken away the opportunity to not only do the role that I was doing, but to do any role. And I'm just trying to work out who I am now because I am no longer 'Alice', the Paramedic.

**Name has been changed to protect privacy.*

These experiences of workplace harm often had associated adverse financial consequences, including lost wages and retraining costs. Discriminatory decisions and perceptions by the workforce that you must be 'in the clique' to gain progression, promotions and trainings also adversely affected earning capacity and superannuation balances.

> **I think it's commonly accepted in Ambulance Victoria that as soon as you stand up for something or don't toe the company line, you're in danger of ending your career in terms of progression.** *Participant, Interview*

Ripple effects for bystanders

It is generally recognised that workplace discrimination, sexual harassment, victimisation and bullying can negatively affect bystanders, in addition to direct victims.[104] We heard from a large number of participants who had witnessed or later learned about such unlawful conduct in Ambulance Victoria; many people told us that the organisation is a 'small place' where gossip and stories, including about unlawful conduct, travel widely. The experiences we heard about varied.

Some participants described bystanders being unphased by unlawful conduct, with indications of a general tolerance for some forms of incivility and disrespect.

> **No-one was shocked. They all – they'd go, "Yeah, that tends to happen but no-one does anything about it here". And they just go along and continue to not do anything about it. And that's what struck me.** *Participant, Interview*

The survey results show that regardless of the type of workplace harm participants reported experiencing, those who sought out advice or support often spoke with a co-worker. Equally, those in the survey who identified as being bystanders most commonly responded by talking with and listening to the victim-survivor. Consistent with this, we heard stories of bystanders offering significant emotional support, advice and advocacy to their peers after harmful experiences. These participants often described feeling helpless to stop the behaviour (because they feared that they would become the target if they spoke out) and guilt for not intervening when the behaviour occurred.

> **I've never experienced such sadness, at the way people are treated, as I have in watching this happen in our organisation.** *Participant, Interview*

> **I communicated my own levels of stress directly to my team manager. I also had multiple conversations (where I was in tears) with a close colleague. I made [a very clear argument to my manager] that I thought these decisions were based unfairly on [the employee's] gender, as well as her years of experience and her pregnancy. I heard the phrase, "She is going to go on mat leave anyway so why does it matter?"** *Participant, Written Submission*

> **[I]t was a tremendous source of frustration for me. And quite a few sleepless nights to be honest. I know that there are people ... that now have a diagnosed mental health condition and are seeking medical assistance ... as a result of what they've [experienced].** *Participant, Interview*

At other times, the impacts on bystanders mirrored those experienced by alleged victim-survivors and included distress, sleep disturbance, poor mental health, and vicarious trauma.

In line with broader research,[105] we were told of the ripple effects for bystanders, with the impacts of discrimination, sexual harassment, victimisation and bullying bleeding into their private lives and affecting those closest to them. Participants detailed varying negative impacts on personal relationships, including relationship breakdowns or divorce or feelings of guilt for not being available to their family or friends when they needed support because of the impacts of the unlawful conduct.

> **But I can't stress the impact on my children and my husband from working in Ambulance Victoria. I can never repay that time ever, and it will always be there in my heart that I'll never get that time back, and I was never the mother that I wanted to be during that time for my children. I can never get that back and I'll always blame Ambulance Victoria for that.** *Participant, Interview*

We also heard that family and friends spent time worrying about participants, becoming distressed themselves and suffering apparent vicarious trauma.

5.2.2 Organisational impacts

Poor culture and morale

Left unaddressed, discrimination, sexual harassment, victimisation and bullying can damage workplace culture and diminish workforce morale.[106] For example, one study on the impacts of incivility in the workplace found significant decreases in workers' efforts, organisational commitment, time spent at work and quality of work, alongside high levels of frustration being taken out on customers.[107] Even those who had only witnessed incivility were found to have reduced willingness to help others. [108] A recent study has also identified that in an ambulance service setting, bullying can act as a barrier to inter-professional learning and collaboration.[109]

The Commission heard evidence of substantial levels of incivility, bullying, everyday sexism and disrespect within Ambulance Victoria. The reported high tolerance for these behaviours, and the actual or perceived inaction by managers and leaders, have become defining features of the workplace culture. Indeed, research has found that incivility spreads in workplaces through a 'spiralling effect' (where the target becomes the instigator),[110] leaving a 'lack of respect and mistrust in its wake'. [111] Related to this, we heard that some senior leaders were perceived to be reinforcing the culture of bullying and disrespect they had experienced as apparent 'rites of passage'. Experts have noted that when this occurs the behaviour can become difficult to shift and 'can become embedded in the way the organisation works…'.[112]

The extent of unlawful conduct at the organisation, and the apparent lack of consequences for perpetrators, were also identified by participants as contributing to low morale and motivation, and to a loss of trust in their employer. Ambulance Victoria's formal response to the allegations made in the media in 2020 was widely reported by participants as compounding these feelings. In particular, the messaging that senior leaders were not aware of the extent of the problem was felt to be disingenuous and disrespectful to the employees and first responders who had experienced unlawful conduct and sought help from the organisation.

> **[I]t's pissed off a lot of people who know that those leaders knew that there was a problem, because they've spoken to [them] directly about this stuff.** *Participant, Interview*

> **I've never heard [our leaders] say, "We have to reflect on ourselves and we have to reflect on senior management." I've never heard those words … or, "This is an organisational shame, and we will look at it internally from the top to the bottom". No, no, no. It's the toxic dark corners of Ambulance. That says it all.** *Participant, Interview*

Reduced morale has clear implications for performance, and many participants described a correlating loss of motivation, desire to achieve and sense of loyalty to the organisation.

> **I have witnessed bullying and discrimination by [senior leaders]. It made me no longer feel proud to work at AV and I know a number of people have left from it.** *Participant, Written Submission*

> **It makes me feel that the hours and years of work I have given AV are pointless as I decided to have a career and a family. That I am not valued. That my ... years [of] experience ... are virtually worthless [because] I am part time. There is no point applying for the majority of positions as I am going to be overlooked for them.** *Participant, Written Submission*

> **[I] don't enjoy my job anymore [and I] hate coming to work. [W]hy bother working hard and doing things right when I watch people with poor behaviour be promoted to merit-based positions[?]**
> *Participant, Written Submission*

Impacts on patient outcomes and experience

There is a growing body of evidence showing that incivility and bullying in health care settings can contribute to clinical errors and poor patient outcomes.[113] These studies contain findings that are broadly comparable, although not directly dealing with Paramedicine. These studies have found that bullying and incivility can interfere with working memory, lead to worry, and weaken team collaboration, including by obstructing communication, information sharing and help-seeking.[114] For instance, a 2015 study found that even mild incivility in medical practice can have 'profound, if not devastating, effects on patient care'.[115]

While the Commission did not hear evidence of unlawful conduct directly leading to clinical errors or poor patient outcomes, we were told of such conduct undermining the clinical judgment and professionalism of employees and first responders and, in turn, the overall patient experience. By way of example, we heard about:

- Advanced Life Support Paramedics cancelling a call or refusing to call MICA Paramedics to a job because they feared being subjected to bullying and abuse
- patients themselves being subjected to incivility or unprofessional conduct
- employees and first responders being subjected to bullying and incivility in front of patients and their families.

> **During our time working together, he often made patients cry and feel bad for calling an ambulance, telling them they were wasting his time. I would [have to] de-escalate these interactions.** *Participant, Written Submission*

> **[He] was walking behind me and he pinched me on the bottom as we were walking out. I lurched forward however I could not respond any further or even turn around because both of my hands were occupied and the patient may have fallen.** *Participant, Written Submission*

> **A male MICA Paramedic made comments about how hot I was to a patient in front of me and implied it was the reason I was hired.** *Participant, Interview*

> **I had him yelling at me while a patient held my hand. I was like sobbing because he was just like getting stuck into me and this patient remarked to me, "[It's a] bit of a boys club here".** *Participant, Interview*

Poor experiences are not, however, a trend reflected in feedback provided by patients to Ambulance Victoria. The most recent results of an annual patient experience survey show that:

- of the 3,340 participants requiring an emergency ambulance, 97.1% (n=3238) had an overall positive experience, and
- of the 696 participants who required non-emergency transport, 99.2% (n=678) had an overall positive experience.[116]

Nonetheless, there is clear evidence that workplace harm and unlawful conduct have the capacity to impact poorly on patient experiences and care.

Quality and safety assessment by Safer Care Victoria in 2020

In 2019, Ambulance Victoria asked Safer Care Victoria to conduct an independent assessment of Ambulance Victoria's aeromedical critical care services. This request followed concerns raised by employees working at Adult Retrieval Victoria about the quality and safety of care provided to patients under the operating models used at the time. Safer Care Victoria did not identify any immediate threats to patient safety, but did find that a workplace culture of distrust, incivility and disrespect could cause increased risk to patients, including by undermining collaborative working relationships:

> **The organisational sub-culture within aeromedical retrieval services at Ambulance Victoria is characterised by a lack of trust and respect between [Adult Retrieval Victoria and AAV staff], claims of intimidating behaviour, and a reluctance to recognise and communicate one's limitations, or another's strengths. This sub-culture distracts from prioritising patient-centred care.**

Adverse reputational impacts

While the Commission did not hear directly about reputational impacts arising out of the public allegations of discrimination, sexual harassment, bullying and victimisation that preceded this review, it is reasonable to assume that they have had some impact on Ambulance Victoria's public standing and community trust,

as well as its recruitment.[117] The decisive action taken by the Ambulance Victoria Board Chair and CEO in initiating this review and their commitment to a public report will go some way to rebuilding any lost trust. However, it will be a positive response of the organisation to the findings and recommendations in this report that will be significant in ameliorating any adverse impact on reputation.

Negative financial and performance impacts

Research has found that unlawful conduct in the workplace results in substantial financial and performance costs for employers, including due to increased staff turnover, absenteeism and workers' compensation premiums; reduced productivity, job satisfaction and engagement; and resource and financial costs of defending legal claims and providing counselling and support.[118] In some instances, it can even result in financial penalties. For example, in October 2021, the Magistrates' Court of Victoria convicted and sentenced a health service under the Occupational Health and Safety Act for failing to provide and maintain, as far as reasonably practicable, systems of work that were safe and without risks to health. This case involved a worker who was subjected to 18 months of bullying, including yelling, swearing, telling the worker to look for another job, and telling her that she was not liked. The organisation was fined $60,000 and ordered to pay costs.[119]

Data from Ambulance Victoria points to some of these impacts being felt by the organisation. Although, further analysis is needed to determine the degree to which this has been influenced by unlawful conduct and has affected the organisation's performance.

For example, Ambulance Victoria's WorkCover claims related to discrimination, sexual harassment, victimisation and bullying have grown relatively steadily over the past five years, raising from seven claims in 2016 to 36 claims in 2020. In addition, a 2020 internal report noted a 154% increase in mental health claims related to workplace harassment and/or bullying within Ambulance Victoria between the 2018-2019 and 2019-2020 financial years.[120]

In a further illustration, there is some data suggesting that the time taken for employees to return to work is increasing, particularly for mental health injuries, with the average days that compensation was paid increasing from 64 days in the 2017-2018 financial year to 99 days in the 2018-2019 financial year.[121] This is likely to be contributing to the increase in the organisation's 2020-2021 WorkCover premium (among other factors), which as at December 2020 had increased by 24% from the previous financial year. In December 2020, the Board's People and Culture Committee acknowledged the significant financial impacts of backfilling roles held by employees on long-term WorkCover or sick leave.[122]

Ambulance Victoria has provided further data which suggests that for all claims, compared to October 2019, there has been a reduction in the time taken for employees on WorkCover to return to work after an injury in 2020 and 2021. The Commission would encourage Ambulance Victoria to explore and seek to understand any trends for WorkCover mental health claims specifically in this period. This should be monitored closely as a relevant indicator of injuries arising from unlawful conduct.

Notes

1. The behaviours that participants responding to this question could select from were as follows: Not receiving a promotion; not receiving a pay progression; not receiving a transfer; not being considered for professional training or development opportunities; receiving a different rate of pay for performing the same role as someone else; receiving a different rate of pay for performing a role with the same job functions; receiving different job benefits for performing the same role; receiving different job benefits for performing a role with the same job functions; being given unreasonably different tasks to other employees who perform the same role; being given unreasonably different tasks to other employees who have the same job functions; unfair allocation of tasks; unfair rostering; exclusion from work communications or activities: verbal, written or physical abuse; and other.
2. Derived from open text survey responses.
3. Julian Gardener, *An Equality Act for a Fairer Victoria: Equal Opportunity Review Final Report* (State of Victoria, 2008) 21, 39.
4. Victorian Equal Opportunity and Human Rights Commission, *Annual Report 2020-2021* (State of Victoria, 2021) 20.
5. M Foley, R Cooper and S Mosseri, *Gender equitable recruitment and promotion* (Research Paper, Workplace Gender Equality Agency, 2019) 2–4; E Dawson, T Kovac and A Lewis, Measure for Measure: Gender Equality in Australia (Per Capita, 2020) 50–53.
6. WorkSafe Victoria, *Work-related Gendered Violence Including Sexual Harassment: A Guide for Employers* (State of Victoria, 2020) 7; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 21.
7. Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 26–31.
8. Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – The Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 9.
9. Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – The Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 9.
10. *Equal Opportunity Act 2010* (Vic) s 4.
11. Explanatory Memoranda, *Equal Opportunity Act Amendment Bill 2007* (Vic); Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).
12. *Fair Work Act 2009* (Cth) s 340.
13. *Edmonds v Holmesglen Institute* (Human Rights) [2020] VCAT 860.
14. *Gender Equality Act 2020* (Vic) ss 1–2.
15. Beth Gaze, 'The Sex Discrimination Act at 25: Reflections on the Past, Present and Future' in Margaret Thornton (ed.), *Sex Discrimination in Uncertain Times* (Australian National University Press, 2010) 107, 110.
16. Alisha McFarlane, *Sexism Experiences of Female Paramedics in Australia – A Preliminary Report* (forthcoming) (on file with the Commission). The researchers from Charles Sturt University reported that they have uncovered that everyday sexism, gender normative behaviour and expectations, gender discrimination and sexual harassment are common experiences for women in Paramedicine. The everyday sexism includes assumptions of reduced physical capability to men, sexual objectification and derogatory sexual comments.
17. Michael Flood, Molly Dragiewicz and Bob Pease, 'Resistance and Backlash to gender equality' (2020) 56(3) *Australian Journal of Social Issues* 1, 4.
18. Michael Flood, Molly Dragiewicz and Bob Pease, *Resistance and Backlash to Gender Equality: An Evidence Review* (Queensland University of Technology, 2018) 18, 19.

19. Joanna Maxwell, Kathleen Davis and Maria Katsabanis, *What's Age Got To Do with It? A Snapshot of Ageism across the Australian Lifespan* (Australian Human Rights Commission, 2020) 57.

20. Beyond Blue, *Answering the Call National Survey: National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (Report, 2018) 27.

21. Senate Education and Employment References Committee, Parliament of Australia, *The People Behind 000: Mental Health Of Our First Responders* (Report, February 2019) 67.

22. Of the 494 survey participants with a disability that responded to a question about their experiences of discrimination, 63.6% or n=314 said they had experienced it, compared to 47.2% or n=909 of overall respondents.

23. Women with a disability are paid less than men with a disability and women without a disability. See: Victorian Government, 'Gender Equality Baseline Report: Intersectionality in Gender Inequality' (Web Page, 25 March 2020) <https://www.vic.gov.au/gender-equality-baseline-report/intersectionality-gender-inequality>; Australian Human Rights Commission, *Face the Facts: Disability Rights* (Resource, 2014) 2, noting that people with disability are 'more likely to experience poverty, live in poor quality or insecure housing and have low levels of education'; World Health Organization and World Bank Group, *World Report on Disability* (2011) 263; Jenny Dick-Mosher, 'Bodies in contempt: Gender, class and disability intersections in workplace discrimination claims' (2015) 35 *Disability Studies Quarterly* 3, writing that, 'One important finding in my analysis is that more men than women claim being fired as the sole form of discrimination they face. As I noted above, the majority of women say they were fired; but in addition, women are more likely to cite multiple forms of discrimination'; Rebecca Hersher, 'For parents of young black men with autism, extra fear about police', *NPR* (online, 23 August 2014) <https://www.npr.org/sections/codeswitch/2014/08/23/342688183/for-parents-of-young-black-men-with-autism-extra-fear-about-police>. There is also research that demonstrates that racial minority status increases the chance that an evaluator will conclude that a person is disabled. See, eg, Anna Mollow, '"When black women start going on Prozac": Race, gender, and mental illness in Meri Nana-Ama Danquah's *Willow Weep for Me*' (2006) 31(3) *MELUS* 67, 74.

24. Senior management roles include team managers, senior team managers, senior managers, operational support managers, corporate managers, senior corporate managers and executives.

25. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 40; Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019) 260.

26. Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and the Victorian Health Promotion Foundation (VicHealth), *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and their Children in Australia* (Report, 2015) 26; Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of prevention and response strategies in workplace sexual harassment' (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 46.

27. Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 5; Kim Webster et al, *Australians' Attitudes to Violence against Women and Gender Equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (ANROWS Research Report No 3, 2018) 121.

28. Paula McDonald, 'Workplace Sexual Harassment 30 Years on: A Review of the Literature' (2012) 14(1) *International Journal of Management Reviews* 1, 3; Kim Webster et al, *Australians' Attitudes to Violence against Women and Gender Equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (ANROWS Research Report No 3, 2018) 71.

29. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 41–2.

30. Only survey participants who had previously reported in the survey that they had experienced sexual harassment were asked this question.

31. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 41.

32. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 43.

33. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 44.

34. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 100, 129–33; Al Cooper et al, 'Virtual sexuality in the workplace: A wake-up call for clinicians, employers and employees' in Al Cooper (ed.), *Sex and the Internet: A Guidebook for Clinicians* (Brunner-Routledge, 2002) 109, 115.

35. Jacqui Pich, *Violence in Nursing and Midwifery in NSW: Study Report* (Report, 2018); Woldegebreil Gebregziabher Kahsay et al, 'Sexual harassment against female nurses: A systematic review' (2020) 19 *BMC Nursing* 58; Shih-Chieh Chuang and Hsiu-Mei Lin, 'Nurses confronting sexual harassment in the medical environment' (2006) 122 *Studies in Health Technology and Informatics* 349; Gila Bronner, Chava Peretz and Mally Ehrenfeld, 'Sexual harassment of nurses and nursing students' (2003) 42(6) *Journal of Advanced Nursing* 367; Paul E Spector, Zhiging E Zhou and Xin Xuan Che, 'Nurse exposure to physical and non-physical violence, bullying and sexual harassment: A quantitative review' (2014) 51 *International Journal of Nursing Studies* 72.

36. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 20–1; Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of prevention and response strategies in workplace sexual harassment' (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 45–6; Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 9; James E Gruber, 'The impact of male work environments and organizational polices on women's experience of sexual harassment' (1998) 12(3) *Gender & Society* 301, 314.

37. A further 26 participants did not know or preferred not to answer the question.

38. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 143.

39. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 26; Purna Sen et al, *Towards an end to Sexual Harassment: The urgency and nature of change in the era of #metoo* (United Nations Women, 2018) 11.

40. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018).

41. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 23.

42. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 22. See also Victorian Equal Opportunity and Human Rights Commission, *Proud, Visible, Safe: Responding to Workplace Harm Experienced by LGBTI Employees in Victoria Police* (State of Victoria, 2019).

43. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 33–5.

44. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 38–9.

45. The survey used the term 'executive', rather than 'Executive Committee'. Those survey respondents who reported that an 'executive' was the alleged harasser may have been referring to a member of the Executive Committee or to others in senior leadership roles within the organisation.

46. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 155–6, citing National Academies of Sciences, Engineering, and Medicine, *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine* (National Academies Press, 2018) 47.

47. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 201.

48. Regina Day Langhout et al, 'Sexual Harassment Severity: Assessing Situational and Personal Determinants and Outcomes' (2005) 35(5) *Journal or Applied Social Psychology* 975, 1000–1; Colleen E O'Connell and Karen Korabik, 'Sexual Harassment: The Relationship of Personal Vulnerability, Work Context, Perpetrator Status, and Type of Harassment to Outcomes' (2000) 56(3) *Journal of Vocational Behavior* 299, 322; Maria Friborg et al, 'Workplace Sexual Harassment and Depressive Symptoms: A Cross-Sectional Multilevel Analysis Comparing Harassment from Clients or Customers to Harassment From Other Employees Amongst 7603 Danish Employees from 1041 Organisations' (2017) 17(1) *BMC Public Health* 675, 682–83.

49. Mindy E Bergman et al, 'The (Un)reasonableness of Reporting: Antecedents and Consequences of Reporting Sexual Harassment' (2002) 87(2) *Journal of Applied Psychology* 230, 236; Regina Day Langhout et al, 'Sexual Harassment Severity: Assessing Situational and Personal Determinants and Outcomes' (2005) 35(5) *Journal or Applied Social Psychology* 975, 1001.

50. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018), 44–5.

51. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 217.

52. Evelyn M Field, *Bully Blocking at work: A Self-Help Guide for Employees and Managers,* (Australian Academic Press, 2010) 8–9.

53. The behaviours that participants responding to this question could select from were as follows: verbal abuse; physical abuse; written abuse; threatening body language; hostile behaviour; exclusion from work communications or activities; unreasonable demands; pressure or impossible deadlines; unfair allocation of tasks and/or working hours; deliberately withholding necessary work-related information or resources; inappropriate surveillance or monitoring; unequal or unreasonable exclusion from or access to training; unreasonably isolating you from others; setting tasks that are beyond your skills level without training and support; and other.

54. Safer Care Victoria, *Quality and Safety Assessment – Ambulance Victoria* (Report, 2020) 20.

55. Bullying on the basis of sex/gender may also amount to work-related gendered violence, see *WorkSafe Victoria, Work-related Gendered Violence Including Sexual Harassment – A Guide for Employers* (State of Victoria, 2020).

56. Denise Salin, 'The significance of gender in the prevalence, forms, and perceptions of workplace bullying' (2003) 5(3), *Nordiske organisasjonsstudier* 30; Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 338.

57. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 338.

58. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 62–3.

59. Evelyn M Field, *Bully Blocking at Work: A Self-Help Guide for Employees and Managers,* (Australian Academic Press, 2010), 23–7.

60. Denise Salin 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 339–40.

61. Denise Salin, 'Ways of explaining workplace bullying: a review of enabling, motivating and precipitating structures and processes in the work environment' (2003) 56(10) *Human Relations*, 1213, 10–11.

62. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 340.

63. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 7.

64. Helen De Cieri et al, 'Workplace bullying: an examination of power and perpetrators' (2019) 48(2) *Personnel Review* 324, 325.

65. Sally Hanna-Osborne, *'A 'job for the boys'? The career pathways and gendered employment experiences of women paramedics'* (PhD Thesis, The University of Sydney, 2019) 15–17.

66. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 340.

67. Helen De Cieri et al, 'Workplace bullying: An examination of power and perpetrators' (2019) 48(2) *Personnel Review* 324.

68. The survey used the term 'executive', rather than 'Executive Committee'. Those survey respondents who reported that an 'executive' was the alleged harasser may have been referring to a member of the Executive Committee or to others in senior leadership roles within the organisation.

69. Survey participants employed for less than 1 year represented only 2.7% or n=46 of overall survey participants. Survey participants employed for 1 to less than 2 years represented only 7.1% or n=120 of the overall survey participants.

70. Margo Mountjoy et al, 'International Olympic Committee consensus statement: Harassment and abuse (non-accidental violence) in sport' (2016) 50(17) *British Journal of Sports Medicine* 1019, 1021.

71. Margo Mountjoy et al, 'International Olympic Committee consensus statement: Harassment and abuse (non-accidental violence) in sport' (2016) 50(17) *British Journal of Sports Medicine* 1019.

72. Australian Human Rights Commission, *Change the Course: National Report on Sexual Assault and Sexual Harassment at Australian Universities* (Report, 2017) 79–80.

73. *Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Nature and Cause, Volume 2* (Commonwealth of Australia, 2017) 168.

74. In-group/out-group dynamics have been found to be a motivating factor for workplace bullying. See Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 72–3.

75. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 15–16.

76. Evelyn M Field, *Bully Blocking at work: A Self-Help Guide for Employees and Managers* (Australian Academic Press, 2010) 31.

77. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 264.

78. Australian Human Rights Commission, *Willing to Work – Quantitative Study of Employment Discrimination Against Older Australians* (Report, 2016) 62, 172; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 75–81; Australian Human Rights Commission, *Respect@ Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 257–302; Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8–12; Angeline S Ferdinand, Yin Paradies and Margaret Kelaher, *'Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: A cross-sectional survey'* (2015) 15 *BMC Public Health* 401; Angeline S Ferdinand, Yin Paradies and Margaret Kelaher, *Mental health impacts of racial discrimination in Victorian Aboriginal communities* (Report, Lowitja Institute, 2013).

79. Australian Human Rights Commission, *Willing to Work – Quantitative Study of Employment Discrimination against Older Australians* (Report, 2016) 62, 172; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 75–81; Australian Human Rights Commission, *Respect@ Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020)

257–302; Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8–12; Angeline S Ferdinand, Yin Paradies and Margaret Kelaher, *'Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: A cross-sectional survey'* (2015) 15 BMC Public Health 401; Angeline S Ferdinand, Yin Paradies and Margaret Kelaher, *Mental health impacts of racial discrimination in Victorian Aboriginal communities* (Report, Lowitja Institute, 2013).

80. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 266–8.; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplace* (Report, 2018) 54; Christopher Magee et al, *Workplace bullying in Australia* (University of Wollongong, 2014) 22; Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – the Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 46; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 32.

81. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 258.

82. UN Women, *What will it take? Promoting cultural change to end sexual harassment* (Discussion Paper, September 2019) 20; Champions of Change Coalition, *Disrupting the system: Preventing and Responding to Sexual Harassment in the Workplace* (Report, 2020) 24, 40.

83. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 686; Patricia Ferris, 'A preliminary typology of organisational response to allegations of workplace bullying: See no evil, hear no evil, speak no evil' (2004) 32(3) *British Journal of Guidance & Counselling* 389, 389-90.

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85. Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8; Constantine Manolchev and Duncan Lewis, 'A tale of two trusts: Case study analysis of bullying and negative behaviours in the UK ambulance service' (2021) *Public Money and Management* 1–8, 3; For a list of relevant scholarship relating to incivility and patient outcomes, see Civility Saves Lives, 'Academic Papers' (Web Page) <www.civilitysaveslies.com/academic-papers-1>.

86. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplace* (Report, 2018) 54.

87. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 260–1.

88. Ambulance Victoria, People and Culture Committee Papers, 'Agenda item 5' (7 September 2020).

89. Note, classification of WorkCover claims is based on what an employee reports in the WorkCover claim form and does not necessarily reflect claims that have been accepted based on allegations of workplace harassment and/or bullying.

90. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 3.

91. See Wendy Tuohy, 'A different emergency: How Ambulance Victoria failed its own', *The Age*, 1 November 2020; N Wallace, 'Bullying caused woman's suicide, inquiry told', *The Sydney Morning Herald*, 9 July 2008.

92. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 19-20, citing Lawrence D, Kyron M, Rikkers W et al, *Answering the call: National Survey of the Mental Health and Wellbeing of Police and Emergency Services. Detailed Report* (University of Western Australia, 2018) 23. The 2018 survey found that 6.5% of respondents from the ambulance employee sector and 5.3% of respondents from all sectors reported suicidal thoughts.

93. A 2007 national representative survey of 8841 individuals aged 16-85 years found that 2.3% of participants had reported suicidal ideation in the past 12 months: A Johnston, J Pirkis and P Burgess, 'Suicidal thoughts and behaviours among Australian adults: Findings from the 2007 National Survey of Mental Health and Wellbeing' (2009) 43(7) *Australian and New Zealand Journal of Psychiatry* 635, 637.

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95. General Purpose Standing Committee No. 2, Legislative Council, Parliament of New South Wales, *The Management and Operations of the Ambulance Service of NSW* (Report, September 2008) 22.

96. S Lawn et al, 'The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research' (2020) 20(1) *BMC Psychiatry* 348:1-16, 11.

97. S Lawn et al, 'The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research' (2020) 20(1) *BMC Psychiatry* 348:1-16, 11.

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99. See Beyond Blue, *Answering the Call National Survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (2018) 17 and Kelly Mackinnon et al, 'Risk of psychological distress, pervasiveness of stigma and utilisation of support services: Exploring paramedic perceptions' (2020) 17 *Australasian Journal of Paramedicine* 1-7, 2.

100. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 18-19.

101. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 20, citing P McEvoy, R Grove and T Slade, 'Epidemiology of anxiety disorders in the Australian general population: Findings of the 2007 Australian National Survey of Mental Health and Wellbeing' (2011) 45(11) *Australian and New Zealand Journal of Psychiatry* 957.

102. Beyond Blue, *Answering the Call National Survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (2018) 27, 30.

103. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 36.

104. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 275–8.

105. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 266; Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8–12.

106. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 284; Safe Work, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8–12.

107. Christine Porath and Christine Pearson, 'The price of incivility' (2013) *Harvard Business Review* January–February, 177.

108. Christine Porath and Christine Pearson, 'The price of incivility' (2013) *Harvard Business Review* January–February, 177.

109. Peter Mulholland, Tony Barnett and Jess Woodroffe, 'A grounded theory of interprofessional learning and paramedic care' (2019) 32(1) *Journal of Interprofessional* Care 66, 72.

110. Lynne M Andersson and Christine M Pearson, 'Tit for tat? The spiraling effect of incivility in the workplace' (1999) 24(3) *The Academy of Management Review* 452, 458; Victor Sojo Köhler et al, 'Who Is the Wolf and Who Is the Sheep? Towards a More Nuanced Understanding of Workplace Incivility' (2018) 11(1) *Industrial and Organizational Psychology* 122, 124; E Torkelson et al, 'Factors contributing to the perpetration of workplace incivility: The importance of organizational aspects and experiencing incivility from others' (2016) 30(2) *Work & Stress* 115, 119.

111. MJ Neubert, EM Hunter and RC Tolentino, 'Modeling character: Servant leaders, incivility and patient outcomes' (2021) *Journal of Business Ethics* 8, 12.

112. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 66–7.

113. For a list of relevant scholarship see Civility Saves Lives, 'Academic Papers' (Web Page) <www.civilitysaveslies.com/academic-papers-1>. See also Constantine Manolchev and Duncan Lewis, 'A tale of two trusts: case study analysis of bullying and negative behaviours in the UK ambulance service' (2021) *Public Money and Management* 1–8.

114. M Al Omar, M Salam and K Al-Surimi, 'Workplace bullying and its impact on the quality of healthcare and patient safety' (2019) 17, 89 *Human Resource Health* 4; Arieh Riskin et al, 'The impact of rudeness on medical team performance: A randomized trial' (2015) 136(3) *Pediatrics* 491.

115. Arieh Riskin et al, 'The impact of rudeness on medical team performance: A randomized trial' (2015) 136(3) *Pediatrics* 491.

116. Ambulance Victoria, *Patient Experience Survey* (Draft Report, August 2020).

117. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 288; Serena Does, Seval Gündemir and Margaret Shih, 'Research: How sexual harassment affects a company's public image' (11 June 2018) *Harvard Business Review* <hbr.org/2018/06/ research-how-sexual-harassment-affects-a-companys-public-image>.

118. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 281–90; Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8; Deloitte Access Economics, *The Economic Costs of Sexual Harassment in the Workplace* (Report, 2019); Elias Amanuel, 'Measuring the economic consequences of racial discrimination in Australia' (PhD Thesis, Deakin University, 2015); Productivity Commission, *Performance Benchmarking of Australian Business Regulations: Occupational Health and Safety* (Commonwealth of Australia, 2010).

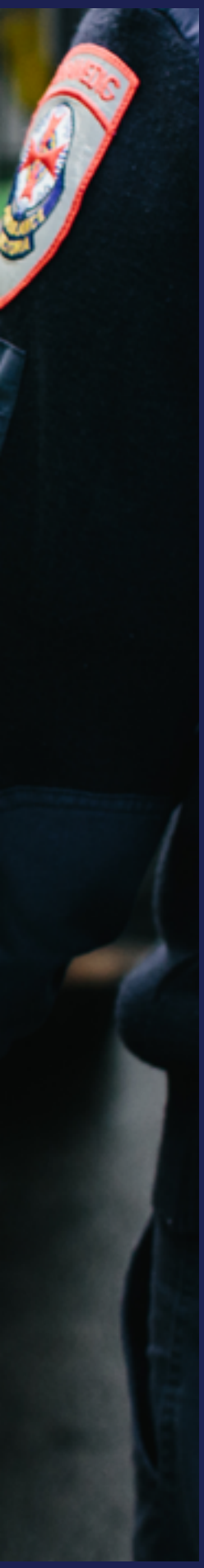
119. WorkSafe Victoria, 'Hospital fined $60,000 after worker bullied' News, (online, 1 October 2021) <https://www.worksafe.vic.gov.au/news/2021-10/hospital-fined-60000-after-worker-bullied>.

120. This was based off an increase from 13 claims relating to work harassment or bullying in 2018/19 to 33 claims in 2019/20; Ambulance Victoria, People and Culture Committee papers, 'Claims and return to work performance FY19–20' (7 September 2020) 55.

121. Ambulance Victoria, People and Culture Committee papers, 'Claims and return to work performance FY19–20' (7 September 2020) 53.

122. Ambulance Victoria, People and Culture Committee papers, 'Agenda item 4' (7 December 2020) 12. This is due to the requirements to pay overtime, additional travel and associated allowances, as well as the impacts of team dynamics and increased pressure on smaller branches to fill roster lines.

PARAMEDIC



6 Working towards a holistic approach to prevention

Chapter 6 details the key drivers of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria, which emerged during the Commission's review. This chapter also explores a range of opportunities for the organisation to strengthen its approach to prevention and, in the process, create a safer, more respectful workplace and rebuild trust with the workforce.

⟶ KEY POINTS

The drivers of unlawful conduct at Ambulance Victoria

- Unlawful conduct and workplace harm at Ambulance Victoria are not simply incidences of individual aberrant behaviours. They are widespread problems shaped and influenced by clear organisational drivers. These drivers are attitudinal, cultural and structural. The drivers assist in explaining the extent of discrimination, sexual harassment, bullying and victimisation in the organisation (see Section 4.3) and are interrelated and mutually reinforcing.
  - Power imbalances, including those informed by gender inequality, and historical and cultural factors, are enabling the abuse of power and inequality.
  - A general tolerance for everyday incivility and disrespect is creating a permissive environment for more serious unlawful conduct, in addition to causing harm itself. This conduct is going unchecked because of a culture of silence in the organisation.
  - An imbalance in the priority given to operational service delivery and key performance indicators versus prevention and wellbeing, is allowing action to address unlawful conduct to be deprioritised, as well as driving the mistreatment of those who speak up about such conduct, and about rights and entitlements.
  - Some leaders and managers are undermining expected standards of conduct because they themselves are reported to be perpetrating unlawful conduct or workplace harm or failing to call out these behaviours when they occur. Some managers and supervisors lack critical skills to address these behaviours when they arise in their teams.
  - A heightened risk of unlawful conduct is created by the sustained rate of organisational change and the high-pressure, isolated nature of the work for many staff members.

→ KEY POINTS

A holistic approach to prevention

- Ambulance Victoria must rebuild trust with its workforce by acknowledging and understanding the unlawful conduct experienced in the past and the profound impacts for many in the workforce, including through its own past failings and inadequate responses, and by setting a clear path for change.
- This work of listening, acknowledging and responding to the experiences of the workforce, must occur as a priority following the release of this report, with safe internal forums convened for reflective practice. An independent restorative engagement scheme must also be implemented to support individual victim-survivors to receive recognition and be given the opportunity to heal.
- Ambulance Victoria requires a holistic, evidence-based prevention plan to address unlawful and harmful conduct through clear, measurable actions targeted at the organisational drivers and risk factors. The plan should be informed by employee consultation, aligned with other diversity and inclusion strategies and include key accountabilities for leaders and managers.
- Crucially – in light of the significant underreporting of workplace harm identified by this review – Ambulance Victoria needs to build on current initiatives to encourage bystanders to come forward by adopting a strategic, integrated approach to supporting employees and first responders to speak up and to do so safely.
- To reduce barriers to reporting and to support the identification of key risks, drivers and early intervention efforts, Ambulance Victoria should reintroduce Workplace Equality Contact Officers and embed them throughout the organisation. In addition, it should introduce a network of Workplace Equality Champions to visibly drive and support reform at the local level.
- Through a collaborative process with the workforce and key partners, Ambulance Victoria needs to reset and embed the organisation's values. Co-designing the values will provide key opportunities for the workforce to reflect on and inform how they want to work with each other, while the new values will themselves redefine what is considered to be appropriate. The introduction of new organisational values must be backed by a strong commitment to hold people to account for not adhering to them.
- The Board and the Minister for Ambulance Services must ensure there is an authorising environment – including through futures statements of priorities – to appropriately balance meeting operational KPIs with supporting the workforce's health, safety and wellbeing.

6.1 Drivers

While individuals are responsible for their own behaviour and must be held to account for unlawful and harmful workplace conduct, such conduct is not simply a problem caused by a handful of aberrant individuals. Rather, as the data and research show, discrimination, sexual harassment, bullying, victimisation, incivility and inequality are systemic issues with distinct attitudinal, cultural and structural driving or enabling factors.

The ability to prevent and respond to unlawful and harmful workplace conduct and to embed workplace equality requires an organisation to target the particular organisational drivers or enabling factors. Understanding these factors or drivers and how they manifest in the organisation, is the first step in effectively preventing the conduct and in discharging the positive duty under the Equal Opportunity Act.

Section 6.1 details the Commission's findings regarding the common drivers of discrimination, sexual harassment, bullying and victimisation, as well as incivility and disrespect, within Ambulance Victoria. Many of these drivers are also barriers to reporting and to making complaints about unlawful and harmful conduct and inequality (see Section 8.2). This section highlights which drivers are relevant to certain types of unlawful or harmful conduct, while acknowledging that the drivers are often intersecting and mutually reinforcing.

Findings

The Commission identified a number of drivers of unlawful and harmful workplace conduct within Ambulance Victoria.

- Power imbalances: There are significant power imbalances present in Ambulance Victoria arising in part from the organisation's history as a male-dominated workforce and the reliance on hierarchical command and control systems. These imbalances: create a heightened risk of unlawful and harmful workplace conduct; impede the promotion and progression of certain cohorts, including women and those not part of the so-called 'in-crowd' or 'boys club'; and enable the victimisation of people who speak up, or challenge decisions or seek to enforce their rights, which has a silencing effect.
- Organisational tolerance and culture of silence: A general tolerance for everyday harmful workplace conduct is itself harmful but it is also creating a permissive environment that is enabling more widespread and serious forms of conduct to occur. The organisation's culture of silence has been created by a widely held acceptance that those who speak out will face retribution, and a belief that perpetrators will not be held to account.
- A disproportionate internal and external focus on meeting operational KPIs: The disproportionate focus on meeting operational performance and response targets is limiting the ability of leaders and managers to proactively build and maintain a safe, respectful, equal and inclusive culture, by permitting this goal to be deprioritised. This disproportionate focus is also allowing unlawful or harmful conduct to be minimised or dismissed and contributes to a perception among the corporate cohort that they and their work are not valued equally by the organisation.
- Leadership and management gaps: Harm is being enabled by gaps in management capability around identifying and responding effectively to unlawful and harmful workplace conduct (compounded by the high rates of people in acting manager roles), as well as some leaders and managers failing to model appropriate workplace behaviours or hold perpetrators to account.
- Structural drivers: Endorsement requirements to access multiple progression and promotion opportunities and unnecessarily rigid systems for flexible work are enabling discrimination and bias, particularly towards women and individuals who work flexibly.
- Work-related risk factors: Work-related factors at Ambulance Victoria are creating a heightened risk of unlawful conduct occurring, including the isolated and high stress nature of some work, and the significant period of recent organisational change.

While there is research suggesting that some of these drivers may also be relevant to adverse outcomes for, and the experiences of, patients, these matters fall outside the scope of this review.[1]

6.1.1 Power imbalances

Unequal power relations and rigid hierarchical structures have been found to be precipitating factors for workplace sexual harassment, bullying and incivility.[2] Power in the workplace can be drawn from a multitude of sources, including a formal title, knowledge and expertise, or length of service.[3] Power disparities can also arise because of disadvantage connected to a person's race, sex, gender or disability.

Power disparity and the misuse of power arose as a common and defining feature in many of the experiences of unlawful conduct and workplace harm shared with the Commission. Discrimination, sexual harassment, bullying and victimisation arose both as a symptom and direct expression of unequal workplace power gradients.[4] This was not simply about the presence of hierarchical structures, but shared norms concerning how power can be exercised and how it is to be respected within Ambulance Victoria.

The power and advantage at play in participant stories appeared to most commonly be drawn from formal positions of authority, and the hierarchical structure of the organisation and the influence and manifestations of workplace gender inequality. Power also emerged as something that could be drawn from informal networks and centralised systems at Ambulance Victoria that allowed individuals to exert significant influence over operational employees' working lives, including the shifts they work and jobs they attend. These factors – along with unspoken rules and assumptions about what is acceptable behaviour and what happens when victim-survivors speak out – appear to interplay, and compound at Ambulance Victoria to create a dangerous environment where power can and has been abused.

The abuse of formal and informal power

Organisational hierarchy and command and control structures

The military origins of Ambulance Victoria have shaped the rigid hierarchy and top-down command and control structures of the organisation. These structures have instilled in workers a respect for rank and authority, including an expectation that the orders of those in positions of authority will be followed without question.

> **It is ingrained in the culture to be silent and follow directions from someone with more seniority. From day one, people are told to check the epaulet of the people they are talking to, so you know your place.** *Participant, Interview*

> **[E]verything from organisational structure and framework to the way branches are built perpetuates authority gradients. [And ... with no way to provide anonymous feedback regarding managerial conduct ...] your manager can quite literally get away with anything, and never be held to account.** *Participant, Interview*

As with other emergency service organisations, clear lines of command are considered to be integral to effective emergency response. While these structures have and continue to serve a functional purpose at Ambulance Victoria, they are increasingly less relevant given the evolving nature of Ambulance Victoria's

work and the delivery of health services in non-emergency settings. This includes engaging communities, linking patients with other providers, supporting the primary health care system, and continuing to respond to low-acuity or non-emergency cases.[5]

Despite these changes to Ambulance Victoria's work, command and control structures have an enduring legacy in the organisation. They continue to influence norms and behaviours in the workplace, including how the hierarchical structures operate, and have produced undesirable outcomes.

There is evidence that hierarchical structures in healthcare settings can inhibit workers from speaking up and asking questions of those in positions of higher status.[6] In line with this, we identified that in Ambulance Victoria, these structures (among other factors) deter employees and first responders from speaking up about unlawful conduct, contributing to a culture of silence (see Section 6.1.2).

We also heard that the expectation that operational employees and first responders will follow orders and show deference to authority has enabled the mistreatment of those who speak out against unlawful behaviours, challenge unreasonable management decisions, or seek to enforce their rights and entitlements.

> **There's no question it starts with the hierarchy ... we are an emergency service and in that environment we require people to operate in a manner of following directions from those more senior, and within the scope of their Clinical Guidelines. What we don't do a very good job of is then being able to say, "This is not an emergency, how do I get an equal voice even though I'm not your equal in hierarchy?"** *Participant, Interview*

Speaking out and challenging those in positions of authority, or those with greater clinical expertise, or those in higher positions in the organisational hierarchy, can be perceived as oppositional, insolent and contrary to the agreed status quo for operational workers. This understanding of how rank and power are to be respected in Ambulance Victoria has cemented a power differential between managers and employees and first responders, and a culture of silence where power can be abused with impunity. The power imbalance is reinforced by a number of factors, including:

- an absence of alternative employment options for operational staff who do not wish to forgo a career in Paramedicine or move interstate
- endorsement processes that give direct managers significant influence over career progression and other outcomes (see Section 6.1.5).

> **A big part of the problem is also that ... there's nowhere else to be a Paramedic. If you leave Ambulance Victoria, you leave your wage, you're not qualified for anything else because you can't work anywhere else.** *Participant, Interview*

The evidence points to these power differentials in the organisation facilitating the abuse of power. Both survey results and participant stories point to employees and first responders being subjected to discrimination, sexual harassment and bullying from managers, as well as from those in positions of relative 'clinical

superiority', including clinical instructors and MICA Paramedics (see Section 6.1.1). In some instances, the discrimination, sexual harassment, bullying and victimisation appeared to be used to reinforce where a person stood in terms of rank and hierarchy in the organisation, or in retaliation for conduct that caused inconvenience or challenged that person's authority.

> **This leader uses intimidation and bullying in the workplace as a mean[s] of exercising power and demonstrating the power and influence he holds and his position as someone who can do whatever they want ... without question or risk of repercussion.** *Participant, Written Submission*

> **As the workforce has changed at the entry level these behaviours are increasingly more at the manager [level] and above [and enabled] by HR [who supports] an adversarial attitude to those that speak out.** *Participant, Written Submission*

> **[Y]our manager says 'yes' or 'no' to you being allowed to do anything within the workplace; be it work in rosters, be it work in education etc .... Any workplace opportunity depends on non-standardised, non-evidence based, non-process-driven managerial approval. So ... management have this incredible power over you. It embeds hierarchical obedience through fear, no matter the ethical or legal implications.** *Participant, Interview*

A study examining the professionalisation of uniformed emergency service work in the United Kingdom has summarised the potential adverse consequences of rank and hierarchy in these settings.

> **Rank structures can be abused in efforts to conceal wrongdoing, belittle input from below and silence whistleblowers. Rank and hierarchy can magnify senses of mystique and heroism surrounding emergency work, and to communicate to those outside this particularistic culture ... that they "could never understand the realities" of uniformed emergency work and so should not intrude with their unrealistic claims for organizational reforms or culture change.**[7]

These impacts speak to many of the other drivers set out in this chapter.

While extreme power disparities can create a heightened risk of power being abused, they alone do not explain why some individuals occupying positions of power choose to engage in discrimination, sexual harassment, bullying or victimisation. Factors that are also driving these abuses of power are norms concerning acceptable styles of leadership and behaviour (discussed below), the suitability and skills of those recruited to leadership positions, and the mechanisms to hold them to account. We heard from many participants that managers were often lacking in critical people management skills and would frequently defer to bullying tactics to manage the competing demands of their role. We also heard that individuals who were known to have perpetrated unlawful conduct in the past at Ambulance Victoria had been promoted to positions of authority.

> **I believe a big source of bullying, intimidation, and mismanagement at Ambulance Victoria comes from the lack of experience and formal qualifications of junior managers when put in positions of power.** *Participant, Written Submission*

> **I think most group managers are all paramedics, and there's certainly very poor management. They have no management skills. They're usually quite aggressive and bullies.** *Participant, Interview*

> **Stop promoting bullies to positions of power!** *Participant, Written Submission*

Accordingly, along with initiatives that help to flatten these extreme power gradients, improved recruitment practices and mechanisms to manage and hold those positions to account will help to address the abuse of power in the organisation (see Volume II).

Centralised and informal sources of power

There were also examples in participant stories of the abuse of informal power (which is derived from networks and connections) as well as centralised power sources that do not sit strictly within a hierarchical system.

Centralised systems are used at Ambulance Victoria to determine and manage rosters, shift allocation, access to leave and the jobs that all operational employees and first responders are dispatched to (known as 'operational communications'). Operational employees cannot unreasonably refuse to attend a job once it has been allocated to them by operational communications, to do so would risk disciplinary action.

Individuals working within these centralised teams exercise considerable influence over the day-to-day working lives of operational workers. We heard examples of these centralised sources of decision-making power being used to subject employees and first responders to unlawful conduct and workplace harm and/or enabling unlawful conduct. This included repeatedly sending some operational workers to more difficult or distressing jobs or allowing perpetrators of unlawful conduct to be rostered on with vulnerable workers. These stories suggest that there are insufficient controls in place to ensure that these systems are not used in appropriately.

> **I worked a shift with [this female Paramedic] one day and it was terrible. We got sent all over the place. I couldn't understand why we were being treated like this. I asked [my manager] "what is going on?" And he said, "oh, don't you know? We've got a list of names in here and we just make their lives hell because they're bad people or they've done something to irritate us."** *Participant, Interview*

> **[Operational comms and duty managers will be like], "we don't like this person or they're annoyed at them, so we'll send them to a job at three in the morning and even though they're not the closest car, we'll make up an excuse to be able to send you to this other one as well."** *Participant, Interview*

> **The dispatchers found it amusing to call the branch phone or call me up by name over the radio and dispatch me to any case that would involving patient with penis related problems.** *Participant, Written Submission*

> **I ended up finding out that [this duty manager] would contact rosters and get rostered deliberately with [young female] graduates. [I now see it as sexual predation]. They could pick and choose. That's how much mates look after mates.** *Participant, Interview*

Participants also described longstanding informal networks of power within Ambulance Victoria, where an individual's membership or non-membership in recognised 'cliques' or 'clubs', or allegiance with certain people could influence how they were treated in the workplace and their access to opportunities (see Section 6.1.5). Participants described these networks as a central factor behind decisions that were discriminatory or otherwise not merit-based or transparent.

Gender inequality

Gender inequality is, at its core, a power disparity.[8] It exists in society and in workplaces and has been found to particularly drive the mistreatment of women, unequal outcomes and disadvantage at work for women, while at the same time unfairly advantaging men.[9]

External driver – Gender inequality

Gender inequality is the unequal distribution of power, resources, opportunity, and value afforded to men and women in a society due to prevailing gendered norms and structures. In line with wider research, gender inequality emerged as a key driver of sexual harassment in Ambulance Victoria, as well as other unlawful conduct experienced by women.[10]

Across all data sources, gender inequality arose as a problem at Ambulance Victoria. Gender inequality at Ambulance Victoria is informed and compounded by factors that are unique to the organisation's history and working environment. It emerged as a central driving factor for the unlawful behaviours experienced by women and the disadvantage, unequal outcomes and opportunities they described.

A 2019 qualitative study of women's experiences in an undisclosed Australian ambulance service found that despite women reaching a 'numerical critical mass' in the service, they had been unable to make 'genuine in-roads to the power structures of the organisation'.[11] Looking at organisational data and the stories that women shared with the Commission, this is broadly reflective of women's experiences at Ambulance Victoria.

> **It wasn't even a glass ceiling, it was a brick wall.**
>
> *Participant, Interview*

The proportion of women working at Ambulance Victoria and particularly in operational roles has steadily increased since 1987 (see Chapter 2).

We heard, however, that this increase in the proportion of women working at Ambulance Victoria had largely resulted from evolved entry pathways for operational roles, rather than any targeted, comprehensive planning or initiatives by the organisation. It appears that Ambulance Victoria has not necessarily adapted the workplace to ensure that this growing cohort of women are safe, supported and have the opportunity to thrive and succeed. As a result, there is evidence of a cultural and structural overhang from the organisation's male-dominated origins that, as discussed below, appear to be evidenced in and reinforced by:

1. harmful attitudes and conscious and unconscious bias that devalue women, particularly those with caring responsibilities
2. systems that create barriers to negotiating and accommodating flexible work and perpetuate harmful attitudes about flexible work and parents and carers (see Section 6.1.5)
3. formal endorsement processes that create a risk of bias (see Section 6.1.5).

The impacts of this cultural and structural overhang were reflected in the stories we heard of women experiencing everyday sexism and incivility, as well as discrimination, sexual harassment, bullying and victimisation. The impacts can also be directly observed in Ambulance Victoria's workforce data that show a lower proportion of women occupying MICA roles and operational management and leadership positions (see Section 2.3.3). The impacts are also evident in the survey results, which show the majority of incidences of sexual harassment reported to the Commission occurred in male-dominated workplaces (see Section 5.1.2).

While we heard that much has changed in Ambulance Victoria since women first joined in operational roles, there are still remnants of a male-dominated culture that was shaped by the organisation's military beginnings. The Commission observed attitudes that suggest that many still consider the ideal operational worker at Ambulance Victoria to be one who fearlessly handles high-stakes work, is available to work full-time and who displays traditionally masculine traits, including in some instances, aggressive behaviours.[12]

> **There is a stereotypical image of the 'gun' paramedic and it's male.**
> *Participant, Written Submission*

This was particularly observed in the veneration of MICA Paramedics, an elite, male-dominated cohort. We heard that across the organisation, and in the

MICA sub-group particularly, these paramedics are considered to be clinically superior and that 'macho' or 'alpha male' personalities are common among MICA Paramedics.

These outdated ideas of what it means to be a Paramedic, combined with restrictive gender stereotypes that operate more broadly,[13] are behind many of the harmful attitudes towards and assumptions made about women in the organisation. These attitudes continue to exclude and devalue many women's contributions to Ambulance Victoria and to drive much of the unlawful conduct targeting women. Some of the harmful attitudes and false or misguided assumptions about women that we heard about included that:

- women who succeed in obtaining leadership positions probably did not earn it on merit
- women of reproductive age are likely to have children and want to negotiate a flexible work arrangement and they are therefore unsuited to certain roles and responsibilities
- women who have caring responsibilities should prioritise caring over work
- flexible work is an exception to 'normal' ways of working
- women are too emotional and lack the physical strength or stamina to be good paramedics
- women who work flexibly or with caring responsibilities are uncommitted to their work or are incapable of performing the requirements of their role
- people employed part-time or on a flexible work arrangement are unable to meet the requirements of leadership roles or certain other roles and programs in Ambulance Victoria
- operational staff use flexible work arrangements to avoid unsociable shifts.

In 2014, the Australian Human Rights Commission found that this stereotype of the ideal worker (that is, a male with no caring responsibilities who is available to work 24/7) is pervasive in workplaces and contributes to discrimination against pregnant women, those returning from parental leave, and workers with parenting responsibilities, and including those who work flexibly, among others.[14]

> **There is a very unhealthy – very unhealthy idea that if you work on a flexible work agreement, it's the woman's roster.** *Participant, Interview*

> **It was quite common that the young men, two, three years into their career, were tapped on the shoulder and asked what they were going to do, whether it be MICA or whether it be moving into management, whereas the women were just spoken to about family planning.** *Participant, Interview*

These enduring attitudes devalue women and their role in the workplace and place men in a position of dominance in Ambulance Victoria. From participant stories, these attitudes underpin bias against women in progression and promotion opportunities. These attitudes also support frequent experiences of incivility, discrimination, sexual harassment, bullying and victimisation reported by participants.

6.1.2 Organisational tolerance and a culture of silence and disrespect

> **There is a climate of fear that pervades the organisation, where speaking out or complaining has consequences, resulting in a culture of silence.**
> *Participant, Written Submission*

Workplace culture is often expressed as 'the way we do things around here'.[15] It is understood to mean the 'shared values and beliefs that guide how members of an organisation approach their work and interact with each other'.[16] It can include unconsciously held assumptions and is usually observed in workplace practices.[17]

Workplace culture is significant for discrimination, sexual harassment, bullying and victimisation because shared assumptions, beliefs and practices can implicitly encourage or discourage these behaviours.[18]

The Commission observed that there are three key elements of Ambulance Victoria's workplace culture that appear to be central to understanding why discrimination, sexual harassment, bullying and victimisation persist:

1. a general tolerance for incivility and unlawful conduct (a permissive environment)
2. a belief that those who complain will be penalised (the threat of victimisation)
3. a belief that perpetrators are unlikely to face consequences (perpetrator accountability).

A permissive environment

Research has found that low level workplace incivility can have a contagion effect, spreading further incivility and more aggressive behaviours,[19] including sexual harassment.[20] It tells us that these behaviours not only drive each other but are interrelated and often co-occurring and creative a permissive environment for further incivility and unlawful conduct.[21]

The stories participants shared with the Commission point to a workplace culture in Ambulance Victoria where incivility, everyday sexism and lower-level forms of discriminatory abuse and sexual harassment are not only commonplace (see Section 4.3), but are also tolerated (that is, brushed off, trivialised, not called out or taken seriously). We heard that this culture of tolerance is shaped by:

- 'exceptionalism', with some within the workforce believing that the ordinary standards of courtesy and respect do not apply to them because of the importance of the work they perform
- the organisation's male-dominated, military origins, which have influenced perceptions that operational employees must be 'robust' and endure incivility as part of their job
- the behaviours that are role modelled by some managers and senior leaders (see below).

> **I [confronted him about his language and use of derogatory terms] during this meeting at my base. [He told me] "If people are offended by these statements, they should not be here" and "This is a tough job, so that's how it is."** *Participant, Written Submission*

> **The mantra is "it's different, it's ambulance". [Ambulance Victoria] doesn't respect the authority of other agencies. AV is a rule unto itself. AV has a culture that the nature of emergency work justifies their actions and that rules don't apply.** *Participant, Written Submission*

> **Ambulance Victoria, I believe, holds the approach of, "[W]e're an emergency service, the law doesn't apply to us. We're above the law," type thing.** *Participant, Interview*

> **They have quite an overt recognition of their power in society because they save lives and so that sort of thing is reinforced all the time.** *Participant, Interview*

In addition, many of the organisational factors that broader research tells us can enable a permissive environment – for example, resource shortages, excessive hours, stress[22] – can be found in the workplace environment of Ambulance Victoria. Like the individual behaviours, these organisational factors are also contributing to a permissive culture that is driving ongoing incivility and lower-level forms of mistreatment, as well as serious unlawful conduct.

The threat of victimisation

> **Silence is the best option.**
>
> *Participant, Interview*

Across all data sources, the fear of victimisation loomed large for Ambulance Victoria employees and first responders. Negative consequences and victimisation were commonly reported as the reasons preventing participants who experienced and/or witnessed unlawful and harmful workplace conduct from making informal reports or complaints (see Section 8.2.1).

During interviews and in submissions, participants often described making a complaint as a 'career ending' move. Some told us that making a complaint would result in a 'black mark' or 'troublemaker' label against a person's name, with long-lasting career impacts. There was a distinct lack of trust that reports of unlawful conduct would be welcomed and that complainants would be protected from victimisation and harm.

The widely held belief that complainants would face victimisation was closely related to the expectation that employees and first responders would follow orders and avoid challenging those in positions of power, as discussed above. It also appears to be strongly influenced by actual instances of victimisation (experienced or witnessed) and reinforced by responses to informal reports.

> **I told my [team manager] that this sort of [sexual harassment] was happening. He already knows, he said, "Yeah, I know that. I could help you, but I can't stop that happening". And sort of said, "You can rock the boat, but it's not going to bode well for you".** *Participant, Interview*

> **[S]ometimes there's just a general feeling that if I make an issue of this then I'm going to get a black mark against my name and that's going to affect me for the rest of my career.** *Participant, Interview*

> **We've been told numerous occasions, "[D]on't stick your head out, you'll get a target on your back. Don't speak out", and so there's that fear ... it's a good job and I love my job, so I'm more inclined to stay silent purely because that threat hangs over me I guess. I did that for 15 years until I eventually had to speak up, and as a result of speaking up, I was targeted and have since been on Workcover.** *Participant, Interview*

The occurrence of victimisation and the shared understanding that complainants will face victimisation, both appear to be contributing to an environment where employees and first responders feel they must tolerate unlawful behaviours because it is not safe to speak out and complain.

Research has identified that inclusive leadership (inviting and appreciating contributions and feedback from all team members) and organisational support (an open and respectful culture where workers believe they are valued and their wellbeing cared for) are factors that support workers in healthcare settings to feel safe to speak up, raise concerns and share ideas. This suggests that the general tolerance for workplace harm and unlawful conduct and the use of autocratic leadership styles (see Section 6.1.4), are also likely to be driving the culture of silence. While not examined in detail given the scope of this review, this research also found that healthcare settings where workers feel psychologically safe to speak up and ask questions are more likely to support a 'safety culture' that prioritises patient safety.[24]

Perpetrator accountability

How Ambulance Victoria responds or is perceived to respond, to alleged perpetrators sends a message about whether certain conduct will be tolerated in the organisation. This response can also either encourage or deter other people from coming forward and can embolden would-be perpetrators if they feel their behaviour will be tolerated. Studies of workplace sexual harassment have found a relationship between perceptions of tolerance and the frequency of workplace sexual harassment, indicating that employee perceptions are 'more influential in shaping attitudes and behaviours than formal policies'.[25]

Several participants shared with the Commission direct experiences where a complaint of unlawful conduct made to Ambulance Victoria failed to result in proportionate outcomes for an alleged perpetrator. More broadly, though, we learned of a strong perception held among the workforce that alleged perpetrators are not and will not be held to account by Ambulance Victoria (see Section 8.2.2).

This perception appears to have been informed by several factors, including that:

- there are 'well-known' repeat alleged perpetrators in the organisation who have not faced any apparent consequences for their behaviour and have even been promoted despite broad awareness of their behaviour or history
- apparent consequences, when provided, seem inadequate, like where alleged perpetrators are moved to a different branch, where there is a risk of re-offending and causing harm to others
- long-standing loyalties and 'cliques' in the organisation afforded some alleged perpetrators 'protection' against consequences.

The perception of low accountability is strongly tied to timeliness of actions and the limited transparency surrounding Ambulance Victoria's complaints and reporting processes (see Chapter 8). While confidentiality of reporting processes is important, it can prevent workers from observing any proportionate action taken by the organisation, suggesting that a rebalancing of transparency and confidentiality might be needed. A participant described the impact of this in the following terms.

> **[T]here are a lot of outcomes that are achieved, but that information is ... confidential, [so] people don't have visibility of it. There's no way for people to really hear actual good outcomes when people raise concerns. That they're taken seriously and addressed. We don't share that even in our de-identified ways. So, there's not a lot of trust in the process.**
> *Participant, Interview*

6.1.3 Disproportionate focus on operational KPIs

The organisational commitment to timely access to care

Ambulance Victoria and its workforce demonstrate a deep commitment to serving the public through the provision of emergency health care. This core organisational purpose is critical for public health, which explains why the community holds the organisation to high standards of service delivery; where these expectations are not met, it can be the catalyst for harsh public criticism. It is unsurprising then, that a focus on timely, quality service delivery has shaped Ambulance Victoria's policies, processes and ways of working, including through the use of performance indicators to measure and assess operational work.

The organisational focus on operational performance is strongly informed by a 2015 Ambulance Performance and Policy Consultative Committee report, which found that:

- response performance times had declined over the preceding six years
- a state-wide target for code 1 incident response times had not been met since 2007
- public demand for emergency ambulance services had risen consistently over the previous six years.[26]

External driver – Government accountability and performance

Ambulance Victoria's focus on operational demand is influenced by the priorities set by the Victorian Government. As explained in Chapter 2, each year Ambulance Victoria's Board is required by the Ambulance Services Act to prepare a statement of priorities, in consultation with the Minister for Ambulance Services.[27] This statement is an agreement that reflects the targets or goals that the government expects Ambulance Victoria to meet in any given year.

These agreements usually encompass expectations on meeting service demands, including benchmarks for response times.[28] In 2021, the statement of priorities includes a plan to improve state-wide response performance, in the context of high demand and the ongoing response to the COVID-19 pandemic.[29] It does also call for full support for the review, including by ensuring the workforce are supported to safely raise issues and/or participate in the review and that immediate actions are undertaken, where appropriate, to respond to matters raised.

This Consultative Committee was established by the Victorian Government in 2015 following a significant period of change for Ambulance Victoria and in response to emerging evidence that the ambulance service was in crisis (discussed in Section 2.2.1). The Committee brought together Government officials, paramedics, unions and Ambulance Victoria representatives. Ambulance Victoria responded to the Committee's interim report by implementing an action plan, with reforms that included strengthening call-taking and dispatch arrangements, improving public awareness of Ambulance Victoria's role and more meaningful performance measures.

Participants' stories indicate that these initiatives and the organisation's focus on operational performance more broadly, while critical, have given rise to unintended negative consequences for the safety and wellbeing of the organisation's workforce. This is despite the action plan also encompassing initiatives directed at improving Paramedic health and wellbeing.

These two organisational interests – high standards of operational performance and staff wellbeing and safety – can work in harmony. However, the stories participants told the Commission suggest that they are not currently afforded equal attention and weight.

An imbalance of priorities

The over-emphasis on response times and meeting operational demand at Ambulance Victoria is permitting workplace safety and respect – including calling out and managing unlawful conduct and workplace harm – to be deprioritised by managers and supervisors.

> **AV's current business model places operational demand at the apex of all its functions and decision making, including when and how support is provided to employees with protected attributes.** *Participant, Written Submission*

> **[I]t's an operational KPI focused workforce. Paramedics have to focus on getting in the ambulance and hitting the button to show that they've acknowledged a job, that they've responded, they're on the scene. It's all focused on operational KPIs. The culture, I think, is very secondary.** *Participant, Interview*

> **The focus on emergency work and clinical practice is to the exclusion of other professional practices and saving lives is often used as an excuse for inappropriate decision making.** *Participant, Written Submission*

> **[E]mployees are extremely disappointed and concerned about the ... move away from a clinical focus to [a focus on] KPI[s], which are achieved ... with no regard for the health and safety of paramedics or other employees.** *Participant, Written Submission*

Operational performance is a dominant and central consideration for Ambulance Victoria's processes and ways of working. We heard that it is the primary consideration in determining who will be selected for operational management positions; a higher value is placed on an applicant's clinical skills and their track record for meeting KPIs over and above any people management skills.[30] We also identified that systems used for flexible work at Ambulance Victoria treat operational need as paramount by default, without necessarily giving proper consideration and weight to the individual needs of an employee seeking flexible work (see Section 6.1.5).

This disproportionate focus not only contributes to the disregard for unlawful conduct and workplace harm, but it is also a factor that explains these reported occurrences:

- the treatment of staff wellbeing, safety or support needs (including needs for flexible work) as an inconvenience or oppositional to management where they did not support managers to meet operational demand; this included discrimination and bullying based on employees' employment activity
- extreme criticism or bullying of paramedics who made errors or who did not perform to expected standards, including criticism of paramedics in open forums
- the questioning of employees and first responders who had accessed their personal leave entitlements, in what participants described as efforts to deter future leave being taken.

Participants painted a picture of an organisation that placed more emphasis on getting the job done and less emphasis on the way the job gets done, in particular, the respect and courtesy shown to others and the associated toll on employees and first responders. This sentiment is echoed in the results of the 2020 People Matter Survey, where just under half of the respondents (44% or n=527) agreed that senior leaders within Ambulance Victoria consider employees' psychological health to be as important as productivity.

> **So, when you talk about whether or not you think senior managers support this stuff, I think it's really clear that they support the image of the Ambulance Service more than the people within the Ambulance Service.** *Participant, Interview*

> **Our managers aren't held accountable for their people. They're held accountable for performance.** *Participant, Interview*

Studies have found that the use of response targets in Paramedicine settings can result in dysfunctional outcomes, including organisational 'tunnel vision', where quantifiable performance indicators are emphasised at the expense of those that cannot be as easily quantified.[31] This may, for instance, include the quality of care provided to patients, with some concerning evidence that a target-driven culture can in fact jeopardise patient care.[32]

While not impossible, workplace culture certainly resists straightforward measurement[33] and Ambulance Victoria appears to have only limited mechanisms in place that would allow prevention activities to be routinely measured and assessed in the same way as response times (see Section 4.2.4). This is likely to explain, in part, why these issues are not given the same attention. It is also likely to be influenced by:

- managers and supervisors being held to account on response times within their teams and therefore focusing on those outcomes above others
- expectations from external stakeholders, including the Victorian Government Department of Health and the public, regarding operational performance and response times
- the challenges of meeting increasing demands within resourcing constraints.

PERSONAL STORY

Kim's* story:

Facing pressure to work when unwell

I went to a major accident. When I went to one of the vehicles and I crawled through to check on the patient, I realised it was someone I knew quite well. And the patient was dead.

That night, I didn't really feel like working on call after that job. I just couldn't fathom if another big incident happened that I would be in the right headspace to do my job. It wasn't considered a shift, but if you took it off, they'd have to fill those 14 hours with someone on overtime. Given the circumstances I didn't think it was too much to ask not to be on call. So, I rang up the roster team and just said, "Look, I'm going to take tonight [off]. I can't work call. I'm not feeling well".

Very shortly after that, a manager got on the blower to me and yelled at me about taking the call off. When I tried to explain why, all I got from him was, "Well, what if a little kid drowns? That'll be your fault because there'll be nobody to respond. What if -?" I took the night off anyway, but then I felt incredibly anxious about my reputation and what the ramifications might be for me now that I had stood up and not done what he wanted.

**Name has been changed to protect privacy.*

We also heard participants reflect more broadly on the negative impacts this approach had on workforce morale and on a culture of learning, development and continuous improvement. In particular, employees and first responders told us that the emphasis on operational performance had shaped a 'resource model' way of working that they felt treated them as a number, rather than a model that was people-focused. These participants described receiving regular email reminders of how they were tracking against response targets, with little to no effort by the organisation to measure and reward other desirable skills or behaviours. Participants thus expressed feeling that their value to the organisation was limited to their response times.

> **So, the only measure of value of us as paramedics is how fast we are. It doesn't matter whether we don't get complaints, it doesn't matter whether we give good patient care, all that matters is our KPIs.** *Participant, Interview*

> **I am a bum on a seat and that's it.** *Participant, Written Submission*

> **I think we need to really turn into a person-centred model where it's about people not the process. And I think we need to enable and train our managers to actually manage our people ...** *Participant, Interview*

> **The staff in the organisation are the most important asset that we've got. I think there's a lot of people that are very unhappy ... so those people are going to leave the organisation, we're going to lose their input, their expertise, so that has a big influence on the organisation. I worry that from an actual Paramedic point of view, it almost seems at times that it's a sausage factory, that we can just churn out more people, because we've got lots of people doing the degree at university, that they'll always be replaceable. So we can always get people that want to do the job to replace those people that are unhappy. But that's not good for those people that have gone through those experiences, and you lose experienced employees. If we don't change then we're just going to be continuing to go in a downward spiral.** *Participant, Interview*

Others felt the organisation's focus on performance metrics generally was contributing to a 'tick-the-box' culture that stymied professional development and genuine improvement.

> **If you listen to the narrative [of] our organisation, you will hear people constantly [say that they] need a number or they need some way to measure something, and I think they've taken that the wrong way ... if everyone has a set of numbers that they expect from the paramedics, we become a compliance-based organisation. We're not teaching people to be able to resolve issues in their workplace that don't have a specific answer.** *Participant, Interview*

> **There's all this talk about meeting KPIs. I think there's a lot of pressure and stress on paramedics to make those key performance indicators. Some of them are not achievable at all, and they're really the wrong way about going and measuring the performance of the organisation.** *Participant, Interview*

> **We just go back to the exact same model of compliance, compliance, compliance, and we never get anywhere. We don't become any better at what we do. So that's the bottom line is that we need to invest more in this sort of work where we try and make people better, [where we're] making them aspirational, [where] we're making [a] values base[d] culture, and we['re] reinforc[ing] it all the time.** *Participant, Interview*

Relevant to these reflections, a fixation on performance measures in an ambulance service setting has been found to cause employees to lose sight of the underlying objective of the target, with efforts being channelled into meeting the target at all costs, despite adverse consequences to employees and patients.[34]

Corporate and operational divide

The Commission also heard from some participants that the disproportionate focus on meeting operational KPIs has devalued the work of corporate staff and has contributed, in large part, to a divide between the corporate and operational sections of the organisation. This was said to be reflected in the resourcing allocated to corporate work and limited attention paid to corporate staff development and progression, as compared to operational staff. Some participants also described disrespect being shown to employees and senior leaders who did not have an operational background.

> **There seem[s] to be this disconnect in the organisation between what was referred to as the blue shirts and the white shirts. So, if you were a blue shirt you were in operational, on the road, ambo. If you were a white shirt you were a back-office in support. And there was this attitude that actually perpetuated into some of the back-office staff as well. They felt like they had to carry the mantra as well of, no-no everything ... we are only here because [of them].** *Participant, Interview*

> **It is a problem in our organisation for people who are non-uniformed. Sometimes there can be a lack of respect.** *Participant, Interview*

The data collected by Ambulance Victoria, at first glance, doesn't corroborate the perception of limited resourcing to corporate divisions: since 2016 the corporate workforce has increased by 57% (n=228), compared to a 31% (n=1313) increase in the operational workforce, noting that levels of resourcing may have varied at different points in that period. The Commission understands that despite these increases, when considered by hours worked (full time equivalent) as opposed to head count, that corporate staff have continued to represent 7% of the overall workforce in recent years. Accordingly, in 2018, Ambulance Victoria acknowledged that the disproportionately low growth in corporate staff numbers compared to Paramedic recruitment was likely to be contributing to high levels of stress among the corporate workforce.[35]

The stories of unlawful behaviour reported by participants working in corporate spaces commonly raised workload issues and suggested that work pressures were often bubbling over into incivility and bullying. Many of these stories are corroborated by the findings of several recent, targeted independent cultural reviews of specific teams within the corporate division.

Prioritising prevention amid unprecedented demand

Prioritising the prevention of unlawful conduct and supporting the wellbeing of the workforce at Ambulance Victoria does not mean forgoing timely emergency responses or high standards of care and service delivery. Operational performance and employee safety from unlawful conduct are not objectives that are at odds. Indeed, our findings on the individual and organisational impacts of unlawful conduct (see Section 5.2) demonstrate that a safe and thriving workforce is critical for performance and patient care.

> **AV's prioritisation of meeting operational demand at the expense of employee wellbeing can actually lead to increased absenteeism and costs associated with unfavourable treatment which can negatively impact output.** *Participant, Written Submission*

The affiliation of these factors should be front of mind for Ambulance Victoria as it embarks on a time of increased pressure for its services and ongoing change. The current unprecedented demand for Ambulance Victoria's services[36] (arising in large part from the impacts of the COVID-19 pandemic) is at risk of compounding the issues outlined above and placing greater pressure on employees and first responders.

> **Never before have we had that amount of operational demand at the same time as we've had fairly immense pressure coming at us from our own organisation in terms of KPIs, clinical changes, accountability, but also constantly changing workplace practices. [It's] "Read this bulletin, this policy, this work procedure!"** *Participant, Interview*

Indeed, a recent study of two ambulance services in the United Kingdom found that a combination of efficiency targets, high job demands, and limited resources had resulted in increased claims of bullying.[37]

Sufficient resourcing to meet growing operational demand will therefore be critical to efforts to successfully disrupt the current discordant approach.

Given these pressures, Ambulance Victoria must closely consider how its operating model is optimised to not just meet operational demand, but also to provide sufficient time and resources to allow employee safety and wellbeing and preventative activities to be prioritised.

6.1.4 Leadership and management gaps

It is widely accepted that leaders, including middle managers and supervisors, are integral to driving a respectful and inclusive workplace culture.[38] Leaders can drive a positive workplace culture by demonstrating their strong commitment to, and accountability for, preventing unlawful behaviours, by role modelling respectful behaviour and by effectively calling out and managing unlawful behaviour when it occurs.[39] For some workplaces with entrenched issues, leadership may also mean disrupting longstanding ways of doing things and effectively managing change processes, including preparing for and addressing backlash.[40]

While Ambulance Victoria's senior leaders continue to formally signal their commitment to workplace equality and a respectful workplace, these efforts appear to be undermined by leaders who fail to role model those behaviours and managers who lack the skills to call out and manage unlawful behaviours.

Inadequate role modelling

To drive respectful workplace behaviour, a commitment to eliminating unlawful workplace behaviours must be demonstrated, not simply communicated.[41] Therefore, leaders and managers play a critical role in setting the tone and standard of behaviour, something that the Victorian Public Sector Commission recognised in their 2016 review of Ambulance Victoria's organisational capability.

> **The senior leadership team needs to describe and model the type of culture that is needed and what is expected of all staff across the organisation. Leaders need to respond to behaviour that does not align with the desired culture. It is important that staff understand the types of behaviours that are valued in AV, and that this is supported not only by senior leaders but also by middle and more junior managers in AV. Culture change will work best in the longer term if it is driven and reinforced by staff across all parts of the organisation.**[42]

We heard that some leaders at Ambulance Victoria – including senior leaders, managers, and other senior staff – are undermining organisational messaging on a commitment to workplace equality and respectful behaviour by displaying incivility or unlawful workplace behaviours and by failing to call out this behaviour when it occurs.

This was borne out in survey responses, where a vast majority of participants who reported experiencing discrimination and bullying identified a supervisor or manager as the alleged perpetrator (see Sections 5.1.1 and 5.1.3).

- Discrimination: Of the 885 survey participants who responded to the question and said they had experienced discrimination, 51.3% (n=454) said the alleged perpetrator was (or included) a senior manager and 45.9% (n=406) said the alleged perpetrator was (or included) a direct manager or supervisor.
- Bullying: Of the 971 survey participants who responded to the question and who said they had experienced bullying, 33.5% (n=325) said the alleged perpetrator was (or included) a senior manager and 35.7% (n=347) said the alleged perpetrator was a direct manager or supervisor.

Of those who reported experiencing sexual harassment, 27.2% reported that the perpetrator was a senior manager, direct manager or other manager.

Participants also shared experiences of managers and supervisors failing to reiterate standards of conduct by failing to call out and address unlawful conduct.

> **[He] admitted that he'd witnessed [it] personally and listened to [him] berate and belittle me and basically tell people that I was incompetent .... And he did nothing about it. He said to me that I didn't complain to him and I didn't – what was his words? He said, I didn't say, "I'm being bullied".**
> *Participant, Interview*

> **[T]he [bullying] behaviours witnessed by other staff and managers should have triggered action [but they didn't].** *Participant, Written Submission*

Leaders failing to role model respectful workplace conduct is not only causing harm to individuals but it is also likely to be setting the tone and signalling to others that this type of behaviour is acceptable.

In many instances, the unlawful conduct perpetrated by many mangers appeared to be closely tied to autocratic leadership styles being adopted by those in positions of power and authority at Ambulance Victoria.

Autocratic leadership styles

A historical preference for autocratic leadership approaches[43] at Ambulance Victoria is likely to have been shaped by the organisation's military origins and reliance on command-and-control structures (discussed above). In this environment, assertiveness and confidence are crucial attributes in carrying out high-stakes operational work. Yet, we heard that these attributes were too often accompanied by incivility, abuse and bullying behaviours and a reluctance to entertain professional disagreement or discussion.

Participants told us that this management style seemed to be preferred and adopted widely in Ambulance Victoria. We also heard that the organisation placed less emphasis on attributes such as empathy, insight and collaboration, which undermined professional practice.

> **[I]t's all about fear-based leadership and that is common at AV.**
> *Participant, Interview*

> **In emergency services, we see a very command-and-control style of leadership, because ... at the side of the patient, that's what you actually need, that's going to be successful. Whereas, for many people, being much more collaborative or inclusive is a much more natural leadership style.**
> *Participant, Interview*

> **You can't actually have a professional conversation with these people because they exist in a world of Paramedicine that is a militaristic boys club ... vocational trade in origin ... a culture that rewards people for asserting alpha-like qualities ... a culture that expects junior paramedics to stay in their box: be seen but not heard. To question anything by way of an attempted conversation is seen as disobedient, and that is punished. The more you beat your chest, the more you cut off patients when they're talking, the more horrible you are to an ALS Paramedic ... that actually ... to them ... equates with competence, and is rewarded ... despite these behaviours being the exact opposite of what it is to be a health professional.** *Participant, Interview*

Autocratic leadership styles have been widely recognised as giving rise to an increased risk of workplace bullying and sexual harassment.[44] Experts have also warned that autocratic leadership styles can become dominant in an organisation by creating 'a workplace culture in which managers learn or perceive it as the only management option'.[45]

Just as significantly, where these autocratic styles of leadership are accompanied by incivility, discrimination, sexual harassment, bullying or victimisation, leaders and managers are indirectly endorsing and encouraging this behaviour in others. Compounding this, many participants told us they hadn't seen any evidence of self-reflection or contrition from managers and leaders who had displayed incivility or unlawful behaviours in the past, or who had been aware of such incidents occurring.

> **I've never seen a manager apologise to anyone in the whole time I've been here. I've been here 13 years. And I think that has to change. To be a great leader, is to know when you've done wrong and to apologise.**
> *Participant, Interview*

Management capability gaps

Managers play a critical role in preventing unlawful and harmful workplace conduct by identifying and calling out this conduct and by intervening early. When done effectively, such action sets the tone for what behaviour will and will not be tolerated and builds a relationship of trust with direct reports by creating a safe environment in which people can raise concerns. Conversely, where managers lack the capability or are not equipped by their organisations to recognise and respond effectively to unlawful and harmful workplace conduct, the conduct often goes unaddressed and worse still, can escalate.[46]

A 2016 Victorian Auditor-General health sector review found that across Ambulance Victoria and other audited agencies, training to support managers to identify and respond to bullying and harassment was 'inconsistent and inefficient' and that management capability was a significant issue.[47] Echoing these findings, the Commission was frequently told in interviews that many managers appeared to be either unwilling to call out unlawful or harmful conduct, or lacked the people-management skills and broader capabilities to address this conduct head on.

> **In Ambulance Victoria we take clinical progression very seriously and we take clinical education very seriously, but I don't see that being applied on the human resources and managerial side. People get promoted because they're good paramedics and they can say the right things in the interview when it comes to moving up to being team managers or senior team managers.** *Participant, Interview*

> **Managers [need] to start [m]anaging staff, not pretending there aren't issues in the hope it goes away.** *Participant, Written Submission*

> **There's no formal training. There's no formal education. There's no experience. You're literally just thrown into the job and go, "You've got a month or two months here at whatever branch" and that's it. We've just had a revolving door of team managers for the last 12 months. They're all relatively junior people who have never done it before.** *Participant, Interview*

The gaps in management capability within Ambulance Victoria appear to be compounded by the high rates of people in acting manager roles across the organisation. Employees often take up management roles on an acting basis with minimal training in people management and managing unlawful and harmful workplace conduct (see Volume II).

Further compounding the gaps, we heard, is the limited face-to-face time operational managers have with their direct reports. We were told this can make it difficult for managers to have the necessary time to discuss instances of unlawful or harmful workplace conduct or even try to engage their staff in conversations about appropriate workplace behaviours and respectful ways of working together. For some, it has also made it more difficult to build a relationship of trust with their manager, which would make them feel safe to disclose this conduct.

6.1.5 Structural barriers

Endorsement requirement as a barrier to progression and promotion

Making access to multiple progression and promotion opportunities contingent on the endorsement of an employee's manager and others is driving discrimination and bias within Ambulance Victoria.

When is endorsement required?

Ambulance Victoria requires employees who wish to pursue certain progression and promotion opportunities to obtain the endorsement of their direct manager and certain others, like a clinical support officer, before it will consider them for these opportunities.

- Under the Recognition and Development Process, an employee's manager must endorse them as meeting appropriate performance standards before they can be placed in a pool of individuals who are eligible for acting and secondment opportunities (subject to satisfying further stages of the application process).
- Employees require the endorsement of their team manager, senior team manager and area manager to be eligible to fill vacancies in other branches via a transfer.
- Employees who wish to become a Flight Paramedic or complete a placement with Air Ambulance Victoria require the endorsement of their team manager, clinical support officer and area manager or regional director. The endorser must contact a senior team manager at Air Ambulance Victoria or the Manager Air Operations before endorsing a candidate.
- Employees who wish to complete the MICA Paramedic training program, a two-year professional education program, must first be endorsed by a MICA team manager, clinical support officer and the employee's direct manager. Endorsement is a pass/fail point in the selection process for MICA Paramedics. A 2021 internal review of this process recommended that Ambulance Victoria should remove the requirement for MICA team manager and clinical support officer endorsement, while retaining the requirement for direct line manager endorsement. After consultation with staff and unions in August 2021, the recommendations were adopted; MICA team manager and clinical support officer endorsements are no longer part of the MICA selection process.
- There is a fast-tracked progression to higher classification scales (under the relevant industrial agreement) for Advanced Life Support and MICA Paramedics.[48]

Broadly speaking, Ambulance Victoria has not provided people who are considering endorsing an employee with detailed criteria to guide their decision-making. It also does not require people to justify a refusal to endorse an employee for the opportunities above and there is no structured review process.

While Ambulance Victoria informed the Commission that there have been no substantiated complaints of discrimination or bias in the endorsement process, its own internal review of the MICA endorsement process acknowledged the impact of unconscious bias on recruitment processes, which can lead people to recruit 'their own type'. Research shows, for instance, that 'one unconscious bias – affinity bias – may lead people to favour candidates who are like themselves'.[49]

The Commission often heard from participants who were concerned not only about unconscious bias in the endorsement process, but also about what they perceived as overt instances of direct discrimination or abuses of formal and informal power. We heard that women – particularly women of childbearing years or with caring responsibilities (and often on a flexible working arrangement) – were deliberately excluded from endorsement opportunities, usually by men. A number of people told us that they did not even bother applying because the challenges of obtaining endorsement for people like them are so well known in the organisation.

> **I applied for [recognition and development process] for education roles. I was told by my [team manager] that there was 'no point' applying as I am 'only' part time.** *Participant, Written Submission*

> **I had a meeting with my manager to talk about [an employee's] application [and I was] just met with pushback, like, "I can't endorse her because she's been on maternity leave. She won't have her authority to practice".** *Participant, Interview*

> **[A]t that point in time, every MICA team manager was a male .... [Female MICA team managers] didn't exist. And there wasn't a female clinical support officer either. ... All of the MICA team managers ... would just say, "No, no, no, no". And I knew two very capable, very great candidates for the program, who went to six different MICA team managers and they were told they were too inexperienced, "No, we don't think you're up for it yet. This is a pretty tough gig. Not sure that you'll be right for it". But their male colleagues who came in with two years less experience than them were being endorsed. And so, that's been a constant ... issue around that endorsement process.** *Participant, Interview*

PERSONAL STORY

Eliza's* story:

Endorsement requirements permitting unfair gate-keeping and gender bias

As a woman trying to get into MICA at an age when people thought I might have children, I was immediately dismissed and given the push around to make it seem like they were considering me.

But I did try to get into MICA, for years. I met with the managers, I sat down with them. I got a mentor. All men, of course. It's well known that you have to suck up to the men and do as they say and just sort of work head down, bum up to get their endorsement. It's a very demoralising process to be begging these men for their tick of approval to get through.

At the same time as I was going through this, I had a male colleague who was trying to get into MICA. He started after me. He hadn't done a tenth of the roles I've done and he got endorsed straightaway.

So, it just seemed grossly unfair. I don't think I was being ignorant in thinking I was suitable for the role. I had so many other MICA Paramedics coming to me being like, "When are you applying?" I was seen as the right candidate for the role, but because I wasn't given the tick of approval from this particular man, it didn't mean anything.

I was also constantly excluded by these men from opportunities to prepare myself to be accepted into MICA. Even though they knew I was a candidate that wanted to be endorsed, I was not sent the endorsement paperwork. I was excluded from working groups that they convened to help with interviews and clinical skills. It feels like I'm constantly excluded or they're trying to shut me up or make me go away. It feels like they just don't want a female. Well, a female that could possibly go and have children and waste their time sort of thing. And I'm nowhere near that. I don't even have a partner sort of thing and they know that, so it's frustrating.

**Name has been changed to protect privacy.*

Ambulance Victoria's unchecked endorsement requirements are compounded by some processes being bypassed. For instance, we heard that some managers fail to comply with formal requirements to provide feedback to unsuccessful candidates, leaving them feeling that the pathways to improvement and progression are unclear and that Ambulance Victoria cares little about their success.

PERSONAL STORY

Petra's* story:

Endorsement requirements embedding a culture of silence and victimisation

From the moment I joined AV I wanted to be a Mobile Intensive Care Ambulance Paramedic. I went through the process multiple times unsuccessfully, before I finally got into MICA.

There is a lack of transparency and conflicting information about MICA. Each time I was unsuccessful, I asked for feedback in writing, which Ambulance Victoria refused to give me. I once tracked down one of the MICA guys on my interview panel and I asked him to pull up my file and give me feedback while I was sitting with him. He said he couldn't find any issues or understand why I didn't get through.

Every interview I've ever done for MICA has only been done by men. You also have to get your team manager and clinical support officer to endorse you. This is not based on skills; it's just based on whether they like you. My endorser that year actually said to me, "What I do is, I go out and I talk to the local MICA teams, and they let me know if they like you or not. Based on that, I decide whether I'll endorse you".

I had to make the MICA teams like me, so I couldn't call out any of the sexist behaviour I saw. For example, someone said to me, "I heard you're up for it". There was lots of subtle, underhanded comments and they belittled me out on jobs. They would brush up against me or touch me in the field or during clinical nights. When I finally had enough and raised concerns regarding discrimination related to my sex and sexual orientation, I couldn't get anyone to endorse me for MICA that year. And that was clearly not about ability because I had been endorsed before and my clinical ability hadn't declined.

The reason I kept persisting with the MICA process is because I thought that I could fix it from the inside. But the culture is a 'boys' club'. It's insidious. It isn't just the boys. You end up turning into one of them after playing the game long enough to get in. There's a part of their culture that is very hierarchical, that needs them to say, "I'm better than you and you will do what I say". If you want to join MICA, you have to play their game, which is smiling and nodding and doing what they want you to do.

Strangely, I've also been told many times, "You should have a job [in MICA] by now". So, on the one hand I get all these comments, inappropriate behaviour and resistance in MICA, and then on the other hand I get told that actually I should have a leg up.

**Name has been changed to protect privacy.*

More broadly, there was a widely held perception among participants that endorsements and decisions on who would be appointed to positions were not transparent or merit-based. Rather, these decisions turned on whether you had connections with those in positions of authority or the 'in-crowd' and were perceived to be someone who 'toed the line' and didn't challenge authority.

> **There are so many areas within Ambulance Victoria where progression is based on the perceptions of a few influential people who have the power to manipulate various processes in order to ensure [that a] selected few are successful whilst others languish in the background, often with greater experience, relevant tertiary qualifications, many years of upward relieving into the roles sought, only to be thrown aside for others with little to no experience and/or willing to conform to a management style, now shown to be sub-optimal at best.** *Participant, Written Submission*

> **[I]t's been very much, it's not what you know, it's who you know ... it's the boys club promotion handshake. If you're prepared to say yes, to the manager above you and do what they want, then sure, you get the position because they want people that are going to follow their direction, whether it's right or wrong, that's what they want.** *Participant, Interview*

> **If you think about the entire operations executive [they] have all grown up in this organisation so anyone who is a little bit different is perceived as not being good enough.** *Participant, Interview*

Beyond the risk of discrimination and bias, awarding endorsement based on organisational connections or loyalties may make it less likely that the person endorsed will challenge the authority of the person who endorsed them. This potentially contributes to a culture of silence related to unlawful and harmful workplace conduct and workplace inequality. It may also result in some alleged perpetrators receiving protection and reduced accountability for unlawful behaviours[50] and – where preference is given to people who have similar working styles or other similarities to those in positions of power – undermine diversity and entrench outdated leadership styles.

Systems unsupportive of flexible work

Although surveys conducted by the Commission and Ambulance Victoria both indicate that the majority of flexible work requests are approved within Ambulance Victoria (above 80%), other data collected during the review shows that people's experiences negotiating and working on flexible work arrangements are not positive. Participants described long, drawn-out and often acrimonious negotiating processes and attitudes that devalued their contribution once they were working flexibly.

> **[W]hen you try and apply for [flexible work arrangements] you seem to get questioned horribly by Ambulance Victoria rather than feeling supported.** *Participant, Written Submission*

We observed that many of these challenges are attributed to the organisation's largely unsupportive and inflexible approach to flexible work, an approach shaped by operational demands and industrial requirements, such as the rolled-in rate of pay. This has resulted in rigid systems that appear to compound negative attitudes about parents and carers and those on flexible work arrangements.

Ambulance Victoria uses a 'shift weighting calculator' – which assigns points for certain shifts – to determine whether to approve a flexible work arrangement;

people who meet a point threshold are able to be approved for such an arrangement. This tool is designed to ensure that everyone in the workforce, including those on flexible working arrangements, work their share of unsociable shifts and is closely tied to the 'rolled-in rate of pay'.

Industrial agreements and the 'rolled-in rate'

The rolled-in rate is a calculation in the Ambulance Victoria Enterprise Agreement for a rate of pay to annualise salary for operational employees and first responders. It arose from enterprise bargaining negotiations that assumed a majority of the workforce worked the same type of roster and, therefore, worked an equal share of 'unsociable hours'. Rather than being paid for the shifts worked, the penalties for all roster lines are pooled together and divided based on the length of shifts, with shifts divided into either 'penalty pool' shifts or non-penalty pool shifts.

We heard that the application of this uniform standard limits proper consideration of individual circumstances against operational need and often results in stalemates or drawn-out negotiations. The use of this tool also perpetuates attitudes that those on flexible work arrangements who work more desirable shifts are 'free loading' by benefiting from the rolled-in rate.

Because of the resulting challenges in accommodating flexible work across what are considered to be 'standard' rosters, those who are on flexible work arrangements are often placed on a reserve roster (where a Paramedic starts and finishes at different branches) or as a spare (where a Paramedic is not attached to a fixed roster line and is used to fill-in gaps in the roster).

These systems, along with the challenges of rostering for operational work, make it difficult and resource intensive for flexible work arrangements to be negotiated and accommodated at Ambulance Victoria. This is compounded by what we heard were stretched administrative and human resource functions. The result is a perpetuation of attitudes that frame flexible work as oppositional, inconvenient, or exceptional to 'normal' ways of working.

6.1.6. Work-related risk factors

Research shows that there are identifiable work-related risk factors that can increase the likelihood of sexual harassment and bullying occurring and/or create opportunities for these forms of unlawful conduct to occur. Psychosocial hazards can increase the risks of work related stress that can lead to psychological and/or physical injuries.[51] Factors such as the design or management of work tasks, the environment and exposure to violence and trauma can increase the likelihood of work-related stress, creating a permissive environment for unlawful behaviours to occur.

The table following explores three key work-related factors that the Commission identified as being present at Ambulance Victoria and contributing to the risk of bullying and sexual harassment occurring. We identified these factors by drawing on what was shared in participant interviews, materials provided by Ambulance Victoria and wider research on known work-related psychosocial and environmental risk factors.

Work related factor 1

Isolated or remote work

The nature of a work environment can create a heightened risk of unlawful conduct, particularly sexual harassment, where it involves work commonly being carried out in covert, isolated, remote or unsupervised spaces.[52] Work environments can be isolated for a variety of reasons, including the physical structure of work buildings, job requirements or geographic isolation.[53] Environments where employees are working at odd hours, for long periods in confined spaces put people at higher risk of experiencing sexual harassment.[54]

The Commission heard about Ambulance Victoria branches often being isolated (due to people often coming and going), and work on ambulance vehicles being particularly isolated and unsupervised. Some participants described sexual harassment and bullying occurring in these spaces, away from any potential bystanders who might intervene (although, as discussed in previous sections, a number of participants shared that sexual harassment is also occurring in open spaces in the workplace). Participants also described experiencing social isolation when they did not fit into the 'cliques' at branches, as well as working in regional areas away from family and social networks.

The use of sleeping quarters at branches also created an environment of potential isolation and vulnerability. As outlined in Section 5.1.2, this was the location of serious sexual harassment for some participants. Some participants reflected that security of these sleeping quarters was sometimes inadequate (that is, they were often unable to lock bedrooms).

In addition to creating a heightened risk of unlawful conduct, these factors may also create barriers for victim-survivors to speak out because of the absence of witnesses to corroborate their story[55] and the fear that they won't be believed.[56]

It will be important that Ambulance Victoria take steps to ensure the safety of employees and first responders, particularly women in operational roles, who are at heightened risk where they are isolated, whether socially, geographically or physically. It is essential that these steps are incorporated into an updated prevention plan (see Section 6.2.2).

Work related factor 2

Organisational change

Research has found that unplanned and reactive organisational change can be an antecedent for workplace bullying.[57] This is particularly the case where employees perceive the changes to be contrary to their understanding of the employers' obligations to them.[58] Workplace bullying occurs in this context, when employees vent their resulting negative emotions and frustrations on co-workers.[59]

Ambulance Victoria has experienced significant and sustained organisational change, particularly since 2015 (see Chapter 2). There has been a particularly rapid period of change more recently as the organisation has adapted to the ongoing challenges posed by the COVID-19 pandemic.

A handful of participants raised concerns with the Commission about organisational changes and Ambulance Victoria's approach to organisational change, but we are unable to say with certainty if this has contributed to unlawful conduct in the organisation. Nonetheless, this is a risk that Ambulance Victoria should be aware of.

The solution to the risks posed by sustained organisational change is not to stop or slow it. Change is a constant and necessary reality for adaptive, innovative workplaces that strive for continuous improvement. It is also the foundation for the recommendations set out in this review. When managed well, change can be positive and transformative.

There is a wealth of literature exploring how organisational change can be best managed by workplaces.[60] One key takeaway is that change management planning is essential. This must include strategies to provide staff with clear information about the proposed changes and their impact, providing resources and support to manage the stress of change, and including staff in decision-making. These measures will support buy-in and support for change, rather than changes being resisted or perceived as unjust.[61] The reiteration of clear expectations of workplace behaviour in times of change, along with efforts to monitor for changes in behaviour, are also critical elements in mitigating this risk.[62]

Work related factor 3

High stress environments

Research shows that workplace bullying is more likely to occur in stressful work environments, with Paramedicine and emergency service work considered to be inherently stressful.[63]

Yet research suggests that the source of stress for emergency service personnel is not limited to the nature of the job. 'Organisational aspects' of the role, including handling of workplace conflict, relationships with supervisors, rosters and promotion and organisational support, have also been shown to give rise to factors that exacerbate psychological distress from traumatic incidents encountered in the job.[64]

Operational and corporate participants often described their working environment at Ambulance Victoria as being stressful and demanding. While we most often heard about stress arising from unlawful conduct and incivility, we also heard about stress arising from a high volume of work (including pressures to meet response times) and limited resourcing. A 2016 psychosocial workforce survey commissioned by Ambulance Victoria found:

> **For operational staff, shift work and workload were both rated more highly than the range of potentially traumatic events that are experienced in the course of the job. Workload was also the highest rated source of operational pressure for corporate staff. Importantly, unlike exposure to potentially traumatic events, workload is a potentially modifiable source of operational stress at AV.**[65]

A 2019 psychosocial survey found that the leading sources of stress for operational staff were reported to be shift work, workload, communication within the service, direct exposure to distressed family members, negative workplace relationships and change management practices. Almost one out of four respondents (24.0%) reported that bullying was a workplace stressor (up from 15.7% in 2016).[66]

Where the nature of a job entails exposure to traumatic or violent incidents, this can also be a significant source of stress for employees, as well as physical and psychological injury.[67] This review did not closely consider occupational violence at Ambulance Victoria and such incidents only arose in a small number of cases. However, existing evidence suggests that this is also likely to be a further source of stress for operational workers at Ambulance Victoria.[68] Occupational violence has also been formally

Work related factor 3 (cont)

High stress environments

recognised as a significant risk and area of attention for Ambulance Victoria in recent years.[69]

While a handful of participants told the Commission that they believed bullying behaviours were the result of untreated post-traumatic stress disorder and trauma we did not uncover clear evidence to support this. In fact, many participants spoke positively about the organisational supports available to operational workers to support mental health and address occupational trauma (discussed in Section 4.2.2).

By implementing the recommendations of the Commission's review and strengthening its prevention approach, Ambulance Victoria will be taking significant steps to reduce the stress and increased pressure arising from unlawful conduct and workplace harm. Ambulance Victoria should also consider ways in which to mitigate and control other sources of stress for employees and first responders.

6.2 Working towards a holistic approach to prevention

The findings outlined in chapters 4 and 5 tell us that Ambulance Victoria's approach to prevention is not working effectively and that there are a number of areas where the organisation is not meeting its obligations under the Equal Opportunity Act. Discrimination, sexual harassment, bullying and victimisation are commonly occurring, and alleged victim-survivors, bystanders and the organisation as a whole are suffering the adverse consequences of this conduct. Section 6.2 sets out a range of measures that, in the Commission's expert view, Ambulance Victoria needs to take to address these gaps in its prevention approach and to tackle the systemic drivers of unlawful conduct and workplace harm. The first step is to rebuild trust with the workforce.

6.2.1 Restoring trust

Understanding and acknowledging harm and committing to change

Participants' experiences of unlawful and harmful workplace conduct and poor organisational responses at Ambulance Victoria have contributed to what the Commission has identified as an absence of trust in the organisation and diminishing morale among the workforce (see Section 5.2.2). There is a lack of trust that:

- employees and first responders will be protected from unlawful and harmful workplace conduct
- they would be believed and supported to speak up when unlawful and harmful workplace conduct occurs
- when leaders say they are committed to addressing these issues and driving change, they really mean it.

This is not only detrimental to workforce morale, wellbeing and performance;[70] a relationship of trust is the bedrock of effective, holistic prevention of this conduct. Without trust in leaders and organisational processes, the damaging culture of silence will not be disrupted, the extent of these problems will be obscured from those with the authority and resources to enact change, and these behaviours will continue to be accepted as a grim reality of working at Ambulance Victoria.

To reset its prevention approach and support employees and first responders to confidently speak up about future unlawful and harmful workplace conduct and workplace inequality, Ambulance Victoria must start by:

- understanding and acknowledging the deep harm caused to individuals as a result of this conduct and past inadequate responses
- making a commitment to genuine change.

This sense-making and acknowledgment will be a critical first step in restoring a relationship of trust with the workforce.[71] It will be critical to lay the groundwork for the recommended reforms and it must be conveyed and reiterated by Ambulance Victoria's leaders in multiple ways and appropriate forums. To effectively repair trust, the approach taken in each of these forums must be 'open, cooperative and conciliatory'[72] and focus on providing emotional validation, acknowledgment and apology.

For other organisations and institutions that have reckoned with revelations of past failings that have caused harm to those they had a duty to protect, an acknowledgement of harm has often been accompanied by a public apology and a restatement of expected standards of behaviour. There are some positive examples of such apologies,[73] as well as evidence and guidance that helps us to understand what makes such an apology and/or acknowledgement effective.[74] Authenticity and humility, and a willingness to admit past failings are just some of these significant features.[75]

Conveying a proper understanding and acknowledgement of the issues and continuing to listen deeply to the experiences of employees and first responders at the team and individual level will also be important to encourage healing and restore trust. Ambulance Victoria can do so by:

- establishing safe internal forums for reflective practice following the release of this final report and, following that, embedding reflective practice to build and maintain trust as the organisation implements the recommendations of this review
- engaging in a restorative engagement scheme – to be safely administered by an independent, external provider – to allow individual experiences to be shared and acknowledged, with outcomes that address the harm caused.

Engaging in reflective practice

Reflective practice is well-regarded in the research as a critical tool for rebuilding trust, achieving positive organisational change, driving stronger performance management, and fostering innovation in workplaces.[76] Recent literature considers the benefits of reflective practice in relation to organisational change, noting that:

> **[r]eflective work practices can sharpen professionals' perceptions of their methods and approaches to challenging situations, identify the gaps between theory and practice, help evaluators improve their professional practice through critical thinking and decision-making and increase job satisfaction.[77]**

While there are many different models of reflective practice documented in the literature, for a reflective practice to positively result in change and increased trust within an organisation, it must be integrated as a necessary process as opposed to a 'luxury'. It should:

> **[n]ot [be] done sporadically, privately and in a hurry, but systematically, persistently and with commitment. In other words it needs to become a workplace habit that might eventually be scaled up to create a reflective organisation.[78]**

In health care, reflective practice workshops are often used as a platform for enhancing staff wellbeing, increasing engagement on key issues, and driving better patient-care outcomes.[79]

The Commission identifies reflective practice workshops as an important step to take towards achieving positive and long-lasting change following the completion of the review. In the first instance, conducting an independently led reflective practice workshop for Ambulance Victoria's Executive Committee members will provide a valuable forum for multiple perspectives to be shared on the learnings and findings from the review and an opportunity to meaningfully consider opportunities for transformative action. Thereafter, as Ambulance Victoria proceeds to implement the recommendations from the report, it will be important to consistently lead reflective practices across the organisation to build greater levels of organisational trust and assist in promoting an organisation-wide commitment towards implementing the recommendations.

The facilitation of reflective discussions involves skill and structure to ensure reflections are effectively channelled into actions. The use of strengths-based reflective practices and positive psychology has proven to be successful in generating a transformative workplace culture that proactively challenges disempowering workplace contexts and focuses on reducing or removing barriers to improvement.[80] Strengths-based reflective practice involves centring reflective discussions on key questions that are positively framed to consider possibilities for change.[81] The use of appreciative or positive reflective discussions as opposed to 'deficit or problems focused' approaches has been considered to achieve greater levels of cooperation and trust within an organisation.[82] This is consistent with broader research that emphasises the importance of restoring positive expectations in repairing trust within organisational contexts.[83]

Recommendation 1

Learning through reflective practice

(a) Ambulance Victoria's Chief Executive Officer should, as soon as practicable following the publication of Volume I of this final report:

  (i) arrange for the Executive Committee to participate in a reflective practice workshop on the learnings from the *Independent review into workplace equality in Ambulance Victoria*, led by an independent and suitably skilled facilitator

  (ii) together with the Executive Committee, develop and implement a plan to support all senior leaders and managers to engage in reflective practice discussions with their respective teams

(b) Ambulance Victoria should embed reflective practice into its forthcoming program of work to implement the recommendations in this final report.

An independent restorative engagement scheme

The Commission's findings concerning the extent of unlawful conduct at Ambulance Victoria (see Section 4.3) and the organisation's culture of silence that has prevented people from speaking out (see Section 6.1.2) are strong indicators that a restorative engagement scheme would assist Ambulance Victoria to reckon with significant past harms and begin to restore trust with the workforce, while it goes about implementing the recommendations of this review.

Participants who spoke to the Commission conveyed feeling that their experiences had not been heard or properly acknowledged and further, that the organisation had not accepted any accountability for what had occurred. Related to this, there was also a deep cynicism that any meaningful change would occur.

A restorative engagement scheme will go a significant way to addressing this need for acknowledgment and trust restoration. These schemes can facilitate both an opportunity for the organisation to bear witness and acknowledge the harms that have been caused, as well as empowering victim-survivors and providing a sense of justice. Critically, they provide victim-survivors with a voice and a forum for the organisation to truly listen and understand, helping both to validate those experiences and supporting the organisation to have a deep understanding of those stories.

It is the Commission's view that to address the serious trust deficit that has arisen from these widespread experiences, this restorative process (listening, acknowledging, responding) should be the central focus of the scheme, rather than financial redress. There must, however, be a willingness on the part of Ambulance Victoria to explore and implement a range of different outcomes that speak to the unique needs of each individual victim-survivor. Depending on the circumstances, this may include an outcome involving a financial payment, alongside other outcomes like an apology or reinstatement of leave.

Restorative engagement schemes

Where there have been multiple or historical incidents of unlawful or harmful conduct in an organisation, a restorative engagement scheme can be an important process to support individual truth-telling, rebuild work relationships[84] and facilitate organisational learning. These schemes are an opportunity for employers to acknowledge that past wrongs occurred and that individuals suffered as a result.[85]

Restorative engagement schemes are usually managed by an external, independent provider, and will often include the option of a private, in-person conference (a restorative engagement conference).[86] These schemes are intended to provide victim-survivors with:

- a safe avenue to share their personal account of unlawful conduct in a forum that mitigates the power imbalance between themselves and their employer[87]
- an opportunity to have a senior representative of the organisation acknowledge and respond to their story.

A restorative engagement process is itself intended to be a valuable outcome and experience for victim-survivors. However, participants and employee representatives may agree through this process to other outcomes to address and acknowledge the experiences described and their impacts. This might, for instance, include an apology or statement of regret, reinstatement of leave, payment of medical expenses or a financial payment.

Genuine apologies to victim-survivors on behalf the organisation are a critical element to these restorative processes. There is usually an understanding that these apologies will not be used as an admission of liability.[89]

Importantly, these conferences are non-adversarial, they do not involve questioning of the complainant, denials of liability or challenging evidence, and they are not conducted with alleged perpetrators present.

The benefits of restorative engagement

The benefits that restorative engagement schemes can offer to both individuals and organisations is evidenced in the success and outcomes of other such schemes.

The Commission administered an interim restorative engagement scheme as part of the *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police*.[90] The feedback provided to the Commission by participants of the scheme, demonstrated that when done well, a restorative engagement process can be profoundly beneficial and therapeutic.[91] There were also meaningful lessons for leaders, which one senior member of Victoria Police expressed in the following terms.

> **It's a useful and a really good process to show Victoria Police is willing to listen and we can take learnings about what we need to change after hearing what has been said to us in this process. ... As a senior leader, you can go in and listen and you can learn and it never ceases to amaze me, the power of an apology.**[92]

These processes can support leaders to not only understand individual victim-survivors' experiences of unlawful conduct, but also the impact of poor organisational responses on victim-survivors. This was a take-away for participants of the Defence Abuse Response Taskforce's restorative engagement scheme, established in response to allegations of sexual and other forms of abuse in the Australian Defence Force. One participant reflected:

> **A powerful and very real experience. I would suggest I am a better leader for the experience. It was an excellent experience in reminding me how relatively simple matters that could easily have been addressed can spiral very badly. It has taken us so long to actually stop and listen – but now we are, and we must not squander that opportunity.**[93]

Indeed, although the primary focus of restorative engagement schemes is to provide victim-survivors with a beneficial experience,[94] these conferences can also support an ongoing process of learning and improvement for senior organisational leaders. By hearing and acknowledging the experiences of those who have suffered harm, leaders in attendance will be better equipped to understand these experiences, as well as respond to and prevent this kind of behaviour.[95] A restorative engagement scheme can, therefore, also be a positive measure to support meaningful organisational change.

The following case study detailing a restorative engagement scheme for South Australia Police also speaks to these profound benefits.

CASE STUDY

South Australia Police's Restorative Engagement Program

In 2016, South Australia Police (SAPOL) engaged the Commissioner for Equal Opportunity to undertake a review into the nature and extent of sex discrimination, sexual harassment and predatory behaviour in SAPOL and make recommendations to address it. One of the recommendations in the final report was the establishment of a restorative engagement program.[96]

The Restorative Engagement Program was established as an independent program within the South Australian Equal Opportunity Commission in April 2017. Its purpose was to provide a forum for employees who worked at SAPOL who had experienced sex discrimination and/or sexual harassment to tell their story to specially trained SAPOL leaders during a safe and confidential restorative engagement conference.

The conference process provided a number of positive outcomes for complainants and SAPOL representatives, including:

- bridging relationships outside of rank and position, allowing an informal union between parties that would be unlikely to occur in any other circumstance, with many complainants and representatives agreeing to ongoing contact or communication beyond the conference
- allowing SAPOL representatives to respond to stories of harm without managing formal processes or risk, resulting in the freedom for them to focus solely on the human element of how the harm had impacted the complainant and how this could possibly be restored.[97]

While the complainants who individually participated in the program never met, they reported that they found comfort and strength in knowing they were part of a united group speaking out and informing cultural change.

Feedback from the SAPOL representatives highlighted that they felt the program provided an ability to make a positive difference for the participant and provide acknowledgment of how SAPOL could have handled situation better.

The model of this program drew from approaches developed by a number of other schemes, including the Truth and Reconciliation Commission of South Africa and the Defence Abuse Response Taskforce response to institutional abuse within the Australian Defence Force, among others.

Co-designing a restorative engagement scheme for Ambulance Victoria

As a first step, Ambulance Victoria should identify and engage a provider that has specialist expertise in both restorative engagement processes and unlawful conduct to drive the development and establishment of the scheme, as well as to ultimately administer the scheme.

There are a range of possible providers that the organisation might consider engaging, including basing the scheme within a government department,[98] as in the case of the current redress and restorative scheme operating for Victoria Police employees, or engaging a private provider, or the Commission[99] (although the Commission is not empowered to offer such processes in relation to non-discriminatory forms of bullying).[100] The Office of the Commonwealth Ombudsman also provides a restorative engagement program for historical and contemporary abuse in the Australian Defence Force.

To support the legitimacy of the scheme and a victim-centric approach, the scheme should also be co-designed with current and former employees and first responders, relevant unions and professional associations and the Department of Health. Drawing on the critical components of other successful restorative engagement schemes[101] and the principles of victim-centred work[102] (and without intending to provide an exhaustive list), it will be important that the scheme for Ambulance Victoria is informed by the following evidence-based principles.

Figure 6A – **Evidence-based principles to inform Ambulance Victoria's restorative engagement scheme**

Accessible	The details of the scheme, including any eligibility and evidence requirements, time-limits and potential outcomes, are widely and clearly communicated to current and former employees with multiple access points.
Accountable	A commitment to listening and acknowledging that the unlawful conduct that occurred was wrong and that they have a responsibility to respond.[103]
Confidential	The complainant's privacy is protected according to their wishes and without requiring them to sign an agreement preventing them from speaking to others about their experience of unlawful conduct.[104]
Independent	The scheme is administered by an experienced, independent external provider.
Non-adversarial	The complainant's account of unlawful conduct is accepted and not disputed. Complainants are not required to produce extensive documentation or evidence.
Safe	Complainants are safe from victimisation and there is a commitment from the organisation and those involved to take a victim-centred and trauma-informed approach that aims to 'do no further harm'.[105]
Supported	Comprehensive support services are made available, including referrals for counselling and debriefing.
Timely	Restorative engagement conferences are provided in a timely manner.
Victim-centric	Victim-survivors are given choice and control in the process, including choosing the organisational representative who attends the conference.

The critical design elements of the scheme should be worked through during the co-design phase. This will involve determining important and complex elements, including:

- eligibility and evidence requirements
- how to ensure there is fairness and consistency in the approach to providing outcomes
- how participation in the scheme will impact victim-survivors' rights to initiate formal complaints.

Not all the important issues will be immediately apparent, however, and there will be significant lessons for Ambulance Victoria in the early months of the scheme's operation. It will, therefore, be critical that structures are in place to also allow for continual reflection and improvement, informed by feedback from participating victim-survivors and the above principles.

Supporting leaders and victim-survivors to participate

A mix of senior leaders should be identified by Ambulance Victoria to be involved in the scheme and attend any restorative engagement conferences. It is important that these leaders receive training on the principles of restorative justice and trauma-informed approaches.

This training will be essential to ensuring that leaders participating in the scheme are equipped to provide a truly restorative experience to victim-survivors, as well as mitigating against the risk of re-traumatisation and further harm. The scheme's independent provider may be a suitable expert provider for this training.

It will also be essential that Ambulance Victoria promotes the scheme widely (to both current and former employees and first responders) and actively encourages participation to ameliorate the barriers that may otherwise deter victim-survivors from coming forward (see Section 8.2). The message must be that participation is welcomed.

Moreover, to support victim-survivors in making an informed choice about whether to participate, clear information about the purpose and parameters of the scheme, as well as available outcomes and implications, should be clearly stated.

Recommendation 2

Bearing witness, learning through listening, and acknowledging through restorative justice

Ambulance Victoria should:

(a) as soon as practicable following the publication of Volume I of this final report and subject to the provision of appropriate, dedicated funding, establish an independent restorative engagement scheme for current and former employees and first responders who have experienced past discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, to be administered by an appropriate external provider and operate for 18 months from when it commences

(b) co-design the scheme with representatives of the scheme administrator, current and former members of the workforce, the various unions and professional associations and the Department of Health, applying the principles of restorative justice and victim-centred approaches to responding to unlawful and harmful workplace conduct and aligned with the leading practice and lessons learned from restorative approaches within emergency services and other contexts

(c) select members of the Executive Committee and other senior leaders to participate in the scheme and facilitate training for them in how to apply the principles of restorative justice and victim-centred approaches

(d) together with the various unions and professional associations, promote the scheme widely to current and former employees and first responders

(e) report regularly to the workforce on the de-identified outcomes of the scheme.

6.2.2 Strengthening preventative measures

A holistic, evidence-based prevention plan

While Ambulance Victoria has a range of measures in place to prevent unlawful conduct, it is lacking a comprehensive, evidence-based approach to prevention (see Section 4.2.2).

In light of the Commission's findings concerning the extent of unlawful conduct and workplace harm at Ambulance Victoria, a prevention plan is recommended to elevate, target and integrate its efforts to eliminate discrimination, sexual harassment, bullying and victimisation. Doing this will help the organisation to visibly demonstrate its commitment to preventing unlawful and harmful workplace conduct, and its commitment going forward to prioritise creating a safe and respectful workplace for its employees and first responders. It will also send a strong message that it will not tolerate people who cause harm to others, or who walk past it; no matter who they are or the role they perform in the organisation.

Prevention plans articulate an organisation's approach to proactively addressing unlawful and harmful conduct. They contain an assessment of the steps needed to prevent this kind of conduct occurring, based on specific risks identified within the organisation. They also provide staff with important information regarding the organisation's approach to the drivers of unlawful conduct, as well as the response pathways if the conduct occurs. Prevention plans include links to support services and provide referral pathways in the event of such conduct. They reiterate clear expectations for staff conduct (for example, reinforcing organisational values) and raise awareness of the types of behaviour that may constitute harmful or unlawful conduct.

The Commission urges Ambulance Victoria to adopt a holistic approach to its prevention plan. A holistic approach is not compliance-focused; it does not rely solely on a code of conduct or training to eliminate unlawful conduct. Rather, it focuses on leading practice and embodies a whole-of-organisation approach that recognises that everyone has a role to play in building and maintaining a safe, respectful culture.

For prevention approaches to be effective, leaders, as well as the organisation itself, must unambiguously and visibly support addressing unlawful conduct and its drivers. There needs to be a clear understanding of the specific drivers that enable unlawful conduct to occur, as well the barriers to reporting unlawful conduct by either victim-survivors or bystanders. The systemic and cultural drivers of unlawful conduct cannot be prevented by addressing instances on a case-by-case basis. Targeted measures that address known risks and the specific drivers are more effective to prevent unlawful conduct.

A prevention plan should include actions and measures that aim to address the systemic drivers of unlawful conduct. To drive continuous improvement, these actions should be clearly articulated and measurable, with a clear line of accountability. The content of these actions and measures should be tailored to the organisation through consultation with staff and by responding to the specific risks identified within the organisation. Employees should be given opportunities to express their needs and provide input regarding unlawful conduct occurring at work. Workers should also be able to understand and easily access the plan.

As a result of the Board commissioning this review, the organisation now has rich, evidence-based information about the particular drivers and risk factors that are causing harm to its people. Through this final report, Ambulance Victoria also has available to it the de-identified personal experiences of the many people who have come forward during the review to talk about what has happened to them and how it has affected them. Few other organisations have available to them this same depth and breadth of information. Armed with this information, Ambulance Victoria now has the foundations to succeed in reducing the rates of harm in the organisation. And, as a result, it is well placed to eliminate this harm, as far as practicable, as it can identify the broad-ranging and particular measures and strategies that are needed, from an informed position.

The recommendations set out in this Volume address many of these drivers, with additional recommendations to follow in Volume II that will help Ambulance Victoria to tackle leadership capability gaps, structural drivers and gender inequality.

Taking a holistic, organisation-wide approach to prevention means revising and strengthening current components of Ambulance Victoria's prevention approach, as well as developing new initiatives and integrating prevention into other key aspects of the organisation. Critically, Ambulance Victoria will need to consider how its work to comply with the Gender Equality Act supports its prevention efforts, integrating or at least aligning them.

Efforts to prevent unlawful and harmful workplace conduct also need to be built into everyday activities. They need to become engrained as part of 'the AV way' of doing things.

Recommendation 3

A holistic, evidence-based prevention plan

Ambulance Victoria should develop a comprehensive prevention plan targeting discrimination, sexual harassment, bullying, victimisation and other harmful workplace conduct, like incivility, within six months of the publication of Volume II of this final report. At a minimum, the plan should:

(a) address the specific drivers and risk factors identified in this report

(b) be informed by early and ongoing consultation with the workforce, the relevant unions and professional associations and the Department of Health

(c) integrate and/or align prevention measures with any existing or new diversity and inclusion strategies, including the organisation's forthcoming Gender Equality Action Plan for the *Gender Equality Act 2020* (Vic)

(d) include key accountabilities for leaders and managers and require ongoing monitoring and evaluation and continuous improvement efforts, to be led by the new dedicated division responsible for leading implementation of the Commission's recommendations (see Recommendation 11).

Communicating regularly and proactively about prevention

Part of the prevention plan should be to ask staff about what they think respectful workplace behaviour looks like, and what complaint channels they want to be made available.

Communication from senior leaders and managers should demonstrate the organisation's commitment to creating a safe and respectful workplace culture and emphasise the organisation's expectations of appropriate behaviour within the workplace.

Regular communication about people's rights and responsibilities under the Equal Opportunity Act, available reporting and complaint pathways, and available supports, will also set norms and expectations around behaviour and build a more positive and respectful workplace culture.

The Commission encourages Ambulance Victoria to proactively plan and schedule opportunities to reinforce to the workforce its commitment to preventing unlawful and harmful workplace conduct. To this end, it should consider developing a schedule of opportunities (possibly building on its calendar of Days of Significance) to remind people of the plan, everyone's role and obligations to prevent harm and its efforts to hold people accountable for inappropriate behaviour. This might include opportunities like when it communicates its People Matter Survey results to the workforce, when marking important occasions such as International Women's Day, in the lead up to known periods of risk (such as prior to end-of-year celebrations), and when the plan is reviewed and updated.

Recommendation 4

Communicating regularly and proactively about prevention

Ambulance Victoria should develop a schedule of opportunities to regularly and proactively:

(a) reiterate its commitment to building and maintaining a safe working environment, free from discrimination, sexual harassment, bullying and victimisation

(b) reiterate that discrimination, sexual harassment, bullying and victimisation are unlawful under the *Equal Opportunity Act 2010* (Vic) and related laws and contrary to the organisation's values and expected standards of conduct

(c) improve awareness and understanding of its comprehensive prevention plan, as well as the available reporting, complaint and support pathways for employees and first responders.

The role of unions and professional associations in prevention

Unions and professional associations (such as the AEAV, Professionals Australia and the VAU) have a critical role to play in supporting the organisation's prevention efforts. Noting their deep expertise in employment matters, these unions and professional associations will be key partners to involve in the design of the organisation's comprehensive prevention plan.

Once the prevention plan is developed, these unions and professional associations can also promote the prevention plan to their members and reinforce critical messaging around appropriate workplace behaviour. This is in addition to their role in providing advice and supporting people through the report and complaints system, when discrimination, sexual harassment, bullying or victimisation does occur. And, of course, role modelling by their own representatives is key.

Recommendation 5

The critical role of unions and professional associations in prevention

(a) Ambulance Victoria should work together with Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations to enable them to inform their respective members of the organisation's response to the key findings and recommendations in this final report

(b) Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations should:

  (i) seek regular opportunities to reiterate their commitment to workplace equality, including through their continued support of the *Independent review into workplace equality in Ambulance Victoria*

  (ii) ensure their staff receive regular training on the *Equal Opportunity Act 2010* (Vic) and related laws, so that they can best advise their respective members on their rights and responsibilities

  (iii) seek regular opportunities to inform their respective members about where they can access information and support about their rights and responsibilities under the *Equal Opportunity Act 2010* (Vic) and related laws.

Protecting safety in isolated work environments

The nature of work for operational staff at Ambulance Victoria is largely unsupervised and autonomous, with work vehicles and branch locations often being isolated spaces (see Section 6.1.6), including at night and on weekends. Isolated and remote working environments are known risk factors for sexual harassment and for work health and safety more generally.[106]

Throughout the review, we identified that a substantial portion of the unlawful conduct participants described – particularly sexual harassment and bullying –

had occurred in isolated workspaces, including in vehicles and branch sleeping quarters (while at the same time hearing that it often occurred in the open, in the presence of others). Several participants expressly identified the unsupervised nature of the work as a significant problem for the prevention of unlawful conduct.

> **I think the single biggest issue for our workplace is people by and large practice unsupervised. So, almost exclusively, almost every Paramedic in Victoria will not have a manager see them conduct themselves at work this year.** *Participant, Interview*

> **We have the systemic problem that our people are largely unsupervised. We've got two people working in a vehicle that may not see a manager, that may not see another crew, that things can happen and they're quite isolated. That in itself poses really significant challenges for negative behaviours. This way of working allows things to go unnoticed, ignored, unspoken about.** *Participant, Interview*

Where unlawful conduct occurs in these unsupervised spaces, there is reduced accountability for alleged perpetrators and limited opportunities for bystanders to speak up; it places the burden on individual victim-survivors, who must report the behaviour for action to be taken.

While unsupervised work is a recognised feature of Paramedic work,[107] there is limited evidence that this feature has been identified and addressed as a risk factor for unlawful conduct at Ambulance Victoria, or in Paramedicine more generally.

Paramedicine is not unique in involving isolated and unsupervised work; mining and agricultural workers, police officers,[108] security workers and real estate agents,[109] are all occupations that require isolated work in various forms and to varying degrees. The mining industry, in particular, has grappled recently with evidence that women are at significant risk of sexual harassment, in part due to the remote nature of the work.[110] Equally, following the mass movement to remote work amid the COVID-19 pandemic, a wider range of employers are confronting the challenges of preventing sexual harassment in workspaces with reduced supervision and oversight.[111]

To address these safety issues, Ambulance Victoria should take immediate steps to ensure work environments that pose greater safety risks are audited, and any necessary measures to mitigate these risks are implemented. This should include, for example, auditing branch locations to determine if it is suitable for locks to be installed on all bedroom doors.

Ambulance Victoria should also harness the cross-sector knowledge of these different industries that face similar challenges to identify solutions to the risks posed by isolated operational work. It is important that any measures to provide greater supervision, safety and oversight to the operational work environment are delivered in a way that does not detrimentally impact on the already damaged relationship of trust with operational workers.

Recommendation 6

Protecting safety in isolated environments

Ambulance Victoria should, as soon as practicable, undertake a security audit of all isolated work environments within the organisation, with a view to identifying any necessary security measures (for example, locks, duress alarms), during which it should consult with other industry leaders who similarly oversee workers in unsupervised and isolated environments.

6.2.3 Resetting and embedding the organisation's values

Organisational values define the identity and character of an organisation:[112] what it does, why it does it, and who it wants to work or volunteer for it.[113] Importantly, especially in the context of this review, values also guide what an organisation considers to be acceptable and unacceptable behaviour in the workplace. They influence whether people feel safe to come to work, how safe and respected they feel and are while they work or volunteer, and whether they feel like they belong, are included, and are treated fairly.

For this reason, a values-driven culture is critical for fostering safer, more respectful workplaces and preventing harmful workplace behaviours, like discrimination, sexual harassment, bullying and victimisation.[114] Conversely, where there is a misalignment or debasement of values, or the values are seen by the workforce as empty statements, the ability of an organisation to set clear expectations about appropriate workplace behaviour and support safer and more respectful workplaces is diminished. This connection is something that many organisations have come to recognise, including the Australian Defence Force.

> **Sometimes you will come across a misalignment between Defence values and your organisation's culture. Illegal, unethical and otherwise unacceptable behaviour in a team always represents a disconnect between our Defence values and the team's culture. Your responsibility [as leaders] is to ensure everyone in your team understands what the Australian Defence Force expects of them.**[115]

To be effective, values need to move beyond hollow statements; they need to be meaningful and what an organisation does must match what it says it does. Values need to be woven into the fabric of an organisation and reflected in everything from recruitment activities and performance evaluations to termination policies. They should also be promoted and prioritised at every opportunity.[116] And while an organisation's values should be shared, building a culture of strong, shared values, and instilling and modelling a values-driven culture is a leadership responsibility.[117]

If Ambulance Victoria is to rebuild trust in its values – and, in the process, send a clear message to the workforce about what types of workplace behaviours are considered to be acceptable and those that will not be tolerated – it needs to reset its values.

> **[I]t's time for [the values] to be refreshed and relooked at, because they were done at a time, very volatile, you can tell. ... I wanted ... something a little bit more contemporary that everyone could see themselves in it, and [to] build them into everything; how we make decisions. Even how we – if we're going to take on a new service, does this service actually align with our values? Is it who we are?**
>
> **... [B]ecause we know if values are embedded well into an organisation, they're amazing places to work and to be part of. Whereas I think ours totally need to be relooked at. It needs to be done with the workforce. And the values, since we had a look at them, we've had huge growth in our workforce since that time.**
>
> **So, I think relooking at those and doing a co-design piece with the workforce would be a really interesting process and it would flush out so many issues and beliefs about what people think and those sorts of things. I think it would be really interesting.** *Participant, Interview*

Signalling a shift in the organisation's values is likely to be a foundational change that will enable the successful implementation of the other reforms in this report. A shift like this will require the Executive Committee and other senior leaders to have frank discussions about how the organisation needs to operate differently – how it needs to operate as a modern, professional and inclusive ambulance service – and to consider how they can best signal to the workforce that the change is genuine.[118]

While building a culture of strong, shared values and instilling and modelling a values-driven culture is a leadership responsibility,[119] to be effective, these new values need to be shared with the workforce. Therefore, it is critical that the values are co-designed with the workforce, by engaging them in conversations about what they think it means to work or volunteer in a modern, professional and inclusive ambulance service. Not only that, resetting the organisation's values provides an opportunity for Ambulance Victoria to demonstrate to the workforce a new way of engagement going forward.

Once finalised, the new values will need to be communicated and promoted at every opportunity. They will also need to be embedded widely across the organisation. As Section 4.2.3 explained, the new values must become part of the fabric of Ambulance Victoria and reflected in everything from recruitment activities through to performance evaluations and termination policies. There will also need to be consistent accountability for failures to adhere to the organisation's new values. The appointment, expertise and performance management of all employees and first responders – from graduates right through to the CEO – will need to be realigned with those values and the related standards of conduct.[120]

Recommendation 7

Resetting and embedding organisational values

Ambulance Victoria should:

(a) adopt a new set of organisational values to guide and prioritise appropriate behaviour in a modern, professional and inclusive ambulance service

(b) co-design its new organisational values with representatives of the organisation's workforce, with input from key partners, including the relevant unions and professional associations, the Department of Health and service users

(c) publish a draft of its proposed new organisational values, invite internal and external feedback on the adequacy of those values and actively consider any feedback provided

(d) develop a comprehensive plan to communicate and embed the new values across the employment lifecycle, from recruiting individuals who can show they are aligned with the organisation's values, through to making adherence with the organisational values a relevant consideration in decisions related to termination

(e) ensure accountability for demonstrating values-driven behaviour, including at a minimum through mandated performance metrics in individual performance development plans.

6.2.4 Encouraging a 'speak up' culture

Noting the high proportion of participants who reported witnessing or later learning about unlawful conduct at Ambulance Victoria (see Section 4.3) and the low rate of bystander reporting (see Section 7.3), fuelled by a culture of silence and fears of victimisation (see sections 6.1.2 and 8.2), further steps are needed to encourage a 'speak up' culture.

The steps that are needed to build a 'speak up' culture are broad-ranging. They involve removing barriers to reporting and providing pathways for anonymous reporting (see chapters 7 to 9). They also involve role modelling of appropriate behaviour and improving organisational capability related to the management of unlawful and harmful workplace conduct. Other important steps are highlighted below.

A strategic, integrated approach to encouraging a 'speak up' culture

As Chapter 4 identified, to effectively encourage a 'speak up' culture, a culture in which individuals stand up in support of their friends and colleagues, Ambulance Victoria needs to supplement its participation in the *Raise It!* pilot and the Upstander program by developing a strategic, integrated approach to encouraging and equipping bystanders to take action in response to unlawful and harmful workplace conduct. To bring about the kind of cultural transformation that Ambulance Victoria needs (that is, moving from having high rates of passive bystanders to having high rates of active bystanders) requires an approach that

touches the whole organisation, not just the few who have participated in this pilot or program.

There are considerable opportunities here for Ambulance Victoria to build on the learnings of its own successful 'best care' framework, where, as we described in Chapter 4, its targeted, integrated approach to promoting and engendering a 'speak up' culture related to patient safety has been transformative. Numerous participants told the Commission they now feel more empowered to speak up about clinical concerns. This type of approach is needed to bring about a similar transformation from an organisation with high rates of passive bystanders to one in which bystanders take action and refuse to walk past unlawful and harmful workplace conduct.

The comprehensive prevention plan called for in Recommendation 3 is an important place to set out this new, strategic approach – to encourage and support bystanders to act safely and respond, to provide practical guidance on how to act, to detail the protections and supports available to bystanders.

The ability of bystanders to act and respond will be contingent on trust and confidence that they will be supported in their actions and that any steps they take to report or make a formal complaint will be taken seriously. In Chapter 9, the Commission makes a number of recommendations that seek to address the low rate of reporting unlawful and harmful conduct. These recommendations form a critical foundation for bystanders to feel encouraged, safe and supported in their interventions.

Ambulance Victoria needs to take steps to uplift the capability of, and support, its managers to create safe spaces for employees and volunteers to share their experiences and to know how to respond effectively when those experiences are raised. A critical intent behind the positive duty is that victim-survivors are not burdened with the responsibility of upholding their rights; instead, duty holders – in this case, managers – take responsibility for proactively creating opportunities and environments that foster sharing of these experiences.

To do this effectively, especially to have what often can be difficult or sensitive conversations – whether they be about a woman's ability to breastfeed at work, an older worker's desire to adjust their working arrangements to better suit their stage of life, or a personal experience of racism – managers need adequate time with their teams and one-on-one time with individuals. The Commission often heard that for many operational staff, there is limited face-to-face time with managers, which significantly impacts opportunities to engage effectively around workplace harm and inequality.

Embedding the Upstander program into the core training program

While the initial roll-out of the 'Upstander' program is encouraging – even in the context of the current unprecedented demands on the organisation – the program's impact has been constrained by the relatively small number of employees or first responders who have completed the program so far, relative to the size of the workforce. In addition, the Upstander program has so far not been made a regular part of Ambulance Victoria's training program for employees and first responders, nor has it been situated within a broader, strategic approach that focuses on encouraging bystander action and a 'speak up' culture related to unlawful and harmful workplace conduct.

Reflecting the role and responsibilities of bystanders in policies and procedures

It is critical that Ambulance Victoria's policies and procedures recognise the important role that all employees and first responders have in intervening and responding to unlawful and harmful workplace conduct. These policies and procedures should provide practical guidance on what actions and steps bystanders can take to address the behaviour safely. They should also ensure bystanders are directed to support services, acknowledging that unlawful workplace behaviours can negatively impact bystanders, as well as the direct victims (see Section 5.2.1).[121] This approach will clearly set the organisation's expectations of the role and responsibility of each person within the organisation to take safe and appropriate steps when they see unlawful conduct occurring; shifting the emphasis from being a passive to an active bystander.

Recommendation 8

Encouraging a 'speak-up' culture

Ambulance Victoria should:

(a) detail in its comprehensive prevention plan, to be developed pursuant to Recommendation 3:
   - (i) the critical role of each member of the workforce in taking action if they are a bystander to workplace discrimination, sexual harassment, bullying or victimisation
   - (ii) information about how bystanders can raise concerns or make informal reports or complaints about such conduct and practical examples of the actions they might take
   - (iii) the supports available to bystanders who do take action

(b) embed the Upstander program as part of its regular training program and ensure a minimum completion rate of 75% of the workforce within two years of the publication of Volume II of this final report

(c) ensure that the revised complaint policy (see Recommendation 16) recognises the important role of bystanders and align the information included with its comprehensive prevention plan.

6.2.5 (Re)introducing Workplace Equality Contact Officers and Change Champions

As Chapter 4 identified, Workplace Equality Contact Officers and Workplace Equality Champions could play a vital role in supporting Ambulance Victoria to meet its positive duty under the Equal Opportunity Act, its duty to promote gender equality under the Gender Equality Act, and to implement the recommendations in this final report.

Workplace Equality Contact Officers would provide an additional and peer-based pathway to support employees and first responders, listen to their concerns and provide them with accurate, impartial information about the available options to resolve their concerns. This should:

- help to reduce barriers to coming forward, in an environment of high rates of reported unlawful conduct, low rates of informal reports and formal complaints and significant concerns about victimisation
- strengthen and diversify organisational expertise related to discrimination, sexual harassment, bullying, victimisation and workplace (in)equality
- support the identification of new and emerging risks of unlawful and harmful conduct within the organisation, by opening up a further (de-identified) source of information about experiences of unlawful and harmful workplace conduct, to supplement the organisation's People Matter Survey results and its complaints data
- strengthen early intervention measures and efforts to prevent harm before it occurs.

Workplace Equality Champions would stand alongside and complement the role of Workplace Equality Contact Officers – and would act as change agents and advocates for workplace equality. While they, too, should be equipped with the knowledge and capability to inform employees and first responders of their rights and responsibilities under the Equal Opportunity Act, and related laws, their focus should be to champion workplace equality; in particular, the implementation of the reforms recommended in this final report. Individually and collectively, these champions should:

- be supporters and advocates for workplace equality at Ambulance Victoria
- be allies to colleagues who experience discrimination, sexual harassment, bullying or victimisation, by standing beside them and ensuring they are heard when they speak up
- drive the forthcoming workplace equality reforms at a local level, identifying opportunities to embed the reforms and ensure they are owned by employees and first responders across each of Ambulance Victoria's regions
- support the organisation to identify risks related to change implementation, such as pockets of backlash or perceptions of 'reverse discrimination', and enable early and effective intervention in response
- proactively support Ambulance Victoria to implement its responsibilities under the Equal Opportunity Act and the Gender Equality Act; for example, by driving consultation with the workforce in relation to the development of Gender Equality Action Plans, and uptake of staff completing employee experience surveys as part of periodic workplace gender audits.

What it means to be a champion

A champion can be anyone within an organisation that dedicates themselves to promoting a desired change.[123] They are the 'the face' of an implementation effort, someone who commits to 'supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke'.[124]

Contact Officers

A standard position description that clarifies the scope of the Contact Officer role will support the effectiveness of this model:[125] it ensures that everyone has a clear understanding of the role, Contact Officers have the necessary authority and support to perform their duties, and each officer is working towards the same set of standards and expectations.[126] In addition to emphasising the core duties of Contact Officers – such as providing accurate, impartial information about the rights of employees and first responders and the available options to resolve their concerns – Ambulance Victoria might wish to emphasise that the role of a Contact Officer is also to support the organisation to build and maintain a culture of workplace equality and safety; embed its organisational values; monitor risks of unlawful and harmful workplace conduct; and inform the design of effective prevention and early intervention strategies.

Clearly defined selection criteria are critical. In the Commission's experience, Contact Officers are most effective when they are empathetic, impartial and calm when dealing with sensitive and often emotional matters. It is also critical that Contact Officers have good listening and communication skills, are committed to safety, trust, respect, equality, inclusion and fairness, and model the expected standards of conduct. In light of the serious concerns raised with the Commission regarding a lack of confidentiality in relation to reports and complaints of unlawful and harmful workplace conduct (see Chapter 8), it is also important that Contact Officers have an understanding of, and commitment to, the principles of privacy and confidentiality.

Key selection criteria for Contact Officers[127]

- **Technical expertise:** Has a sound knowledge of, and commitment to, the principles of safety, respect, trust, equality, inclusion and fairness, as well as to Ambulance Victoria's mission, organisational values and priorities.
- **Interpersonal skills:** Builds strong relationships and develops an understanding of others to help them confidently address conflict situations.
- **Empathy:** Demonstrates an appreciation of a diverse range of staff and actively seeks to understand and effectively address the issues and views of others.
- **Communication skills:** Provides clear, accurate and accessible information to people of all levels of the organisation facing difficult or sensitive issues.
- **Self-management and professional judgement:** Recognises that this is a key role designed to help the organisation meet its compliance obligations and to achieve leading practice; quickly and accurately assesses actual and perceived conflicts of interest, serious health and safety concerns, misconduct or criminal matters that need to be reported; understands the need for referral to other support services; and remains and calm and impartial, even in challenging circumstances.
- **Integrity:** Instils mutual trust and confidence and behaves in a fair and ethical manner towards others; follows agreed protocols regarding confidentiality and reporting; demonstrates a sense of corporate responsibility and a commitment to service.

The Commission encourages Ambulance Victoria to invite expressions of interest to fulfill the role of a Contact Officer. It should carefully determine the number of Contact Officers needed to adequately support the size and geographical spread of its workforce; where there are too few officers, their responsibilities as Contact Officers may prevent them from performing their ordinary role.[128] There are no firm guidelines for the ideal ratio of Contact Officers to staff, but guiding considerations include ensuring timely access to support and a diverse mix of representatives of different genders, ages, races, cultures and seniority to help people to feel comfortable going to at least one officer with an issue.[129]

To acquit their responsibilities effectively, the organisation will need to support the selected Contact Officers to access regular, quality training and resources. To build knowledge and keep up-to-date with changes to the law and emerging leading practice research, it will be important that Contact Officers attend Ambulance Victoria's equal opportunity training and refresher courses, supplemented by more specialist offerings by external providers. Given that a core part of the role will involve talking with people about sensitive issues, support to uplift capability related to interviewing skills and/or managing difficult conversations will also be key. Wherever possible, providing an enabling environment for Contact Officers to connect with communities of practice and other forums will enable them to keep abreast of changes in the law and emerging leading practice and to best support the workforce.

Convening an internal network of Contact Officers that meets regularly can help to provide a supportive environment for individual officers. A network of this kind enables the officers to discuss in a de-identified way the kinds of issues being reported to them and share strategies regarding how best to support employees and first responders and, in this way, offers important opportunities for learning and development. The pooling of de-identified information about unlawful and harmful conduct can also help to identify new and emerging drivers and risk factors, support improvements to existing workplace policies and procedures and inform the design and implementation of effective prevention and early intervention strategies.[130]

In the Commission's experience, the most common problem Contact Officers face is invisibility. It will, therefore, be important for Ambulance Victoria to regularly promote the names and contact information of its Contact Officers to the workforce and ensure this information is updated regularly. At a minimum, it should seek to promote Contact Officers through its relevant policies and procedures, induction programs for new starters and other training, noticeboards, intranet, staff or management meetings, and at critical events; for example, when marking significant relevant occasions, like Human Rights Day.

A Champions of Change model

Informal leaders can play an influential role in driving and implementing desired changes in a workplace and shifting existing workplace norms.[131] People who hold a range of connections with different groups and networks that are not grounded in positions of leadership and/or status provide another key vantage point to have conversations about workplace equality throughout and at all levels of an organisation.[132]

These key benefits are what the Commission's recommended Champions of Change model looks to harness. A Champions of Change, or ambassador, model will support Ambulance Victoria in its efforts to advance workplace equality and

implement the reforms recommended in this report, especially at the local level in the context of Ambulance Victoria's state-wide operating environment.

Such a model would elevate the role of individual employees and first responders in championing the changes that are needed, including:

- providing additional opportunities to signal visible leadership for advancing workplace equality
- signalling the organisational priority and support for reform
- improving awareness and understanding of the responsibility of all within the organisation for achieving workplace equality and workplaces free from discrimination, sexual harassment, bullying and victimisation.

In turn, these change champions can assist to bridge the gap between organisational objectives and day-to-day practice by providing a visible illustration of how change can be role modelled, supported and embedded as part of business as usual for the organisation.

As Chapter 4 highlighted, there are various champion and ambassador models in existence, which Ambulance Victoria can draw on when developing its own model; it could even build and complement the work of the existing Diversity & Inclusion Council. A core function of the model should be engaging with others in the Champions' respective teams to allay concerns and answer questions concerning the reforms, as well as channelling related feedback and risks to upper management. Although Champions are intended to complement, rather than act as Contact Officers, it will be equally as important that they are skilled to offer support and assistance to victim-survivors that approach them.

Whichever model the organisation adopts, or develops, it will be vital that these Champions reflect the breadth of the workforce. These Champions must represent the corporate and operational cohorts, different levels of seniority, and workers in metro and regional/rural areas. They must also represent the diverse mix of representatives of different genders, ages, races and cultures.

Ambulance Victoria may like to consider how the champion model can elevate the voices of those employees and first responders with lived experience of discrimination, sexual harassment, bullying or victimisation. In doing so, careful consideration should be given to the potential risk in placing the burden of influence and change entirely on the shoulders of those who have suffered harm.

To succeed in this role, the Champions would need to:

- be able to speak to workplace equality issues, including the rights and responsibilities under the Equal Opportunity Act and related laws
- be respected and trusted within the organisation
- understand the findings and recommendations in this final report and steps that Ambulance Victoria is taking to implement the reforms
- have a deep commitment to and interest in workplace equality.

It will also be critical that identified Champions have organisational support to undertake their role. This may include providing clear expectations to Champions on their role, allocating necessary time and resources, delegating areas of authority and publicly recognising and rewarding Champions that have demonstrated their commitment to the role.[133]

In considering this model, Ambulance Victoria should carefully consider the impact of the champions model, noting that research has identified some risks to be mindful of – including appropriate screening processes, and the limited evaluation of specific champion models used in the context of gender equality to date.[134]

Recommendation 9

Reintroducing Contact Officers and establishing a Local Champions Network

Ambulance Victoria should:

(a) reintroduce Workplace Equality Contact Officers, embedded in each region and, in doing so:
   - (i) develop new, standard Position Descriptions detailing their role and invite expressions of interest from operational and corporate staff, encouraging people of diverse backgrounds to apply
   - (ii) support the selected Contact Officers to access regular, quality training and resources on the *Equal Opportunity Act 2010* (Vic) and related laws and participate in communities of practice and other forums to keep abreast of changes in the law and emerging leading practice
   - (iii) establish an internal network of Contact Officers that meets regularly
   - (iv) actively and regularly promote the names and contact information of Contact Officers to the workforce and ensure this information is updated regularly

(b) implement a Champions of Change model to drive the reforms needed in the organisation to foster and maintain a culture of safety and equality in the workplace.

6.2.6 Valuing those who care

Ambulance Victoria's deep commitment to serving the public through timely access to quality care is not in question in this review. What is in question, is how the outward-facing work of the organisation has influenced the wellbeing and experiences of those within it.

Examining the drivers of unlawful and harmful workplace conduct, the Commission has identified that a disproportionate focus on operational KPIs and operational demand has enabled preventative work to be deprioritised and has excused this conduct (see Section 6.1.3). While Ambulance Victoria's official messaging and planning emphasises the importance of staff wellbeing and safety (see Section 4.2.2), this has not translated to priority being given to these matters on the ground. Rather, the emphasis on meeting operational demand has distorted the focus to favour ways of working that prioritise demand at any cost.

These outcomes arise in part from the failure to recognise the connection between staff wellbeing and performance, including the delivery of patient care.[135] They are also the result of the expectations and targets set externally by the Minister for Ambulance Services and the Board of Directors and the implementation of these expectations internally. The statement of priorities

between the Minister for Ambulance Services and Ambulance Victoria is a key accountability measure for the organisation. It sets out the annual priorities that the organisation will be measured against, including response times. It has in recent years, also included measures related to workplace bullying and the important work of this review.

To help reset the current imbalance that is undermining worker wellbeing and safety, there must be robust and reoccurring discussion between the Minister for Ambulance Services and the Board on how the statement of priorities can be framed to give equal priority to preventing unlawful conduct and sufficient accountability for Ambulance Victoria. Similarly, Ambulance Victoria must carefully consider how these priorities are embedded in the workplace, including how compassionate ways of working can be encouraged,[136] what incentives and measures of accountability can influence the work of managers and supervisors, and what systems support or hinder employee safety and wellbeing.

Recommendation 10

Valuing those who care

(a) The Ambulance Victoria Board and the Minister for Ambulance Services should ensure that future statements of priorities are informed by an annual discussion on how to appropriately balance the importance of Ambulance Victoria meeting operational KPIs with the health, safety and wellbeing of the organisation's workforce and the need to create a positive workplace culture, building on the 2019-2020 and 2020-2021 agreements.

(b) Ambulance Victoria should ensure that it affords appropriate weight to priorities designed to ensure the health, safety and wellbeing of the organisation's workforce, in addition to those related to operational KPIs.

6.2.7 Shared accountability for embedding workplace equality

Creating a safe, supportive and respectful workplace will require the collective effort of everyone at Ambulance Victoria. The involvement and responsibility of everyone in the organisation reflects that workplace equality is an *organisational* issue – and not limited to one program, strategy or individual reform. It also reinforces that every division within Ambulance Victoria has a key role to play in contributing to change.

As highlighted in Chapter 3, the Commission heard that workplace equality has generally been seen mainly as a responsibility of the People and Culture division, rather than integrated holistically throughout the organisation. The People and Culture division has a critical role in addressing unlawful and harmful conduct and embedding equality, and they are often uniquely placed to play a leading role through their responsibility for key programs and levers for change, such as recruitment, training and development. However, the responsibility for change must not be 'delegated and compartmentalised'.[137]

> **[I]t is important that culture change is not seen as something HR does but rather something that all good leaders within the organisation do and that is part of all activities within the organisation.**[138]

Enduring reform requires the responsibility and accountability for what happens in the workplace to be shared by everyone.[139]

A new division to drive enduring change

In determining how Ambulance Victoria might best achieve the large-scale transformational change envisioned by our recommendations and address the previous siloing of workplace equality issues, the Commission considered the significant lessons and experiences of other organisations that have implemented similar kinds of change. We considered the way in which structures and frameworks have enhanced shared accountability, elevated the organisation's commitment to, and prioritisation of, the issues and embedded the necessary expertise and capability into the future.

Embedding cultural reform in the Australian Defence Force

A series of reviews into the culture of the Australian Defence Force resulted in two major strategies and plans to implement a range of recommendations and key reform priorities since 2011.

To support the Australian Defence Force's first strategy – *Pathway to Change: Evolving Defence Culture – A Strategy for Cultural Change and Reinforcement (2012—2017)* – a central unit was established to coordinate implementation of the strategy.[140] The Secretary and Chief of Defence Force's Advisory Committee was charged with overall responsibility for governance of implementation, noting that 'implementation will be led from the top'.[141]

A second five-year cultural strategy – *Pathway to Change: Evolving Defence Culture 2017—2022* – identified that the Defence People Group would continue as the lead area responsible for organisational cultural reform initiatives, as well as 'facilitating, monitoring and reporting on the implementation of cultural reform in Defence'. This continued the role the group played in relation to the earlier strategy.[142] Implementation at a more local level was undertaken by groups within the Department and the three armed services.

An audit undertaken by the Australian National Audit Office in May 2021 found that while the governance arrangements put in place were fit-for-purpose, there were limitations arising from the central unit's ability to hold other areas accountable for implementation of recommendations.[143] The audit found that while business plans across the organisation were required to include the six identified cultural reform priorities set out the in *Pathway to Change: Evolving Defence Culture 2017—2022* strategy, many did not do so in a timely way, and this was not followed up by the Defence People Group, despite their central coordinating role.[144] The Australian National Audit Office recommended that introducing measurable outcomes to support the strategy was imperative to assessing performance, and that the intended outcomes of reform were being achieved.[145]

Governance structures to embed gender equality in Victoria Police

In 2015, the Commission found that Victoria Police lacked the appropriate governance structures to implement the program of reforms we identified were needed to embed gender equality, as part of our *Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police*. The changes needed were substantial and affected multiple areas of the organisation. To minimise the risk of siloing the reforms, the Commission recommended that Victoria Police establish an independent advisory structure to provide external expert guidance to support implementation of the Commission's recommendations.

By 2018, Victoria Police had created a standalone unit, led by a dedicated Assistant Commissioner, to oversee the efforts around gender equality and workplace harm across the organisation. The appointment of a dedicated Assistant Commissioner to lead this unit was a powerful symbol of the organisation's commitment to change.

Victoria Police also established the VEOHRC Review Implementation Steering Committee, comprising internal and external expertise related to workplace harm, change management, and policing, to guide the reform implementation strategy. The Steering Committee met monthly, and it monitored the organisation's overall progress in implementing the recommendations. This monitoring occurred through regular updates, reports, and presentations on the progress of specific reform projects.

Victoria Police introduced an Academic Governance Board (to govern the training and education programs) and an Independent Advisory Board (to develop a workplace harm model, including a dedicated workplace harm unit and restorative engagement scheme). The organisation also adapted a pre-existing Corporate Advisory Group, to provide corporate strategy advice.

When in 2019 the Commission audited Victoria Police's progress in implementing our recommendations, we concluded that the new governance structures were critical in maintaining reform momentum across the vast number of projects. In respect of the advisory structures, we found that advisory groups had met often and provided valuable assistance to the project work, but there needed to be more linkages between the advisory groups to the VEOHRC Review Response Partnerships and Innovation Unit.

Finally, as a longer-term measure, we called on Victoria Police to follow through on its commitment to establish a dedicated, ongoing office to drive gender equality across the organisation after the end of the review. We noted that this office needed to shift the organisation's focus from implementing our recommendations, to achieving long-term gender equality outcomes. We also urged Victoria Police to draw on gender equality experts with knowledge of organisational reform, to ensure that the new standalone office involved relevant external expertise.

In January 2020, Victoria Police established the Gender Equality and Inclusion Command, which builds on the organisation's progress arising from the Commission's review. This ongoing command has a key focus on measuring and reporting on progress in embedding gender equality and building the capability and accountability of leaders and local areas to 'work towards safe, inclusive and respectful workplaces'.[146] In 2020, Victoria Police also released *Equal, Safe and Strong*, a 10-year strategy to support women and men in Victoria Police to thrive equally.

The experiences of organisations like Victoria Police and the Australian Defence Force highlight key elements of governance structures that successfully support and drive organisational reform. These elements include the need to:

- elevate and signal the organisational priority given to strategic and large-scale reforms, including through dedicated senior leadership involvement and oversight
- establish a central point of accountability to drive change and organisational reform, which works to empower and build capability throughout an organisation to ensure that implementation is consistent and coordinated
- embed close connections and proximity between those involved in implementation to expert advice and decision-making structures
- provide clear indicators and measurements for reforms to be tracked and regularly measured
- have access to subject matter expertise and harness the fresh perspectives of those external to the organisation.

These experiences also signal some of the risks and challenges that are important to consider in undertaking systemic change. For example, while the Commission has identified the clear need and importance of shared accountability, it cannot come at the cost of creating complex or unworkable structures, resulting in what has been described as 'everyone's responsibility becomes no one's accountability'.[147] It is also clear that indicators and measures of success are integral to tracking and monitoring the progress of reforms, that also enable an organisation to make any necessary adjustments to ensure the reforms are operating as intended, or can pivot towards strategies or changes that would better address the problems identified.

Taking these and other experiences into account, the Commission has concluded that a robust governance structure comprising a new, dedicated division, supported by a Steering Committee and oversight by the Ambulance Victoria Board, would provide Ambulance Victoria with the best chance of implementing our recommendations successfully. Figure 6B summarises our recommended model and is followed by a more detailed discussion.

Figure 6B – **Governance structure to support implementation of the Commission's recommendations**

New division	Steering Committee	Ambulance Victoria Board
Role		
• Accountable to the CEO, through a newly appointed Executive Director • Drive, coordinate and project manage implementation efforts, including overseeing progress and cohesion of the reforms as a whole • Work closely with leaders from other Ambulance Victoria divisions where reform projects will be implemented • Regularly report to the Steering Committee and Board on the progress of reforms, including against the Commission's Outcomes Framework (see Chapter 3) • Communicate and support employee engagement on the reforms	• Monitor and oversee the progress of reforms • Provide advice and guidance on reforms and projects to ensure they align with the intent of the Commission's recommendations • Provide a forum for discussion of any areas of concern relating to implementation	• Set a strategic direction that supports the organisation's purpose and commitment to reforms • Oversee risk mitigation strategies and measures put in place to address discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, including through the work of the new division
Composition		
The division should consist of members with specific skills in: • organisational change and large-scale transformative change • equal opportunity and human rights • engagement and communications	The Steering Committee should consist of nominated representatives of: • the Executive Committee • a diverse cross-section of the workforce • unions and professional associations • the Department of Health • external subject matter experts	

A new division charged to drive and lead implementation

The establishment of a new, adequately resourced division with responsibility for driving and coordinating implementation of the Commission's recommendations would clearly signal Ambulance Victoria's commitment to providing a safe, equal and inclusive workplace and implementing the needed program of reforms. A critical element of the division is the appointment of a dedicated Executive Director, who is accountable to the CEO.

The Commission considers that this structure is integral to ensure an 'owner' holds a central point of accountability and is supported by authority at the highest level of the organisation. This will also ensure that there is sufficient proximity to decision-making that will drive continued momentum of the reform over the short and long-term. It will both provide individual responsibility for leading and coordinating the implementation of our recommendations, while simultaneously embedding a sense of shared responsibility for workplace culture.

The outcomes framework set out by the Commission in Chapter 3 is intended to provide a guide for Ambulance Victoria to monitor the progress of its reforms going forward. The Commission intends to work collaboratively with Ambulance Victoria to establish the metrics and data that will support a complete and comprehensive understanding of progress over the longer term.

The skills and capabilities of those who are appointed into the unit will also be crucial. The Commission considers a cross-section of skills and knowledge across a range of areas, including project management, organisational change, employee engagement, equal opportunity and human rights, restorative approaches and strategic communications will equip the division with the expertise to drive and coordinate the reforms.

The Commission encourages Ambulance Victoria to take steps to recruit a diverse cohort of staff into the division, from a variety of backgrounds and experiences.

The Commission suggests Ambulance Victoria could also consider whether any complementary or intersecting work, such as the implementation of obligations arising from the Gender Equality Act, would benefit from inclusion within this division – noting the key linkages and opportunities to harness this work in the implementation of the Commission's recommendations noted in this chapter and throughout this report (see Section 3.4.1).

Steering Committee

A dedicated Steering Committee to support the new division's work will be important to provide both provide ownership and responsibility for implementation, but also a singular line of oversight over the reforms across and throughout the organisation. It will both provide an accountability mechanism to ensure the reforms remain on track and achieve their intended purpose, while equally, providing a safe space and forum for key challenges, issues and concerns to be raised at addressed at a senior level.

Key representatives of the Executive Committee should form part of the Steering Committee, to support the whole-of-organisation approach and reinforce the responsibility of all senior leaders within the organisation for workplace equality. This is intended to reinforce that workplace equality should not be viewed through the lens of particular divisions or areas, but in the context of the organisation's responsibilities to deliver a safe and respectful workplace for all staff.

Collaboration and effective stakeholder engagement are key elements of effective implementation of this scale. It supports robust analysis, consideration of potential issues and options for resolving or mitigating unexpected or potential risks.[148] To support the credibility and engagement of employees and first responders, nominated representatives should be involved in the Steering Committee to facilitate the contribution of their important perspective, as well as support the transparency of the reforms to the workforce.

As noted earlier in this chapter, key organisations and agencies, including unions, professional associations and the Victorian Government Department of Health play a critical role in supporting Ambulance Victoria's efforts to better prevent and respond to unlawful and harmful conduct. As key partners, the Commission considers their involvement on the Steering Committee would provide an important perspective and reinforce the shared commitment of all to achieving the necessary changes and transformation identified by the Commission.

In addition, external expertise can provide a valuable vantage point and perspective.[149] Given the breadth, complexity and wide-ranging nature of our recommendations, the Commission considers there would be significant benefit in ensuring the Steering Committee is equipped with senior external expertise across a range of key areas including leading practice responses to equal opportunity issues, responses to bullying, restorative engagement and restorative practices, as well as organisational development and change.

Ambulance Victoria Board

The core role of all boards, including the Ambulance Victoria Board, is to provide overarching governance of the organisation, including ensuring it meets its obligations and purpose. A key element of a board's responsibilities is also to oversee risk management and strategies to address and mitigation measures.[150]

As the Commission has identified in Chapter 4, there has been an increasing application of a risk lens to discrimination, sexual harassment, bullying and victimisation, including through the use of the Enterprise Risk Register and the creation of workplace behavioural risk profiles.

The Commission considers the work of the Division and Steering Committee will be a key risk mitigation measure that the Board should be attuned to and receive regular reporting on (including on the metrics that will be developed to support the Commission's outcomes framework, as outlined earlier in this Chapter).

Recommendation 11

Establishing a dedicated division to drive reform

Ambulance Victoria should, within three months of the publication of Volume II of this final report, establish a centralised, dedicated division that:

(a) drives and coordinates implementation of the Commission's recommendations

(b) reports to an Executive Director and is directly accountable to the Chief Executive Officer

(c) is comprised of subject matter experts with skills and expertise in equal opportunity issues (including discrimination, sexual harassment, bullying and victimisation) as well as diversity and inclusion strategies, employee engagement and large-scale organisational change and project management.

Recommendation 12

Supporting robust governance and oversight of reforms

Ambulance Victoria should, within three months of the publication of Volume II of the final report, establish a Steering Committee that:

(a) monitors and oversees the implementation of the Commission's recommendations and organisational reforms as a whole

(b) consists of a range of internal and external representatives from the Executive Committee, the workforce, unions and professional associations, the Department of Health and subject matter experts.

Notes

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7 Responding to reports and complaints

Chapter 7 describes the structures, policies and processes that Ambulance Victoria has in place to support reports and complaints of unlawful and harmful workplace conduct. It analyses how Ambulance Victoria's approach complies with the positive duty in the Equal Opportunity Act to provide a safe environment for employees and first responders to come forward with reports and complaints. It also details the Commission's findings about the rates of reporting of discrimination, sexual harassment, bullying and victimisation in Ambulance Victoria, providing context for our findings regarding the adequacy of some measures to respond to unlawful and harmful conduct when it occurs.

⟶ KEY POINTS

The Equal Opportunity Act requires Ambulance Victoria to ensure there is a safe and supportive environment for members of the workforce to confidently speak out

- The positive duty in the Equal Opportunity Act requires Ambulance Victoria to create robust report and complaint procedures and to establish monitoring and evaluation processes that support the identification of key trends, patterns and lessons to understand where changes or action may be necessary.
- Ensuring there is an effective and transparent response framework demonstrates that breaches of the Equal Opportunity Act will not be tolerated; this should complement and reinforce an employer's prevention approach.

Ambulance Victoria has recognised the need to improve its report and complaint system and has taken steps to implement significant changes over the last five years

- Since 2017, Ambulance Victoria has sought to enhance the consistency, transparency and fairness of its response to reports and complaints, including those relating to discrimination, sexual harassment, bullying and victimisation. A cornerstone of these changes was the centralisation of complaint handling in the Professional Conduct Unit.
- Ambulance Victoria has also recently recognised the need to improve the information provided to its workforce about complaint pathways, improve its communication with complainants and increase its capability to assess complaint trends and emerging issues; the organisation has taken steps to address these issues with the creation of the Specialist Support Unit.

⟶ KEY POINTS

Some changes have improved the effectiveness of the report and complaint system, however, a number of gaps in compliance with the positive duty remain, which are integral to developing a system that is seen to be fair and will not cause further harm

- Many of these gaps are critical to embedding a victim-centred approach and to proactively addressing potential barriers to reporting. These gaps include ,for example, clearly identifying how the wishes of the complainant will be taken into account in resolving reports and complaints, timeframes for responses to complaints and specifically detailing how confidentiality will be maintained.
- The information available to employees and first responders does not consistently promote that there are multiple avenues available to make a report, including critically, those that are external to Ambulance Victoria and outside of direct management lines of responsibility. Some of the material currently available also contains out-of-date or inconsistent information, which reduces the effectiveness of new initiatives, such as the creation of SafeSpace and external anonymous reporting options.
- The ability of Ambulance Victoria to understand whether complaint processes and systems are working effectively, to analyse emerging trends and issues, and to intervene early, has been hampered by a lack of comprehensive data and clear, agreed indicators for performance that can be measured and tracked over time.

The low levels of reporting discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria indicate that the response measures are not creating a safe environment for employees and first responders to come forward with their experiences

- The Commission's survey, reinforced by the interviews, submissions and data from Ambulance Victoria, shows that there are very low rates of reporting:
  - 15.3% of the 898 people who experienced discrimination and responded to the survey question made a formal complaint
  - 9.6% of the 335 people who experienced sexual harassment and responded to the survey question made a formal complaint
  - 15.9% of the 981 people who experienced bullying and responded to the survey question made a formal complaint
  - there have only been four formal complaints of victimisation recorded in Ambulance Victoria over the last five years.

7.1 Responding to unlawful conduct

7.1.1 The importance of responding effectively

Everyone deserves to feel safe and respected at work and to feel confident to speak out if they experience unlawful or harmful conduct. Ambulance Victoria and other employers must take steps to not just prevent unlawful or harmful conduct from occurring in the first place, but also to respond effectively if it does occur.

Report and complaint processes are a key plank in preventing and responding to workplace discrimination, sexual harassment, bullying and victimisation.[1] The presence of a robust report and complaint process can:

- empower complainants
- act as a deterrent to unlawful behaviour
- be a key component in modelling leadership on workplace equality and setting expectations about what behaviour is, and is not, appropriate in the workplace.[2]

Ineffective or inadequate report and complaint processes can, however, compound harm and retraumatise complainants.[3] Where complaints are seen to not have been taken seriously or handled in a fair and timely way, trust is eroded, and the workforce can lose confidence in the report and complaint system. This, in turn, means the workforce are less likely to report unlawful or harmful conduct, which increases the potential for harmful behaviours to continue unchecked, or for respondents to feel emboldened to escalate their behaviour.

Respondents may also feel that processes lack fairness and can experience stress and uncertainty if complaints are not handled in a timely way.

For an organisation, reports and complaints provide an important source of information and intelligence that enable the organisation to act at the earliest opportunity on emerging risks and to continuously improve.[4]

Research suggests that workplace discrimination, sexual harassment and bullying are significantly underreported and there are a range of barriers that prevent people coming forward.[5] Creating systems that recognise and address these barriers is integral to ensuring a safe and effective report and complaint system.[6] Indeed, where people do come forward to make a report or complaint, they often tell of valuing the process of how their complaint is handled as much as the overall outcome; that is, complainants can find effective report processes to be empowering and support healing.[7]

What do we mean when we talk about reports and complaints?

We asked participants to tell us about informal reports and formal complaints they had made about unlawful conduct they had experienced, witnessed or heard about.

- An informal report involves discussing the unlawful conduct with someone else at Ambulance Victoria without going through a formal process.
- A formal complaint involves reporting unlawful conduct via one of Ambulance Victoria's formal internal processes (for example, through the Professional Conduct Unit), or speaking to an external person or body that has the ability to act on or investigate the unlawful conduct (such as the police, a legal service or the Victorian Equal Opportunity and Human Rights Commission).

Across chapters 7, 8 and 9, the Commission uses the terms 'complainant' and 'respondent', rather than 'alleged victim-survivor' and 'alleged perpetrator'. This reflects our guidance to employers regarding language that can be used when responding to reports and complaints to ensure the processes are fair and impartial.

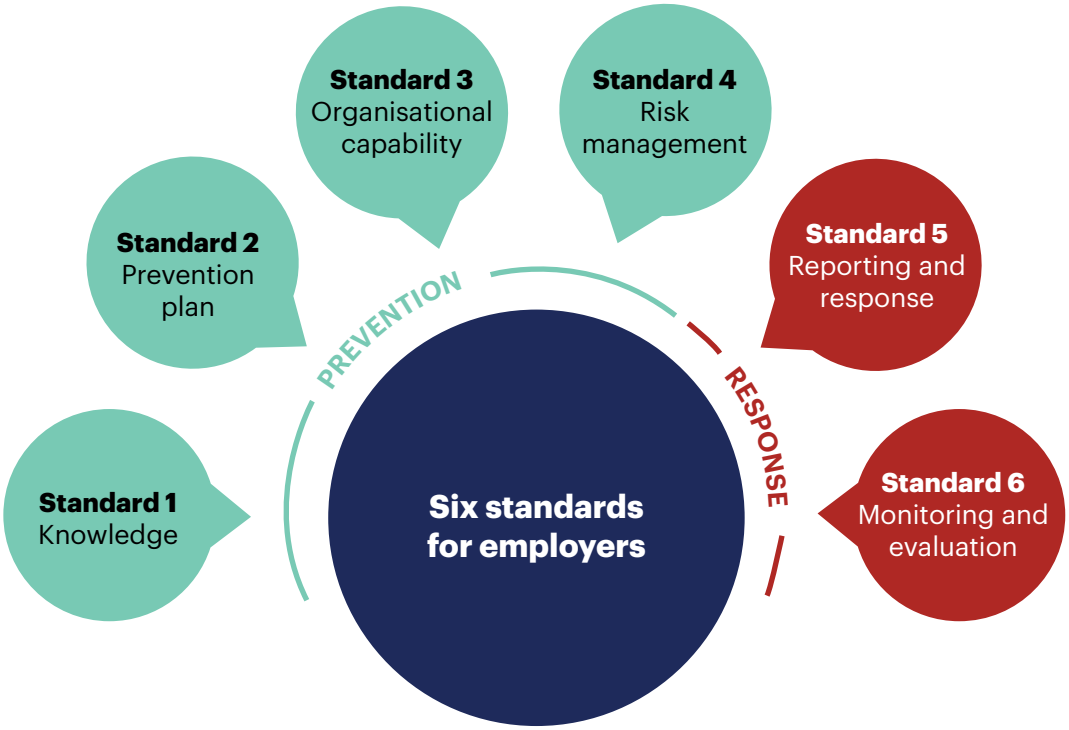
7.1.2 Obligations to respond effectively

As outlined in Chapter 3, the Equal Opportunity Act and the Occupational Health and Safety Act require organisations to create safe working environments that are free from discrimination, sexual harassment, bullying and victimisation. Failure to respond appropriately to reports and complaints of this type of conduct can result in an employer being found legally responsible ('vicariously liable') for the unlawful conduct of employees, unless it can prove that it took 'reasonable precautions' to prevent the conduct from happening in the first place.[8]

7.1.3 Leading practice approaches

As Chapter 4 explained, the Commission's guideline on preventing and responding to workplace sexual harassment sets out six minimum standards for complying with the positive duty in the Equal Opportunity Act, with the final two standards focused on response (see Figure 7A below). Importantly for this review, the minimum standards are broadly applicable to discrimination, bullying and victimisation, in addition to sexual harassment, and have been adapted here (as in Chapter 4) when considering Ambulance Victoria's response to this conduct.

Figure 7A – **Minimum standards to comply with the positive duty**



The two standards relating to response – reporting and response and monitoring and evaluation – are described in Figure 7B below.

Figure 7B – **Minimum response standards**

Standard	Outcomes
Standard 5: Reporting and response Unlawful and harmful conduct is addressed consistently and confidentially to hold perpetrators to account and responses put the victim-survivor at their centre	• Employers develop fair and confidential report and complaint procedures in consultation with the staff, with complainants' wellbeing prioritised • Workers know how and where to make a complaint or report and are supported to do so • Responses to complaints are timely and consistent, with proportionate disciplinary outcomes • Employers ensure workers are safe and supported throughout a complaint process, including through identifying and avoiding victimisation
Standard 6: Monitoring and evaluation Outcomes and strategies are regularly reviewed and evaluated for continuous improvement	• Employers regularly collect and regularly assess report and complaint (and other) data for trends, patterns and lessons to drive continuous improvement • Employers are transparent about trends, patterns and lessons with workers, boards, and key stakeholders • Workers have confidence that unlawful and harmful conduct is being eliminated in their workplace

In addition to considering whether Ambulance Victoria has taken steps that are aligned with the Commission's practice guideline, we have also had regard to other guidelines that provide instructive advice or identify leading practice approaches that can assist Ambulance Victoria to respond effectively. For example, WorkSafe Victoria has produced guidance that identifies two central elements of an organisation's response to workplace bullying: intervening early and responding effectively at both the individual and organisational levels.[9] Guidance provided by the (then) Victorian Government Department of Health and Human Services to promote a positive workplace culture to prevent bullying, harassment and discrimination also reinforces the standards identified by the Commission and WorkSafe Victoria.[10]

In addition, there has been extensive research to identify the foundations of effective complaint handling. A range of materials – including guidelines, principles and standards – has been developed to support organisations to embed good practice.[11]

An overview of the key features identified that support effective complaint handling are outlined in Figure 7C.[12] These features demonstrate the need to consider the report and complaint system from end to end, starting with creating environments that support complaints to be made and providing appropriate remedies, through to assessing how complaints are handled to identify improvements.

Figure 7C – **Features of effective complaint handling systems**

Insitutional culture
Recognise a person's right to lodge a complaint. A commitment to resolving complaints effectively will benefit an organisation's reputation and administration.

Transperancy and access
Ensure complaint handling procedures are well known and are easy to understand with clear lines of reporting. People should be aware of the right to make a complaint, how and where to do it and how it will be handled. Vulnerable persons should be helped to make a complaint, if needed.

Responsiveness and feedback
Acknowledge and respond to complaints promptly. Inform complainants of the expected timelines and keep them informed throughout the complaint process.

Objectivity and fairness
Address complaints objectively, fairly and impartially. Declare and appropriately resolve conflicts of interest and observe procedural fairness. Protect complainants from victimisation or harassment.

Staff training and delegation
Train staff in good complaint handling practices and develop their awareness of the need to manage complainant expectations. Support complaints staff in their handling of complaints

Accountability
Open complaint handling systems to scrutiny of clients, staff and governance and review bodies. Maintain a complaints register and keep transparent records of the management and outcome of each complaint

Continuous improvement
Analyse complaints and patterns of complaints to identify systemic issues and how the system can be improved.

Right of review
Make internal and/or external review of the complaint's outcome available.
Make these avenues of review known to the complainant and respondent.

Fair remedy
Determine an appropriate remedy, if an investigation substantiates the complaint.

Source: Adapted from Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Improving Institutional Responding and Reporting, Volume 7 (Report, December 2017) 140.

Supporting those who have been sexually harassed to make a report or complaint requires recognition of the specific impacts of this type of conduct, as well as consideration of the potential sensitivities associated with complaints concerning alleged conduct of a sexual nature. Leading practices have identified the need for measures such as:

- victim-centred and trauma-informed processes
- reflecting, where possible, the opportunities for choice and control over processes
- establishing anonymous or other supported reporting mechanisms to address power imbalances within the workplace
- robust confidentiality protections.[13]

Victim-centred approaches

A victim-centric approach gives priority to the victim-survivor's wishes, safety, and wellbeing in all matters and procedures. It seeks to ensure compassionate, sensitive and non-judgmental responses that engage the complainant in the process and minimise any re-traumatisation.[14]

7.2 How Ambulance Victoria responds to reports and complaints of unlawful conduct

Section 7.2 describes Ambulance Victoria's report and complaint system and examines the extent to which this system complies with the Equal Opportunity Act. The Commission acknowledges that Ambulance Victoria has made a number of recent changes to its report and complaint system. Since the review began, Ambulance Victoria has made a series of changes to provide additional information and support, and established a Specialist Support Unit. As a result, the views expressed by participants in this chapter generally reflect the arrangements in place prior to the introduction of these changes. Recognising this, the Commission has been careful to also consider the new structures and procedures in light of leading practice but notes that there is more limited data arising from the review itself to analyse and understand their impact.

7.2.1 Report and complaint framework

As set out in Chapter 4, Ambulance Victoria has a range of documents and guidance material on appropriate standards of behaviour in the workplace. Where these standards are not met, or there is a breach of a policy, employees can make a report or complaint about the conduct.

Structure

There are a number of units and areas within Ambulance Victoria that currently oversee or hold responsibility for managing complaints. The unit responsible and its role in the complaint process is determined by the content of the complaint, as outlined in Figure 7D below.

Complaints about unlawful and harmful conduct are generally initially received by the Professional Conduct Unit and referred to the Specialist Support Unit.

Figure 7D – **Ambulance Victoria units, the complaint types they receive and the role they play in the organisation's complaint process**

Complaint type	Responsible unit	Role in complaint process
Complaints and misconduct	**Professional Conduct Unit**	• Triage and assess complaints; this includes identifying complaints appropriate for resolution at a local level • Refer cultural, discrimination, bullying and harassment complaints to the Specialist Support Unit • Undertake internal investigations or oversee external investigations • Ensure welfare support is offered throughout complaint processes • Recommend appropriate sanctions for substantiated misconduct or restorative actions, as appropriate
Culture, bullying, harassment and discrimination	**Specialist Support Unit**	• Triage complaints and provide case management oversight of complaints involving cultural, discrimination, bullying and harassment • Refer allegations of misconduct to the Professional Conduct Unit • Oversee external investigations of complaints regarding cultural issues, discrimination, bullying and harassment • Ensure welfare support is offered throughout complaint processes • Create management action plans following complaints, with a focus on restorative practices
Grievances and industrial claims	**Workplace Relations Unit**	• Triage and resolve grievances relating to industrial instruments or employment standards • Refer allegations of misconduct to the Professional Conduct Unit
Health and safety incidents	**Health and Safety Unit**	• Review and investigate health and safety incidents • Refer allegations of misconduct to the Professional Conduct Unit
Patient safety incidents	**Patient Safety and Experience Unit**	• Review and coordinate with local clinicians (team managers or clinical support officers) patient safety incidents, analyse and recommend corrective actions, learning and improvements • Refer allegations of misconduct to the Professional Conduct Unit

Source: Adapted from Ambulance Victoria's 'High Level Overview of Ambulance Victoria Complaints Pathways'.

Professional Conduct Unit

The Professional Conduct Unit is currently comprised of a lead, a case manager, two operational area managers (who are seconded from their operational duties) and a part-time lawyer. Ambulance Victoria has advised that all employees in the unit are required to have suitable knowledge and experience, including investigation and/or industrial relations capability. In addition to on-the-job training, team members undertake workplace investigation training and a drafting allegations masterclass. Ambulance Victoria advised the Commission that paramedics who join the unit are chosen based on their skills, knowledge and expertise.[15]

Specialist Support Unit

The Specialist Support Unit is comprised of a Director, three senior human resources specialists and a senior data analyst. Ambulance Victoria has advised that there is no specific additional training for those who have been appointed to the unit, and the appointment of members to roles takes into account their skills, experience and knowledge.

Key developments and changes

The current structure supporting Ambulance Victoria's report and complaint system has been informed by developments and changes over recent years. In 2015, the Ambulance Performance and Policy Consultative Committee identified a need to reform the report and complaint process to ensure greater fairness and transparency.[16] The Committee highlighted that concerns had been raised about the lack of transparency of investigations, and that existing processes were resulting in issues not only being unnecessarily escalated, but also causing significant stress to those involved.[17] Following the committee's report, and the commencement of this review, substantial changes have been made to Ambulance Victoria's report and complaint system. Figure 7E provides an overview of these changes.

Prior to 2017	2017	December 2020
No centralised management or oversight of investigations[18]	**Establishment of the Professional Conduct Unit** to provide counselling and case management support to complainants, to develop preventative training initiatives, and to undertake investigations	**Establishment of the Specialist Support Unit** to case manage and provide oversight of complaints relating to unlawful conduct during the review
	Centralised collation and management of data on professional conduct matters and risks and develop programs to promote positive workplace relationships	**Focus on restorative actions and risk identification** informed by data collection by the Specialist Support Unit, as well as analysis of complaint trends and other information sources
	Professional Conduct Policy and Procedure, Complaint Policy and Procedure, Misconduct Policy, Investigation Procedure, Suspension from the Workplace Procedure, Temporary Leave Arrangement Procedure and Performance Improvement Procedure developed to provide a workforce behaviour conduct framework	**Recognition of the need to adopt 'human centric'** report and complaint processes and to embed a greater focus on communication
Internal or external investigation of complaints, process determined by People and Culture representative in consultation with a senior manager	**Professional Conduct Unit** oversight of investigations conducted internally or externally	**External investigation** of all complaints of discrimination, sexual harassment, victimisation and bullying
	New complaint pathway established to report directly to the Professional Conduct Unit	**A new independent service – Safe Space** – to provide advice and information about complaint pathways and support **An alternative external pathway** to lodge an anonymous complaint through Ambulance Victoria's law firm, Corrs Chambers Westgarth[19]
		Development and communication of a complaint brochure outlining internal and external options to make a report or complaint and available support services.

7.2.2 Policies and procedures

Policy landscape

There are a number of interconnected policies and procedures that support Ambulance Victoria's report and complaint process (described in Figure 7F below). These documents are informed by and build on the processes for disputes and grievances, set out by enterprise agreements.[20]

Figure 7F – **Overview of key report and complaint policies and procedures**

Performance Improvement Procedure	Grievance Procedure	Professional Conduct Policy and Procedure	Complaint Policy and Procedure
Guides the process of addressing underperformance, including the steps for involving the Professional Conduct Unit if disciplinary action and potential termination of employment is considered where performance does not improve	Sets out the processes for complaints about issues relating to industrial instruments or to the National Employment Standards, which an employee believes is causing them injury, injustice or mistreatment (for example, promotion, transfer decisions, rostering arrangements)	Defines 'professional conduct', which includes unlawful conduct and the roles, responsibilities and expectations of all staff to maintain high standards in the workplace; encourages staff to take steps to address unacceptable behaviours	Sets out processes for complaints by employees, volunteers, and contractors about behaviour (including discrimination, sexual harassment, victimisation and bullying), misconduct and serious misconduct
Misconduct Policy	**Investigations Procedure**	**Temporary Leave Arrangement Procedure**	**Suspension from the Workplace Procedure**
Defines 'misconduct' and 'serious misconduct' and outlines how these behaviours may be investigated and subject to disciplinary outcomes	Outlines the processes that are used to investigate alleged inappropriate conduct or misconduct, including the roles of responsibilities of staff, managers and the Professional Conduct Unit	Outlines the processes and procedures to place an employee on temporary leave from the workplace to provide an alternative arrangement where it is not suitable to remain in the workplace	Outlines the processes and procedures for determining to suspend an employee from the workplace prior to, or during a formal investigation

These documents describe three kinds of behaviours, which in turn, impact how reports and complaints are handled and managed by Ambulance Victoria. For example, behaviour that falls within the definition of 'misconduct' are those that can trigger disciplinary processes provided under the enterprise agreements.

Figure 7G – **Behaviour definitions in Ambulance Victoria policies and procedures**

Professional conduct	No overarching definition, but describes a range of **'unacceptable behaviours'**, including discrimination, harassment, vilification, victimisation and violence, as well as clinical issues, such as medication management, conflicts of interest and reasonable management action
Misconduct	Unacceptable and/or inappropriate conduct **that may justify a disciplinary outcome**, including termination, and may consist of a range of behaviours including failing to meet professional standards or breaches of policies or codes of conduct
Serious misconduct	Behaviours that are **inconsistent with the continuation of employment** or that cause serious and imminent risk to health and safety, or the reputation of the organisation (for example, theft, assault)

Understanding report and complaint policies and procedures

Complaint processes should be easy to access and clear so that everyone throughout an organisation can understand and use the report and complaint system when needed.

As outlined above, Ambulance Victoria has a significant number of policies and procedures that describe the organisation's report and complaint process. Key information – that is, information that may be critical to support staff to identify behaviours and what their responsibilities are – is spread across multiple documents. For instance, the *Complaint Procedure* highlights that complaints can be made about experiences of discrimination and harassment; however, a detailed definition of these behaviours is outlined in a separate document: the *Professional Conduct Procedure*.[21]

Ambulance Victoria's policies and procedures describe different expectations and responsibilities for staff to act on and report behaviours they have experienced or witnessed. The *Professional Conduct Procedure* 'strongly encourages' staff to 'to do something about unacceptable behaviour'. Separately, the *Code of Conduct* outlines that all employees and volunteers are required to report conduct that is in breach of the law, the Code or other policies or procedures. Whereas, the *Professional Conduct Policy* notes that Ambulance Victoria expects the workforce to lodge a complaint when 'they believe they have witnessed/experienced significant unacceptable workplace behaviour'.[22]

The proliferation of policies and procedures may be increasing the risk that information is not presented consistently. The Commission is concerned that there also appear to be aspects of the report and complaint process that occur in practice but are not formally documented, which reduces transparency and can limit accountability. For example, Ambulance Victoria has advised that there is no specific formal process for complaints regarding senior members of staff; however, in practice, where a complaint of this nature is made, an external agency is engaged to review the complaint and ensure an independent and transparent process.

Findings

- Since 2017, Ambulance Victoria has taken significant steps to create a number of policies and procedures to support the operation of the report and complaint system and support the organisation's workplace behaviour framework.
- However, the information across the policies and procedures often overlaps and, at times, is inconsistent (for example, there is inconsistent information about the organisation's expectations of employees and first responders to lodge complaints about behaviours they have experienced or witnessed).
- Strong policies play a critical role in building the confidence of those who experience harm and in ensuring that individuals and the organisation as a whole have absolute clarity and clear expectations about how reports and complaints are handled. Having a significant number of policies and procedures creates a greater risk of there being inconsistencies or gaps in the information; this may reduce the accessibility and transparency of the report and complaint system for the workforce. Inconsistent or outdated information can also affect the trust a complainant has in the report and complaint system.

7.2.3 Report and complaint pathways

Available report and complaint pathways

Ambulance Victoria has established a range of mechanisms and pathways for complaints to be made. Employees and first responders may also choose to report their concerns to an external agency. An overview of some of these key pathways is provided in Figure 7H.

Figure 7H – **Overview of key internal, external complaint and informal report pathways**

Internal complaint pathways	External complaint pathways	Informal report pathways
• Direct manager or a more senior manager • Professional Conduct Unit • Health and safety complaint system • People and Culture division	• Australian Health Practitioner Regulation Agency • Corrs Chambers Westgarth (Ambulance Victoria's external law firm) • Independent Broad-based Anti-corruption Commission • WorkSafe Victoria • Victorian Equal Opportunity and Human Rights Commission • Victoria Police • Union or professional association	• The Commission has not been able to identify clear guidance to employees and first responders about how to informally resolve a report or complaint, either by themselves or with the assistance of another

In certain circumstances, health practitioners (such as registered paramedics) must report certain conduct to the Australian Health Practitioner Regulation Agency. This includes if they hold a reasonable belief[23] that another practitioner has engaged in:

- sexual misconduct in the practice of the profession
- conduct that involves a significant departure from professional standards of practice and places the public at risk of harm.[24]

The purpose of mandatory reporting is to protect the public from risks of potential harm.[25] Employers of health practitioners, such as Ambulance Victoria, also hold the same mandatory obligation.[26]

Information about report and complaint pathways

Effective report and complaint systems should promote multiple avenues to make a report or complaint and should support the workforce to clearly know how to access these pathways.

In different policies and information published by Ambulance Victoria, employees and first responders are directed to make formal complaints to either their manager or the Professional Conduct Unit, but there are inconsistencies in whether staff must first make a report to their manager.

Ambulance Victoria's *Complaint Policy* specifies that staff should make formal complaints to the Professional Conduct Unit, preferably in writing. By contrast, the *Misconduct Policy* encourages people to speak with their manager in the first instance about breaches or behaviour that might amount to misconduct, or to a more senior manager, if their concern is about their immediate manager. The Professional Conduct Unit's intranet page also advises employees and first responders to report to their direct line manager in the first instance, who will communicate with the Professional Conduct Unit as required.

Where a formal complaint is made to a manager, each of the policies requires the manager to act on the complaint and refer the matter to the Professional Conduct Unit for triaging.

The *Complaint Policy* also notes that confidential complaints relating to possible improper conduct can be lodged with an external agency, but it does not further describe what type of conduct should be reported to different agencies or how contact can be made.[27] Other complaints policies and procedures do not provide details of the external pathways available to employees and first responders.

In December 2020, Ambulance Victoria circulated a brochure providing information about four internal and 11 external complaint pathways. This brochure promotes the establishment of SafeSpace and provides contact details for support services, such as peer support. However, this, and other key information (such as the availability of anonymous reporting to Ambulance Victoria's external law firm) has not been comprehensively integrated into complaint policies and procedures.

The impact of inconsistent information about these pathways may be impacting the ability of employees and first responders to access these services. Data provided by Ambulance Victoria shows there has been a very low level of contact with SafeSpace – with only nine calls made following its establishment in December 2020 to March 2021.

Ambulance Victoria has advised that it intends to consider the inclusion of these services and pathways into policy and procedures following the Commission's review, and in the context of the need for any further changes arising from any related recommendations.

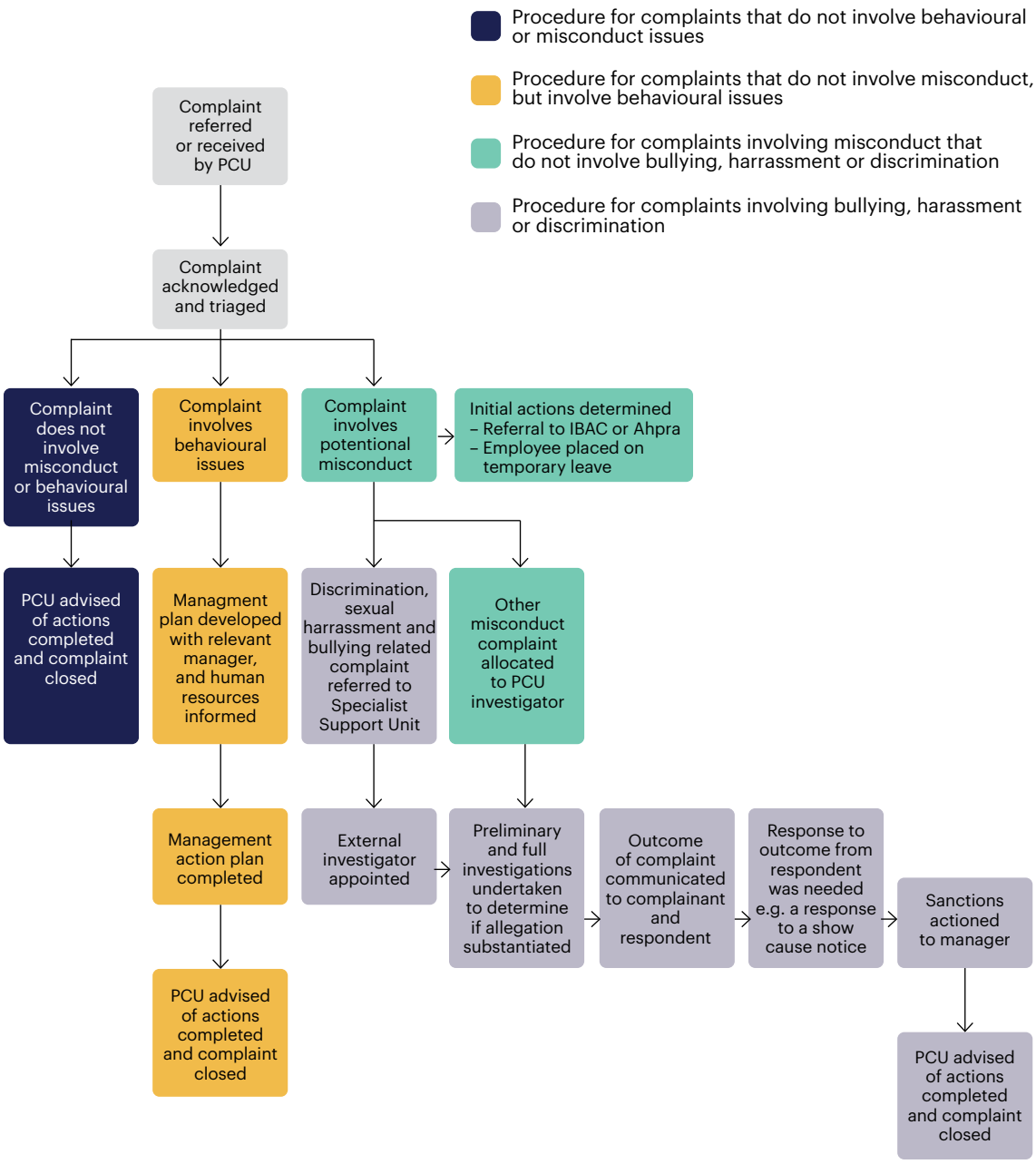
Findings

- Ambulance Victoria's policies and procedures generally present two pathways for employees and first responders to make a report: reports can be made to their manager or to the Professional Conduct Unit. These documents do not promote multiple avenues that would allow greater choice for complainants to determine the pathway that best suits their needs, or that they are most comfortable with in the circumstances. For example, current policies and procedures do not reference a range of different internal representatives who a report or complaint could be made to, such as People and Culture representatives or health and safety officers.
- In Chapter 5, the Commission found that alleged perpetrators of discrimination and bullying were most often in a more senior position to the alleged victim-survivor; the two most common alleged perpetrators were described as holding a role of a senior manager or a direct manager or supervisor. These findings reinforce the critical importance of providing a range of alternative avenues for reporting outside of direct management lines of responsibility to better support complainants to feel safe to come forward.
- Information about the options available to report externally – including information about which agencies may be relevant in certain circumstances – is not outlined in detail. Information about where employees and first responders may access information and advice about the complaint pathways (for example from the recently established SafeSpace) – is also not detailed. The limited uptake of some of these new services – such as SafeSpace – may be affected by this lack of clarity and depth of information.
- Ambulance Victoria has recently developed a guidance document outlining internal and external pathways to make a report. This is a positive step to expand the information provided about the report and complaint process in a variety of formats. However, the effectiveness of this guidance is limited because of the lack of alignment and uniformity with the information provided in policies and procedures.
- It is positive that Ambulance Victoria has recently established an external anonymous report pathway through its external law firm. Anonymous reporting options can be a key tool to address power imbalances in workplaces. As the Commission has identified in Chapter 6, power imbalances are one of several mutually reinforcing drivers of unlawful and harmful conduct. However, we could not identify any policies, procedures or guidance that promote this external pathway, which both diminishes the transparency of the report pathway and its accessibility to employees and first responders.

7.2.4 Complaint process

The Professional Conduct Unit is the central unit that receives complaints in Ambulance Victoria. Where a formal complaint is made to a manager, they are directed to refer it to the Professional Conduct Unit for triaging.[28] Whether a complaint involves behavioural issues or potential misconduct is central to determining the relevant procedure and steps that may be taken to resolve the complaint, as outlined in Figure 7I below.

Figure 7I – **Overview of assessment, referral and investigation process**



Assessment and triage

The Professional Conduct Unit uses a triage tool to support the assessment of complaints (see Figure 7J).

Figure 7J – **Summary of complaint triage tool**

Category	Type of conduct or behaviours	Suggested response
Category 1	• Inappropriate interpersonal conduct • Inappropriate behaviour relating to minor management matters • Performance requiring improvement	• Address using performance management or dispute resolution process (for example, mediation or counselling); generally, not appropriate for extensive investigation • Repeated conduct should be considered for categorisation as Category 2
Category 2	• **Minor misconduct:** Conduct or behaviour that is inconsistent with standards expected of a public sector employee but is not wilful or malicious • Careless or negligent performance of duties, rather than unsatisfactory performance due to lack of skill • Ongoing or repeated Category 1 conduct	• Address using performance management or dispute resolution process (for example, mediation or counselling); generally, not appropriate for extensive investigation • Repeated conduct should be considered for categorisation as Category 2
Category 3	• **Serious misconduct:** Conduct or behaviour that is inconsistent with professional standards, conduct and practices expected of the public sector, and are wilful, reckless or malicious • Conduct that could warrant disciplinary processes or termination of employment • Conduct that is potentially criminal or involves a serious neglect of performance of duties	• Consider administrative action that can be undertaken alongside serious criminal cases

In undertaking the triage and initial assessment of complaints, the Professional Conduct Unit considers a range of factors to determine the most appropriate resolution and priority of the matters; for example, the seriousness, complexity and urgency of the complaint, whether there are any potential risks to health and safety, and whether the behaviour or misconduct justifies disciplinary action. The *Complaint Procedure* outlines that the Professional Conduct Unit will consider how the complainant is being affected in its initial assessment; however, the

complainant's views and wishes are not specifically identified as a relevant factor that should be considered in how a complaint should be managed.[29]

The Professional Conduct Unit then determines whether a complaint will be internally or externally investigated, referred for a 'local level resolution' by a manager and human resources, or if no further action is required.

Options for resolution

The *Complaints Procedure* outlines a range of options to resolve complaints, which can include (but are not limited to):

- formal investigation
- referral to local management for the implementation of a performance management process
- workplace assessments or reviews
- mediation
- facilitated discussions
- training and education.

The Commission understands there are no further documents or guiding materials that provide additional information about these resolution options; such as, what the different options involve, the extent to which complainants are involved in decisions about what outcomes may or may not be appropriate and the types of complaints that are most suitable for each resolution option. Ambulance Victoria has indicated that it has identified the need for additional guidance about what the outcomes involve (for example, what is involved in 'local level resolution'). This information is currently in development.

Complaint policies and procedures also do not directly encourage or provide guidance to the workforce or managers about the practical steps they may take to resolve issues themselves, nor do these documents specifically identify informal reporting options. The impact of these issues on personal experiences of the report and complaint system is further explored in Chapter 8.

Referral of complaints to external bodies

Complaint policies and procedures outline that some matters may also be reported to the police (including offences under criminal law) or be referred to the Independent Broad-based Anti-corruption Commission, or to the Australian Health Practitioner Regulation Agency. No further information is provided about the circumstances where this may occur, or to what extent the complainant will be involved in the decisions to refer a matter to an external body.

Investigation

Where the issues in a complaint could fall within the definitions of 'misconduct' or 'serious misconduct', relevant enterprise agreements require particular processes to be followed.[30] The *Investigation Procedure* expands on these procedures, outlining that:

- a written notification should be made to an employee, detailing the allegations, the evidential basis and that the employee has a right to have a representative for any meetings

- there should be a reasonable timeframe for an employee to respond to the allegations, as well as to any findings, material and proposed disciplinary outcome arising from any investigation undertaken.[31]

At the conclusion of the investigation, the appointed investigator provides a report containing the findings they have reached, assessed on the balance of probabilities.[32] The *Investigations Procedure* notes that Ambulance Victoria then consider whether disciplinary action is necessary, considering the allegations, reasons, evidence, findings and responses and take into account:

- whether there are valid reasons justifying the proposed disciplinary action
- recommendations from an investigator about the appropriate disciplinary outcomes
- any responses of the respondent, including any mitigating circumstances.[33]

As noted earlier, all reports and complaints of unlawful and harmful conduct are currently externally investigated. However, complaint policies and procedures do not currently reflect this, nor contain guidance on when the use of an external investigation may be considered, such as where a complaint involves a senior member of staff.[34]

Outcomes

If allegations of misconduct are substantiated, the enterprise agreement provides for a range of possible disciplinary outcomes, including (but not limited to) no action, performance management, warnings, restorative practices (such as training, mediation, apologies, personal development, coaching and mentoring) and termination of employment.[35]

As noted earlier, Ambulance Victoria is required to refer certain conduct to the Australian Health Practitioner Regulation Agency if its legal obligations are triggered. Over the last five years, two of the 32 notifications that Ambulance Victoria has made related to discrimination, sexual harassment, victimisation or bullying.

The Australian Health Practitioner Regulation Agency may then also undertake its own assessment and investigation and may take action to impose conditions on a practitioner's registration (for example, a Paramedic's registration), caution or reprimand the practitioner, and can seek to have a health practitioner's registration suspended or cancelled by a court or tribunal.[36]

Complaint closure and record-keeping

Following consideration of the complaint and any investigation into the issue raised, the Professional Conduct Unit contacts the complainant to advise them of closure. The unit is also responsible for implementing and monitoring any outcomes and maintaining appropriate records.[37] No further information is provided about what information will be recorded, and what information may be shared.

Findings

- Some aspects of Ambulance Victoria's report and complaint policies align with the Commission's minimum standards – such as a strong statement that victimisation is prohibited and will be acted on in the *Professional Conduct Procedure*. However, there are a number of key gaps, including:
  - a lack of a clear commitment that the report and complaint process will be victim-centric
  - clear descriptions of the outcomes available, such as what is involved in a 'local level resolution'
  - the factors that will be considered when determining how to resolve a report or complaint, including, crucially, how the wishes of the complainant will be taken into account
  - details about when Ambulance Victoria may be legally required to take action or formally escalate a report or complaint, including scenarios that make it clear when this may occur
  - clear timeframes for responses to complaints
  - an explanation of what information will be recorded and how confidentiality is maintained, including clear guidance about the scenarios in which information may need to be shared with others.
- The absence of a comprehensive victim-centred approach in policies and procedures means that Ambulance Victoria is not proactively addressing potential and known barriers to reporting.
- These gaps also reduce transparency and accountability and may be contributing to a reluctance to engage with the report and complaint system.

7.2.5 Awareness of the report and complaint process

To support awareness and understanding of the report and complaint process, Ambulance Victoria provides training courses and has published guiding materials.

As outlined in Chapter 4, Ambulance Victoria provides the following training:

- **Equal opportunity induction and biannual refresher training:** This training outlines the role of the Professional Conduct Unit and notes the first point of contact for a complaint should be a direct manager, but where this is not appropriate, to contact the Professional Conduct Unit.[38] Information about available support services – internal and external to Ambulance Victoria – is provided.
- **Bullying and harassment training for managers:** Aspects of this training highlight the importance of intervening early and the role of managers in supporting employees and first responders to resolve and address issues when they arise, including informal approaches.

In addition, Ambulance Victoria also has a range of information available to support employees and first responders to understand the report and complaint process, including:

- **A complaint brochure:** This brochure provides information about four internal and 11 external complaint pathways. It promotes the establishment of SafeSpace and provides contact details for support services, such as peer support
- **Ambulance Victoria's intranet:** Information on the organisation's intranet encourages reports and complaints to be made to a manager in the first instance, and outlines the role and process of the Professional Conduct Unit.

As outlined earlier in this chapter, a number of significant changes have been made to Ambulance Victoria's report and complaint system. While the Commission acknowledges that Ambulance Victoria has taken steps to promote the services of SafeSpace through email communications, this information is not integrated across all the documents and materials that are designed to inform staff of complaint processes and procedures. This means the information available contains incomplete or out of date information, particularly about the availability of complaint pathways and support services such as SafeSpace.

Findings

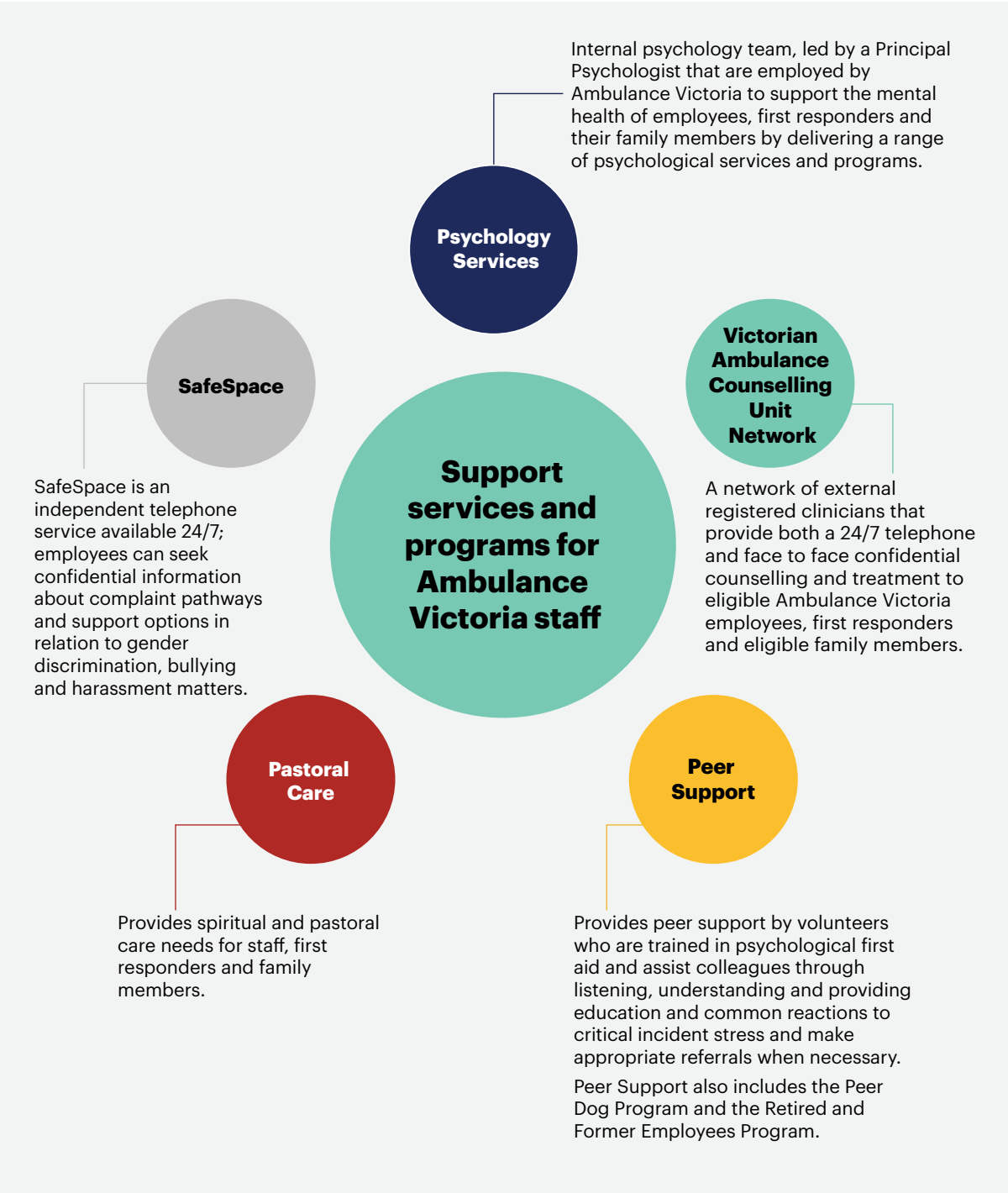
- The training and information available on Ambulance Victoria's intranet reflects the two report pathways (to a manager or to the Professional Conduct Unit) that are described in policies and procedures. As noted in the Commission's earlier findings, the lack of a comprehensive and consistent approach to detailing the available pathways to employees and first responders limits the effectiveness of recent changes (which were made to broaden the pathways available to seek information and advice) and reduces the choice and control of complainants; that is, by being able to choose a complaint pathway that best suits their needs, complainants have greater control over the complaint process.
- The bullying and harassment training recently rolled-out to some managers in Ambulance Victoria highlights the importance of early intervention and proactively resolving issues as they arise; this is consistent with the Commission's minimum standards that emphasise the importance of early resolution and informal reporting options to promote an emphasis on the complainant's safety, choice and control over the complaint process.
- However, the effectiveness of this training is limited by a lack of policy guidance that reinforces the messages and information provided in the training. This prevents managers (and employees and first responders) having a point of reference to return to following the training. There is also a lack of guidance about a range of response options that would support complainants to have flexibility to choose the pathway and response that is right for them, which may in turn, discourage reporting. It also reduces the clarity and transparency of the range of response options available through the report and complaint system and is limiting opportunities to informally resolve issues at the earliest opportunity.

7.2.6 Wellbeing supports

Available support services

If an employee is considering making a report or complaint, Ambulance Victoria has a number of services and programs to support the health and wellbeing of staff. These are outlined in Figure 7K below.

Figure 7K – **Support services and programs for Ambulance Victoria staff**



The Wellbeing and Support Services Unit oversees the development and delivery of clinical care and wellbeing-based programs, including internal support services within Ambulance Victoria (for example, the Victorian Ambulance Counselling Unit and Peer Support Program). The unit may provide and connect an individual to support services, but it does not provide specific advocacy or advice about report and complaint processes.

Awareness of support services

Ambulance Victoria's support services are outlined in the *Wellbeing and Support Services Policy*.[39] Some of these services are also identified on Ambulance Victoria's intranet – as well as external support services, such as Beyond Blue and Lifeline – and in the complaint brochure described earlier.[40]

Ambulance Victoria's policies and guidance provide different information about who is responsible for connecting individuals involved in complaints with wellbeing and support services. For example, the Professional Conduct Unit intranet page notes that it is a manager's responsibility to provide ongoing welfare support to any employees involved in a misconduct investigation, including any referrals to available support services.[41]

In contrast, the *Complaint Procedure* outlines that the Professional Conduct Unit will advise the complainant of wellbeing and support services.[42] The provision of support services has also been highlighted as a key role of the new Specialist Support Unit.[43]

In Chapter 8, the Commission explores employees and first responders' experiences of the report and complaint process, including access to support services. The Commission has been told that many complainants do not access support services within Ambulance Victoria, and there are gaps in the provision of supports to complainants.

7.2.7 Governance and oversight

Ongoing monitoring and evaluation of report and complaint systems is key to understanding issues that are emerging at the earliest opportunity and to strengthen and improve policies, procedures, training and communication that supports prevention approaches and can promote transparency. For example, tracking trends is vital to ensure organisations can understand whether conduct is being repeated (such as by a certain individual) or whether conduct is occurring across an organisation.

The work of the Professional Conduct Unit is directly overseen by an executive-level committee, as well as by the People and Culture Sub-committee of the Board, as part of its monitoring and oversight function, as outlined in Figure 7L below.

Figure 7L – **Monitoring and oversight of the Professional Conduct Unit**

Role		Information about complaint data provided
Professional Conduct Committee	Reviews decisions and respond to risks, identifies trends and proactively monitors the Professional Conduct Unit's work[44]	Receives a quarterly report containing a range of data, including the category, location, outcomes and type of investigation (internal or external) A more detailed dashboard also tracks the overall number of investigations each quarter, as well as case type and location trends over a two-year period, case complexities, median timeframes for open and closed cases
People and Culture Sub-committee	Monitors and provides advice and recommendations to the Board on the effectiveness of people-related strategies and oversees people and culture risks, trends and relevant emerging behaviours[45]	Receives a quarterly report containing key data and measures mapped to the four strategic priorities outlined in Ambulance Victoria's *Strategic Plan* The key data reported includes the types of complaints received, location and outcomes

Ambulance Victoria advised the Commission that no formal key performance indicators currently apply to the Professional Conduct Unit; however, regular reporting and monitoring is undertaken by reporting to the CEO and the Board. The key information shared with these committees is outlined in Figure 7L above.

The quarterly reports and dashboard do not benchmark the data reported against agreed indicators; for example, service standards outlining the completion of actions, such as investigations within particular timeframes. There are also no supporting procedures that define specific data sets that should be reported and tracked on an ongoing basis to ensure that reports capture comparable data that can be monitored over time. There is also an absence of data about employee experience of the report and complaint system, and no formal process to obtain it on a regular basis (outside of the regular People Matter Survey).

The lack of an agreed baseline or targets that the performance of the report and complaint system can be measured against limits the capacity of these oversight committees to effectively assess if the system is meeting the needs of complainants and others who may be involved in complaint processes, as well as the organisation itself.

In addition, the reporting does not provide detailed analysis of identified root causes, or trends to inform measures and steps that may be taken to address either specific identified risks or those that are emerging. The assessment of report and complaint data (alongside other data sets) is a key function of the newly established Specialist Support Unit and is a positive recognition of the importance of this capability.

The Commission has been unable to identify any processes or procedures that are used by Ambulance Victoria to share information about trends, pattern or lessons arising from report and complaint data with its staff. For example, details about reports and complaints are not included in Ambulance Victoria's annual reports.

Ambulance Victoria has indicated that this issue has been identified as an action in its organisational culture risk treatment plan and further work on an approach is intended to be undertaken following the finalisation of the Commission's review.

Findings

- The Specialist Support Unit, established in December 2020, has a key function to assess trends and patterns; this should increase Ambulance Victoria's capacity and ability to identify trends, patterns and lessons.
- The ability of Ambulance Victoria to effectively monitor and evaluate the performance of the report and complaint system has been limited by a lack of comprehensive data to support a detailed understanding of the experience of the report and complaint system by the workforce. Monitoring and evaluating the report and complaint system has also been hampered by a lack of clear, agreed indicators for performance that the system can be assessed against. This has also impacted Ambulance Victoria's ability to accurately identify and respond to key gaps and issues in the report and complaint system, and to take action at the earliest opportunity to adjust aspects of the system and continuously improve.
- Ambulance Victoria does not routinely or transparently share information about trends, patterns and lessons with its workforce. While the information that can be shared with the workforce must be carefully balanced with confidentiality and privacy concerns for those involved, Ambulance Victoria must more proactively consider what information can be shared, including in a de-identified and aggregated way.

7.3 Rates of reporting unlawful conduct

The Commission sought to understand whether Ambulance Victoria's workforce feels safe and supported to act on discrimination, sexual harassment, bullying and victimisation they experience or witness by making a report or complaint. As noted earlier in this Chapter, research tells us that workplace discrimination, sexual harassment and bullying are likely to be underreported; there are often compounding factors creating obstacles for people to come forward.

The experiences shared with us by employees and first responders were integral to supporting the Commission to deeply understand the organisation's efforts to respond to unlawful and harmful conduct and to assess whether these measures are effective. We asked participants to describe whether they had made a report or complaint about unlawful conduct they had experienced, witnessed or heard about.

We considered and contextualised what we were told against:

- similar surveys that have sought to understand Ambulance Victoria employees' experiences and willingness to make a complaint
- Ambulance Victoria complaints data from 2016–2017 onwards
- data and analysis on reporting unlawful conduct in similar organisations, and in the health and emergency services sectors, as well as relevant research and reviews.

In the past five years, Ambulance Victoria has had a strong and sustained focus on reforming complaint structures and maturing its processes and procedures. The Commission heard that these changes were a significant step forward and have increased the consistency of report and complaint processes. However, an apparent disconnect between the aims of these reforms and some of the workforce's experiences has generated significant distrust in the system.

The Commission's survey did not generally reveal significant differences in the experiences of different cohorts. Many of the responses to survey questions were consistent across gender, role type and location, among other demographics. Combined with the low reporting rates – and strong perceptions of dissatisfaction and feeling of a lack of safety – this suggests a widespread lack of confidence in the organisation's report and complaint system.

The Commission did, however, identify some differences for people who experienced sexual harassment, for younger employees, and for those who more recently commenced their employment with Ambulance Victoria (see below).

Findings

- The Commission's survey, reinforced by interviews, submissions and data from Ambulance Victoria, shows that there are very low rates of reporting discrimination, sexual harassment, bullying and victimisation:
  - 15.3% of the 898 people who experienced discrimination and responded to the survey question made a formal complaint
  - 9.6% of the 335 people who experienced sexual harassment and responded to the survey question made a formal complaint
  - 15.9% of the 981 people who experienced bullying and responded to the survey question made a formal complaint
  - there have only been four formal complaints of victimisation recorded in Ambulance Victoria over the last five years.
- The rate of formal reporting of sexual harassment in Ambulance Victoria (9.6%) is lower than the national average of 17%.
- The rates of reporting by bystanders are also very low, with only 6.0% of the 1356 people who responded to the survey question indicating they made a formal report.
- The Commission's survey also indicates that there may be hesitancy to make a report or complaint if they experienced discrimination, sexual harassment, bullying and victimisation in the future: 26.5% of the 1911 people who responded to the survey question told us they definitely would not or probably would not make a report or complaint in the future.
- The low rate of engagement with Ambulance Victoria's report and complaint system indicates it does not currently facilitate a safe and supportive environment that encourages those who have experienced unlawful and harmful conduct and bystanders to come forward with their experiences; this must be improved.

7.3.1 Complainants

The Commission's survey asked how participants responded to the discrimination, sexual harassment or bullying they reported experiencing, including whether they informally discussed it with anyone or made a formal complaint. Participants could select more than one response.[46]

Discrimination

The survey demonstrates that formal reporting of discrimination is very low in Ambulance Victoria. Of the 898 people who reported experiencing discrimination and answered a question about their response to it, only 15.3% (n=137) made a formal complaint.

Participants told us they were most likely to turn to others outside of Ambulance Victoria to discuss what had happened to them. Most commonly, participants reported having an informal discussion with colleagues, family members and friends about their experiences (63.0% or n=566), followed by 43.1% (n=387) of survey participants indicated they turned to Ambulance Victoria's representatives to have an informal discussion; and 22.0% (n=198) of survey participants reported taking none of these actions.

The result from the Commission's survey is slightly higher than the results reported in the People Matter Survey. In 2020, of the 14% (n=168) of those who reported experiencing discrimination, 9% (n=15) indicated they made a formal complaint.[47]

The low formal rates of reporting discrimination are also reinforced by data provided by Ambulance Victoria, which shows few internal formal complaints of discrimination have been made in the last five years (see Figure 7M).

Figure 7M – **Internal formal complaints of unlawful conduct**

Type of unlawful conduct	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
Discrimination	1	1	2	5	9
Harassment[48]	0	3	4	7	11

The 137 survey participants who described making a formal complaint is much higher than the number of internal complaints recorded by Ambulance Victoria (see Figure 7M). This pattern is consistent across all forms of unlawful conduct (see further below). This may be due to the survey capturing unlawful conduct experienced by employees and first responders in Ambulance Victoria at any point during their employment. Or, it may be due to differences in perception about when a formal complaint has been made (for example, where a report or complaint is made to a manager, but not acted upon).

However, the Commission has found that the vast majority of unlawful conduct reported occurred within the last five years (see Chapter 4). While the exact reason for this discrepancy is not clear, it does reinforce the views expressed by many participants that reports or complaints they made were at times, dismissed, not acted upon, or not responded to (see Section 8.1.1).

Sexual harassment

Of the types of unlawful conduct examined by the Commission, participants were least likely to make a formal report of sexual harassment. Of the 335 survey participants who responded to a question describing what action they took after experiencing sexual harassment, only 9.6% (n=32) submitted a formal complaint.

Distinct from discrimination and bullying, fewer participants reported having informal discussions about their experiences of sexual harassment with people outside of Ambulance Victoria. A total of 50.4% (n=169) indicated they spoke with colleagues, friends or family, and only 22.1% (n=74) had an informal discussion with a representative of Ambulance Victoria; 37.3% (n=125) reported taking none of these actions.

The rate of formal reports of sexual harassment, while low, are higher than the rates reported through the People Matter Survey. Over the last five years, the rate of making a formal complaint of sexual harassment has ranged between 4% (n=4) in 2016 and 9% (n=12) in 2020.[49]

The low rate of engagement with the formal complaint system is further demonstrated by the number of internal formal complaints of sexual harassment. As outlined in Figure 7N below, the number of these complaints has been as low as one per year on some occasions over the last five years.

Figure 7N – **Internal formal complaints of unlawful conduct**

Type of unlawful conduct	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
Sexual harassment	1	8	1	8	7

The rate of formal reporting of sexual harassment in Ambulance Victoria is also lower than the national average. In 2018, the Australian Human Rights Commission found that around one in five people (17%) who were sexually harassed at work in the last five years had made a formal report or complaint.[50]

The low rate of formal reporting and seeking the assistance of family, friends and co-workers that is demonstrated in these data sources is also consistent with known literature and research, which suggest most individuals deal with experiences of sexual harassment on their own, or through more 'informal' ways within their networks.[51]

The Commission's survey did not reveal any significant difference between formal reporting rates for men and women; this is consistent with the findings of the Australian Human Rights Commission in 2018.[52]

This is also consistent with broader literature. Research seeking examining whether the individual characteristics of people who have experienced sexual harassment (such as age, marital status, sexual orientation or ethnicity) impact their willingness to report has had mixed results, with some studies suggesting impacts and others finding no strong evidence.[53] Willingness to report sexual harassment seems to be more strongly influenced by the circumstances surrounding the sexual harassment, such as the severity of the incident, and the impact of the organisational context, which are further examined in Section 8.2.

Bullying

Of the 981 survey participants who reported experiencing bullying and who responded to this question, 15.9% (n=156) reported taking steps to submit a formal complaint.

The two most common responses reported were reaching out to colleagues, family and friends (59.8% or n=587), followed by discussing the experience with representatives of Ambulance Victoria (42.9% or n=421). A total of 22.1% (n=217) of survey respondents reported taking none of these actions.

The lack of engagement with Ambulance Victoria's formal complaint process is consistently apparent from the responses to the People Matter Survey. Rates of submitting a formal report ranged from 13% (n=69) to 23% (n=71) over the last five years, with the most recent reporting rate recorded at 16% (n=48) in 2020.

In line with these data sources, over the last five years, Ambulance Victoria has consistently recorded very few formal complaints of bullying. However, over the last two years there has been a significant increase, as outlined in Figure 7O. This partly coincides with the announcement of the Commission's review.

Figure 7O – **Internal formal complaints of unlawful conduct**

Type of unlawful conduct	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
Bullying	1	29	14	48	94

Low rates of formal reports of bullying were also identified in the health sector in the 2016 Victorian Auditor-General Office's audit of bullying and harassment. Focus groups undertaken with staff members across different levels 'overwhelmingly indicate high under-reporting' including of bullying and harassment.[54]

Victimisation

As outlined in Chapter 4, a significant proportion of respondents to the Commission's survey indicated they had experienced victimisation or negative consequences for their career. In interviews and submissions, some participants also described being victimised after they spoke about their experiences, whether formally or informally:

> **The standard you walk past is the standard you accept. That's why I spoke up.... Because I didn't want someone to kill themselves, and if I ignored it and someone killed themselves, I'd never live with myself. So I spoke up, and people saw that, I was [penalised].** *Participant, Interview*

> **I was doomed from the start; from that minute that I put that complaint in for the sexual harassment, I was gone. I was finished at AV. The job was no longer mine.** *Participant, Interview*

> **It's a thing with Ambulance Victoria that they don't appreciate people standing up to them and pointing out they've done something wrong or something's not appropriate. They like people just to do what they ask them to do and not complain.** *Participant, Interview*

The Commission's survey did not ask whether participants experienced victimisation if they made a further informal report or formal complaint about the victimisation they experienced. However, data provided by Ambulance Victoria about internal complaints of victimisation suggests they are incredibly rare, with only four complaints made in the last five years, as outlined in Figure 7P below.

Figure 7P – I**nternal formal complaints of unlawful conduct**

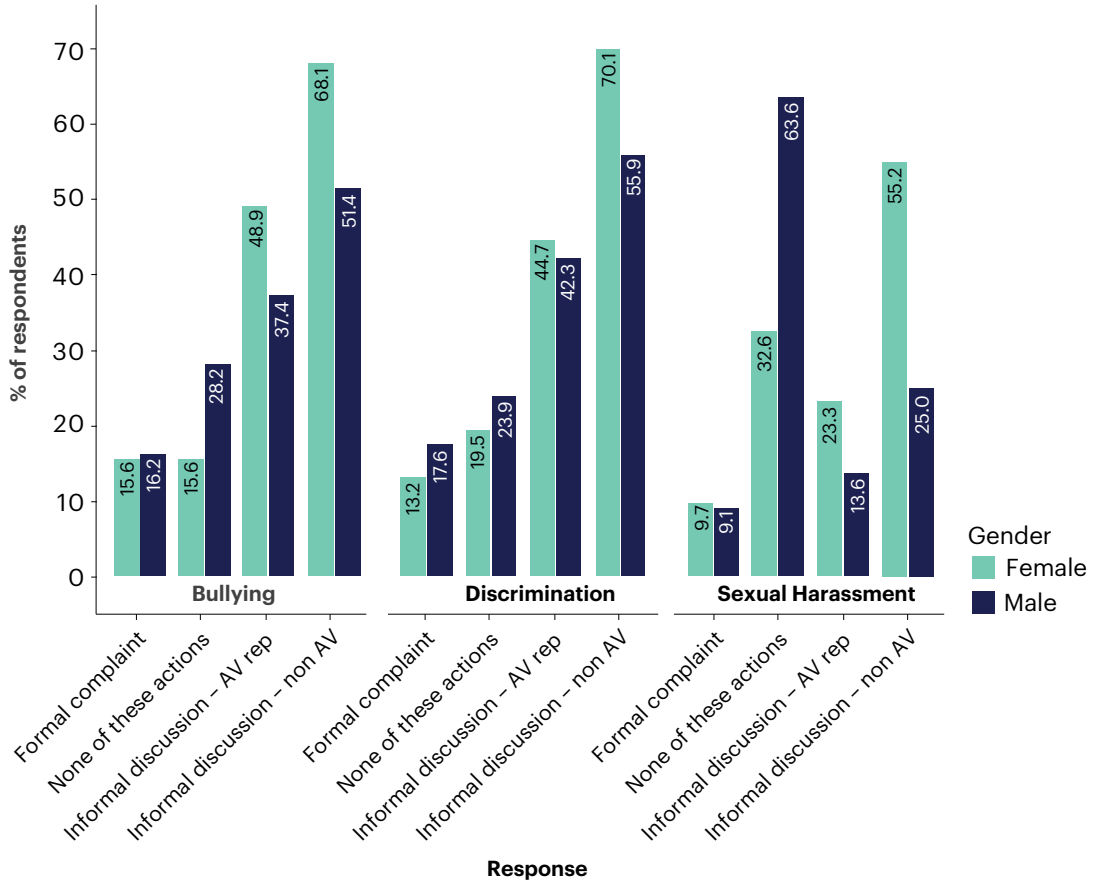
Type of unlawful conduct	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
Victimisation	0	0	0	4	0

Gender

As noted earlier, the Commission's survey did not identify clear differences in formal reporting patterns across different cohorts. Men and women generally made formal reports of their experiences of unlawful conduct at similar rates. For example, of the 381 men who experienced discrimination and responded to the question about what actions they took, 17.6% (n=67) submitted a formal complaint as compared to 13.2% (n=61) of 461 women.

However, the Commission's survey data suggests that men are more likely not to take any action in response to unlawful conduct, particularly in relation to bullying and sexual harassment (see Figure 7Q). Of the 44 men who reported experiencing sexual harassment and responded to this question, 63.6% (n=28) described not taking any action, as compared with 32.6% (n=91) of the 279 women who responded.

Figure 7Q – **Actions taken after an experience of unlawful conduct (by gender)**

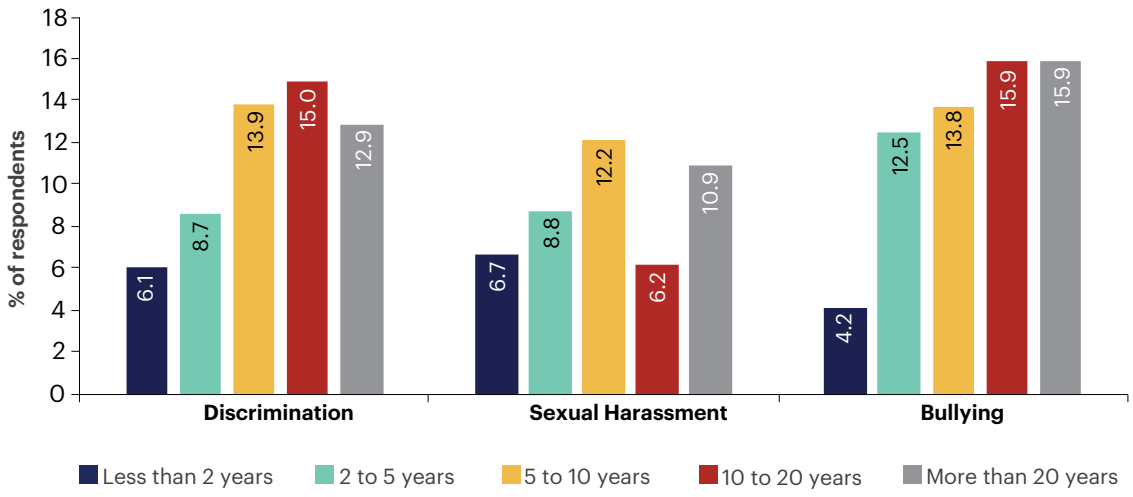


The Commission's findings may be partly explained by some research on men's experience of sexual harassment, which has uncovered a lower reporting rate by men as compared with women.[55] According to some research, men may face specific barriers to reporting due to the stigma associated with reporting experiencing such behaviour, and/or they may perceive certain behaviour that amounts to sexual harassment as less threatening or serious than women.[56]

Length of employment

Participants who had more recently commenced employment with Ambulance Victoria were generally less likely to submit a formal complaint, as outlined in Figure 7R below.

Figure 7R – **Rate of submitting a formal complaint by length of employment**



This was particularly the case for participants who had commenced employment with Ambulance Victoria less than two years ago.[57]

These lower rates of formal reporting may be explained by the impacts of power imbalances and hierarchy within Ambulance Victoria, which pose particular challenges for employees and first responders early in their careers. In interviews and submissions, participants who had more recently commenced employment at Ambulance Victoria reported significant fears about making a report of bullying or discrimination, including fear that doing so would jeopardise what they hoped would be a long career with the organisation:

> **Other qualified paramedics would offer me advice to not complain about being sworn at as that would 'put a target' on my back and further advice would be just get through [Graduate Ambulance Paramedic] year and then the alleged perpetrator would target future [Graduate Ambulance Paramedics]...I felt very trapped.** *Participant, Submission*

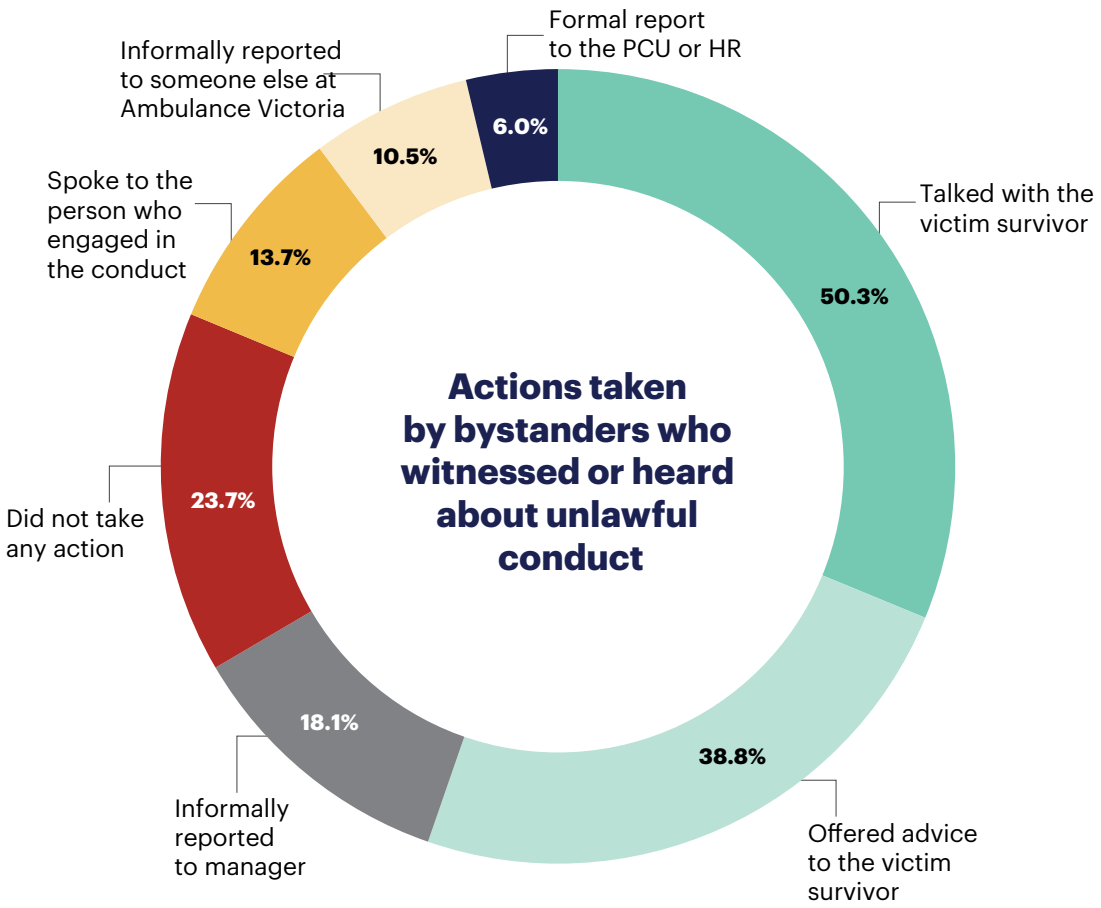
This is also consistent with the view of the Diversity Council Australia, which has highlighted that, in the context of sexual harassment, young people at the beginning of their careers tend to feel less power in organisations and may not want to speak out due to fears about jeopardising their careers.[58] The impact of this issue as a barrier to reporting is further explored in Section 8.2.

This data reinforces the importance of Ambulance Victoria's report and complaint system being designed and monitored in light of how it is experienced by employees and first responders at all levels of the organisation.[59]

7.3.2 Bystanders

The Commission's survey asked participants what actions they took after their most recent experience of witnessing or hearing about unlawful conduct. Of the 1356 people who responded to this question, the three most common responses were to talk with or listen to a victim-survivor (50.3% or n=682) or offer advice (38.8% or n=526), around a quarter (23.7% or n=321) noted that they did not take any action.

Figure 7S – **Actions taken by bystanders who witnessed or heard about unlawful conduct**



The Commission's survey did not ask participants what action they took by type of unlawful conduct. However, some of the results align with aspects of the findings of the Australian Human Rights Commission's national survey on sexual harassment in Australian workplaces. For example, that survey also found the most common response of a bystander (71%) was to talk with or listen to a victim survivor.[60]

The Australian Human Rights Commission also found that around half of those surveyed (47%) indicated that they had reported the harassment to the employer; this is higher than the rates recorded in the Commission's survey, where 34.6% (n=471) informally or formally reported the conduct to their manager, someone else at Ambulance Victoria or the Professional Conduct Unit or Human

Resources.[61] Of the respondents to the Australian Human Rights Commission's survey, 40% indicated they spoke with the harasser, as compared to 13.7% (n=186). The differences between these results suggests that bystanders in Ambulance Victoria may not feel safe to make an informal or formal complaint about what they witnessed; and they may be more hesitant to directly intervene and challenge an alleged perpetrator.

In the 2020 People Matter Survey, 94% (n=1125) of survey respondents agreed that they always had a responsibility to take action if they witnessed inappropriate workplace behaviour, and 77% (n=922) agreed they would always take action to intervene. Only 6% (n=72) of respondents disagreed that they would always take action to intervene, and 17% (n=204) neither agreed nor disagreed.

Of the survey respondents, 76% (n=910) also agreed that they were confident that they had the skills to effectively intervene if they witnessed inappropriate workplace behaviour, with only 8% (n=96) disagreeing and 15% (n=180) neither agreeing nor disagreeing.

The results from the 2020 People Matter Survey point to a significant opportunity to harness a strong understanding and commitment within Ambulance Victoria's workforce to take responsibility and intervene. However, the difference between the results from the People Matter Survey and the Commission's survey, suggests that when employees and first responders are faced with the actual experience of witnessing unlawful and harmful conduct, they may not feel equipped or comfortable to respond to the situation.

The challenges faced by bystanders in intervening have also been identified in other contexts. For example, in 2015, VicHealth surveyed what action Victorians would take in racist incidents in social situations, workplaces and community-based sports clubs. In that study, an average of 23% of people identified they would feel uncomfortable, but would not do anything when they witnessed a racist incident.[62]

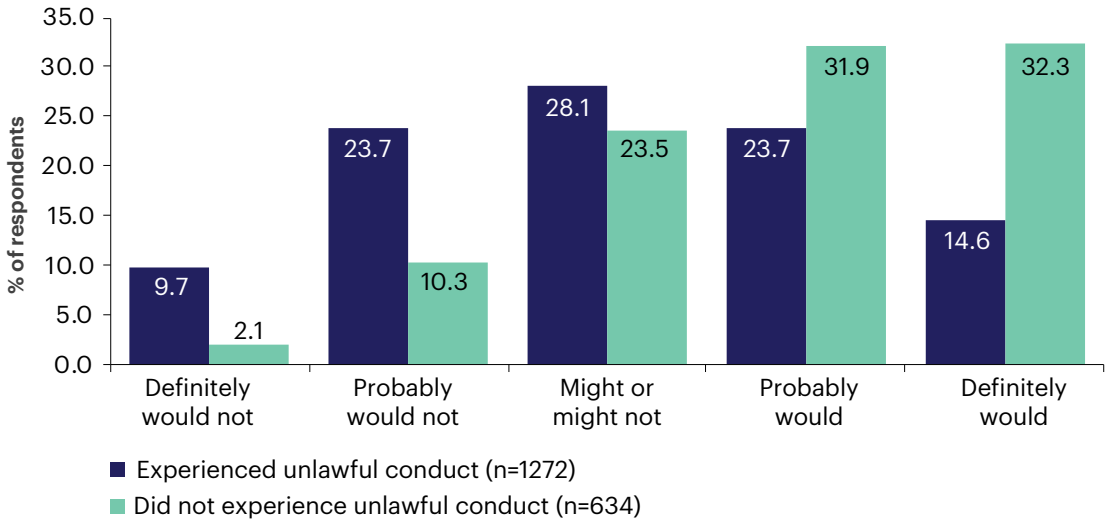
Future intention to report

The Commission's survey asked respondents to indicate that if they were to experience or witness discrimination, sexual harassment, bullying or victimisation in the future, how likely they would be to report it or to make a formal complaint.

Of the 1911 people who responded to this question, around one-quarter reported that they either definitely would not, or probably would not, make a report or complaint (26.5% or n=506). A total of 26.6% (n=508) indicated they might or might not make a report while just under half (47% or n=897) said they probably or definitely would make a formal complaint in the future.

There was a strikingly lower willingness to report unlawful conduct into the future among survey participants who had reported personal experiences of discrimination, sexual harassment, bullying and victimisation as outlined in Figure 7T.

Figure 7T – **Likelihood of making a report of unlawful conduct in the future**



In Chapter 5, the Commission found that much of the unlawful conduct reported to us took place in open areas – with an apparent sense from alleged perpetrators that conduct will be tolerated without consequence. This may, in part, explain this significant difference, as the experience of unlawful or harmful conduct in open environments where the behaviour was not called out is likely to contribute to a lack of confidence that any report would be taken seriously (this is explored in more detail in Chapter 8).

Notes

1. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 14–15; Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019) 1; WorkSafe Victoria, *A Guide for Employers: Workplace Bullying* (State of Victoria, 2020) 20–1.
2. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 14–15.
3. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 68; Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Improving Institutional Responding and Reporting, Volume 7* (Report, December 2017) 141.
4. See e.g Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016) 16; Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019) 12, 15.
5. No single study comprehensively considers reporting rates of the wide range of unlawful conduct considered by the Commission during the review. However, a range of literature and studies have consistently identified underreporting of discrimination involving protected attributes that featured prominently in the review; such as sex, age, disability and race discrimination, as well as other behaviours within the Commission's terms of reference: sexual harassment and bullying. In 2015, the Australian Human Rights Commission found that 27% of Australians aged 50 years and over reported experiencing age discrimination in the workplace. Of those who experienced age discrimination, 43% did not take any action, with only 14% raising it within their organisation (Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace* (Report, 2015) 16). A 2019 survey exploring racial discrimination in the workplace that was undertaken by the New South Wales Nurses and Midwives Association of 1234 members found that of those culturally and linguistically diverse nurses and midwives who reported they had been discriminated against, 39% had not reported it, 21% did not feel confident to report it, and 4% did not know how to report it (New South Wales Nurses and Midwives Association, *The Culture Safety Gap: Experiences of New South Wales Culturally and Linguistically Diverse Nurses and Midwives* (2019) 17). In 2019, the Victorian Equal Opportunity and Human Rights Commission found that the number of reports of workplace harm against LGBTIQ+ employees in Victoria Police were low in the context of the number of experiences of workplace harm reported (Victorian Equal Opportunity and Human Rights Commission, *Proud, Visible, Safe* (State of Victoria, 2019) 36). Formal reporting of sex discrimination and sexual harassment was low in Victoria Police compared to the reported rates of harm: only 11% of survey respondents told the Commission they had experienced sexual harassment between December 2015 and October 2018 formally reported it to Victoria Police (Victorian Equal Opportunity and Human Rights Commission, *Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police: Phase 3 audit and review* (State of Victoria, August 2019) 15). See further, Victorian Auditor-General's Office, Bullying and Harassment in the Health Sector (State of Victoria, 2016) 18–19; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 32–5; A Cooper, *Bringing Equality Laws to Life – 2018 Churchill Fellowship to Establish Best Practice for a Regulatory Framework to Create Equality through Discrimination Law – Sweden, United Kingdom, United States of America and Canada* (2019) 10.
6. Suzanne Goldberg, 'Harassment, workplace culture, and the power and limits of law' (2020) 70 *American University Law Review*, 420, 426.
7. Chris Wheeler, 'Ethics and integrity: Implications for investigations and complaint handlers' (Speech, National Investigation Symposium, 9 November 2012) 3 <https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0020/8318/Justice-Theory-Presentation-Compliance-with-accepted-standards-of-conduct-and-decision-making-NIS-9-

November-2012.pdf>. See also: Bernard Walker and Robert Hamilton, 'Employee–employer grievances: A review' (2011) 13(1) *International Journal of Management Reviews* 40; Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Impacts, Volume 3* (Report, December 2017) 191–2.

8. *Equal Opportunity Act 2010* (Vic) s 109. 'Reasonable precautions' can include having a complaint handling policy or procedure, monitoring the workplace to ensure compliance with these policies, as well as careful and systematic investigation of complaints and disciplinary action where complaints are proven. See *Styles v Murray Meats Pty Ltd* [2005] VCAT 914; *Howard v Geradin Pty Ltd t/a Harvard Securities* [2004] VCAT 1518; *Coyne v P & O Ports* [2000] VCAT 657; *Richardson v Oracle Corporation* Pty Ltd [2013] FCA 102; Johanson v Michael Blackledge Meats [2001] FMC 6; *Korczak v Commonwealth of Australia* (Department of Defence) [1999] HREOCA 29.

9. WorkSafe Victoria, *A Guide for Employers: Workplace Bullying* (State of Victoria, 2020) 25.

10. Department of Health and Human Services, *Guide to Implementing the Framework for Promoting a Positive Workplace Culture: Preventing Bullying, Harassment and Discrimination* (State of Victoria, 2019) 7, 13–14, 29.

11. The publication of such guidance has often been led by Ombudsmen, who have significant expertise in complaint handling, and also by support organisations to embed good practice. See, eg, Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016); Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021).

12. In 2017, as part of its work to improve the reporting of child sexual abuse in institutional contexts, the Royal Commission into Institutional Responses to Child Sexual Abuse reviewed and distilled the guidance of federal, state and territory Ombudsmen regarding complaint-handling and investigation frameworks. It was also informed by, and reflects, international and Australian standards for complaint handling. Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Improving Institutional Responding and Reporting, Volume 7* (Report, December 2017) 140.

13. See, e.g., Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 678–82; Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 29–33; Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 67–8.

14. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 679–80.

15. Ambulance Victoria, 'Professional Conduct Unit Employee Education and Experience' (undated) 1.

16. Ambulance Performance and Policy Consultative Committee, *Victoria's Ambulance action plan: Improving services, saving lives; Final report* (State of Victoria, 2015) 57; Ambulance Performance and Policy Consultative Committee, *Working with Paramedics to End the Ambulance Crisis: Interim Report* (Report, 2015) 17.

17. Ambulance Performance and Policy Consultative Committee, *Victoria's Ambulance action plan: Improving services, saving lives; Final report* (State of Victoria, 2015) 57; Ambulance Performance and Policy Consultative Committee, *Working with Paramedics to End the Ambulance Crisis: Interim Report* (Report, 2015) 17.

18. Ambulance Victoria, 'Business Case for the Creation of the Professional Conduct Unit' (undated) 1.

19. Ambulance Victoria, 'Support Pathways for Staff, Family and Friends' (undated) 1.

20. As noted in Chapter 2, Ambulance Victoria's workforce operates under a number of enterprise agreements, including (but not limited to) the *Ambulance Victoria Enterprise Agreement 2020 and the Ambulance Victoria* (Management and Administrative Staff) Enterprise Agreement 2020.

21. Ambulance Victoria, *Professional Conduct Procedure* (PRO/PAC/082) (State of Victoria, November 2018) 2.

22. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 7; Ambulance Victoria, *Professional Conduct Policy* (POL/PAC/002) (State of Victoria, November 2018) 5.

23. The Australian Health Practitioner Regulation Agency outlines that, 'Before making a mandatory notification, a notifier must form a reasonable belief that the incident or behaviour that led to a concern actually occurred and that a risk to the public exists. For example, you have direct knowledge, or a report from a reliable source about their experience or observations. A mandatory notification should not be made based on rumours or gossip' (Australian Health Practitioner Regulation Agency, 'Making a mandatory notification' (Web Page, 27 November 2020) <https://www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx#:~:text=You%20must%20make%20a%20mandatory,intoxicated%20by%20drugs%20or%20alcohol.>)

24. *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic), sch 1, ss 140, 141.

25. Australian Health Practitioner Regulation Agency, *Guidelines: Mandatory Notifications about Registered Health Practitioners* (Commonwealth of Australia, 2020) 2.

26. *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic), sch 1, ss 140, 142.

27. Ambulance Victoria, *Complaints Policy* (PRO/PAC/070) (State of Victoria, March 2021) 4.

28. Ambulance Victoria, *Complaints Procedure* (PRO/PAC/080) (State of Victoria, March 2021) 2.

29. Ambulance Victoria, *Complaints Procedure* (PRO/PAC/080) (State of Victoria, March 2021) 3.

30. See, eg, *Ambulance Victoria Enterprise Agreement 2020* cl 74; *Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement* 2020 cl 11.2.

31. *Ambulance Victoria Enterprise Agreement 2020*, cl 74.

32. 'Balance of probabilities' means that investigators must determine whether it is more likely than not that the conduct occurred.

33. Ambulance Victoria, *Investigations Procedure* (PRO/PAC/084) (State of Victoria, October 2020) 3.

34. Ambulance Victoria advised the Commission that there is no specific formal process for complaints regarding an executive staff member; however, in practice, where a complaint of this nature is made, an external agency is engaged to review the complaint and ensure an independent and transparent process.

35. *Ambulance Victoria Enterprise Agreement 202*0, cl 74.6.

36. Australian Health Practitioner Regulation Agency, 'Possible outcomes' (Web Page, 26 November 2020) <https://www.ahpra.gov.au/Notifications/How-we-manage-concerns/Possible-outcomes.aspx>; Australian Health Practitioner Regulation Agency, 'Investigating practitioners' (Web Page, 26 November 2020) <https://www.ahpra.gov.au/Notifications/How-we-manage-concerns/Investigation.aspx>.

37. Ambulance Victoria, *Complaints Procedure* (PRO/PAC/080) (State of Victoria, March 2021) 5.

38. Ambulance Victoria, 'Equal Employment Opportunity All Staff Training' (undated).

39. Ambulance Victoria, *Wellbeing and Support Services* (POL/PAC/064) (State of Victoria, February 2021) 1–5.

40. Ambulance Victoria, 'Support Available' (Web Page, 19 July 2) 1–2.

41. Ambulance Victoria, 'Information for Management' (Web Page, 11 February 2020) 1–2.

42. Ambulance Victoria, *Complaints Procedure* (PRO/PAC/080) (State of Victoria, March 2021) 3.

43. Ambulance Victoria, 'Visual representation of how employee-related complaints are processed throughout Ambulance Victoria' (paper prepared for the Audit and Risk Committee, May 2021) 5.

44. Ambulance Victoria 'Professional Conduct Committee Terms of Reference' (11 February 2021), 2, 3.

45. Ambulance Victoria, 'People and Culture Committee Terms of Reference' (December 2018) 1–2.

46. The Commission's survey asked participants about how they responded to their most recent experience of discrimination, sexual harassment or bullying.

47. The responses to the survey questions in the People Matter Survey are mandatory. The number of staff ('N') represented by the percentages have been calculated based on this. See, eg, Victorian Public Sector Commission, *Results Report, People Matter Survey 2016, Ambulance Victoria* (State of Victoria, 2016) 2: 'All percentages are of all respondents, unless stated otherwise'; Victorian Public Sector Commission, *Results Report, People Matter Survey 2017, Ambulance Victoria* (State of Victoria, 2017) 2; Victorian Public Sector Commission, Results Report, People Matter Survey 2018, Ambulance Victoria (State of Victoria, 2018) 2; Victorian Public Sector Commission, *Results Report, People Matter Survey 2019, Ambulance Victoria* (State of Victoria, 2019) 92, Victorian Public Sector Commission, *Results Report, People Matter Survey 2020, Ambulance Victoria* (State of Victoria, 2020) 47.

48. Ambulance Victoria describes harassment as 'uninvited and unwelcome behaviour that causes someone, or a group of people, to feel intimidated, insulted or humiliated. This may be a single, or series of incidents'. See Professional Conduct Procedure (PRO/PAC/082) (State of Victoria, November 2018) 3.

49. Victorian Public Sector Commission, *Results Report, People Matter Survey 2020, Ambulance Victoria* (State of Victoria, 2020) 43; Victorian Public Sector Commission, *Results Report, People Matter Survey 2016, Ambulance Victoria* (State of Victoria, 2016) 16–17.

50. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 32–5.

51. Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 9.

52. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 67.

53. Ganga Vijaysairi, 'Reporting sexual harassment: The importance of organisational culture and trust' (2008) 25 *Gender Issues* 43, 47, citing D Baker, D Terpstra and K Larntz, 'The influence of individual characteristics and severity of harassing behavior on reactions to sexual harassment' (1990) 22 *Sex Roles* 305–25; James Gruber and Lars Bjorn, 'Women's responses to sexual harassment: An analysis of sociocultural, organizational, and personal resource models' (1986) 67 *Social Science Quarterly* 814–26; Natalie Malovich and Jayne Stake, 'Sexual harassment on campus: Individual differences in attitudes and belief' (1990) 14 *Psychology of Women Quarterly* 63–81; David Terpstra and Susan Cook, 'Complaint characteristics and reported behaviors and consequences associated with formal sexual harassment charges' (1985) 38 *Personnel Psychology* 559–74.

54. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 18.

55. James Quick, M Ann McFadyen, 'Sexual harassment: Have we made any progress?' (2017) 22 *Journal of Occupational Health Psychology* 286, 291.

56. James Quick, M Ann McFadyen, 'Sexual harassment: Have we made any progress?' (2017) 22 *Journal of Occupational Health Psychology* 286, 291, citing Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 9.

57. The total responses are outlined below.

Length of employment	Experienced discrimination and made a formal complaint	Experienced sexual harassment and made a formal complaint	Experienced bullying and made a formal complaint
Less than two years	6.1% (n=2)	6.7% (n=1)	4.2% (n=2)
Two to five years	8.7% (n=9)	8.8% (n=3)	12.5% (n=17)
Five to 10 years	13.9% (n=23)	12.2% (n=9)	13.8% (n=27)
10 to 20 years	15.0% (n=45)	6.2% (n=8)	15.9% (n=48)
More than 20 years	12.9% (n=21)	10.9% (n=5)	15.9% (n=28)

58. Diversity Council Australia, Submission 282 to the Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020), 19.

59. Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, June 2012) 40.

60. Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, June 2012) 96.

61. Paula McDonald and Michael Flood, Encourage. *Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, June 2012) 96.

62. An average of 23% of people indicated they would feel uncomfortable, but not do anything when they witnessed a racist incident. This ranged between 13% and 34% depending on the scenario and setting. For example, the study found that there was a stronger willingness to act against racist jokes and slang at work than in social situations, with 34% of people indicating they would be uncomfortable but not do anything if they heard a racist joke in a social setting, as compared to 19% in a workplace. See VicHealth, *Choosing to Act: How Victorians Can Prevent Race-based Discrimination and Support Cultural Diversity* (VicHealth, 2015) 2,

Independent Review into Workplace Equality In Ambulance Victoria

8 Experiences of reporting

Chapter 8 details what the Commission heard about the workforce's experience of making a report or complaint of discrimination, sexual harassment, bullying and victimisation in Ambulance Victoria. It also describes the barriers that prevent people from coming forward. Chapter 8 also further analyses how Ambulance Victoria's report and complaint system complies with the positive duty in the Equal Opportunity Act.

⟶ KEY POINTS

- Over half of the reports or complaints of discrimination, sexual harassment, bullying and victimisation in Ambulance Victoria are made within three months of the conduct occurring. However, the responses to the Commission's survey reveal that close to one in five participants reported taking longer than six months to make a report or complaint. Combined with the Commission's earlier findings regarding the low rates of reporting, this suggests there is some hesitancy to engage with the report and complaint system.
- Informal reports of unlawful conduct were most commonly made to direct managers or to supervisors. Formal complaints were most commonly lodged with the Professional Conduct Unit or a more senior manager in Ambulance Victoria. We were told the experiences of disclosing experiences of discrimination, sexual harassment, bullying and victimisation were mixed: ranging from supportive, to dismissive, and in some instances, ignoring their concerns.
- While the timeframe for the resolution of formal internal complaints within Ambulance Victoria has substantially reduced following the creation of the Professional Conduct Unit, the Commission heard there is a strong sense that the report and complaint process routinely takes six months or longer. We were told of the toll that lengthy processes had on employees and first responders: from additional stress, negative mental health impacts and long periods of uncertainty.
- A lack of regular communication appears to be exacerbating concerns about timeliness. The Commission was frequently told that there are gaps in the information provided to complainants, including concerningly, the outcome of their report or complaint.
- Our survey revealed that more than half of survey respondents reported that the most common outcome of making an informal report or a formal complaint was that there was no consequence. This was reinforced in interviews and submissions, where participants often told the Commission that appropriate disciplinary outcomes are not imposed for respondents, and there is a lack of independence in report and complaint processes.
- Restorative practices have not been a focus of the response to reports and complaints in Ambulance Victoria. The Commission was told there are few very follow-up arrangements in place that support people and workplaces to heal after a complaint process. This is creating lost opportunities to support complainants to heal and harness the individual and systemic changes that can flow from restorative practices.

→ KEY POINTS

- Participants who had made a formal complaint reported they were unaware of what they could expect of the process and were often not provided with sufficient support. Across all forms of unlawful conduct, our survey revealed very high rates of dissatisfaction with Ambulance Victoria's overall process of dealing with their formal complaint. Some participants told us they felt worse for having made a report or complaint, and in some instances, further traumatised.
- The Commission was told there is a range of significant organisational barriers preventing employees and first responders from coming forward with their experiences. Employees and first responders are reluctant to report unlawful conduct because of a widespread concern that nothing will be done and because they have real fears that they may be victimised. The Commission also heard there is a lack of confidence that confidentiality and privacy will be maintained and, particularly for those who have experienced sexual harassment, that they would be perceived as overreacting.
- Many of the barriers to reporting also operate as drivers or enablers of discrimination, sexual harassment, bullying and victimisation, creating a self-fulfilling cycle that is not being broken.
- The experiences of the report and complaint system and the barriers to reporting described to the Commission did not generally differ for different cohorts or groups. The combination of data examined by the Commission – including the low rates of reporting and a pervasive belief that it is not safe to make a report or complaint – suggests there is a widespread lack of trust in the report and complaint system.

8.1 Experiences of making a report or complaint

Language to support fair and impartial report and complaint handling

Throughout chapters 7, 8 and 9, the Commission uses the term 'complainant' and 'respondent' rather than 'alleged victim-survivor' and 'alleged perpetrator'. This reflects the Commission's guidance to employers regarding language that can be used when responding to reports and complaints to ensure the processes are fair and impartial.

This section examines the experiences of complainants, bystanders and respondents to reports and complaints of discrimination, sexual harassment, bullying and victimisation. In considering these experiences, the Commission sought to understand:

- the pathways used by complainants to make a report or complaint (that is, who reports and complaints are made to) and when they are made
- how long it takes to address a report or complaint
- the outcomes of reports and complaints made in Ambulance Victoria.

The Commission has also contextualised what we learned with data and information from other surveys (including the annual People Matter Survey), complaints data and research undertaken across the health and emergency services sectors, while acknowledging that some data sets are not directly comparable with one another.

The Commission has considered whether different groups of people experience the report and complaint system differently, including the barriers they may face in making a report or complaint. Where clear differences have been identified, these are identified. However – largely consistent with the nature and extent of unlawful and harmful conduct (see chapters 4 and 5) – the Commission has not identified significant differences in the experiences of different cohorts. The combination of data examined by the Commission – including low rates of formal reporting and a pervasive and persistent lack of safety expressed by those who came forward to speak with us – suggests there is a lack of confidence in the report and complaint system.

8.1.1 When and how reports and complaints are made

When

The Commission asked survey respondents to indicate the time period between when they experienced unlawful conduct and when they first reported it or made a complaint. Across all forms of unlawful conduct, over half of participants indicated that they made a complaint within three months of their experience.

As outlined in Figure 8A below, there is an indication that survey participants who reported experiencing sexual harassment were slightly more likely to make a report immediately, with 32.1% (n=27) of participants making a report or complaint on the same day.

Figure 8A – **Time to make a report or complaint**

Time to report	Discrimination (n=418)	Sexual harassment (n=84)	Bullying (n=458)
Same day or next working day	21.3% (n=89)	32.1% (n=27)	26.6% (n=122)
Less than 3 months	47.2% (n=197)	35.7% (n=30)	41.5% (n=190)
4 to 6 months	6.7% (n=28)	7.1% (n=6)	10.5% (n=48)
More than 6 months	18.4% (n=77)	19.0% (n=16)	17.7% (n=81)
Did not know	6.5% (n=27)	6.0% (n=5)	3.7% (n=17)

Of concern, these results reveal that close to one in five participants reported taking longer than six months to make a report or complaint of unlawful conduct; combined with other data sources this further suggests there is some hesitancy to engage with the report and complaint system. By contrast, in 2018, the Australian Human Rights Commission found that the majority of complaints (72%) of sexual harassment in Australian workplaces were made almost immediately, or in less than one month. A total of 5% of responses indicated a report was made in more than six months.[1]

Who

In interviews and submissions, the Commission heard that participants' experiences of discussing unlawful conduct with colleagues and managers was mixed. The Commission heard responses to a disclosure of unlawful conduct ranged from supportive and sensitive responses, to a lack of knowledge about report and complaint processes through to active discouragement or dismissiveness.

> **I wrote to the organisation to lodge my complaint [of bullying]. I felt that the complaint was very quickly dealt with, it was taken seriously. I felt supported in a whole range of different ways and the matter was quite quickly resolved with him actually receiving a warning for that behaviour. I felt very supported by my manager and it wasn't brushed under the carpet. I felt some level of satisfaction because the organisation did deal with it, and out of that he did receive a warning for that inappropriate behaviour.**
> *Participant, Interview*

> **[The alleged perpetrator would] often abuse me at work ... and truly made life really difficult for me. Wouldn't talk to me at branch. Make outbursts, et cetera. I tried to speak to my manager ... and the response that I got was, "You're an adult, sort it out."** *Participant, Interview*

> **All that we sort of get told is that if you have any sort of problem, you just go to your immediate Team Manager. ... And often they don't know the process.** *Participant, Interview*

The poor experiences described by participants in their attempts to make reports and complaints to their direct managers, may in part explain the significant gap between informal and formal reporting rates in Ambulance Victoria. Research has identified that the quality of the first response to a disclosure of unlawful conduct can have a significant impact on an individual. Ineffective or ineffectual responses can further compound the harms and trauma already experienced and may substantially impact a person's trust and confidence in the report and complaint process.[2] Moreover, as described in further detail in Section 8.2, hearing about poor experiences of the complaint system also contributes to a pervasive sense throughout the organisation that it is ineffective; this in turn impacts the preparedness of employees and first responders to engage with the system with confidence.

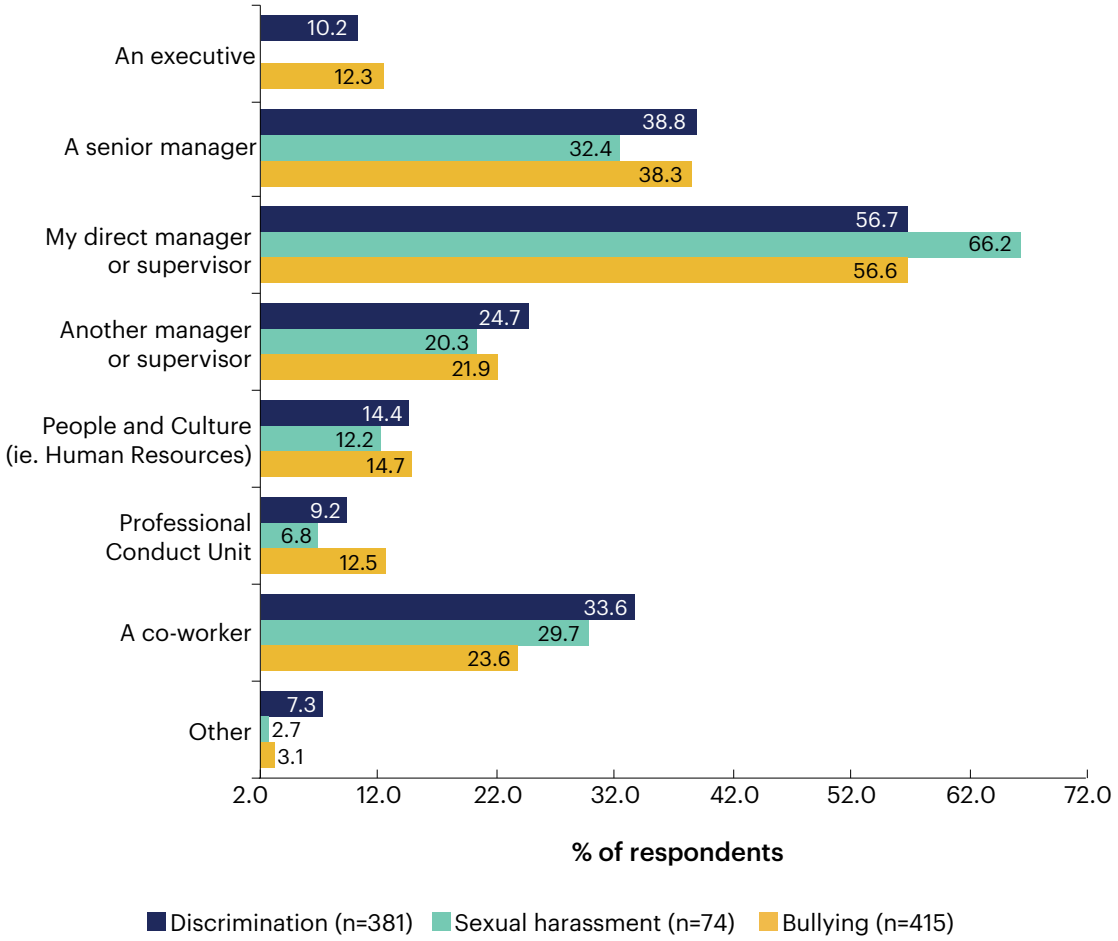
Informal reports

The Commission's survey asked who participants approached to make an informal report. Consistent with the policies and procedures for reporting in Ambulance Victoria, across all forms of unlawful conduct, survey participants described most frequently reporting experiences to their direct manager or to a senior manager, as outlined in Figure 8B below.

For example, when making an informal report in relation to discrimination, of the 381 survey participants who responded to a question describing who a report was made to, more than half of participants (56.7% or n=216) reported to their direct manager or supervisor and 38.8% (n=148) to a more senior manager. This pattern of reporting was generally similar across all types of unlawful conduct. Of the 415 survey respondents who experienced bullying and made an informal report and responded to this question, 56.6% (n=235) also sought out their direct manager and supervisor, and 38.3% (n=159) a more senior manager.

Across all forms of unlawful conduct, survey participants indicated they had sought out co-workers to make an informal report more frequently than seeking out a representative of the People and Culture division, or a different manager or supervisor.

Figure 8B – **Who informal reports of unlawful conduct were made to**

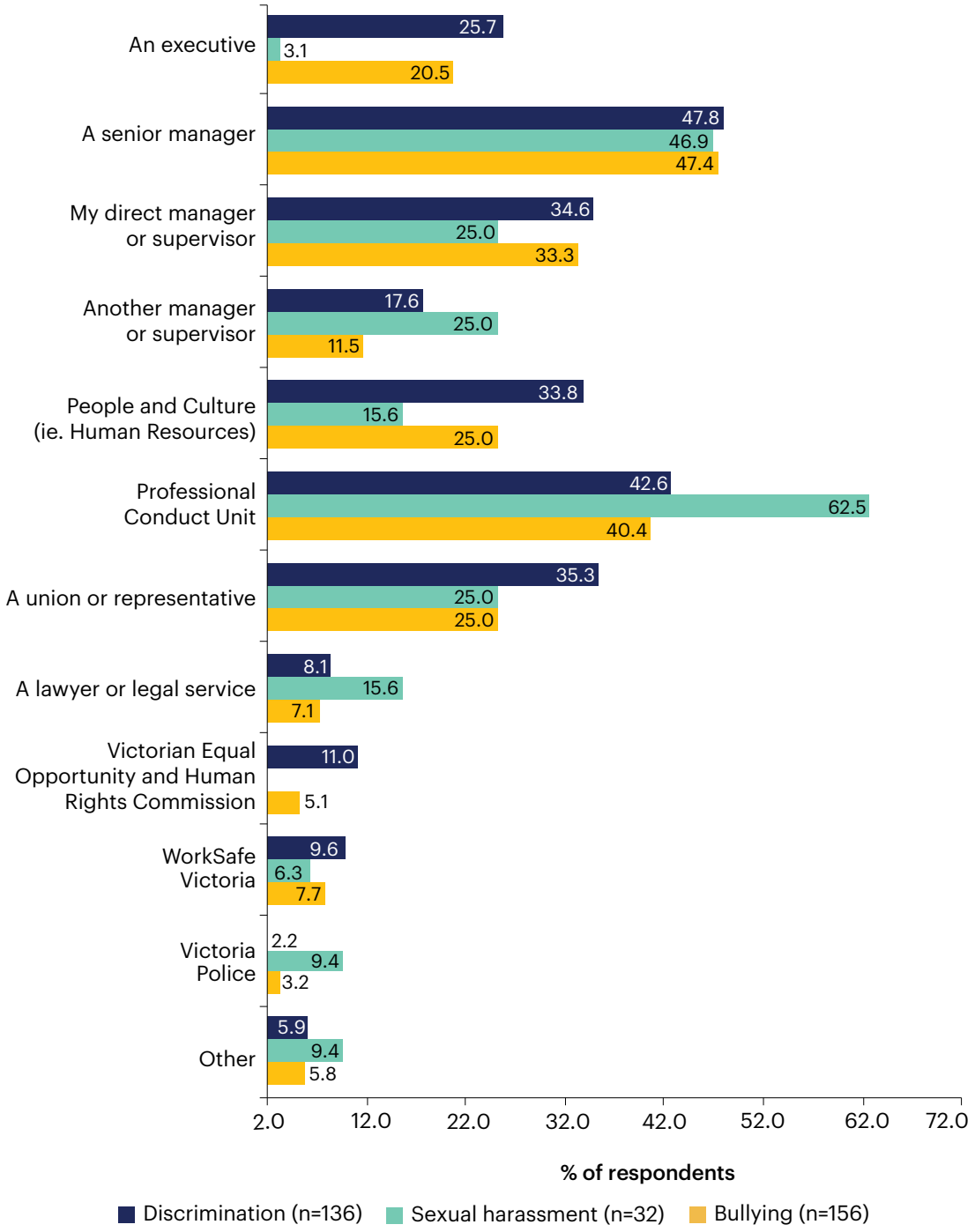


Note: this figure does not include responses below two percent

Formal complaints

The Commission's survey asked who participants approached to make a formal complaint. Consistent with guidance provided by Ambulance Victoria (outlined in Chapter 7), participants most commonly described making a formal complaint of unlawful conduct to the Professional Conduct Unit (see Figure 8C).

Figure 8C – **Who formal complaints of unlawful conduct were made to**



Note: this figure does not include responses below two percent

Of the 32 survey participants who experienced sexual harassment and responded to this question, more than half (62.5%, n=20) made a formal complaint to the Professional Conduct Unit. By contrast, of the 136 and 156 survey participants who made a formal complaint about the discrimination or bullying they experienced, 42.6% (n=58) and 40.4% (n=63) reported to the Professional Conduct Unit, respectively. This data suggest that those who experience sexual harassment are more likely to report their experiences to the Professional Conduct Unit, than those who experience discrimination or bullying.

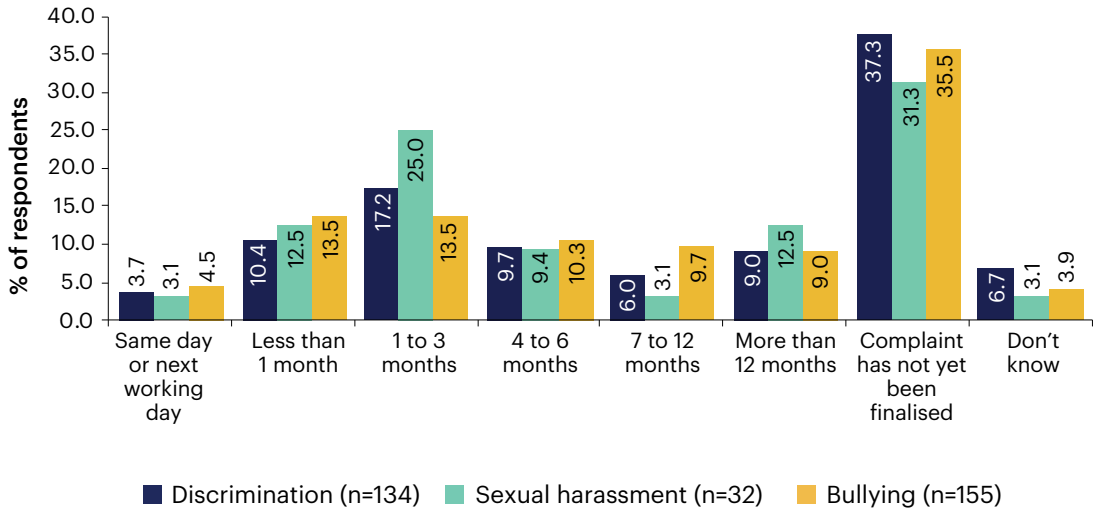
Time to finalise

The timeliness of report and complaint processes has been described as a pillar of sound complaint handling practice.[3] Receiving, managing and resolving complaints in a timely way demonstrates that a report or complaint has been taken seriously and given immediate attention. Delays can lead to questions about the fairness of processes.

The Commission's survey asked participants how long it took to finalise their formal complaint. The timeframes reported by participants were generally consistent across all forms of unlawful conduct. As outlined in Figure 8D below, over one-third of survey participants described their complaint being finalised within three months. A further third reported that their complaint had not yet been finalised. We did not ask survey participants when their complaint was lodged, and as such, no conclusions have been drawn about this figure.

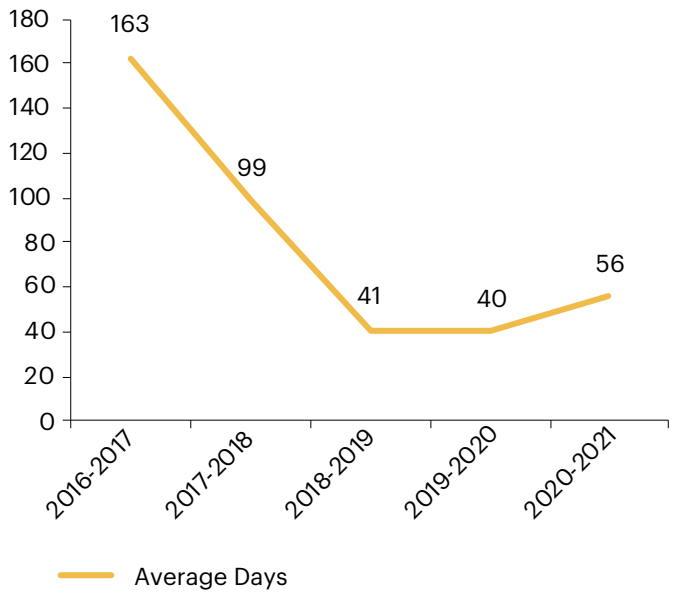
Of concern, around one in 10 survey participants reported a complaint (across all forms of unlawful conduct) taking longer than 12 months to finalise.

Figure 8D – **Time to finalise formal complaint**



Data provided by Ambulance Victoria demonstrates that timeframes for the resolution of formal internal complaints have reduced substantially since the establishment of the Professional Conduct Unit in 2017. As outlined in Figure 8E below, over the past five years, the average number of days to close an internal complaint has dropped from 163 to 56 days.

Figure 8E – **Average time to closure of internal formal complaints**



While significant strides have been made to reduce the timeframes for the resolution of internal formal complaints (as outlined in Figure 8E), the length of time to conduct investigations and finalise complaints was a common issue raised during interviews and in submissions. That the issue was raised frequently reinforces the centrality of timely approaches to the experiences of all those involved in a complaint, including both the complainant and the respondent.

Some participants reported experiences of investigation and complaint processes routinely taking longer than six months. There was also a widespread perception that investigation and complaint processes in Ambulance Victoria involved lengthy timeframes.

The impacts of timely processes were emphasised by participants during interviews and in submissions. For complainants, they spoke of the additional stress and negative mental health impacts of awaiting a resolution on their complaint for extended periods of time. They describe the difficulty of being able to move on while the complaint remained unresolved.

> **[The complaint process] has nearly ended my marriage, I'm out of pocket upwards of $50,000 due to lost wages and I'm a different person. I'm withdrawn, anxious, nauseated thinking about going to work, constantly on edge when at work and can't go near the room where my uniform is kept when on days off.** *Participant, Written Submission*

Across interviews and submissions, the Commission also heard about the negative consequences that can be experienced by respondents to complaints, particularly where investigation processes are lengthy. We were told that respondents have been stood down or removed from workplaces, sometimes without being told why. We heard lengthy investigation processes meant respondents who had been stood down faced months fearing for potential outcomes and consequences of a complaint for their careers. We were also told these delays could have a significant impact on their mental health.

The Commission heard and acknowledges that timeliness can be impacted by a range of factors. For example, the report and complaint process may be affected by complexity of the allegations, the number of parties involved, the need to collect or respond to requests for information to support investigation processes, the health and wellbeing of individuals involved to participate in processes and referral or consideration necessary by external agencies – such as the Fair Work Commission.

The Commission was also told by a handful of participants that timeliness can be impacted by the way that Ambulance Victoria, respondents and their representatives approach report and complaint processes and interact during report and complaint processes with one another.

In June 2019, an external review was undertaken by Peter Bull APM of the Professional Conduct Unit. This report highlighted that significant improvements had been made, including the establishment a greater level of independence, consistency and complaint management.[4] However, the review found that 40% of cases were taking more than three months to complete and some took longer than 12 months.

The report recognised that complaints made to the Professional Conduct Unit can involve significant allegations that take time to analyse and investigate. However, the review highlighted the reduction in complaint file timelines was the most significant identified risk of the review. It recommended a range of strategies to support the mitigation of this risk, including strategies such as increasing the capability of the Professional Conduct Unit to focus on early intervention, flagging the length of investigations and closely monitoring data on key measures, such as the length of time respondents are stood down as well as wellbeing needs.[5]

Long delays also jeopardise the restorative nature of processes, create frustration and chip away at trust in the organisation. There is an even more urgent need to follow up where complaint processes have been delayed clearly explaining the reasons why (as necessary), to ensure that delays do not add to any harm already caused.

Communication

The concerns that the Commission heard regarding the length of time taken to resolve complaints appear to be exacerbated by a lack of communication, a lack of information about what to expect from a report and complaint process, and a lack of regular updates about the status of the matter.

In interviews and submissions, participants raised a range of concerns about their experience of communication throughout the complaint process, including:

- there was a lack of information about what the process was likely to involve
- there were failures to update complainants on the process of resolving a complaint
- information was not provided about how the complaint had been resolved or the outcomes imposed
- there was confusion about being able to access support or discuss matters as a result of the way confidentiality requirements were communicated.

Concerningly, the Commission heard instances where complainants were not provided with any details about the outcome of their complaint. Participants also described feeling confused about the processes and outcome and being disempowered after taking steps to lodge a complaint.

> **I was advised that [the investigation was now completed], and the case was now closed, so I requested an outcome. I was advised multiple times that the outcome had nothing to do with me, and that I would need to work out where I would be rostered to from henceforth.** *Participant, Interview*

> **I'm still waiting on a reply from six months ago. So, they go on unresolved and then there's an underlying stress that goes with it.** *Participant, Interview*

> **There was no transparency whatsoever regarding the outcome of [the] findings. I was not provided a basic letter, like any outcome of what they found to be deemed not their problem ... I certainly now have absolutely no faith in them whatsoever, nor would I go to them for any reason whatsoever now. I've completely lost complete faith in that.** *Participant, Interview*

During the review, some participants in managerial positions also reflected on some of the challenges created by the different roles and responsibilities between the Professional Conduct Unit and managers throughout a complaint process, when managers are disconnected from investigations.

> **I think once it gets into being a full-blown [Professional Conduct Unit] case, that's when it is a very difficult process for everybody involved. It's very slow, no one at a regional level has any understanding of where it's at, yet you are the person who has got to speak to the people that are a part of that case, so they want to know detail, but you have no idea where we're at with it. I understand that from a confidential point of view, but then we shouldn't be that contact person for that person if we can't provide them any feedback or any consultation, and it's just a very drawn out, slow process and I think it's harming our staff.** *Participant, Interview*

Similar concerns about communication during a complaint process, and particularly about the outcomes of complaints were echoed in the Victorian Auditor-General's 2019 audit of sexual harassment in the Victorian public sector. The audit found that Victorian Government departments gave complainants 'varying levels of information about the outcome of investigations due to concerns about privacy'.[6]

Communication with complainants during the report and complaint process is important to ensure procedural fairness. This can improve complainant satisfaction, even if the outcome is unfavourable, which decreases the risk of unnecessary escalation. Communication is also important for upholding transparency and encouraging better quality decisions to be made, as well as increasing trust in the organisation overall.[7]

PERSONAL STORY

Jamie's* story:

The importance of communication for supporting complainants

The alleged perpetrator came to our branch. We heard that they had been moved on from another branch because of bullying allegations. It seemed like he was just moved on – this is pretty commonly known in the workforce as something that happens in Ambulance Victoria.

At first it was fine, but then he started targeting me. There would be meetings where he dragged me into a bedroom to yell at me. He would be towering over me and wouldn't care if I said I was uncomfortable.

I applied for a training and development course and he called to get me kicked off, when questioned by the guy who ran it, his response was, "I just don't like her". I couldn't understand what I had done to make him hate me.

I asked about the possibility of extra training and he used that to say I was struggling clinically. All I did was say, "Can I have some help?" And I was punished. It was so humiliating.

During this time, he was promoted. He was so well connected I just didn't know where I could turn.

It turned out there were other people from my branch who had ongoing complaints about him, so they got an independent investigator.

I finally felt empowered to speak out, but then I got an email basically saying, "Thanks for your complaint. Not enough information was found". I was absolutely devastated. It wasn't even a phone call. Months of interviews and reliving all this over and over again for nothing.

I don't think he was ever held to account.

**Name has been changed to protect privacy.*

Findings

- Informal reports of discrimination, sexual harassment, bullying and victimisation are most commonly made to direct managers and supervisors, while formal complaints are most commonly reported to either the Professional Conduct Unit or to more senior managers in Ambulance Victoria.
- The initial response to a report or complaint of unlawful conduct is critical to addressing any arising safety risks and ensuring trust and confidence in the reporting process. The Commission heard that the experience of disclosure among participants was mixed: ranging from supportive through to active discouragement from continuing with a report or complaint. It is critical that Ambulance Victoria ensures that those who may receive a disclosure are skilled and can respond sensitively and confidently.
- Over the last five years, the average time to close a formal complaint has improved significantly – from an average of 163 to 56 days. However, the Commission heard from many participants that there is a widespread perception that complaint and investigation processes in Ambulance Victoria involve lengthy timeframes. Around one in 10 respondents to the Commission's survey indicated their formal complaint had taken longer than 12 months to finalise. Long delays can diminish trust and confidence, create frustration and compound harms that may have been caused by the experience of unlawful conduct (or witnessing it).
- Concerns about timeframes to finalise complaints appear to be compounded by a lack of open and regular communication about progress to both complainants and respondents. The Commission was often told of poor experiences of communication, including failure to provide regular updates and details of the outcome not being shared with the complainant.
- Resourcing limitations of the Professional Conduct Unit were identified as a key constraint on communicating more regularly with those involved in a complaint process: this is a gap that the establishment of the Specialist Support Unit has sought to address.

8.1.2 Outcomes

As outlined in Chapter 7, Ambulance Victoria's *Complaint Procedure* outlines a range of options that may be used to resolve a complaint, including formal investigation, but also mediation or training and education. This section details what the Commission found about the outcomes of formal complaints in Ambulance Victoria.

The Commission notes that there are a range of factors that influence the outcomes of complaints processes, and has not reviewed individual complaint files, reflecting the systemic focus of the review.

Complainants

The Commission asked survey respondents to indicate what happened to them within Ambulance Victoria as a result making of a formal complaint. As detailed in Section 4.3.4, across all data sources, a significant proportion of those who made an informal report or formal complaint of unlawful conduct described experiencing negative consequences. Very few participants reported a positive outcome, such as the behaviour stopping or receiving an apology or compensation.

Of the 232 people who made a formal complaint about discrimination, sexual harassment or bullying and who responded to this question, 15.1% (n=35) said the unlawful conduct stopped; 10.3% (n=24) said they received positive feedback for making the complaint; 3.0% (n=7) said they received an apology from Ambulance Victoria regarding its failure to prevent the conduct; and 0.9% (n=2) said they received compensation.

The Commission also asked participants whether anything happened at Ambulance Victoria because they had made a formal complaint. Of the 236 people who had made a formal complaint of unlawful conduct and responded to this question:

- 61.4% (n=145) indicated no changes had occurred
- 26.7% (n=63) indicated there had been no changes yet
- 19.1% (n=45) reported they did not know.

Very few participants reported systemic changes occurring as a result of formal complaints, with only 2.1% (n=5) reporting that training and education was implemented, and 2.1% (n=5) reporting that a policy, practice or procedure was developed or changed.

Of concern, the rates of systemic or organisational changes arising from formal complaints of sexual harassment are significantly lower than were found by the Australian Human Rights Commission in 2018. In that study, the Australian Human Rights Commission found 22% of complaints nationally led to the implementation of training or education in workplaces, whereas only 2.1% (n=5) of complaints resulted in education or training in Ambulance Victoria.[8] In the national survey, 19% of complaints led to changes in practice or procedure, and 17% led to a change in policy; whereas just 1.7% (n=4) of complaints led to a policy being developed or changed at Ambulance Victoria.

During interviews and in submissions, the Commission heard that resourcing limitations had affected the Professional Conduct Unit's ability to deliver a range of its intended functions, including refining and developing policies and procedures, as well as delivering training and education (detailed further below). The Commission also heard that information technology limitations had constrained the unit from undertaking data and trend analysis of the complaints received. These factors may partly explain the disparities between results of the Commission's survey and the Australian Human Rights Commission's national survey.

Respondents

The Commission's survey asked participants to describe what happened to the person who engaged in the unlawful conduct after an informal report or a formal complaint was made.

Figures 8F and 8G below show the seven most common responses participants identified to their informal reports and formal complaints of unlawful conduct.

Figure 8F – **Top seven outcomes of informal reports**

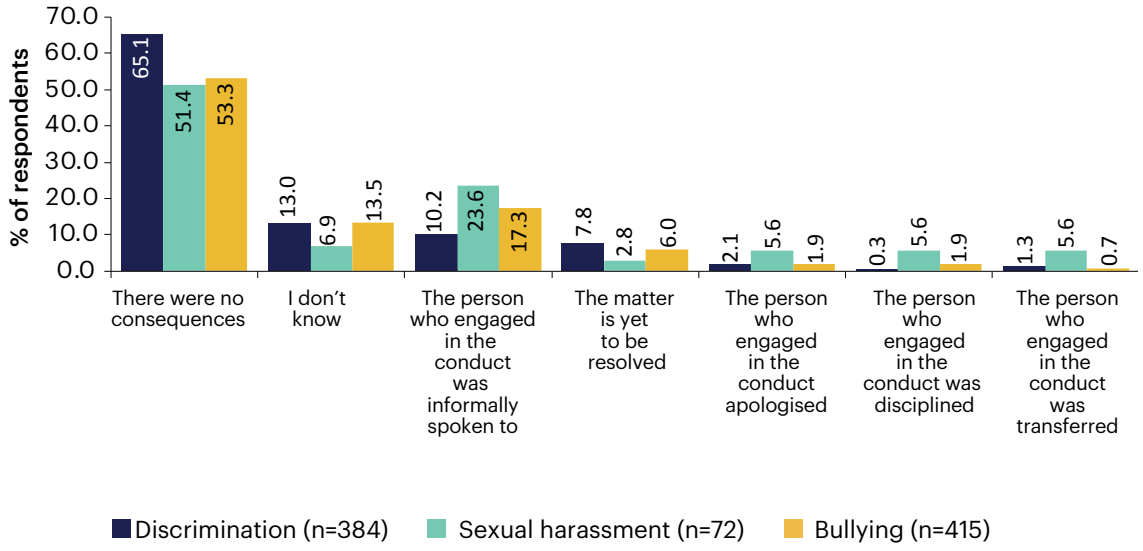
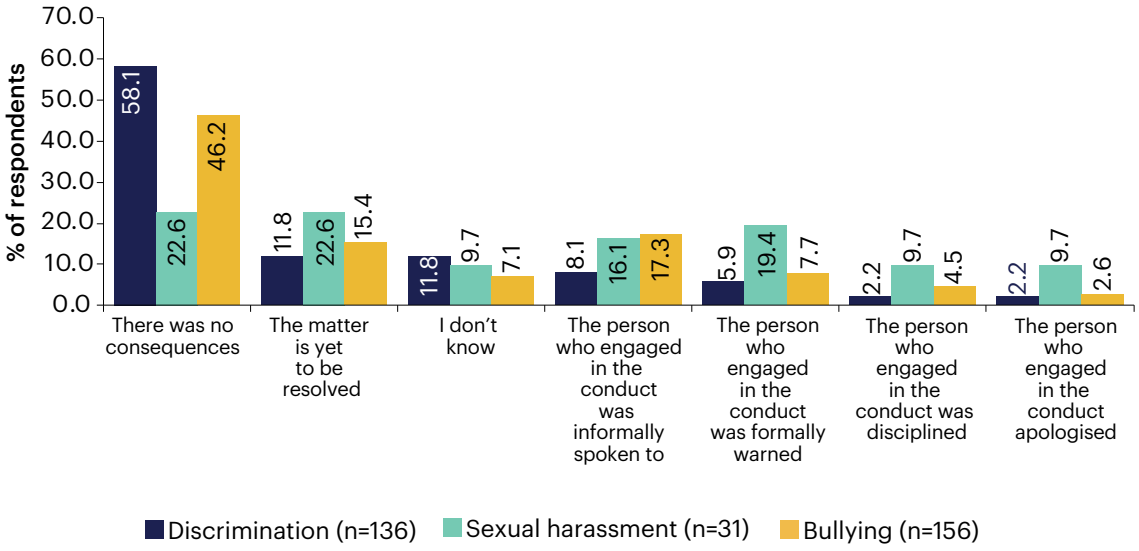


Figure 8G – **Top seven reported outcomes of formal complaints**



Thirty-three participants who experienced unlawful conduct and responded to these survey questions also noted in open-text responses that the respondent of the unlawful conduct was promoted following the informal report or formal complaint.[9]

Of concern, more than half of survey respondents reported that the most common outcome of making an informal report or a formal complaint was that there was no consequence.

A lack of consequences was less commonly reported by survey respondents who made formal complaints of sexual harassment. Of those 31 survey respondents, 22.6% (n=7) reported that there were no consequences. This is broadly consistent with the 2018 findings of the Australian Human Rights Commission, which found that in one in five cases (19%) there were no consequences for the alleged perpetrator as a result of a formal report or complaint being made.[10]

Almost one in 10 survey respondents reported that they were not aware of the outcome of their report or complaint. Of concern, for those who made either an informal report or a formal complaint of discrimination or bullying, not knowing what happened to the respondent was reported more commonly than outcomes such as apologies (ranging between 2.2% (n=3) and 1.9% (n=8), respectively), formal warnings (ranging between 5.9% (n=8) and 7.7% (n=12), respectively) or other disciplinary outcomes.

Through submissions and interviews, many participants told the Commission of their belief that there is a pervasive sense throughout the workforce that reports and complaints do not result in outcomes or changes. Participants described a range of issues, including perceptions that:

- reports and complaint processes and outcomes are interfered with
- there is insufficient capability and resourcing to conduct investigations effectively
- some alleged perpetrators can be protected or are 'untouchable'
- alleged perpetrators are moved away or promoted following a complaint
- outcomes are not proportionate to the seriousness of reports and complaints
- complaints are frequently referred back to managers to resolve.

Participants described how the pervasive sense that no consequences will arise from making a report or complaint affects the confidence of employees and first responders to engage with the report and complaint system.

> **[P]eople have very little confidence that their complaints will be addressed adequately. [V]ery often, the victim is the one that gets moved around, and it's seen that the perpetrator is either very mildly disciplined but remains in their workplace, or in managing people, or whatever it might be. But there's no consistency in that either.**
> *Participant, Interview*

> **When you think about everyone that has stuffed up, or put a foot out of line, or done the wrong thing, they are just moved.** *Participant, Interview*

A participant also reflected on the approach to local level resolution of complaints and perceptions that this can involve conflicts of interest.

> **There's a lot of conflict of interest around the way things can be managed at a local level with relationships, and – being a manager myself, I'd rather just be able to support my staff and provide them with the support they need, rather than being judge, jury and executioner. So, to be able to hand the responsibility for a department or a person to do a transparent investigation while we just worried about staff welfare was certainly something I think is crucial. And I think historically we'd seen where things would be just covered up because the local manager was mates with a repeat offender.** *Participant, Interview*

One participant reflected that a lack of open communication about the outcomes of complaints and the work of the Professional Conduct Unit contributes to the belief in Ambulance Victoria that no action is taken in response to reports and complaints.

> **You don't actually have any sense that there are a number of people in the organisation that were investigated for poor behaviour and actually did leave. Because it does happen. But we don't share that even in de-identified ways.** *Participant, Interview*

PERSONAL STORY

Amanda's* story:

Referring complaints to local areas

I began to be bullied by my manager. He would question my judgement on cases and approached me out of work to threaten me both verbally and physically. More than once I thought about calling the police.

I contacted a more senior manager and he advised me to escalate the matter to the Professional Conduct Unit. I completed multiple incident report forms and a written complaint but I was later advised that it was not a significant enough event to involve them and would be returned to my management.

My new manager was good friends with my bully and I just knew nothing would get done.

I completely lost my confidence and was unable to attend work for fear that my bully would be there. I started experiencing intense anxiety whenever I even thought about work. This was the lowest point in my career and I seriously considered resigning.

Instead of attempting to help me, my manager would interrogate me about the complaint, stating it was just an issue with our 'relationship'. He offered to mediate a session between the two of us but it just seemed so ridiculous to me that no one could see the clear conflict of interest there.

During this time, I made multiple attempts to contact the Professional Conduct Unit regarding my ongoing concerns about management of this issue and suspected ongoing victimisation. But I was repeatedly told there was nothing they could do. I eventually attended a mediation session, but nothing really happened, it didn't achieve anything.

I've been told by other people that this isn't the first time this man has been called out on his behaviour and yet because he's connected, nothing changes. Management just don't know how to handle conflict resolution and provide support to their staff or workplace safety.

I find it hard to describe the deep grief this has caused me. My case is still open, and it just doesn't seem like anything will come of it.

**Name has been changed to protect privacy.*

Data provided by Ambulance Victoria indicates that the most common response to a formal complaint over the last five years was a referral to local area management, or human resources, as outlined in Figures 8H and 8I below.

However, the Commission is concerned that the most common outcome registered for complaints is a referral to another area for action. Since 2016–2017, Ambulance Victoria has responded to a total of 201 formal complaints; 91 (45.5%) of these responses involved a referral to another unit. Seventy-nine of these referrals were made in the last two years.

A high level of referrals, particularly back to local area management (when a manager may have already referred the complaint to the Professional Conduct Unit) may be contributing to the perception that no consequences arise from making a complaint, as it appears to end up back with the manager who received the complaint in the first place.

Figure 8H – **Outcomes of internal complaints at Ambulance Victoria**

Outcome	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	Total
Referred	1	3	8	39	40	91
No action	0	31	7	0	1	39
Unsubstantiated	0	0	1	13	13	27
Warnings[11]	1	2	2	10	2	17
Other[12]	0	2	2	2	2	8
Insufficient information	0	0	0	1	6	7
Resignation	1	1	1	1	1	5
Termination	0	2	0	1	2	5
Restorative outcomes[13]	0	0	0	1	1	2

Figure 8I – **Referral of internal complaints to other areas**[14]

Responsible area	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	Total
Local area management	0	3	7	38	37	85
People Services	0	0	1	6	5	12
Specialist Support Unit	0	0	0	0	4	4
Workplace relations	0	0	0	2	1	3

Follow-up

The Commission also heard through interviews and submissions that there are few follow-up arrangements in place to support complainants, respondents and workplaces to recover and heal after a report or complaint has been made.

As noted earlier in this Chapter, an intention of the Professional Conduct Unit's establishment was to provide restorative outcomes, recognising the importance and impact that a report or complaint may have on a workplace environment, as well as the potential for these outcomes to have a positive impact on shaping organisational culture. However, the Commission heard that resourcing limitations have constrained the ability of the unit to deliver this function.

One participant described the impact of a lack of focus on restorative practices and measures.

> **[There] was no resolution for colleagues and for leaders at all. It was very much – It was like throwing a grenade into a team and then walking away and asking them to look after themselves.** *Participant, Interview*

It is also well documented in research and literature that a key element of addressing reports and complaints of unlawful conduct is that there is appropriate follow-up to address any potential ongoing issues. This may require interventions such as resetting acceptable standards of behaviours and routine monitoring for reoccurring issues in a workplace.[15]

Findings

- More than half of survey respondents reported that the most common outcome of making an informal report or a formal complaint was that there was no consequence. This was reinforced in interviews and submissions, where participants often told the Commission that there is a pervasive belief in Ambulance Victoria that perpetrators are not held to account and complaints do not result in change.
- We were told that this common belief affects the confidence of staff to engage with the report and complaint system. Participants reflected that there are perceptions that report and complaint processes and outcomes are interfered with and that outcomes are not proportionate to the alleged conduct. This includes, in some instances, alleged perpetrators being moved or promoted following a complaint.
- Since 2016-2017, Ambulance Victoria has responded to a total of 201 formal complaints of discrimination, sexual harassment, bullying and victimisation. The two most common outcomes of these complaints involved a referral to another area within Ambulance Victoria (45.5%, n=91) or no action being taken (19.4%, n=39).
- There are a range of factors that can influence the outcomes of complaint processes – including some outside of the control of Ambulance Victoria. However, the high rate of referrals, particularly back to local area management, may be contributing to the perception that there are no consequences that follow a complaint being made. The high rates of referral for a local level resolution also indicate that there may be reports and complaints being made or referred to the Professional Conduct Unit that could have benefited from more flexible response, such as informal, early intervention approaches without the need for escalation into formal complaint processes.
- The use of restorative practices has been constrained due to resourcing limitations. The Commission was told that there is little follow-up after a report or complaint to support those involved and to assist the workplace to recover and heal. This indicates Ambulance Victoria's report and complaint system has an overreliance on formal processes, and limits opportunities to offer complaints more flexibly and victim-centred processes.
- The rates of systemic change following formal complaints are also very low, reinforcing what the Commission has heard earlier about a lack of focus on root causes and a lack of systemic trend analysis of report and complaint data. Of the 236 people who made a formal complaint of discrimination, sexual harassment or bullying, only 2.1% (n=5) reported Ambulance Victoria implemented training and education, and only 1.7% (n=4) indicated a policy was developed or changed.

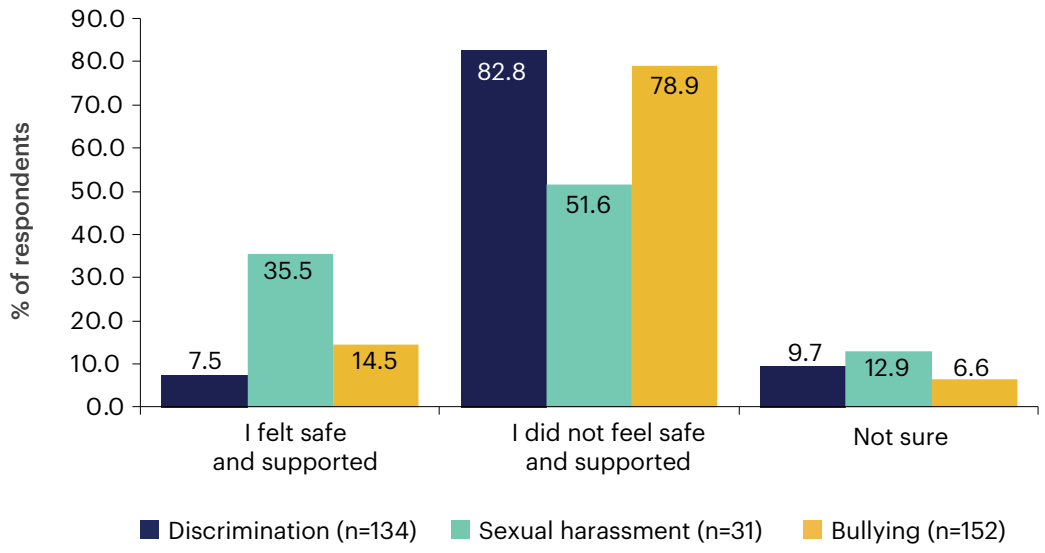
8.1.3 Safety and satisfaction

How safe and supported complainants feel

As noted in Chapter 5, the impacts of experiencing unlawful conduct can be profound. Whether or not a report is made informally or formally, or is substantiated or not, there may be long-lasting effects on every aspect of a person's life. Accordingly, it is vital to ensure that those involved in report and complaint processes are safe and aware of supports available.

The Commission's survey asked participants whether they felt safe and supported during the formal complaint process. Participants often described feeling low levels of safety and support, particularly in relation to reports of discrimination and bullying, as outlined in Figure 8J below.

Figure 8J – **Complainants' feelings of safety and support during the formal complaint process**



There were some differences in the way men and women reported their feelings of safety and support during the formal complaint process. Men who had made a formal complaint about discrimination (n=66) less commonly reported feeling safe and supported: just 3.0% (n=2) reported feeling safe and supported, and 86.4% (n=57) reported not feeling safe and supported. In comparison, 10.2% (n=6) of women reported feeling safe and supported, and 81.4% (n=48) reported not feeling safe and supported.

The lack of feelings of safety and support described in the survey is reinforced by what the Commission heard during interviews and in submissions. Some participants described feeling deeply disappointed by their experiences of making a report or complaint, including feeling retraumatised by the process.

> **The opposite of safe and supported. Targeted, unheard, dismissed.**
> *Participant, Interview*

> **I will say that going through that process, it pretty much destroyed me. And I was just absolutely humiliated and crushed mentally.** *Participant, Interview*

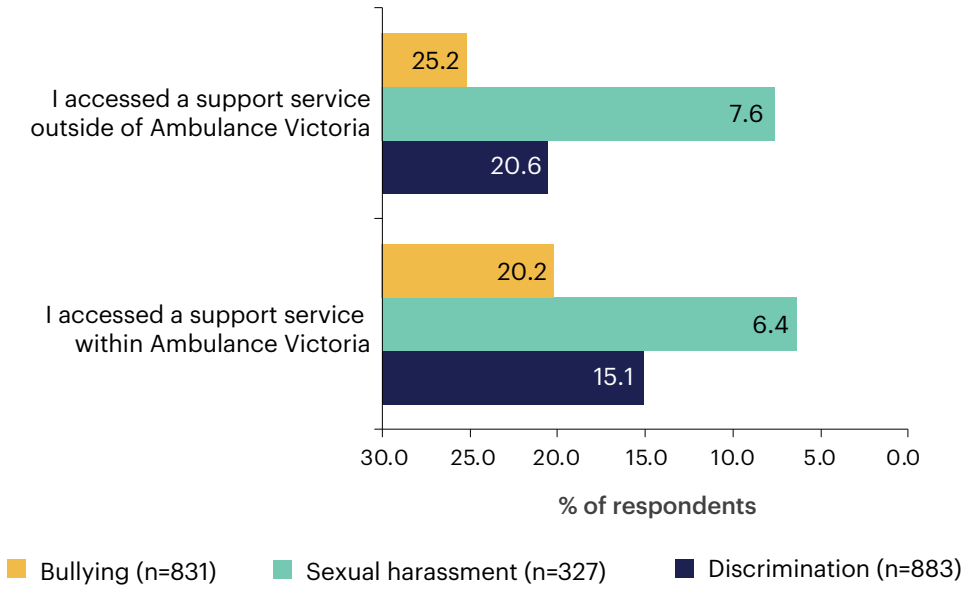
These findings are also broadly consistent with experiences reported to the Victorian Auditor-General's review into bullying and harassment in the health sector in 2016. In that report, a lack of support during and following a report or complaint was identified as a key shortcoming of report and complaint processes.[16]

The confidence a complainant has that their employer will support them has been identified as key to providing a safe environment that encourages reports to be made. For example, Safe Work Australia has highlighted that implementing certain measures – investing in support resources, providing workers with a range of accessible ways to report anonymously and confidentially as well as communicating the process clearly – are important to make employees feel safer and more supported in coming forward.[17]

Access to support and advice

The Commission asked what actions survey respondents took following their experience of unlawful conduct, including whether they accessed a support service either within or outside of Ambulance Victoria. Across all forms of unlawful conduct, survey participants reported low levels of accessing support services within or outside of Ambulance Victoria, as outlined in Figure 8K. Concerningly, this was particularly the case for those who reported experiencing sexual harassment: only 6.4% (n=21) of participants who reported experiencing sexual harassment and who responded to this question accessed support services within Ambulance Victoria, and only 7.6% (n=25) sought support outside of Ambulance Victoria.

Figure 8K – **Access to support services**



In interviews and submissions, the Commission was also told of frequent gaps in the provision of support services to complainants after they made a complaint.

> **There was no support offered. No support person offered. No-one to keep me informed.** *Participant, Interview*

> **[I was given] no support. I wasn't allowed to talk to anybody about anything, and from then on nobody I worked with knew anything about it. No-one at the branch would talk to me, because they knew I reported him. It was just very difficult. And it went on for three years, nearly.** *Participant, Interview*

As detailed earlier in this Chapter, the Commission heard resourcing constraints on the Professional Conduct Unit have also been identified as a key limitation on its capacity and functions, including ensuring supports are provided to complainants and respondents; this is a gap that the creation of the Specialist Support Unit has sought to address.

During interviews, the Commission also heard participants reflect that the impact of the clarity and communication of messaging about support services for respondents can create barriers.

> **I think the messaging around, "this is a confidential matter" is so strong. It takes from the message that you can call the psychologist if you need to.** *Participant, Interview*

The Commission also heard that while formal documentation refers individuals involved in a complaint process to wellbeing services, there are no formal processes or procedures established between the Professional Conduct Unit and the Wellbeing Support Services Unit to ensure that referrals are made, as needed.

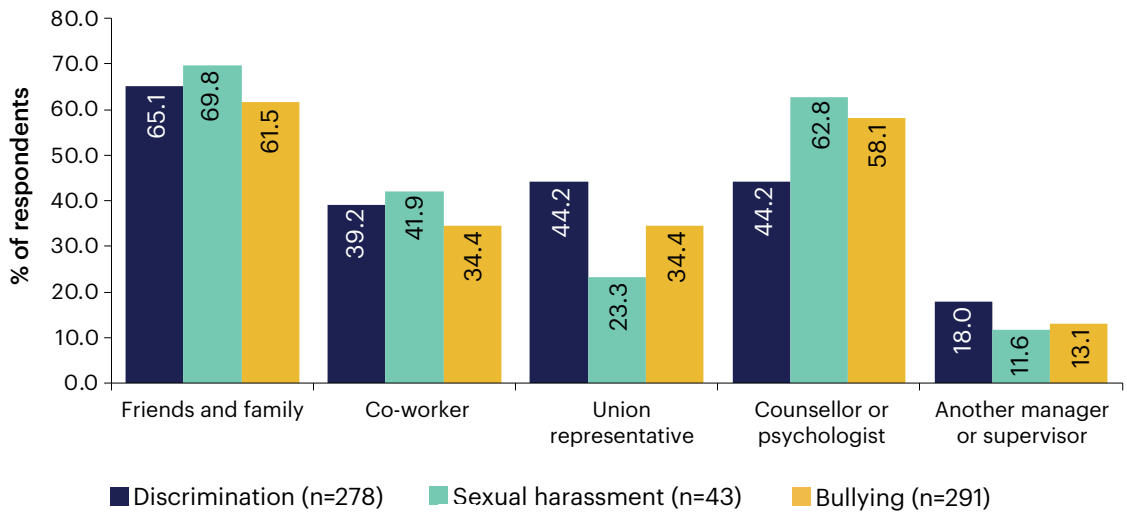
The AEAV also noted that, in its experience, employees and first responders found themselves with limited support, and that the lack of experience of team managers and health and safety representatives limited their capability to provide options or connections to support services.[18]

The Commission's survey also asked whether participants sought any other support or advice about their most recent experience of unlawful conduct. Of the 320 people who experienced sexual harassment and responded to this question, most (86.6% or n=277) reported that they did not seek further support or advice about their most recent experience of sexual harassment. Of the 833 and 922 survey respondents who reported experiencing discrimination or bullying, respectively, 66.4% (n=553) and 68.0% (n=627) did not seek any other advice or support.

Given the low levels of engagement with Ambulance Victoria's support services demonstrated above, it is concerning that the vast majority of participants who experienced unlawful conduct did not seek further support or assistance elsewhere.

The Commission asked survey respondents who they turned to for support and advice. The patterns are similar to those reported for informal reports of unlawful conduct outlined earlier in this Chapter; survey respondents most commonly reported seeking the assistance and support of family members and friends following their experiences, followed by counsellors and psychologists and co-workers.

Figure 8L – **Top five sources of support or advice about experiences of unlawful conduct**



These findings also highlight the key role played by unions and professional associations in the report and complaint process. For example, of the 291 survey respondents who experienced bullying and responded to this question, 34.4% (n=100) sought advice or support from a union or employee representatives.

The Commission's findings are reinforced by the patterns found by the Australian Human Rights Commission in 2018, which found people who experienced sexual harassment most commonly sought advice and support from friends and family (61%), followed by co-workers (31%).[19]

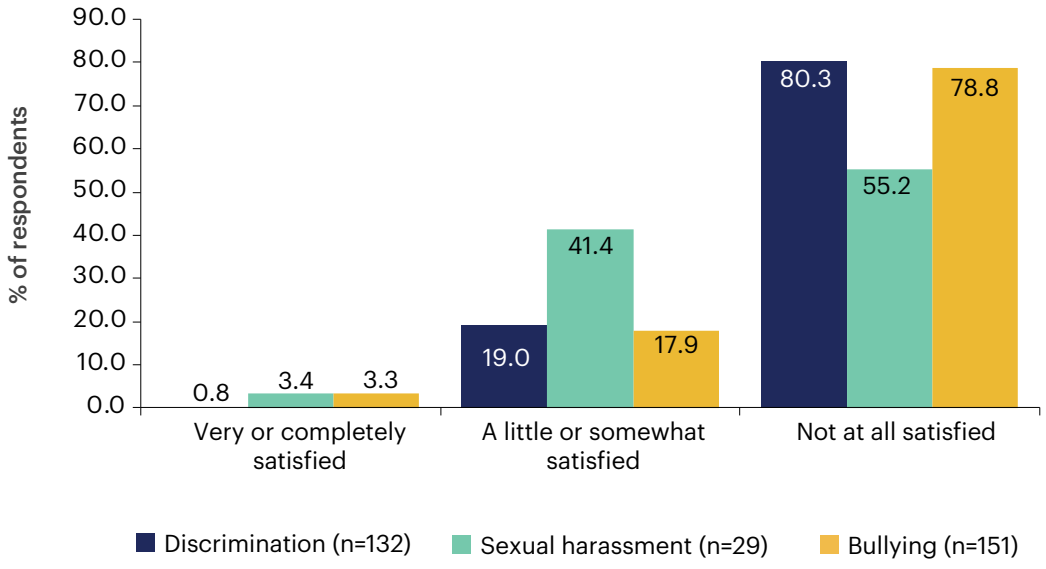
Satisfaction with the process

Across all data sets, employees and first responders who came forward to the Commission told us they were profoundly dissatisfied with their experience of making a report or complaint. The rates of dissatisfaction are a distressing indication that the report and complaint process is not serving the needs of Ambulance Victoria's workforce.

The Commission's survey asked how satisfied respondents were with the overall process of dealing with their formal complaint. It is of significant concern that across all forms of unlawful conduct there were very high rates of survey respondents who reported feeling not at all satisfied with the overall process of dealing with their formal complaint of unlawful conduct, including:

- 80.3% (n=106) of those who experienced discrimination and made a formal complaint reported feeling not at all satisfied with the complaint process
- 55.2% (n=16) of those who experienced sexual harassment and made a formal complaint reported feeling not at all satisfied with the complaint process
- 78.8% (n=119) of those who experienced bullying and made a formal complaint reported feeling not at all satisfied with the complaint process.

Figure 8M – **Satisfaction with the formal complaint process**



The deep dissatisfaction with the complaint processes is consistent with reflections of participants during interviews and in submissions. Most participants reported feeling dissatisfaction with their experience, for a range of reasons, including those discussed above relating to a lack of communication about the outcome of their complaint, access to supports, timeliness and communication flows. In addition, the Commission was told of other reasons for poor experiences, including:

- victimisation and retaliation after lodging a complaint, including being socially isolated by colleagues, or stagnation of their careers
- breaches of confidentiality
- processes that made them feel retraumatised
- responses to reports and complaints that made complainants feel like the respondent was a greater priority.

Two participants described their experiences of these issues.

> **The handling of that complaint could not have been worse. It not only didn't deal with the issue but made the conditions worse.** *Participant, Interview*

> **I feel like the perpetrators have more rights than the victims. In the end.** *Participant, Interview*

Of concern, the rate of satisfaction with the complaint process for those who reported experiences of sexual harassment are also much lower than reported by the Australian Human Rights Commission in 2018 about Australian workplaces. In that study, 35% of those who reported the behaviour indicated that they were extremely satisfied with the process used to deal with the complaint, with 13% indicating that they were not satisfied at all.[20]

The Commission did hear from a small number of participants who had positive experiences of the report and complaint system. They described the importance of feeling that their concerns were taken seriously, that they were heard, and that timely actions were taken.

> **I walked away pretty upset about the [derogatory comments I had witnessed being made], but I felt like it was handled okay because my comments were taken really seriously. The person that I spoke to in the Professional Conduct Unit sounded also offended by these comments. So, I felt like I had someone who really understood me. The action taken was quite fast.** *Participant, Interview*

Findings

- Very high rates of survey respondents (reinforced by interviews and submissions) described that they did not feel safe or supported during a formal complaint process, particularly in relation to reports of discrimination and bullying. The provision of support to complainants and respondents appears to be inconsistent. Also, managers are not effectively equipped with the necessary information to ensure connections to support services are made when needed.
- More than three-quarters of survey participants reported feeling not at all satisfied with the process of dealing with the formal complaint of discrimination (80.3%, n=106) and bullying (78.8%, n=119).
- The reasons identified by participants were varied and included a lack of communication, gaps in access to support, delays, breaches of confidentiality and victimisation. These substantial rates of dissatisfaction indicate a report and complaint process that is not serving the needs of Ambulance Victoria's workforce.

8.2 Barriers to reporting

Research shows that experiences of workplace discrimination, sexual harassment and bullying can be underreported.[21] Research in the context of sexual harassment also indicates that organisational contexts – such as the way report and complaint systems are perceived by a workforce, and actual poor handling and experiences of complaint systems – also erode trust in procedures and future willingness to come forward.[22]

In the context of the health sector, widespread underreporting of inappropriate behaviours, including bullying and harassment has also been identified. A 2016 audit of bullying and harassment in the Victorian health sector undertaken by the Victorian Auditor-General found a range of causes for under-reporting these behaviours, including:

- beliefs and experiences that nothing will change as a result of reporting due to past inaction
- distrust of human resource departments
- a fear of negative consequences
- a high degree of normalisation of inappropriate behaviours.[23]

The Australian Human Rights Commission also made similar findings in 2018 in relation to barriers to reporting sexual harassment in Australian workplaces.[24] These barriers have also been identified in relation to sexual harassment and discrimination by the Victorian Equal Opportunity and Human Rights Commission during its review of Victoria Police.[25] Similar findings were also echoed in a 2018 New South Wales parliamentary inquiry into emergency services agencies, which observed there were high-levels of under-reporting throughout emergency services organisations in New South Wales. This inquiry found underreporting was due to a confluence of factors, including real or perceived conflicts of interest in the reporting system, perceptions that interpersonal issues should be dealt with by individuals, rather than the organisation and unclear procedures.[26]

Consistent with this research, the Commission heard there is a number of intersecting barriers that create obstacles for employees and first responders to make a report. Some of these barriers are more significant for women than men, or for certain types of unlawful conduct, such as sexual harassment, where participants were more likely to report concerns about how their complaint would be perceived.

Many of these barriers are also mutually reinforcing and intersecting drivers of unlawful and harmful conduct, as described in Chapter 6. For example, the Commission has found a general tolerance for incivility and unlawful conduct at Ambulance Victoria has meant these behaviours are brushed off or trivialised. In turn, this tolerance operates as a barrier to reporting, as it makes it more difficult to understand what conduct is unacceptable within an organisation and undermines confidence that a report or complaint will be taken seriously.

These findings are reinforced by a survey conducted in 2020 by Swinburne University that examined the workplace climate and wellbeing of Ambulance Victoria's workforce. This study did not directly seek information about the rates of reporting of unlawful conduct, but, in part, sought to understand how participants felt about speaking up about workplace issues. Researchers found there was strong support within the workforce for speaking about issues of concern. However, two-thirds of the respondents said they remained silent on workplace issues, mostly because they feared retribution or thought nothing would change.[27]

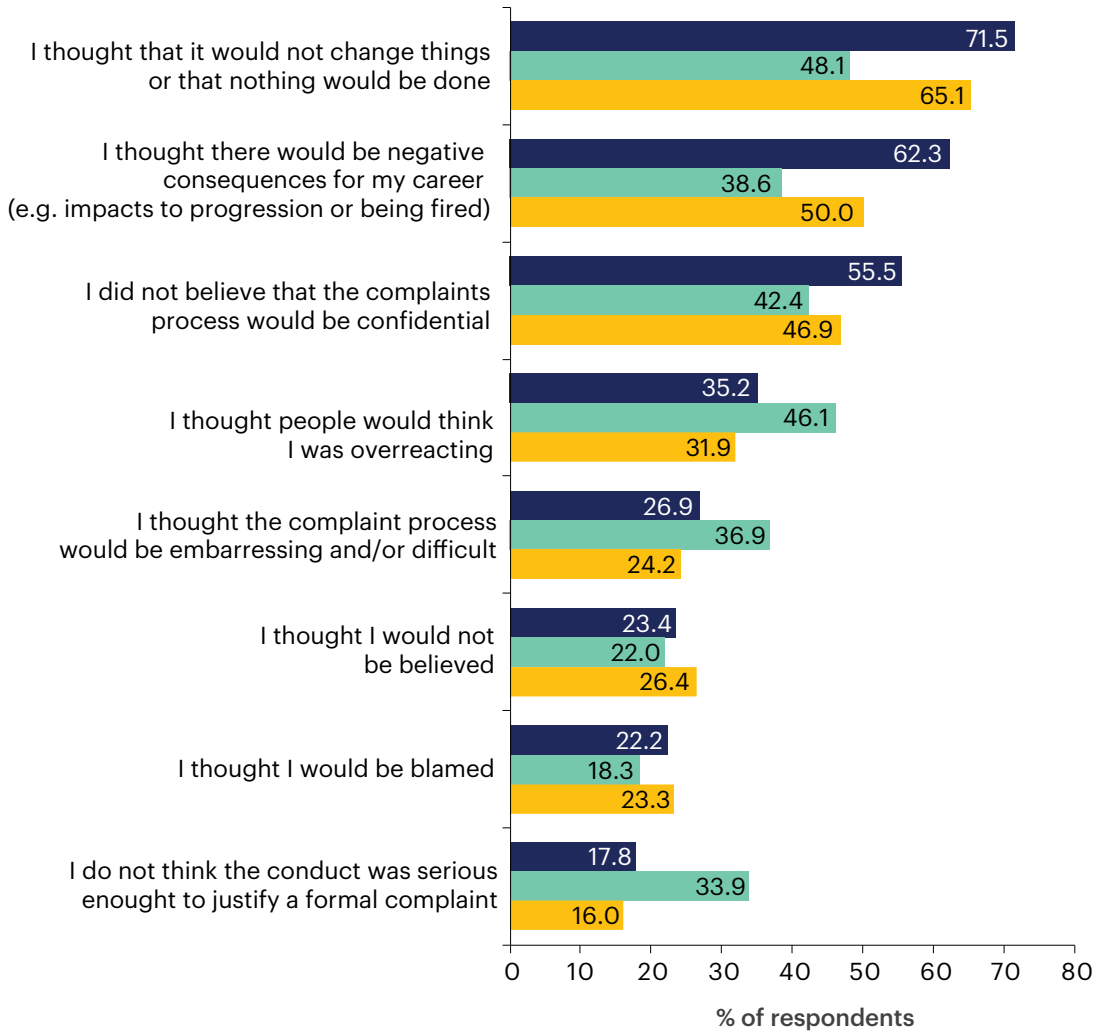
The Commission was also told there is a lack of options and capability to address low level conflict within the workplace, which can discourage reporting as a complainant may not wish to make a report and complaint in a formalised process. Further, participants identified that gaps in management capability create difficulties in having challenging conversations, as outlined further in Chapter 6.

The low rates of reporting (a clear impact of the barriers to reporting) are preventing Ambulance Victoria from understanding the nature and extent of unlawful conduct in the organisation. Underreporting is also inhibiting the ability of Ambulance Victoria to hold those who engage in these behaviours to account. In addition, the poor experiences of those who have engaged with the organisation's reports and complaint system appear to be having a chilling effect on the confidence of others to engage in the system. This, in turn, contributes to a sense that there is a tolerance throughout the organisation for unlawful conduct.

The sense that some within the workforce feel they are unable to speak up is apparent in the 2020 People Matter Survey, where only 59% (n=706) of those who participated indicated they agreed that people within their work area are able to bring up 'problems or tough issues', almost one-quarter of respondents (22% or n=263) disagreed with this statement.[28]

To better understand the barriers to reporting, we asked participants why they did not make a formal complaint about the unlawful conduct they experienced. Participants could select more than one response. The Commission was told there are a range of pervasive barriers to reporting, which are outlined in Figure 8N below.

Figure 8N – **Most commonly reported barriers to reporting**



Note: This figure displays the eight most common barriers reported by participants.

As Figure 8N demonstrates, similar barriers to reporting were described by survey participants who experienced discrimination and bullying, with close to three-quarters of survey participants reporting a fear that nothing would change or be done and that there would be negative consequences for making a report.

By contrast, those who experienced sexual harassment and responded to this question more commonly reported fears that they would be perceived to be overreacting, that the complaint process would be embarrassing or difficult, and/or that they did not think the conduct was serious enough to justify a formal complaint.

These results are broadly consistent with the findings of the Australian Human Rights Commission in 2018, which found the most common reason for not reporting workplace sexual harassment was that the victim believed people would think they were overreacting. Other common barriers included that the incident was not serious enough, or that nothing would be done.

The 247 women who experienced sexual harassment and responded to this question more commonly reported concerns about confidentiality (44.9% or n=111), as compared to the 37 men (24.3% or n=9); that nothing would be done (49.0% or n=121 versus 35.1% or n=13) and that there would be negative consequences (39.3% or n=97 versus 27.0% or n=10).

This is broadly consistent with the Australian Human Rights Commission's National Survey findings, which identified that women were more likely to report concerns about confidentiality and a fear that nothing would be done.[30] Contrastingly, the Australian Human Rights Commission found women were more likely than men to nominate a fear that they would be perceived to be overreacting, however, this distinction did not emerge from our survey.[31]

Positively, the Commission's survey did not reveal a lack of awareness of the complaint process or to whom a complaint should be made as barriers to reporting. Only 9.1% (n=68) of participants who experienced discrimination and responded to this question identified that they did not make a formal complaint because they were not aware of how the process worked.[32] Less than one in 10 survey respondents who had experienced unlawful conduct described not being aware of who to make a formal complaint to as a barrier to reporting the conduct.[33]

8.2.1 Fear of the consequences of reporting

Fear that nothing will change or be done

The barrier to reporting most frequently identified by participants was a fear that no action or change would result from doing so. This barrier was reported most frequently by those who experienced discrimination and bullying, and by almost half of those who experienced sexual harassment. This includes:

- 71.5% (n=535) of the 748 survey participants who experienced discrimination and responded to this question
- 48.1% (n=142) of the 295 survey participants who experienced sexual harassment and responded to this question
- 65.1% (n=525) of the 806 survey participants who experienced bullying and responded to this question.

These responses were echoed during interviews and in submissions, where participants described to the Commission how a perception that there is little accountability for alleged perpetrators (as outlined earlier in this Chapter) contributed to a sense that no action will be taken in response to a complaint.

> **[I]f you see people speaking up and reporting and doing what we're told to do, let us know so we know there's a problem but then no follow through or minimal repercussions, you get to a point where there's no faith in the system that there will be an appropriate response.** *Participant, Interview*

Participants reported that informal networks and spheres of influence created by friendships developed over long periods of time made them feel that there was little point complaining, and gave them a sense that there would be no

accountability for an alleged perpetrator. One participant described the impact of these close friendships on their view of making a report or complaint as follows.

> **My direct supervisor was close friends with the group manager and also the area manager, so I felt that complaining by these channels was of no use.** *Participant, Submission*

A climate of fearing retribution

There was a widespread view among participants that there will be immediate negative consequences for someone who makes a report or complaint, as well as consequences throughout their career. These fears appear to be well-founded based on the Commission's understanding of the nature and extent of victimisation (explored in chapters 4 and 5).

Across all forms of unlawful conduct, survey participants identified the fear of retribution as a significant barrier, including:

- 62.3% (n=466) of the 748 survey responses to this question who had experienced discrimination
- 38.6% (n=114) of the 295 survey responses to this question who had experienced sexual harassment
- 50.0% (n=403) of the 806 survey responses to this question who had experienced bullying.

The Commission heard from participants that those who spoke up were not supported, suffered detriment in progression and development opportunities and were branded as someone who 'rocked the boat' and would not have their career supported over the long-term. Participants told the Commission that this is widely known throughout the organisation and generated a pervasive 'culture of silence'.

> **There is a climate of fear that pervades the organisation where speaking out or complaining has consequences resulting in a culture of silence.** *Participant, Written Submission*

> **I've certainly heard informal discussions where people have – that if they've made too big a nuisance of themselves all of a sudden there's no opportunities for them. There's certainly a perception greater than just myself that if you do pursue the wrong thing for the wrong person, that that will be a career ending move. That was a significant contributor in not complaining formally about some of these matters.** *Participant, Interview*

> **[If] you have a long and successful career ahead of you and the question is do you want to ruin it by continuing with this complaint because if you do follow down this complaint, then the advice that I've been given is that you'll never get on to MICA.** *Participant, Interview*

Similar findings of a culture of silence have also been observed in the context of other emergency service organisations, such as law enforcement, which in part is driven by fear of negative career consequences.[34]

PERSONAL STORY

Susan's* story:

Feeling unable to make a complaint about parental and carer discrimination

After having a child, I was discriminated against because I was a parent and carer.

The discrimination took many forms, including the aggressive way that Ambulance Victoria negotiated my flexible work arrangement with me, as well as being denied opportunities for promotions and professional development due to my part-time work arrangements.

I have not reported or made a complaint about my experiences for several reasons.

My direct managers have always discouraged me from making complaints. I have felt unsure and unsupported about the process and that it's just a pointless endeavour. In the past I have been told by a direct manager that making a complaint would have a negative impact on my career and achieve nothing because the person I wanted to complain about was 'protected'. This mentality continues to be reflected in other actions displayed at AV and it appears that if you know the right person, hold a specific role, or are an 'untouchable', there are no apparent consequences for inappropriate behaviour, even if it is public, overt or repeated.

I have also spoken to other staff who have felt victimised and bullied after making complaints. This means I haven't felt safe to make a complaint without risking my career opportunities or becoming a target myself.

When staff raise broader issues at work, we are often reminded that if we do not like something, there is a long queue of graduates behind us that will happily take our place. There is an overwhelming feeling that we are completely expendable.

As a result of these experiences, I feel disheartened, of little value and not safe to make a complaint.

**Name has been changed to protect privacy.*

Fear of perceptions of overreacting

For participants who had experienced unlawful conduct, a fear that they would be perceived to be overreacting was raised as a barrier to making a formal complaint by:

- 46.1% (n=136) of the 295 survey responses to this question who had experienced sexual harassment
- 35.2% (n=263) of the 748 survey responses to this question who had experienced discrimination
- 31.9% (n=257) of the 806 survey responses to this question who had experienced bullying.[35]

The significance of this barrier may be partly explained by the Commission's findings of the extent of discrimination, sexual harassment and bullying in Ambulance Victoria and the existence of a general tolerance for everyday incivility

and disrespect (see chapters 5 and 6). In turn, this may be contributing to a belief that experiences may not be taken seriously or acted on (this is further explored in Section 8.2.2)

The frequency of this barrier being identified by individuals who have experienced sexual harassment in particular is consistent with research conducted by the Australian Human Rights Commission in 2018, which identified a fear of perceived overreaction as the most common barrier to reporting sexual harassment.[36] It is also consistent with broader research, which has found that a fear that a complainant will be perceived as 'too sensitive' is a key barrier to reporting.[37]

Fear of blame or disbelief

Around one in five survey participants who responded to questions regarding barriers to reporting unlawful conduct described the fear of how their formal complaint would be received.

Figure 8O – **Barriers to reporting unlawful conduct**

Reason	Discrimination (n=748)	Sexual harassment (n=295)	Bullying (n=806)
I felt I would be blamed	22.2% (n=166)	18.3% (n=54)	23.3% (n=188)
I felt I would not be believed	23.4% (n=175)	22.0% (n=65)	26.4% (n=213)

As noted above, barriers to reporting can create multiple obstacles to engaging with the report and complaint system. One participant told the Commission about how these barriers to reporting can intersect with one another.

> **I didn't tell anyone at the time about it because I just felt this must be how everyone in the organisation feels, this must be how everyone is in the organisation. So, I didn't tell anyone, because I didn't think anyone would actually take me seriously. On top of that, the recruitment process for AV is so competitive, that I didn't want to – and it's such a small world, you don't want to do anything that will make you standout in a negative way.**
> *Participant, Interview*

8.2.2 Organisational tolerance of unlawful conduct

In addition to an individual's perceptions and concerns about reporting and complaint processes, research has demonstrated that aspects of organisations can operate as barriers, such as internal power structures and whether the organisational culture is supportive of reporting, in the context of child sexual abuse.[38] While this research considered conduct of a different nature to the

subject of the Commission's report, similar principles and issues have emerged across the data sources.

Academic research has also identified that reports and complaints are unlikely to occur unless the conduct is more severe than that which is tolerated within an organisation, for both complainants and bystanders.[39] Similar findings were echoed by the Australian Human Rights Commission in its review of Gymnastics Australia, where an organisational tolerance of negative behaviours was found to have a 'dampening effect' on both informal and formal reporting.[40]

Consistent with this research, in interviews and submissions, the Commission heard that many employees and first responders experienced, witnessed and heard about unlawful conduct that was not acted on. Participants told us that a lack of action contributed to their sense that this behaviour was normal, tolerated and that those who engaged in the conduct were unlikely to be held to account for their behaviour.

As noted in Chapter 6, unchecked behaviours can, over time define the standard of accepted behaviour and the culture of an organisation. This can also create barriers to reporting as it becomes more difficult to discern what conduct is out of step with what becomes expected everyday experiences at work.

One participant simply put the impact of this cycle.

> **Behaviour unchallenged is behaviour encouraged.** *Participant, Interview*

Participants also told the Commission about how experiences of managers engaging in unlawful conduct themselves or not proactively addressing behaviours created barriers to reporting conduct.

> **There's just a lack of cultural understanding. And then for example, my Team Manager – I actually had a really good relationship with them. But we were working together for the month, and in the car, this song came on and they started saying the 'N-words', along with the song .... And it's just like, "you're my Team Manager. If I can't rely on you to understand what a racial slur is – I shouldn't have to explain to you why that's wrong". I couldn't say anything.** *Participant, Interview*

> **But as much as there's a culture of management not actually addressing these problems, there's a culture of people also not really reporting it because of that.** *Participant, Interview*

As outlined in Chapter 5, participants told us that the most common perpetrator of bullying and discrimination was their direct manager. This can create profound challenges to reporting when reporting to your direct manager is the primary complaint pathway reinforced to employees and first responders at Ambulance Victoria in many documents, policies and procedures about making a report or complaint.

PERSONAL STORY

Mila's* story:

Obstacles to making a complaint where management are perceived to be close to the alleged perpetrator

I have experienced and witnessed bullying and sexual harassment on multiple occasions at my workplace. I have also witnessed discrimination on the basis of sexual orientation.

In each instance, my manager at the time was friends or closely associated with the alleged perpetrator(s) involved. On many occasions, the incidents occurred directly in front of management. Other times, I have had to bring it to my managers' attention.

After becoming aware of the issues, managers have responded in a very informal and light way and then that was the end of the conversation; there has never been formal discipline for the alleged perpetrators involved.

After seeing the way that my managers have handled these situations, I have not lodged any formal complaints. Managers should be the ones acting on these problems. They are not going to back me through a complaints process. If they were going to back me, they would have actually done something about the conduct in the first place.

Our workplace is a very insular environment where a lot of people have been working together for such a long time. I think you need to be able to draw a line between being friends with someone and being their manager. For many managers, these lines are blurred, and they are not able to manage their friends anymore.

**Name has been changed to protect privacy.*

Perceptions of failures to hold perpetrators to account

We were also told in interviews and submissions of a widely held view that perpetrators are not held to account for unlawful conduct. Concerningly, participants told us that this was the result of their experiences of certain individuals being 'passed off' as relics of history, or perceptions that certain individuals are 'untouchable'.

> **You're talking very archaic, like a manager of a branch still describing someone who [identifies as LGBTIQ+ in an offensive way]. Still using that language in the workplace to the team like in an unthreatened sort of way, not even behind closed doors but quite openly ... [It was] just written off as, "Oh, that's poor old such-and-such, he's a bit old school, don't worry about him, you just got to get used to him".** *Participant, Interview*

> **People talk about selected individuals being protected, and it's a significant part of the unwritten culture. Before taking action to speak up, you really do pause to think about who do I want to go up against and challenge. You're talking about people who've worked together for 10, 20, 30 years, there's history there that you just can't fight, and you are explicitly told, "We'll just wait you out. I've worked here for years, and will for many more. I've seen four people go through your role, you'll be gone before I will." It's quite confronting and it makes it really difficult to then ask people to speak up about issues.** *Participant, Interview*

> **[The alleged perpetrator] is notorious for it .... At one stage, when I spoke to [someone in HR] about it and they said that they had multiple complaints against him. And I said, "Well, what are you doing about it?" And she said, "There's not much we can do about it, we can't afford to pay him out", was her words. And I was stunned, to say the least.** *Participant, Interview*

This is consistent with research that has demonstrated that whether managers and senior leaders appear to be supportive of speaking up – including by using formal and informal processes for raising issues within the workplace – affects the preparedness of individuals to make reports and complaints about issues they are experiencing.[41] More broadly, research has also demonstrated that feelings of risk and safety are important factors for taking steps to report and be a 'whistle-blower'. That is, people are more likely to report when they feel it will be supported within the organisation.[42] Research has also found that without regular, consistent messaging about the zero tolerance for conduct, combined with appropriately dealing with and handling inappropriate or unlawful behaviours where they arise, employees are unlikely to utilise reporting and complaint systems.[43]

8.2.3 Power imbalances

As discussed in Chapter 6, there are a range of power disparities across Ambulance Victoria that drive unlawful conduct. These power imbalances can also create barriers to reporting. The impact of power imbalances on people's willingness to speak up about unlawful conduct or mistreatment is consistent with known literature. Research has identified that, where power asymmetries exist, they create significant deterrents to reporting. For example, managers who exercise decision-making authority (such as through progression and promotion) can create a well-founded fear that this authority will be used to retaliate against a person who makes a complaint.[44]

Power imbalances that create barriers to reporting have also been identified within the wider health sector. For example, a 2015 report by the Expert Advisory Group on discrimination, bullying and harassment at the Royal Australasian College of Surgeons, found that hierarchy and power were central issues that impacted reporting and speaking out.[45] These impacts have also been identified in other sectors where dynamics of power arise from hierarchical environments, such as the legal sector and in parliamentary workplaces.[46]

Consistent with this research, the Commission was told in interviews and submissions that power imbalances within Ambulance Victoria can also impact the confidence of employees and first responders to use existing mechanisms to report because:

- hierarchical environments create expectations of deference to authority; this contributes to cultures in which people in authority, such as managers or those with higher levels of clinical skill are not to be questioned
- structures, such as the 'endorsement' process (see Section 6.1.5), that provide wide discretion to managers and others in positions of authority to determine training, progression and development create opportunities for these processes to be used against people who report
- Ambulance Victoria being the sole employer of paramedics in the state creates an additional fear of potential job security.

Three participants described how these imbalances lead them to feel powerless.

> **People need to be supported and believed. And it came down to the [Senior Team Manager] didn't believe her. That's what it comes down to. Anyone in a lesser position is not believed.** *Participant, Interview*

> **There is an inherent power dynamic. There's a clinical difference in hierarchy – from volunteers or first responders, to [Advance Life Support paramedics] and MICA, to MICA and the helicopters. There's always this power hierarchy, which is relevant clinically, but it should not be relevant behaviourally. Everyone should be able to have a voice.** *Participant, Interview*

> **There's a big fear factor and a financial need to stay because you're going to have school fees and mortgages, so [you are] motivated not to rock the boat.** *Participant, Interview*

8.2.4 Inadequate complaint and reporting processes

The Commission heard that the way in which the report and complaint system operates can create barriers to reporting, including whether complainants could be confident that their confidentiality will be maintained.

Difficult or embarrassing processes

A concern that the process of making a report or complaint may be difficult or embarrassing was raised more commonly by those who had experienced sexual harassment than by those who had experienced discrimination or bullying:

- 36.9% (n=109) of the 295 people who responded to this question and had experienced sexual harassment
- 26.9% (n=201) of the 748 people who responded to this question and had experienced discrimination
- 24.2% (n=195) of the 806 people who responded to this question and had experienced bullying.

The Commission heard that the common understanding of the complaint pathways in Ambulance Victoria, which is reinforced by policies and procedures, is that any concerns should be discussed with a direct manager (see Chapter 7). However, the high frequency of acting manager arrangements across the organisation was

identified as creating difficulties in employees and first responders accessing this complaint pathway. Discussing concerns and disclosing what they may have experienced is a sensitive and difficult conversation that some may not wish to have with a manager who they have not previously worked with, or who may be a former peer.

> **So yeah, just talk to your Team Manager and like I said, that then becomes very dependent on who your Team Manager is. And often half the time it's someone just acting in the role and they're actually your peer. So they might be in the role for two months, but really they're just your peer and some of them you look at and go, "Oh, I'm not entirely sure I would trust you with something like this."** *Participant, Interview*

Mistrust of confidentiality protections

Across all data sources, participants expressed significant concern about whether confidentiality would be maintained in a complaint process; this mistrust has created a strong barrier to making a report. Of the 748 survey respondents who experienced discrimination, 55.5% (n=415) identified fearing the process would not be confidential as a barrier to reporting. A total of 42.4% (n=125) of the 295 survey respondents who experienced sexual harassment also identified this as a barrier to reporting, along with 46.9% (n=378) of the 806 survey respondents who experienced bullying.

In interviews and submissions, the Commission heard that concerns about confidentiality arise for a range of reasons, including:

- the number of managers in acting roles, which creates a need for information to be shared with a greater number of people
- a 'gossip' or 'rumour' culture, where information is commonly and widely shared, including about complaints
- informal networks based on long-standing friendships creating an environment where complainants feel information is likely to be shared.

Two participants described how these concerns impacted their willingness to report.

> **I think there is actually a bit more that is stopping people from reporting. I think it's the revolving door that is management. My manager changes month-to-month. So, anything that's recorded confidentiality, will go to the next Team Manager, will go to the next Team Manager, who is also a colleague because they act up. So I don't think people will report anything because there's no confidentiality, or everybody will know about everything.** *Participant, Interview*

> **There's no confidentiality in Ambulance, and ... it doesn't matter what level you're working or what management title you hold; it's rife.** *Participant, Interview*

This issue is not isolated to Ambulance Victoria. An audit by the Victorian Auditor-General of bullying and harassment in the health sector also revealed inadequacies around confidentiality in the reporting system.[47] Further, a survey conducted by the Expert Advisory Group to the Royal Australasian College of Surgeons identified similar inadequacies in the complaints management process in the context of surgical practice, including a lack of procedural fairness, transparency and confidentiality.[48]

Lack of access and capabilities to support informal reporting and resolution processes

During interviews and in submissions, the Commission heard that employees and first responders are directed to make reports and complaints about a broad range of conduct to the Professional Conduct Unit. Some participants reflected to the Commission that there is both a lack of training and capability within Ambulance Victoria to resolve issues as they arise. As a result, conduct that is less serious is either left unchecked and becomes more serious over time, or is unnecessarily escalated through formal processes.

> **We don't actually empower people to have those conversations and to have the confidence to have those conversations or give them support to get the confidence to have those conversations, we just give them a complaint avenue at the other end of the line.** *Participant, Interview*

Another participant reflected that the lack of capability and feeling of safety to resolve a spectrum of issues and workplace conflicts that can arise made it more difficult for employees and first responders to be able to have the confidence and capability to take a significant step of making a complaint.

> **[If we] are not even calling [low level incivility] out, how the heck are we going to address the big stuff? If someone doesn't feel safe to tell someone, "Don't make that comment", how are they going to feel safe to make a big complaint? And have managers that are willing to have those conversations and see it through; not just let stuff go because it's too hard.**
> *Participant, Interview*

The Expert Advisory Group to the Royal Australasian College of Surgeons has made similar findings in the broader health context of surgical practice. It noted that an equal focus on other opportunities to resolve complaints and concerns was needed to avoid the potential for over escalation of issues into formal report and complaint processes.[49]

Limitations affecting the functions of the Professional Conduct Unit

In interviews and submissions, the Commission heard that the establishment of the Professional Conduct Unit was a positive step towards improving a previously inconsistent and, at times, unfair report and complaint process. We were also told that the establishment of the unit had increased Ambulance Victoria's ability to collect data about reports and complaints and inform a more systemic and comprehensive approach to reports and complaints.

While some participants reflected that the unit's establishment had resulted in positive improvements, many more participants reflected that the intended benefits had been hampered by a lack of training, resources, funding and information technology limitations. The Commission heard that these limitations had impacted all aspects of the unit's role, including being able to communicate regularly with those involved in a report or complaint process; developing and refining systems, processes, policies and procedures; analysing data on complaint trends; and undertaking restorative practices.

> **[The Professional Conduct Unit] are getting so bogged down in stuff that really should never have gone there, because now it becomes nearly a default, "I will send it to them." There is certain stuff down here which may have a clinical basis. Just be clearer about what goes there. Resource it appropriately, as in the numbers, and with the appropriate staff.**
> *Participant, Interview*

> **There is [no role for the Professional Conduct Unit in promoting workplace equality]. The Professional Conduct Unit gets exposed to it, sees the inequality, discrimination, harassment and victimisation, but does not have input into how it is addressed. Their role is to investigate claims and hopefully come to some resolution.** *Participant, Interview*

The views expressed by participants echo those from a review of the first year of the Professional Conduct Unit's operations undertaken in 2018. That report found the unit appeared to be a positive initiative, seemed to be supported by the staff and could support culture and behaviour improvements through education activities.[50]

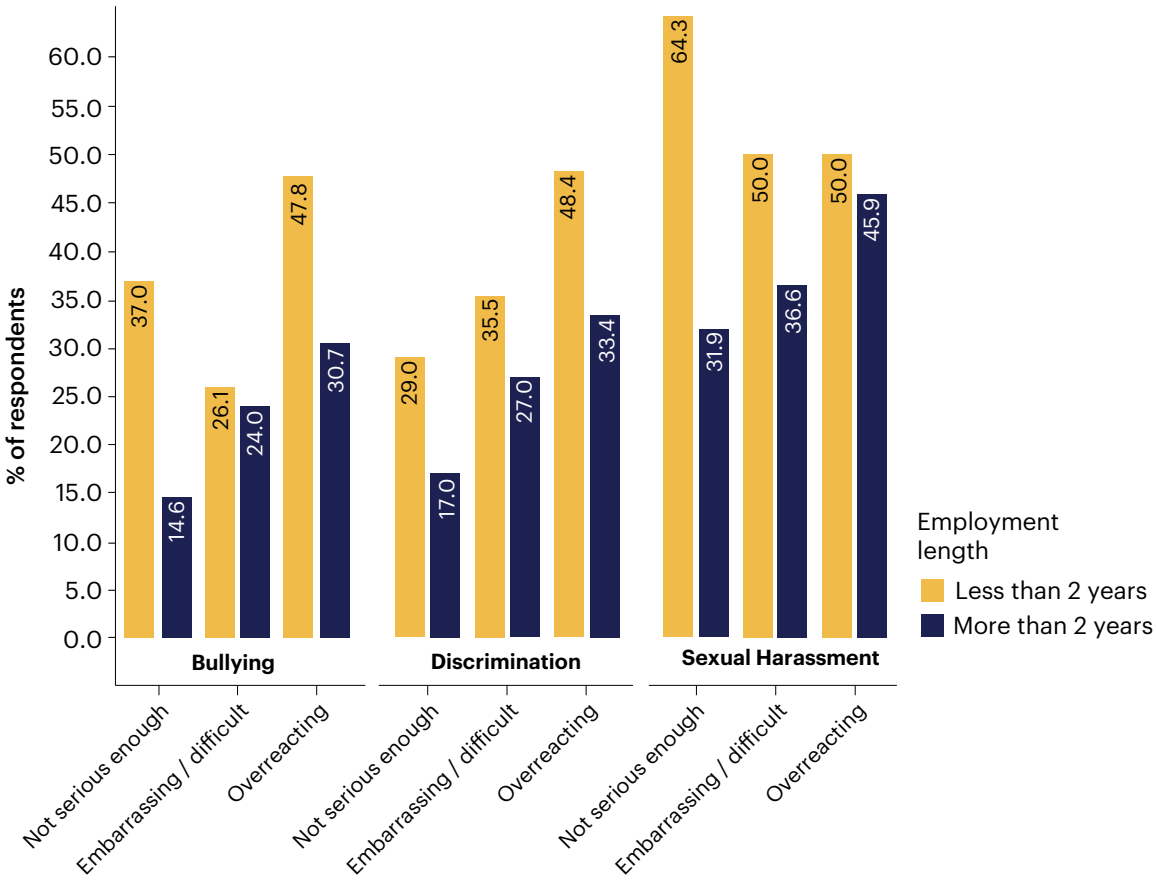
The review also noted that the Professional Conduct Unit had been constrained by several limiting factors, including the allocation of physical and human resources, a lack of analytical tools, the skill sets of the staff members, few training opportunities and the lack of a case management system. It recommended a further review be undertaken in 2020 to assess progress and gauge whether the expected benefits were realised.

Ambulance Victoria advised the Commission that this review was deferred to assess changes to clauses in the enterprise agreement that were agreed in 2020.

8.2.5 The significance of certain barriers to reporting for particular cohorts

When responding to questions in the Commission's survey about the reasons they did not make a report, those who had been employed by Ambulance Victoria for less than two years more commonly reported different barriers affected their willingness to report all forms of unlawful conduct than those who had been employed for longer periods of time. These key differences are set out in Figure 8P below.

Figure 8P – **Barriers to reporting identified by those employed by Ambulance Victoria for less and more than two years**



Three barriers were more commonly reported across all forms of unlawful conduct for those who had been employed for less than two years: doubt about whether the conduct was serious enough to justify a formal complaint; fear of being perceived to have overreacted; and embarrassing or difficult complaint procedures. Differences between those of different ages were apparent across all forms of unlawful conduct.

For example, of those who responded to this question who had been employed for less than two years and who had experienced discrimination, 29.0% (n=9) reported they did not make a formal complaint as they did not think the conduct was serious enough, as compared to 17.0% (n=107) of those who had been employed for longer than two years. Similar differences were also reported by

survey respondents who experienced sexual harassment, with 64.3% (n=9) for those employed for less than two years as compared to 31.9% (n=82). Similarly, for bullying, 37.0% (n=17) for those employed for less than two years as compared to 14.6% (n=100).

Similarly, survey respondents aged between 18–39 years who responded to these questions reported a fear that they would be perceived to be overreacting. Of the survey respondents aged 18–39 years, 43.0% (n=128) who experienced discrimination identified this as a reason they did not make a formal complaint, compared with 28.9% (n=113) of those aged 40 and above.

Survey respondents aged between 18-39 years also more commonly reported concerns about the confidentiality of the complaint process, at 59.4% (n=177) as compared with 52.2% (n=204) of those who experienced discrimination and responded to this question. There were similar differences in concerns about confidentiality with those aged 18-39 years who experienced sexual harassment (45.6%, n=73) as compared with those aged 40 and above, 36.3% (n=45) and bullying (52.6%, n=159) as compared with 40.9% (n=182).

These findings were reinforced with what the Commission heard during interviews and in submissions, where some participants described how it was challenging to speak up as someone who had more recently commenced with Ambulance Victoria.

> **I felt like I could not speak up about her behaviour. I feared that no one would believe me, and that I would be seen as a difficult grad who couldn't get on with people. I had observed [the alleged perpetrator] was someone that had a lot of social connections, and I was concerned that if I said anything I would be ostracised.** *Participant, Written Submission*

> **As a grad, I'm unallocated. If I'm causing trouble or seen to be causing trouble, they might choose to allocate me to Warrnambool or to Mildura or something. So that was the other reason, selfishly, that I kept my head down.** *Participant, Interview*

Specific challenges and barriers for those earlier in their career were also identified during a recent review of sexual harassment in Victoria's legal profession. That review identified a specific challenge to addressing sexual harassment; namely, the existence of a power dynamic between victims and perpetrators that creates a barrier to speaking up or reporting – particularly for those in the early stages of their career.[51]

A review of sexual harassment in the Victorian legal sector also found that those with less experience in the legal sector had higher rates of reporting barriers, including that they did not report because they felt it was a minor incident or that they did not want to confront the perpetrator.[52]

As outlined in Chapter 7, the Commission has found that there are very low levels of reporting by bystanders. The Commission's survey asked those who witnessed or heard about unlawful conduct why they did not take any action. Of the 293 responses:

- 28.7% (n=84) were worried about negative impacts for themselves
- 20.5% (n=60) did not want to get involved
- 19.1% (n=56) did not want to make things worse for the person who experienced the unlawful conduct.

A total of 25.3% (n=74) survey respondents who witnessed or heard about unlawful conduct indicated that there was 'some other reason' they did not take action.

These findings were reinforced by the experiences participants described during interviews and in submissions. Many participants reflected that the barriers that prevented employees and first responders from coming forward about their own personal experiences meant they did not feel empowered to speak up about conduct they witnessed.

> **There's no way I'd call out [the alleged perpetrator's] behaviour because that would be the end of my career. If I said something, there were two people also at that table more senior than me that then would've made my life incredibly difficult. You're not empowered to speak out and in fact, you're completely disempowered to speak out.** *Participant, Interview*

Broader research in the health sector has also pointed to the multiple barriers that can intersect to prevent bystanders feeling safe and supported to speak up, including being fearful of perpetrators, a lack of confidence in the organisation's response and a sense of powerlessness.[53] Research on bystander intervention in the context of violence against women has also identified similar barriers to intervention: including fear of consequences by the perpetrator and being in a lower position in a hierarchy. In addition, research has also identified that organisational barriers (such as modelling of disrespectful behaviour by senior groups) can create barriers to bystanders taking action.[54]

Findings

- There are significant organisational barriers in Ambulance Victoria that are creating an unsafe reporting environment for discrimination, sexual harassment, bullying and victimisation. Many of these barriers also operate as drivers of unlawful and harmful conduct, which, in turn, creates a cycle that is not being disrupted.
- The Commission heard that there is a widespread sense that no action will be taken in response to reports and complaints, that there is a high tolerance for unlawful and harmful conduct and there is a common belief that victimisation will follow from a report or complaint. All these factors are preventing employees and first responders from coming forward.
- The most common barrier identified – with close to three-quarters of survey participants who reported experiencing discrimination and bullying reporting this – was a fear that nothing would change or be done in response to a report or complaint.
- The Commission was told a culture of silence and fear permeate Ambulance Victoria. Some participants who had spoken up told us their careers suffered, or they faced social isolation and were branded as someone who 'rocked the boat'. Others told us that it was commonly understood within the organisation that this type of response would follow a report or complaint, which meant people were fearful to come forward.
- Concerns that a complainant's confidentiality would not be maintained was identified as a strong barrier to reporting in the Commission's survey and was reinforced by interviews and submissions. Participants told us that structural and organisational cultural issues contributed to this fear, with a high number of acting managers creating a need for information to be shared with a wider group of people. Participants also reported a pervasive fear that the complaint process would not be confidential.
- In Chapter 6, the Commission found significant power imbalances create a heightened risk of unlawful and harmful conduct. We were also told that these imbalances make some people feel powerless; hierarchy creating expectations that staff will defer and not question authority figures; there are well-founded fears of potential victimisation resulting from the wide discretion provided to managers on promotion and development opportunities; that Ambulance Victoria being the sole employer of paramedics in the state creates concerns about job security.
- Participants reflected to the Commission that the establishment of the Professional Conduct Unit had improved the report and complaint system, modernising and providing a more consistent approach. However, many participants told us that a lack of training, resources, funding and information technology limitations have meant the unit has been unable to fulfil many of its intended functions. In turn, this has eroded trust and confidence in the Professional Conduct Unit and the organisation's report and complaint system.
- Bystanders also reported the most significant barrier to taking action was a concern they would face negative impacts and described feeling disempowered to speak out about conduct they witnessed or later heard about.

Notes

1. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 70.
2. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 686.
3. Timely responses to complaints are frequently cited by Ombudsmen as a key principle of complaint handling. See, eg, Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021) 4; Victorian Ombudsman, *Good Practice Guide to Handling Complaints* (State of Victoria, 2016) 14. The New South Wales Ombudsman has also noted that 'timeliness is the single most important driver in customer satisfaction across all services and levels of government' (New South Wales Ombudsman, *Complaint Management Framework* (2015) 5).
4. Peter Bull, *Ambulance Victoria Professional Conduct Unit: First Year Review* (2017–2018) (Report, 2019) 22.
5. Peter Bull, *Ambulance Victoria Professional Conduct Unit: First Year Review* (2017–2018) (Report, 2019) 11, 19.
6. Victorian Auditor-General's Office, *Sexual Harassment in the Victorian Public Sector* (State of Victoria, 2019) 49.
7. Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021) 30.
8. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (2018) 77.
9. Of the 384 survey respondents who experienced discrimination and made an informal report, 3.6% (n=14) indicated the alleged perpetrator was promoted. Of the 415 people who experienced bullying and made an informal report, 3.6% (n=15) indicated the alleged perpetrator had been promoted in open text responses to the survey. Of the 156 survey respondents who experienced bullying and made a formal complaint, 2.6% (n=4) indicated that the alleged perpetrator was promoted.
10. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 75.
11. This figure includes outcomes including first warnings, second warnings, first and final warnings and third and final warnings.
12. Ambulance Victoria has advised the 'other' category provides for various outcomes, which may include matters where allegations are withdrawn or not issued.
13. Ambulance Victoria has advised a restorative outcome is recorded where it does not accompany another outcome. Restorative actions or outcomes may be provided in addition to another outcome.
14. The Commission notes that the total number of complaints that were referred as an outcome (see Figure 8H) does not align with the number of internal complaints that involved a referral, year on year (see Figure 8I). In the time available, Ambulance Victoria has advised that due to complexities in reporting processes on the outcome of complaints and merging of reports, the reason for this difference is unable to be confirmed.
15. See, eg, WorkSafe Victoria, *A Guide for Employers: Workplace Bullying* (State of Victoria, 2020) 25.
16. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 18.
17. Safe Work Australia, *Preventing Workplace Sexual Harassment: National Guidance material,* (Commonwealth of Australia, 2021) 16.
18. Ambulance Employees Australia – Victoria, *Proposed Recommendations for VEOHRC Review into Ambulance Victoria* (June 2021) 4.
19. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 87.

20. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 83.

21. See, eg, Victorian Auditor-General's Office, Bullying and Harassment in the Health Sector (State of Victoria, 2016) 36; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 67.

22. Ganga Vijaysairi, 'Reporting sexual harassment: The importance of organisational culture and trust' (2008) 25 *Gender Issues* 43, 54.

23. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 18.

24. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 86.

25. Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour,* in Victoria Police: Phase 1 Report (State of Victoria, 2015) 294–305; Victorian Equal Opportunity and Human Rights Commission, Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review (State of Victoria, 2019) 263–4.

26. Legal Affairs Legislative Committee, Parliament of New South Wales, *Inquiry into emergency services agencies* (Report, July 2018) 6.

27. Peter Holland et al, *Findings from the Survey on Workplace Climate and Wellbeing of Victorian Ambulance Workers* (vol. 1) (2020) 4. This survey was commissioned by the Victorian Ambulance Union Incorporated.

28. Victorian Public Sector Commission, Results Report, People Matter Survey 2020, Ambulance Victoria (State of Victoria, 2020) 27.

29. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 81–2.

30. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 82.

31. In the Commission's survey, of the 37 men who experienced sexual harassment and did not make a formal complaint, 51.4% (n=19) nominated that they thought people would think they were overreacting as a barrier to reporting as compared to 45.7% (n=113) of the 247 women who experienced sexual harassment and responded to this question. The Australian Human Rights Commission found women were more likely than men to nominate this reason for not making a report (51% and 45%, respectively) (Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 82.

32. A total of 7.5% (n=22) and 9.3% (n=75) of survey respondents who experienced sexual harassment and bullying (respectively) and did not make a formal complaint identified the reason was because they were not aware of how the complaint process worked.

33. A total of 11.9% (n=89) of survey respondents who experienced discrimination, 7.1% (n=21) of those who experienced sexual harassment and 10.3% (n=83) of participants who experienced bullying, and who did not make a formal complaint reported the reason was because they were not aware of who to make a formal complaint to.

34. A survey conducted by the Independent Broad-based Anti-corruption Commission in 2016 found that 46% of respondents felt 'they would experience personal repercussions' and 18% stated 'I could lose my job' if they reported corruption. The Independent Broad-based Anti-Corruption Commission noted that 'concern about the potential personal costs of reporting corruption may be a barrier to reporting'. Independent Broad-based Anti-Corruption Commission, *Perceptions of Corruption: Survey of Victoria Police Employees* (State of Victoria, December 2017) 4, 15; See, generally, Malin Wieslander, 'Learning the (hidden) silence policy within the police' (2019) 41(3) *Studies in Continuing Education* 308, 309–10.

35. These numbers only include participants who, in addition to experiencing the unlawful conduct in question, also responded to the survey question about barriers to making a formal complaint.

36. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 81.

37. Paula McDonald, 'Workplace sexual harassment 30 Years on: A review of the literature' (2012) 14 *Journal of Management Review* 1, 9.

38. Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Improving Institutional Responding and Reporting, Volume 7* (Report, December 2017) 140.

39. Therese MacDermott, 'The under-reporting of sexual harassment in Australian workplaces: Are organisational processes falling short?' (2020)40(4) *Legal Studies* 531, 535; Paula McDonald, Sara Charlesworth and Tina Graham, 'Action or inaction: Bystander intervention in workplace sexual harassment' (2016) 27(5) *International Journal of Human Resource Management* 548, 562–3.

40. Australian Human Rights Commission, *Change the Routine: Report on the Independent Review into Gymnastics in Australia* (Report, 2021) 80.

41. Brian Klaas et al, 'The determinants of alternative forms of workplace voice: An integrative perspective' (2012) 38(1) *Journal of Management* 314, 318–19.

42. Brian Klaas et al, 'The determinants of alternative forms of workplace voice: An integrative perspective' (2012) 38(1) *Journal of Management* 314, 319.

43. Therese MacDermott, 'The under-reporting of sexual harassment in Australian workplaces: are organisational processes falling short?' (2020*) 40(4)Legal Studies* 531, 540; Suzanne Goldberg, 'Harassment, workplace culture, and the power and limits of law' (2020) 70 *American University Law Review* 420, 465.

44. Brian Klaas et al, 'The determinants of alternative forms of workplace voice: An integrative perspective' (2012) 38(1) *Journal of Management* 314, 315.

45. Expert Advisory Group on Discrimination, Bullying and Sexual Harassment, *Report to the Royal Australasian College of Surgeons* (Report, 2015) 10–11.

46. Victorian Legal Services Board and Commissioner, *Sexual Harassment in the Legal Sector* (Report, 2020) 36; Equal Opportunity Commission, *Review of Harassment in the South Australian Parliament Workplace* (Report, February 2021) 59–60.

47. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 35.

48. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 37.

49. Expert Advisory Group on Discrimination, *Bullying and Sexual Harassment, Report to the Royal Australasian College of Surgeons* (Report, 2015) 10–11.

50. Peter Bull, *Ambulance Victoria Professional Conduct Unit First Year Review (2017–2018),* (June 2019) 4.

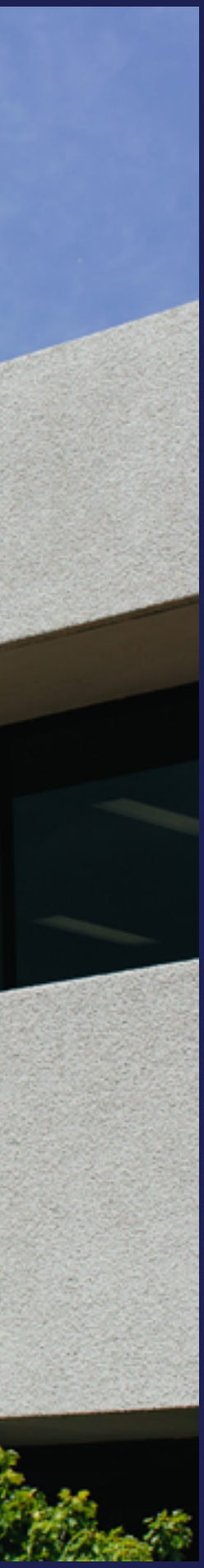
51. Dr Helen Szoke, *Preventing and Addressing Sexual Harassment in Victorian Courts and VCAT* (Report, 2021) 48.

52. Victorian Legal Services Board and Commissioner, *Sexual Harassment in the Victorian Legal Sector* (Report, 2019) 55.

53. Megan Paull, Maryam Omari, Premilla D'Cruz and Burcu Guneri Cangarli, 'Bystanders in workplace bullying: Working university students' perspectives on action versus inaction' (2020) 58 *Asia Pacific Journal of Human Resources* 313, 321; Neill Thompson et al, 'Workplace bullying in healthcare: A qualitative analysis of bystander experiences' (2020) 25(11) *The Qualitative Report* 3993, 4004.

54. Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 16–17.

Ambulance Victoria
Business Centre



9 Building a victim-centred and fair report and complaint system

Chapter 9 identifies the steps that Ambulance Victoria should take to strengthen and rebuild its workforce's trust and confidence in the organisation's report and complaint system and provide a safe and supportive environment that encourages members of the workforce to come forward with their own experiences of unlawful and harmful conduct, or conduct they have witnessed or learned about.

⟶ KEY POINTS

Ambulance Victoria has made significant changes to its report and complaint system in recent years that have improved consistency and created opportunities to better use data to inform responses to unlawful and harmful conduct

- The objectives of the recent reforms to Ambulance Victoria's report and complaint system include encouraging a 'speak up' culture, centralising complaint handling and management, and improving capability to monitor trends and emerging issues.
- However, these objectives have not been fully realised due to a lack of resourcing, investment and capability, along with information technology limitations. The changes have also not sought to comprehensively address and target the barriers and obstacles to reporting experienced by Ambulance Victoria's workforce. This, combined with other factors – such as poor experiences of the report and complaint system, including a lack of communication and inconsistent connection to support services has created a disconnect between the aim and intent of the reforms on the one hand and the workforce's experience of the report and complaint system on the other. This in turn, has eroded trust.

A new organisational model for responding to unlawful conduct should be established to provide a specialist, victim-centred approach to managing reports and complaints

- The Commission has found there are low rates of reporting discrimination, sexual harassment, bullying and victimisation in Ambulance Victoria. Many participants who shared their experiences with the Commission did not feel there was a safe and supportive environment at Ambulance Victoria that allowed them to come forward to report their experiences.
- Providing a safe environment to make a report is integral to rebuilding the workforce's trust and confidence – including through multiple internal, external and anonymous pathways that provide a supportive and trauma-informed response, for complainants and bystanders.

The report and complaint system must be rebalanced, include better communication and access to support, and embed the victim at its centre

- Ambulance Victoria must revise its policies and procedures to ensure that they proactively address the barriers to reporting unlawful and harmful conduct. These changes must take into account what is known about factors that prevent reporting unlawful and harmful conduct – including supporting more choice and control for complainants about how to resolve their concerns, address how their confidentiality will be maintained and increase accessibility.

Greater transparency and accountability to the workforce is integral to rebuilding trust and confidence

- There is a critical need for Ambulance Victoria to address the pervasive perception that nothing will change as a result of making a report or complaint. This should be addressed by sharing more information openly with the workforce about the performance of the report and complaint system including, crucially, aggregated and deidentified information about the outcome of reports and complaints.

Ambulance Victoria demonstrated that it understands the importance of report and complaint processes for creating a safe working environment when it made significant changes to its report and complaint system to modernise it and promote greater consistency. Yet, despite these reforms, underreporting of unlawful conduct remains a significant organisational issue, with few participants who reported experiencing this conduct to the Commission engaging with Ambulance Victoria's report and complaint system. Participants told the Commission that they do not feel safe and supported to speak up. Mutually reinforcing barriers are preventing employees and first responders from coming forward about their experiences, as well as about incidents they may see or later hear about it. This is limiting Ambulance Victoria's ability to identify those who engage in these behaviours and hold them to account.

Ambulance Victoria's approach to reforming the report and complaint system has at times lacked cohesiveness. There are gaps in foundational and enabling capabilities to ensure the reforms will be effective and there has been insufficient investment and resourcing to enable the system to meet individual and organisational needs. This confluence of factors has meant the intended benefits of the establishment of the Professional Conduct Unit and other system reforms have not reached their full potential.

Chapter 9 examines the significant opportunities for Ambulance Victoria to align its approach to responding to reports and complaints of unlawful and harmful conduct with leading practice and to its obligations under the Equal Opportunity Act.

In Volume II, the Commission will consider and assess other organisational processes and capabilities that will be integral to support the recommendations detailed in this chapter, including:

- management capability to respond effectively to reports and complaints, including to proactively respond to behaviours when they occur
- performance development and improvement processes as a key intervention point for addressing behaviours at the earliest opportunity.

Language to support fair and impartial report and complaint handling

Throughout chapters 7, 8 and 9, the Commission uses the terms 'complainant' and 'respondent', rather than 'alleged victim-survivor' and 'alleged perpetrator'. This reflects our guidance to employers to use neutral language when responding to reports and complaints to ensure fairness and impartiality.

9.1 A new organisational model for responding to reports and complaints of unlawful conduct

Despite a significant number of employees and first responders reporting experiencing discrimination, sexual harassment, bullying and victimisation in Ambulance Victoria, few told us that they formally reported the conduct. Many of those who came forward and shared their experiences with the Commission overwhelmingly described feeling dissatisfied with the report and complaint system; many said they felt unsupported and, at times, retraumatised by their experiences with the system. In determining how Ambulance Victoria might best address these issues and create a safe environment that encourages people to come forward, the Commission considered:

- the experiences of the report and complaint process described to us by participants, as well as the barriers to reporting (see Chapter 8)
- the growing recognition of the important role of specialist, dedicated complaint handling units in responding to unlawful conduct (these units aim to be more responsive to complainants' needs, provide a specialist and trauma-informed approach, and reflect the principle of victim-centricity)[1] and subsequent analysis of their impact,[2] while acknowledging that structural changes alone are not sufficient[3]
- key principles that support effective report and complaint systems, drawn from the Commission's minimum standards and leading practice (these are summarised in Figure 9A).[4]

Figure 9A – **Key principles underpinning an effective report and complaint system**

Victim-centred	• The interests and safety of victims are protected and prioritised • Processes are designed to minimise harm to victims • Supportive processes are designed with the victim at their centre and, as far as possible, promote choice and control and maintain confidentiality
Impartial and fair	• Everyone involved is treated objectively, respectfully and fairly • Processes, workplace actions and outcomes are, and are seen to be, consistent, proportionate and hold respondents to account appropriately
Accessible	• Clear pathways mean that employees and first responders trust, understand and can easily access a range of internal and external pathways to make a complaint and resolve a dispute • Processes and the available outcomes are clear, easily understood and well communicated
Flexible	• A range of reporting and response options are available, including informal and formal options • As far as possible, the approach is tailored to meet the needs of all those involved in a report and complaint process
Timely	• Responses to reports and complaints should be timely and aim to resolve matters before they escalate • Everyone involved in a report or complaint is updated regularly
Transparent and accountable	• The provision of open and accountable information about processes means that people know what they can expect • The reasons for action and the reasons for decisions are communicated to all those involved and are subject to appropriate oversight

Having regard to all this information, the Commission has concluded that to create a safe environment that encourages people to come forward, Ambulance Victoria should establish a new organisational model for responding to reports and complaints of unlawful conduct, harnessing the work it has recently undertaken to embed more victim-centred approaches (for example, through the Specialist Support Unit).

A high-level overview of the Commission's recommended model for the organisation's response to reports and complaints of discrimination, sexual harassment, bullying and victimisation is outlined in Figures 9B and Figure 9C; a more detailed discussion of the intended functions of each unit is provided in the subsequent subsections. The recommended model seeks to separate the key functions of the report and complaint system more clearly: the model provides a safe space to seek support for those who have experienced unlawful and harmful

conduct; a dedicated, impartial and fair complaint handling unit for those who choose to formally report; and includes a formal investigation unit with specialist expertise.

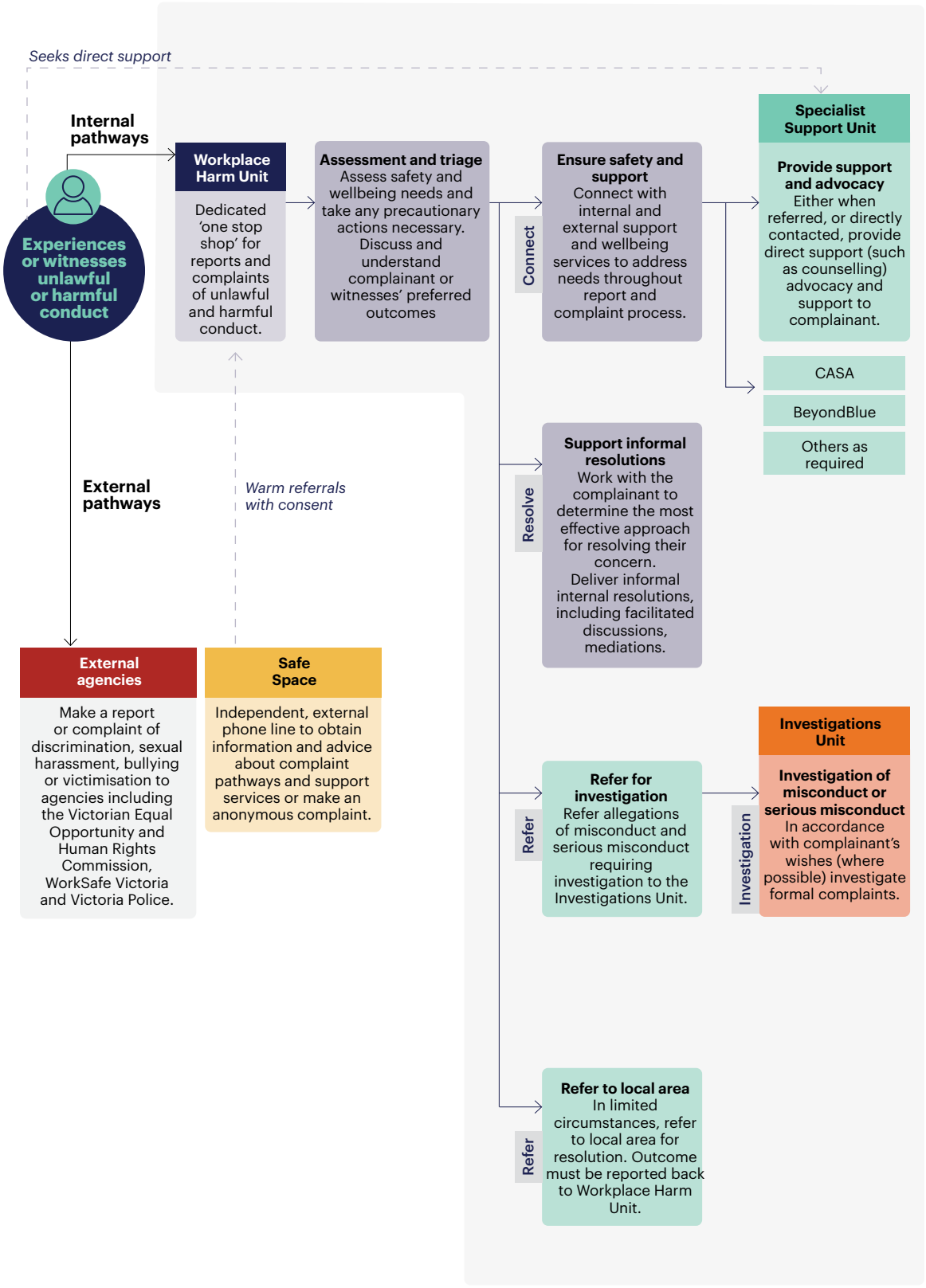
The Commission's recommended model is intended to operate in relation to complaints of unlawful and harmful conduct – reflecting the need for a specialist, trauma-informed, victim-centred approach to reports and complaints of this nature, and what the Commission has found about the current low rates of reporting.

The Commission acknowledges that reports and complaints may be made about a range of conduct, including relating to medicine mismanagement or other disciplinary matters and notes the organisational model will operate within the broader report and complaint system.

Figure 9B – **Recommended organisational model for unlawful conduct**

Chief Operations Officer		
Director		
Specialist Support Unit ***Advocacy and support for those who experience unlawful and harmful conduct***	**Workplace Harm Unit** ***Impartial, fair, objective resolution of reports and complaints***	**Investigations Unit** ***Specialist investigations expertise***
• Provides a central point of support and advocacy for those who experience unlawful and harmful conduct, whether or not they choose to make a report or complaint • Provides information, advice and case management support for complainants throughout the report and complaint process	• Triages and assesses reports and complaints of unlawful and harmful conduct • Makes referrals to support services for those involved in report and complaint processes, such as legal advice and counselling • Resolves reports and complaints, including through mediation or other flexible approaches tailored to the needs of the complainant and the circumstances of the complaint • Refers reports and complaints to the Investigations Unit for formal investigation, where appropriate • Oversees and promotes the objectives of the report and complaint system throughout the organisation	• Determines whether to undertake internal or external investigations of misconduct or serious misconduct relating to unlawful conduct, in accordance with clear guidance • Undertakes investigation of misconduct and serious misconduct relating to unlawful conduct • Oversees external investigations relating to unlawful conduct

Figure 9C – **A new report and complaint process**



9.1.1 Staffing, resourcing and structural independence

For many participants who came forward to the Commission, the current report and complaint system is not perceived to deliver fair, impartial and quick resolution of reports and complaints. Rebuilding trust and confidence in the system will be key to encouraging people to come forward, however this will take time to achieve. To support the restoration of trust and confidence, the Commission recommends that Ambulance Victoria take a range of steps to improve the perception of the independence of the report and complaint system, build capability and ensure the appropriate skills, expertise and experience can support the new model.

First, a dedicated director should be appointed to support the redesign and implementation of these recommendations; this director should be external to Ambulance Victoria.

Second, at least half the staff members involved in the new report and complaint system (across the three units that the Commission has recommended) should be recruited and appointed from outside of Ambulance Victoria.

- Staff members recruited from outside the organisation are less likely to hold pre-existing relationships and connections within and to the organisation – important in an organisation where people often spend most of their careers. Critically, this will enable the decisions and actions to be separated from perceptions of conflict and reinforce the impartiality of the report and complaint process. This is especially important for those involved in dispute resolution processes, who as highlighted by the Law Council of Australia's *Ethical Guidelines for Mediators*, must avoid potential conflicts of interest to ensure they can act independently and impartially.[5]
- This approach would also enable Ambulance Victoria to harness fresh perspectives, new energy and enthusiasm and greater diversity of experience.
- The new model will involve a greater emphasis on dispute resolution and restorative practices which have previously been constrained by resourcing limitations (see Chapter 8). External appointments will enable Ambulance Victoria to supplement and build internal capability and the specialist skills and expertise necessary to rollout the recommended reforms.
- Recruiting at least half of the staff members involved in the report and complaint system (including the director) externally may not be necessary as a permanent approach. However, we consider a blended internal and external staffing profile to be an important interim measure. It will enable the organisation to retain and harness existing corporate knowledge, while maximising the benefits of external appointments. Crucially, this approach will help to address perceptions within the workforce that the report and complaint system lacks independence and confidentiality. It will also reinforce the organisation's commitment to impartial and fair complaint handling.

Third, it is integral that all staff members involved in complaint handling (whether recruited internally or externally) hold specialist skills and expertise, as well as a range of personal attributes, that will equip them to deliver a trauma-informed and victim-centred experience. Those who are appointed should be professional experts in a range of disciplines, including human resources, equal opportunity

issues, bullying, dispute resolution and/or restorative approaches. They should also demonstrate key attributes that are essential to complaint handling practice, including resilience, empathy, integrity, patience, discretion, analytical thinking, creativity, good and ethical judgement and a demonstrable commitment to resolving issues raised by complainants.[6]

Fourth, the perception that Ambulance Victoria's report and complaint system is impartial would be enhanced by the new organisational model having direct accountability to the Chief Operations Officer, with a separate and distinct reporting structure outside of other organisational divisions. Specifically, we recommend that the new director (who oversees the three units involved in the report and complaint system) report directly to the Chief Operations Officer. Other organisations – such as Victoria Police, Airservices Australia and the Australian Federal Police – have long-established, or are moving towards professional standards and complaint handling units that operate outside of the structures of human resources and legal departments.[7] Recent steps to separate investigation units from other areas of the business have also been undertaken in the private sector at BHP.[8] Elevating the organisational response to reports and complaints in this way will support Ambulance Victoria to demonstrate the priority and important role of these units, and would proactively address concerns that the report and complaint system lacks independence.

Finally, it is also integral that the proposed new organisational response to unlawful and harmful conduct is sufficiently resourced. A lack of trust in the Professional Conduct Unit has been driven, in part, by a lack of resourcing to enable it to meet its objectives. The Commission strongly encourages Ambulance Victoria to ensure the recommended organisational model is appropriately resourced to undertake its work. Decisions about resourcing should involve robust forecasting and be informed by the scope and skill of the roles identified, the size of the workforce and should account for significant latent demand, given what the Commission has learned about the nature and extent of unlawful and harmful conduct in the organisation. Guidance on appropriate caseloads could also be drawn from the experiences of similar units, as well as from the Commission's own dispute resolution service.

9.1.2 Role of the Specialist Support Unit

Experiences of discrimination, sexual harassment, bullying and victimisation can have wide-ranging impacts that may affect almost every aspect of a person's life. The impact of experiencing this conduct on some current and former employees and first responders has been profound (as the Commission had found in Chapter 5). The trauma that can follow from the experience of unlawful conduct – as well as poor responses to disclosures or complaints of workplace harm – makes it essential for organisations to provide appropriate and safe avenues for the workforce to seek support.[9] It is of critical importance that a complainant can confidentially access trauma-informed advice and support (such as counselling), whether or not they wish to make a report or complaint.

The purpose of the Specialist Support Unit will be to provide a dedicated, safe space for employees and first responders to seek confidential information, advice, support and counselling after experiencing or witnessing unlawful and harmful conduct. This support will be available at all stages of the process and, where required, the Specialist Support Unit can provide ongoing advocacy and

support for individual complainants throughout the report and complaint process. This may include, for example, discussing potential strategies that an individual may choose to pursue, empowering individuals to have a say in decisions that affect them and providing direct support or referral to external supports, such as counselling services. Through this unit, complainants can receive ongoing support that may be necessary after a report or complaint process is finalised, reflecting that the impact of the conduct may be long lasting.[10]

In contrast to the Workplace Harm Unit – which is required to assess and resolve complaints in an impartial manner and to support all parties – the Specialist Support Unit will be a dedicated advocate and support for complainants. The Unit will provide a confidential avenue to obtain support, advice and assistance that centres on, and is driven by, the wishes of the individual complainant. Importantly, the Specialist Support Unit will provide information, and will support employees or first responders to decide whether or not they wish to make a report or complaint to the Workplace Harm Unit, and will help them understand what the implications of doing so may be.

The need for a separate unit to provide this support outside of the Workplace Harm Unit is driven by the high rates of underreporting in Ambulance Victoria. Accordingly, it is important to ensure that there is an avenue separate from the unit with responsibility for complaint handling so that employees and first responders can access support, where they may choose not to engage with the report and complaint system directly. Research has demonstrated that being able to access informal advice and support is vital to building confidence to utilise policies and procedures to respond to sexual harassment.[11]

The Commission notes that the Wellbeing and Support Services division currently coordinates and provides a range of wellbeing programs within Ambulance Victoria (such as the chaplaincy program and a team of internal psychologists). The Specialist Support Unit is intended to complement and work cohesively with this unit (through, for example, warm referrals and close working relationships) to ensure complainants can access the services provided by the Wellbeing and Support Services area, and also to provide additional advocacy and direct support services.

9.1.3 Role of the Workplace Harm Unit

The role of the Workplace Harm Unit (see Figure 9D) is to provide the first point of contact for reports and complaints of unlawful and harmful conduct. It will provide a centralised and trauma-informed, specialist response and ensure that any safety and wellbeing issues, any potential risks, are identified and acted on early. It will offer complainants flexible and informal options for responding to their reports and facilitate quick, effective resolutions.

Figure 9D – **Key functions of the proposed Workplace Harm Unit**

Assessment and triage

Specialist, trauma-informed response	Information and advice	Connection to support services	Risk assessment and precautionary action
Staffed by experts in equal opportunity issues, bullying, restorative strategies and dispute resolution and who are trained in trauma-informed approaches	Provides information and advice about internal and external pathways, policies and procedures and available outcomes Provides information and advice to managers and bystanders about how to respond to reports and complaints of unlawful and harmful conduct	Ensures the safety and wellbeing of all those involved in a complaint (including respondents and witnesses) and ensures access to appropriate support services, through referrals to internal and external agencies and providers	Ascertains and takes action to address potential risks; takes any action necessary to address future harm; and determines whether any referrals to internal or external authorities are necessary (such as where a report involves potential criminal conduct)

Intake, case management and response

Flexible dispute resolution	Central point of communication
Facilitates the resolution of disputes in a quick, safe, confidential way using flexible processes, depending on the needs and wishes of the parties through a voluntary process	Provide a single, dedicated contact for complainants, respondents and others involved in complaint processes and responsible for ensuring communication at regular intervals, to reduce the number of staff accessing information and complaint files

Policy review and analysis

Promotion and continuous improvement	Data collection and analysis
Responsible for reviewing and updating policies, procedures, information and communication available to employees and first responders, including ensuring updates are made in accordance with leading practice developments and any identified feedback and trends are incorporated	Resourced with data analytics capability and expertise to support the analysis of how reports and complaints were handled and decisions were made, as well as trends and emerging risks, such as individuals identified as repeatedly engaging in unlawful or harmful conduct

Assessment and triage

As the intended first and central point of contact for reports and complaints of unlawful and harmful conduct, the Workplace Harm Unit should have primary responsibility for assessing and triaging reports and complaints when they are received. The triage process should build on existing tools and explicitly include guidance on the following:

- consideration of the need for any precautionary actions to be taken (pending potential investigation or referrals to external authorities) to avoid further harm or to comply with legal obligations, based on a risk assessment and centred on the complainant's wishes
- any internal or external connections to support or wellbeing services for the complainant, respondent(s) or others involved in a report or complaint (such as witnesses)
- discussions about the outcomes the complainant is seeking, whether they are available and what a successful resolution of the complaint looks like for them.

Moving to victim-centred approaches to complaint handling requires clear recognition and actions that support the complainant to lead and have control over the process and to decide on the steps that are right for them.[12]

What can be done to respond to unlawful or harmful conduct, where a complainant does not wish to make a complaint or has made the complaint anonymously

Complaint handling policies and procedures should clearly address and articulate the process for making a report or complaint and in what circumstances this information may need to be shared or acted upon, including, for example, by notifying an external authority.

The Commission's guideline on preventing and responding to workplace sexual harassment guides employers on how to respond when a person discloses an experience of harassment without making a report or complaint.[13] These principles are broadly applicable to other types of unlawful conduct.

- A report (including those made anonymously) should be a trigger for action. It is crucial that Ambulance Victoria respects the person's privacy and wishes, but these do not override the positive duty to eliminate discrimination, sexual harassment and victimisation from the workplace or any other relevant legal obligations to disclose or act (discussed further below).
- Ambulance Victoria must consider the risk to others and take action to eliminate, or minimise, that risk as far as possible. There are several steps Ambulance Victoria can take without identifying the complainant or the respondent (if known) or disclosing that an incident has been raised. For example:
  - recording the report in a de-identified way while ensuring the complainant's anonymity
  - reiterating to the workforce Ambulance Victoria's policy around various types of misconduct, complaints procedure and available supports, and inviting employees and first responders to make complaints

- monitoring the alleged respondent's behaviour (if the person is known) and intervening if new issues arise
- speaking with other members of the respondent's team (if known) to identify whether there is a cultural issue or pattern of conduct, or surveying employees and first responders more broadly
- monitoring closely to ensure victimisation does not occur and intervening where issues arise
- having a system to collect de-identified information and data provided by disclosures, while maintaining confidentiality
- implementing new procedures or work systems that reduce the likelihood or opportunity for further misconduct.

- Ambulance Victoria should offer the person referrals to counselling or other support and communicate the options for making a formal or informal complaint at a later time. Having simple, transparent, well-communicated processes will significantly increase the likelihood of people making a complaint if they believe misconduct has occurred.
- Ambulance Victoria should consider whether the incident raises broader cultural or systemic problems in the workplace and investigate those issues as well as the efficacy of the strategies, policies and procedures currently in place.
- Some more serious issues may warrant immediate escalation to a formal process, regardless of the complainant's preference, particularly if they are serious, constitute certain criminal behaviour or pose a risk to the health and safety of others. To ensure complainants are aware of the potential for this to occur, clear guidance and scenarios should be included in report and complaints procedure and communicated to all employees and first responders. Examples of where there may be obligations to disclose are highlighted below.
- **Certain criminal conduct** (such as rape, sexual assault, stalking, obtaining a sexual act by threat or fraud or cases of severe bullying) may constitute an indictable offence under criminal law.[14] There is generally no requirement under the Crimes Act for an employer to report a crime to the police. However, it is a criminal offence to impede the apprehension, prosecution, conviction or punishment of someone you believe to have committed an indictable offence, or to accept a benefit to withhold information that may be of assistance in securing the prosecution or conviction of a person who has committed a serious indictable offence (such as rape, sexual assault, etc.).[15]
- Under the **Occupational Health and Safety Act**, employers must provide and maintain a working environment that is safe and without risks to health. Employers can be prosecuted and penalised for failing to do so. Employees must take reasonable care of their own safety as well as the safety of other people who may be affected by their behaviour at work and can also be penalised for not complying with this duty.
- Under the **Health Practitioner Regulation National Law**, Ambulance Victoria must notify the Australian Health Practitioner Regulation Agency that a health practitioner (for example, a Paramedic) has engaged in sexual misconduct in the practice of the profession or has engaged in conduct that involves a significant departure from professional standards of practice and places the public at risk of harm.[16]

Referrals

The intention of the new proposed organisational model is that the Workplace Harm Unit provides a comprehensive and centralised response to reports and complaints of unlawful conduct in Ambulance Victoria. However, there will be some instances where it is appropriate for the Workplace Harm Unit to refer a report or complaint received to another area for consideration and resolution (see Figure 9C). The Commission considers this should only occur in a limited set of circumstances to minimise double handling, in recognition of the frustration this can cause complainants and the potential this has to increase the time to resolve a report or complaint.

First, where a formal complaint process or investigation is determined to be appropriate (having considered the complainant's wishes and alternative options, as outlined in further detail below), the Workplace Harm Unit should refer the complaint to the Investigations Unit. The Specialist Support Unit would continue to provide support and advice to the complainant and provide a continuous point of support throughout any investigation processes. Where a decision is made to investigate against the complainant's wishes, it is imperative that this is clearly and sensitively communicated to the complainant and care is taken to connect the complainant with relevant supports and to protect them against victimisation.

Second, as provided in Ambulance Victoria's current complaint policies and procedures, there may be limited circumstances where it is appropriate for the Workplace Harm Unit to refer a report or complaint back to a local area to be resolved. This may include, for example, where:

- steps have not yet been taken to resolve the matter locally
- it is safe and appropriate to resolve the matter at a local level
- a resolution may be achieved more quickly at a local level.

For example, this could include the referral of a matter for local level resolution where the issues relate to good faith miscommunications or misunderstandings between two members of the workforce and the involvement of a relevant manager would facilitate a resolution and promote effective ongoing working relationships.

The factors listed above will not be appropriate for every report and complaint, and local level resolutions may not be appropriate in some instances (for example, where there are power imbalances or safety risks).

To support these processes and ensure a consistent and transparent approach is taken, standard operating procedures should be developed and made available to the workforce. In addition, the Workplace Harm Unit should have close and clear connections between other relevant units, such as the Investigations Unit, to ensure warm referrals and appropriate information flows are established, with appropriate measures in place to ensure confidentiality and privacy.

Intake, case management and response

A key function of the Workplace Harm Unit will be to facilitate and provide options to resolve disputes and support complainants to determine the most appropriate and effective approach for resolving their concerns. The process for resolution should be flexible, and include a range of mechanisms and outcomes, such as apologies, agreed and documented protocols for managing relationships into the future, or formal complaint and investigation processes.

This approach aligns with emerging best practice that emphasises positive relationships and strong communication so that – where safe and in line with the complainant's wishes – issues are managed early, at the lowest possible level by the people directly involved, and with the most appropriate response.[17] This approach also recognises that even where a report or complaint is unsubstantiated or where a person chooses not to make a formal report or complaint, there may be issues or concerns that can and should be resolved.

Flexibility in resolving disputes must be carefully balanced against the need for certainty and consistency in the outcomes available; this is to ensure that the fundamental principles of fairness drive the organisational response. As such, in accordance with our recommendations, the complaint policy should clearly outline the parameters of the outcomes available through the report and complaint process, the outcomes should be widely accessible to the workforce, and the outcomes should be regularly monitored through governance structures.

To date, Ambulance Victoria's capacity to deliver restorative practices and outcomes[18] has been limited. A dedicated, well-resourced Workplace Harm Unit will ensure appropriate priority and specialist expertise is allocated to this important element of complaint handling.

What are restorative practices?

Restorative practices are strategies that focus on healing the harm caused by wrongdoing (such as discrimination, sexual harassment, bullying, victimisation or other harmful conduct) and preserving productive working relationships. Restorative practices respond to evidence that formal complaint procedures can serve to entrench conflict, generate new grievances, penalise and re-traumatise complainants, all of which can compound to prevent complainants from coming forward.[19]

Rather than formally investigating a matter with a legalistic focus on determining whether policies have been breached and whether the alleged conduct meets the requisite legal threshold, restorative practices can be more informal, flexible and victim-centred. They typically centre on:

- supporting the complainant to tell their story, feel heard and believed and discuss what they need to make the situation better
- enabling respondents to understand the impact of their behaviour and show remorse
- repairing (or healing) the harm
- addressing systemic issues to prevent the issue from arising again in the future.[20]

Restorative practices have been found to generate more meaningful engagement by all involved and, therefore, engender more meaningful behavioural and cultural change than traditional compliance-based complaint systems.[21] They can also support rebuilding trust in the workplace.[22]

In some instances, the focus will be on the relationship between the complainant and respondent. This will only be appropriate in certain circumstances; for example, where the parties are willing, there are no insurmountable power imbalances, the harm was unintended, and there is genuine acknowledgment or wrongdoing and willingness and capacity to change.[23] In other instances – such as where there are safety risks or the unlawful conduct is more serious or recurrent – the emphasis may be on preserving the relationships between the complainant and the employer or manager such that the complainant can be supported to continue and thrive in their position, while the respondent is disciplined or transferred.

When delivered skilfully and effectively, restorative practices can be profoundly healing for complainants and can be a powerful force for individual and systemic change.[24] However, there are considerable risks if these practices are not delivered appropriately. These practices should become a feature of Ambulance Victoria's report and complaint system through the Workplace Harm Unit; however, ensuring the appropriate capacity, capability and safeguards are in place is crucial.[25]

The Commission has recommended (see Recommendation 2) that an independent restorative engagement scheme is established (following a co-design process) to support current and former employees and first responders to tell their stories, have their past experiences acknowledged and to support cultural change at Ambulance Victoria.

The restorative engagement scheme is intended to focus on addressing and acknowledging past harms. Ambulance Victoria must also ensure a focus on restorative practices is more deeply embedded into its complaint handling practice into the future. This should form a key part of the approach to resolving disputes delivered through the Workplace Harm Unit.

It will be crucial to ensure that the Workplace Harm Unit is sufficiently skilled and supported to undertake this complex work in line with a broader victim-centric and trauma-informed approach. In particular, staff members will need to be attuned to power imbalances within the workforce and safeguards will need to be in place to ensure that all complaint processes, including restorative practices, do not retraumatise the complainant or create additional barriers to reporting.

Risks need to be managed proactively, including those arising from inadvertently minimising serious workplace harm, causing a misapprehension that complainants will be required to self-manage their complaints or otherwise face their perpetrators, or creating perceived or actual pressure on complainants to follow through with a complaint or restorative process when they do not feel safe or ready to do so. The Workplace Harm Unit must be equipped to provide information to complainants about their options, including a range of formal and informal pathways. This should also include options for individuals who do not wish to make a formal report or complaint but simply want to feel heard or to assist Ambulance Victoria in minimising the risk of harm to others.

Policy review and analysis

As the unit with central responsibility for managing reports and complaints of unlawful and harmful conduct, the Workplace Harm Unit should also hold responsibility for capturing key data and information to inform the organisation's prevention and response approach.

Reports and complaints provide an important and rich source of information for an organisation to understand the systemic issues that may drive unlawful and harmful conduct that should be addressed holistically – for example, through training or other development initiatives.[26] Reports and complaints also provide detailed information that can support the identification of any repeated issues or pattens of behaviour and inform future responses or interventions; this also allows the organisation to understand how internal policies, procedures or processes could be improved.[27]

To support this key function, the Workplace Harm Unit should be equipped with a fit for purpose information technology system that allows the classification and recording of complaints and how they are resolved. Managers who receive and resolve informal reports and complaints about unlawful conduct should notify the Workplace Harm Unit to ensure this data is captured. The system should contain appropriate measures to safeguard the information from unauthorised access, use, changes or disclosure.

Key trends and drivers should be appropriately shared within the People and Culture division, by capturing more comprehensive data and sharing it in accordance with the governance arrangements recommended by the Commission later in this chapter, so that it informs education and training throughout the organisation, ongoing monitoring and evaluation, as well as risk management strategies.

9.1.4 Role of the Investigations Unit

To support the implementation of the Workplace Harm Unit, the Commission recommends that an Investigations Unit is established and tasked with the specialist role of investigating formal complaints of misconduct or serious misconduct, where this is warranted as a result of the seriousness of the allegations.

The Commission considers this distinction will better demarcate the gradation and different responses that may be appropriate to reports and complaints throughout the organisation and ensure the skills, expertise and resources are best targeted to the responsibilities of each unit within the new organisational model. The Investigations Unit should primarily focus on potential disciplinary matters involving formal investigation. As such, the Commission considers that minimum requirements for staff members who are appointed to roles in the unit – such as a recognised qualification in government investigations (for example, a Certificate IV in Government Investigations) – would support this primary function and would contribute to the rebuilding of trust and confidence in the report and complaint system.

It is integral that the person investigating a complaint is impartial and is perceived to be so by all those involved. They must also hold the necessary skills and expertise to investigate. Appointing independent investigators to undertake investigations of sexual harassment, in particular, can generate greater trust in the process and mitigate potential concerns about conflicts of interest.[28] Independent investigators can be beneficial where there are complex and systemic issues, where internal investigators lack the necessary expertise, where there is a real or perceived conflict of interest with internal investigators, where the matters involve criminal behaviours, or where the respondent is a senior manager or figure within the organisation.[29]

However, the appointment of internal investigators can also be beneficial, as they hold corporate knowledge and can have deeper understandings of the nuances of Ambulance Victoria that may support a comprehensive understanding of the context and circumstances relevant to a complaint.[30] Internal investigations process can reinforce the primary responsibility and direct accountability for acceptable behaviour and any actions that may be needed to address unlawful and harmful conduct when it occurs.[31]

The primary responsibility of Ambulance Victoria for acceptable conduct is reflected both in the law (with respect to the positive duty and that the organisation can be legally responsible for the unlawful conduct of its employees and for failing to respond appropriately to complaints, as discussed in chapters 3 and 7), as well as in the features of an effective complaint system described in Figure 9A (which recognises the importance of a workplace culture where the organisation is itself committed to resolving complaints effectively).

To support clarity and transparency in decision-making on the use of internal and external investigators, in Section 9.2, the Commission recommends further guidance should be detailed in Ambulance Victoria's complaint policies and procedures about the factors that will guide the use of internal or independent investigators.

9.1.5 Role of Senior People Partners

Senior People Partners play a key role in engaging with and providing support to managers and staff members to resolve interpersonal issues and other workplace conflict. In turn, these roles also support intervention at the earliest opportunity, assist to avoid conduct escalating to unlawful conduct and facilitate the resolution of disputes. The Commission does not make any formal recommendations to reform the role of Senior People Partners and notes that further consideration will be given to the resourcing of corporate services within Ambulance Victoria in Volume II.

Recommendation 13

A victim-centred and fair report and complaint system

Ambulance Victoria should establish a new organisational response to reports and complaints of unlawful and harmful conduct that consists of:

(a) a Workplace Harm Unit that:

- (i) provides the first point of contact for reports and complaints of unlawful and harmful conduct to be made
- (ii) provides impartial, confidential, timely information and advice about the report and complaint system, including about complaint pathways, processes and procedures
- (iii) assesses and triages reports and complaints, taking necessary steps to ensure the safety and wellbeing of those involved, including through formal referral mechanisms to appropriate internal or external providers and agencies and escalating more serious matters for formal action as necessary
- (iv) facilitates informal resolutions using flexible dispute resolution and restorative practices
- (v) ensures that all relevant report and complaint policies, procedures, information and communications available to staff are up-to-date
- (vi) collects and analyses data to identify trends and emerging risks that are assessed and compared with available data from the health sector and shared with the Chief Executive Officer, the Executive Committee and the Board on a quarterly basis, together with any actions implemented to respond to trends of concern
- (vii) is an advocate for leading practice complaint handling and standards within Ambulance Victoria

(b) a Specialist Support Unit to provide advocacy and direct support for those who have experienced unlawful and harmful conduct

(c) an Investigations Unit that consists of specialist investigators and is responsible for the investigation of complaints.

The new organisational response should be developed in consultation with the workforce, and with relevant unions and professional associations.

Recommendation 14

Enhancing perceptions of independence and supporting capability for the new organisational response to reports and complaints of unlawful conduct

In establishing the new organisational model to respond to reports and complaints of unlawful conduct, Ambulance Victoria should:

(a) develop position descriptions for key roles within the new organisational model that reflect the key attributes, skills and expertise necessary for staff in complaint handling roles

(b) ensure that the staff appointed have a range of skills and experiences – such as professional experts in human resources, equal opportunity issues, bullying, discrimination, dispute resolution and restorative approaches, as well as data analytics and investigations expertise – and are a blend of internally and externally appointed staff

(c) ensure sufficient resourcing is available to meet demand and established service standards (see Recommendation 20)

(d) create a distinct reporting structure outside existing operational divisions that reports directly to the Chief Operations Officer.

9.2 Providing a safe, supportive report and complaint process

Ambulance Victoria has recognised the need to embed a 'human-centric' approach to managing complaints. This includes an increased focus on wellbeing, support and providing more open, transparent and regular communications. It has also recognised the need to provide for greater guidance to the workforce about what is involved in certain processes, such as local level resolutions.

The Commission welcomes these steps, while acknowledging that gaps in the complaint policies and procedures are limiting the extent of a victim-centred approach. These include the absence of detailed information on the range of available internal and external complaint pathways (including anonymous pathways), what and how information is collected and shared, and how the complainant's choice and control inform outcomes and resolutions.

9.2.1 Anonymous reporting

Anonymous reporting systems are a powerful way of encouraging reporting, addressing power imbalances and barriers to reporting, and understanding the true nature and scale of unlawful conduct within an organisation that may otherwise remain hidden.[32] For large organisations, anonymous (or supported) reporting processes are an important element of leading practice report and complaint systems.[33]

Ambulance Victoria's *Complaints Policy* provides that its workforce can make 'confidential complaints'; these are defined as complaints that are lodged directly with, and case managed by, the Professional Conduct Unit or an external agency (rather than first being made to the complainant's manager).[34] This definition is likely to cause confusion given that:

- managers should also handle reports and complaints in a confidential way
- there are limits to the confidentiality of all complaints (see Section 9.1)
- the definition does not appear to include anonymous reporting.

A paper prepared for the Audit and Risk Board Committee in March 2021 indicates that complaints can be made to the organisation's external law firm, including anonymously. However, this complaint pathway is not identified in Ambulance Victoria's complaint policies or procedures and has not been widely promoted to the workforce as an option. Furthermore, while there are benefits in retaining an external anonymous reporting pathway, the current situation of directing anonymous complaints to the organisation's law firm of choice may create further barriers to reporting and missed opportunities for systemic change; that is, if this information does not become available to the organisation as a result of the workforce not feeling comfortable to utilise it as a pathway. For example, given this firm is regularly engaged by Ambulance Victoria, employees and first responders may perceive it to have a conflict of interest or, alternatively, they may erroneously assume that reporting to a law firm will lead to a litigious or punitive response.

Integrating anonymous reporting into Ambulance Victoria's own systems and responsibilities will ensure that anonymous reports can be an immediate trigger for action where they indicate serious or imminent risk; it also means reports can be addressed promptly. This will also enable Ambulance Victoria to monitor risks and trends emerging from anonymous reports to inform prevention, response and continuous improvement. Guidance on how to respond to anonymous reports is in Section 9.1.

The Commission considers that an alternative external option would be to create an anonymous reporting pathway to SafeSpace. SafeSpace is sufficiently independent, yet connected to, Ambulance Victoria to balance the benefits and drawbacks of an external system. It has – or could relatively easily acquire – the relevant expertise to operate an anonymous reporting scheme and it does not carry the same adverse workforce perceptions as a law firm retained by the organisation.

The use of online or app-based reporting tools to support anonymous reporting of sexual harassment has proven to be increasingly effective in a number of different organisations.[35] For example, BHP has recently developed a centralised confidential reporting tool that is available 24/7 to all employees and contractors and allows concerns to be raised anonymously.[36] The Victorian Legal Services

Board and Commissioner has also introduced an online tool for reporting sexual harassment by lawyers, with the data from reports intended to be used to more closely monitor and, where possible, take action on areas of concern.[37]

Whatever anonymous reporting model is selected, it is crucial that Ambulance Victoria communicate and promote this avenue to the workforce. It will also be important to provide clear information about how anonymous reports will be responded to, and the limitations of organisational responses to anonymous reports; for example, where insufficient information is provided in an anonymous report and it is not practical to investigate.

Recommendation 15

Supporting staff to confidently report through anonymous pathways

Ambulance Victoria should introduce internal and external anonymous reporting pathways and communicate and promote these avenues to staff within three months of the publication of Volume I of this final report.

9.2.2 Embedding victim-centred procedures

A victim-centred complaint process is one where policies and procedures are designed to recognise the need to make it easy for people to make reports and complaints of unlawful conduct, including by proactively addressing potential and known barriers to reporting.[38]

Ambulance Victoria has taken important steps to embed approaches that are more victim-centred. The recently established Specialist Support Unit is currently reviewing the expansion of restorative management actions, including establishing training arrangements and procedures. Importantly, the unit has a key emphasis on ongoing communication with complainants, explaining complaint processes and timeframes.

We commend Ambulance Victoria on implementing these measures; however, as the Commission found in chapters 7 and 8, there are a number of key gaps that are impacting experiences of the organisation's report and complaint system. These include a lack of clarity about the multiple pathways available to make a complaint, and how a complainant's choice and control are supported through the process. Together, these factors appear to be contributing to employees and first responders in Ambulance Victoria being less willing to report their experiences.

Strong policies are vital to ensure that both individuals and the organisation have clear expectations and clarity about how reports and complaint are handled.[39] They support other organisational responses, such as training and behavioural documents, including Codes of Conduct, to help employees and first responders understand behaviour that can constitute unlawful conduct and what they should do if they experience, witness or receive a complaint about unlawful conduct.

There are opportunities to reform Ambulance Victoria's complaint policies and procedures to better embed a victim-centred approach, including by:

- proactively addressing the identified barriers to reporting, by more clearly outlining the measures put in place to address these concerns, such as by promoting the multiple avenues available to make a report or complaint (including those internal and external to the organisation) and the circumstances where a complaint will be investigated externally
- promoting a clearer shared understanding of what can be expected and achieved from these processes.

In integrating victim-centred approaches into its procedures, Ambulance Victoria should also consolidate the number of policies and procedures relating to the complaint processes and procedures into a single document to reduce overlap and to promote greater accessibility. Detailed and transparent processes will also support complainants to understand how their complaint will be handled and the procedures that will be used to manage their complaint. It will also support complaints handlers to have fair and reasonable interactions.[40]

In revising its complaint policies and procedures, Ambulance Victoria should ensure the information presented is consistent and transparently outlines critical aspects of the report and complaint process. The Commission has also observed there is inconsistent and at times, conflicting information across policies, procedures and supporting documents. For example, while Ambulance Victoria's recent creation of new services – such as SafeSpace – are positive and provide more flexible options to seek advice and assistance, relevant details are not currently embedded consistently in complaint policies or procedures. Inconsistent or outdated information can affect the trust of a complainant in the report and complaint system. As noted in Chapter 7, the Commission is concerned that there also appears to be aspects of the report and complaint process that occur in practice but are not formally documented, which limits the transparency and accountability of aspects of the complaint process.

Ambulance Victoria should ensure that it addresses the elements in Figure 9E in its complaint policy to ensure alignment with the Commission's minimum standards and leading practice, as detailed in Chapter 7 and in the Victorian Ombudsman's model complaint policy.[41]

Figure 9E – **Elements to be address in Ambulance Victoria's revised policy**

Principles of effective complaint handling	• Embed principles of fair and sensitive complaint handling, including explicitly articulating that the complaint process is victim-centric and impartial, and that any necessary workplace action will be reasonable, proportionate and hold the perpetrator to account
Role of bystanders	• Articulate the role of bystanders in preventing unlawful conduct and outline practical steps that can be taken to intervene and support victims
Clear definitions	• Provide clear scenarios to support definitions of unlawful conduct, including description of potential behaviours that may give rise to discrimination, sexual harassment, bullying and victimisation
Roles and responsibilities	• Define the responsibility of managers, supervisors and others in positions where they may receive complaints (such as those in the People and Culture division) to take complaints seriously and to take appropriate action, including discussing potential options for resolution
Victimisation	• Clearly articulate the responsibility of employees and first responders, managers and supervisors to protect people against victimisation and that victimisation may result in disciplinary action
Internal and external complaint pathways	• Describe all available internal and external complaint pathways; these include, managers, Senior People Partners and others where the complaint involves a manager or a senior member of staff, the Workplace Harm Unit, the Commission, WorkSafe Victoria and any newly established anonymous reporting system
Timeliness	• Set out timeframes for the acknowledgment of complaints, indications of the expected length of an investigation, and regular intervals where all involved in the complaint will be updated on progress, and trigger points for notification of any delays
Investigations	• Outline when investigations will be conducted and the factors taken into account, which should include the wishes of the complainant • Provide guidance on the factors that will inform when internal and external investigators may be used, such as where a complaint involves a senior member of staff
Outcomes	• Outline the different informal and formal processes for responding to complaints, and the factors that will be considered when determining how to resolve a report or complaint, including, crucially, how the wishes of the complainant will be taken into account • Describe the potential outcomes, processes and interventions that are available to handle complaints and concerns, emphasising early intervention and informal resolution should be utilised, where appropriate • Outline scenarios and conduct that may result in disciplinary action • Clearly outline the circumstances in which Ambulance Victoria may be required to escalate reports and complaints into formal processes, or to make notifications and referrals to external agencies, such as Victoria Police

Information, record-keeping and confidentiality	• Describe what information will be recorded, including what information will be shared and provided to those involved in a complaint • Outline the responsibility of managers, supervisors and all employees and first responders to protect the confidentiality of a complainant
Monitoring and evaluation	• Describe how the organisation monitors complaint handling and investigators to ensure policies and procedures are applied properly and consistently, including what data is captured and why

Recommendation 16

Embedding a victim-centred approach to processes and procedures

Ambulance Victoria should amend and consolidate its complaint handling policies and procedures into a single policy that, at a minimum, covers:

(a) a comprehensive list of how, where and to whom a complaint can be made, including the available internal and external reporting options

(b) information about the availability and role of support services

(c) the multiple options available to resolve a report or complaint, from informal resolutions through to formal reports and complaints

(d) how a complaint will be managed, the steps involved, the roles and responsibilities of key staff and service standards that clearly set out what to expect

(e) the range of outcomes that may be achieved

(f) guidance about when a complaint will be immediately escalated to a formal complaint process or referred to an external agency, such as Victoria Police

(g) guidance on when internal and external investigators may be appropriate, including for complaints about senior staff member

(h) how information will be recorded or taken and the confidentiality safeguards in place

(i) information about victimisation, including a clear statement that it is unlawful

(j) how the performance of report and complaint system will be monitored.

9.2.3 Providing a range of response options to support choice and control

Ambulance Victoria's complaint policies and procedures primarily encourage complaints to be made to a direct manager, or to the Professional Conduct Unit. In turn, managers are directed to refer reports and complaints they receive about unlawful and harmful conduct to the Professional Conduct Unit. As outlined in Chapter 7, informal reporting options are not clearly identified and – while Ambulance Victoria has recently taken steps to provide training to managers that highlights the importance of early intervention – the effectiveness of these options is limited in the absence of clear processes and procedures to reinforce these response options.

Research tells us this is a common approach of employers, particularly to reports and complaints of sexual harassment; that is, it is often considered or assumed that a formal investigation is the most appropriate response.[42] For all reports and complaints – but particularly those relating to bullying – research acknowledges that unresolved disputes can escalate through a continuum of bullying behaviours, which can create increasingly complex, harmful experiences. In turn, this can create additional challenges to short-term and long-term resolution.[43]

Ambulance Victoria's overreliance on formal processes has the effect of funnelling less serious reports and complaints through a single formal complaint process, which is not appropriate in all instances. This can create the perception that all reports and complaints are subject to a potentially punitive disciplinary process, which may discourage complainants from coming forward. It also limits opportunities to offer more flexible options to resolve complaints and may mean complainants are less likely to engage with a report and complaint process that does not appear to meet their needs.[44]

The high rates of referral of complaints for a local level resolution identified in Chapter 8 also appears to indicate that there are reports and complaints being made or referred to the Professional Conduct Unit that could have benefited from an informal, early intervention approach.

Reports and complaints within a workplace can arise for a range of reasons, from misunderstandings between colleagues through to more serious forms of misconduct that may require formal investigation and a disciplinary outcome. To reflect this diversity, reporting systems should be multi-faceted, offering a choice of procedures and mechanisms to address issues, that are flexible and tailored to the particular conduct and circumstances.[45] This approach also reflects the spectrum of interventions that can and should be used to address behaviours at the earliest opportunity. It also better recognises and considers the barriers to reporting that may exist, such as the impact of power imbalances and supports choice and control of complainants to determine the approach that best suits their needs and desired outcomes.[46]

A range of response options for reports and complaints

The Commission's sexual harassment practice guideline outlines response options that can be embedded in report and complaint policies.

- **Self-management:** The complainant is supported to resolve a matter on their own, if they are confident and feel safe to do so. For example, a complainant directly approaches another person to ask them to change their behaviour.
- **Informal (internal) management:** A matter is resolved without a formal response or investigation. For example, a manager speaks to a worker about their behaviour after receiving a complaint and facilitates a discussion or mediation.
- **Formal (internal) complaint:** A matter is dealt with using a formal internal process, with documented findings. For example, a written statement is made to someone in a position of authority or to a complaint unit, which is impartially investigated.
- **External complaint:** A complaint is made directly or referred to an external authority. For example, a complainant makes a complaint to the Commission and all those involved agree to participate in a confidential dispute resolution process.[47]

Ambulance Victoria's report and complaint procedure should allow complainants to choose the most appropriate pathway from a range of different response options. In developing these options, Ambulance Victoria must be carefully attuned to the potential risks arising from different response options and their use in certain contexts (such as sexual harassment) and environments that may involve power imbalances.

Research has demonstrated that those who experience sexual harassment in male-dominated industries are less likely to make a formal report through internal procedures.[48] Encouraging direct confrontations without organisational support can create or exacerbate risks to complainant (and bystander) safety or contribute to perceptions of organisational tolerance for harmful behaviours.[49]

To support the management of these risks, clear guidance should be developed to inform the implementation of these options, including scenarios depicting the suitability of different options. Guidance should also support managers to understand the risks arising out of power imbalances and help them understand where organisational processes may better support the safety of the complainant.

While providing early intervention and a range of response options aligns with victim-centred approaches by promoting an emphasis on the complainant's safety, choice and control, the availability of formal reporting processes must still be made clear.[50] Further, specific information should also be available (in accordance with the Commission's recommendation later in this chapter) about the circumstances where Ambulance Victoria may be required to formally respond to or investigate. The information should explain that this depends on the seriousness of the concerns and should detail what actions can be taken that may still promote a complainant's wishes, while addressing necessary risks.

In this chapter, the Commission also recommends the establishment of an Expert Advisory Group to support the implementation of reforms to the report and complaint system. This advisory group is intended to provide an important source of authoritative expertise and guidance on the implementation of this recommendation, and work through the appropriate measures and safeguards that may be required.

As noted earlier in this chapter, the skills and capabilities of managers to support informal resolutions and to identify matters that require escalation will be integral. In Volume II, the Commission will consider how Ambulance Victoria supports the skills and capabilities of its workforce, and any necessary improvements.

Recommendation 17

Supporting choice and control and addressing harm at the earliest opportunity

Ambulance Victoria should:

(a) develop options to support people to resolve reports of unlawful and harmful conduct informally

(b) document in its complaint policies and procedures guidance for complainants and managers on when an informal resolution is safe and appropriate.

9.2.4 Increasing accessibility

Providing accessible information about a report and complaint system and processes can encourage reporting by making it easier for individuals to understand how to make a report or complaint, by promoting a complainant's choice and control, by clearly articulating what outcomes are available to support complainants to resolve their concerns, and by explaining what can be expected from the process.[51] Providing this information in a range of formats – including fact sheets and information brochures – can promote greater accessibility by making the information easy to find and understand.[52]

As noted in Chapter 7, Ambulance Victoria has demonstrably recognised the benefit in providing key information in this way, and has recently prepared and distributed a brochure describing the internal and external pathways to make a complaint. This is an important step, and the Commission encourages Ambulance Victoria to continue to build on this, and to expand the information provided about the report and complaint process in a variety of formats.

In Chapter 8, the Commission outlined that complainants and respondents had indicated they did not have a clear understanding of what was likely to happen during a complaint process, there was confusion about what supports services they could access, and there were gaps in connection to these services.

In addition, the Commission heard from complainants and respondents that they had significant concerns about, and were dissatisfied with, the information they were provided during a report and complaint process. Some participants reflected that they knew to make a report or complaint to their manager or to the Professional Conduct Unit, but they were unsure what happened after this step.

In particular, we were often told that complainants were not made aware of the outcome of their complaint.

Addressing this view is also integral to dispelling the pervasive perception within Ambulance Victoria that nothing will change as a result of a complaint being made. What information and how much can be shared following an investigation can be complex, due to the need to balance the privacy rights of the respondent and other persons involved in a complaint.

The Commission considers that providing more detailed information about what can be expected from report and complaint processes would help to create more transparent processes and would support all of those who may be involved to better understand what the process may involve, how they can obtain support and what information they will receive. This would provide Ambulance Victoria with an important opportunity to demonstrate its commitment to encourage a safe and supportive environment to make complaints and to support them to do so.

Recommendation 18

Developing resources to support accessibility of the report and complaint system

Ambulance Victoria should:

(a) develop information guides and fact sheets that clearly outline:
  - (i) the internal and external pathways to make a complaint
  - (ii) the support services available to all those involved in report and complaint processes, including complainants, respondents and witnesses
  - (iii) what complainants, respondents and witnesses involved in a complaint process should expect, such as timeframes, what information they will receive, expected standards of service and how their information will be handled
  - (iv) the outcomes available through a report or complaint process

(b) ensure that the information guides and fact sheets are available across workplaces, including electronically and as physical hard copies, and updated annually.

9.3 Supporting bystanders to speak up

Ambulance Victoria has recognised the importance of creating a 'speak up' culture and supporting bystanders to encourage action when a staff member sees or later learns about unlawful or harmful conduct. Encouraging and supporting bystander action is an important measure to support prevention through the positive impact on setting acceptable standards, for example, by challenging those who engage in unlawful and harmful conduct.

In addition, bystanders form an important part of an organisation's response to unlawful and harmful conduct. Bystanders provide an opportunity for unlawful and harmful conduct to be addressed at the earliest point, remove the burden on victim-survivors to report the conduct, and provide Ambulance Victoria with more opportunities to address discrimination, sexual harassment, bullying and victimisation. The recommendations to support Ambulance Victoria to embed a more strategic, integrated approach to encouraging a 'speak up' culture in Chapter 6 will ensure bystander interventions support the organisation's prevention and response measures.

9.4 Standard setting and driving accountability by sharing information

9.4.1 Publishing de-identified case studies

Sharing the outcome of complaints – for example, through properly deidentified case studies – can be an important way to reinforce acceptable standards of workplace conduct and to provide greater visibility of perpetrators being held to account. It also provides an important illustration of what unlawful and harmful conduct looks like in the context of Ambulance Victoria.

Such transparency has also been recognised as 'an effective and relatively low-cost mechanism for engineering positive change'[53] in relation to workplace sexual harassment. In the context of gender equality, targeted measures for reporting are known to drive behavioural change.[54]

Currently, Ambulance Victoria does not appear to routinely share information with the workforce about the outcome of complaints and disciplinary processes (see Chapter 7). The Commission urges it to introduce greater transparency. It could, for instance, consider regularly developing and publishing case studies, similar to the Australian Health Practitioner Regulation Agency and the Victorian Legal Services Board and Commissioner. These organisations publish information on their websites and in annual reports regarding regulatory and disciplinary outcomes following substantiated findings of misconduct.[55]

The publication of deidentified case studies will require a careful balance to be struck between confidentiality and privacy on the one hand and transparency on the other, while grounding decision-making around the views of the complainant.

The views of the complainant should be at the centre of decision-making and their preferences respected; their clear consent to the publication of a de-identified case study should be obtained. Any information that the organisation proposes to publish should first be shared with those who may be affected to ensure it has been appropriately deidentified.

In addition to sharing more information publicly with the workforce, the Commission urges Ambulance Victoria to ensure it is providing information to complainants about the outcomes of their complaint. This is integral to addressing a key issue that was regularly raised with the review – that complainants were often not made aware of the outcome of their complaint.

Providing greater information to complainants about the outcome of their complaint would also support the organisations' efforts to counter the pervasive perception that no actions are taken in response to complaints. It would also help to address the impression that certain individuals in the organisation are protected; these perceptions significantly undermine trust and confidence in the report and complaint system and contribute to a sense of organisational tolerance for unlawful conduct.

Existing guidance related to discrimination and harassment complaints highlights the importance of providing complainants with general information about the outcome of their complaint, so that this can inform whether they choose to progress their complaint to an external agency.[56] The Commission's sexual harassment guideline also reinforces the need to communicate relevant details of the outcome of a complaint to the complainant and respondent.[57]

The Office of the Victorian Information Commissioner's *Guidelines to the Information Privacy Principles* provide some guidance about the disclosure of information to complainants following an investigation, and highlights that:

> **[it] is reasonably expected that the organisation would provide sufficient information to the complainant to show the investigation of [the] complaint and outcome were fair. This ensures organisations that deal properly with complaints are seen to do so.**

The Victorian Public Sector Commission's *Common Policy for the Management of Misconduct* also contains some instructive guidance on how complaint policies and procedures can clearly outline what information a complainant can expect. This policy notes that, if reasonably practicable and appropriate, the following information should be provided to a complainant following an investigation: whether an investigation was conducted, if the matter was not investigated and why not, if the matter was investigated and whether a discipline outcome was applied.[59]

9.4.2 Publishing de-identified complaints data

In addition to sharing de-identified case studies with the workforce, the Commission recommends that Ambulance Victoria share aggregated and de-identified information with the workforce about reports and complaints of unlawful and harmful conduct. This would further promote transparency and align with leading practice and minimum standards for report and complaint handling.

The publication of this information would also build on Ambulance Victoria's new obligations arising from the Gender Equality Act, to regularly collect and report data on gender equality in the workplace through workplace gender audits.[60] This audit includes collecting and reporting of data against workplace gender equality indicators, including workplace sexual harassment.[61] In addition, Ambulance Victoria is encouraged to share and seek feedback with the Board, the workforce, unions and other relevant persons in relation to the results of any gender equality audits it conducts.[62]

Ambulance Victoria must report on several workforce data measures in relation to workplace sexual harassment in an audit year. This includes the number of sexual harassment complaints, the number of complaints that were handled internally and externally, the outcomes of complaints including any settlement and/or non-disclosure agreements.[63] This data should be broken down by intersectional attributes including gender and Aboriginality, age, disability, ethnicity and race, religion, and sexual orientation. Ambulance Victoria must also report on any actions it has taken to prevent future incidents of workplace sexual harassment, and the overall level of complainant satisfaction with the outcome.[64]

This data will be included in Ambulance Victoria's Gender Equality Action Plan, along with strategies and measures designed to address and prevent workplace sexual harassment.[65] The obligations arising from the Gender Equality Act are critical mechanisms to support oversight and accountability and are important levers to support transparency and accountability; the feedback loops also show how the organisation has listened and acted on the information received when consulting. These obligations provide Ambulance Victoria with an opportunity to strengthen its approach to sharing information with the workforce and the public. Ambulance Victoria could harness the processes it is putting in place to support these new obligations to report on all forms of unlawful conduct more comprehensively. The Commission encourages Ambulance Victoria to publish complaints data publicly; for example, on its website or in yearly annual reports, in addition to the requirement to publish its Gender Equality Action Plans publicly on its website.[66] Not only would this further contribute to transparency and accountability but would provide an important opportunity to highlight the organisational priority given the effective delivery and performance of the report and complaint system; this is equal to that of the publication of operational performance, such as response times that are currently publicly available (see Chapter 6).

Recommendation 19

Supporting transparency and developing learning tools

Ambulance Victoria should:

(a) regularly create and publish de-identified case studies of the outcomes of reports and complaints, to create better understanding among the workforce of the steps it takes to address unlawful and harmful workplace conduct and as learning tools to educate all employees and first responders on acceptable standards of behaviour

(b) regularly publish information about the performance and complaint system against the benchmarks recommended (see Recommendation 20) to the workforce and public.

9.5 Driving continuous improvement

9.5.1 Measuring system performance

The work of the Professional Conduct Unit is currently monitored by the Professional Conduct Committee and the Board's People and Culture Committee. While data prepared for these committees canvass a range of matters, information shared with the Commission indicates that the focus of this reporting is directed towards data about the type of behaviour complained about (for example, bullying, clinical issues), the location and outcomes, with changes tracked over time. This reporting does not analyse the root causes of the behaviour or detail trends over time, resulting in missed opportunities to address the drivers and risk factors, and to prevent harm in future (notwithstanding the risk management approach recently applied by the Board, discussed in Chapter 4).

Ongoing monitoring and evaluation of an organisation's report and complaint system – supported by specific benchmarks related to measures of timeliness, outcomes, remedies and causes – is key to ensuring compliance with the Equal Opportunity Act and adhering to leading practice.[67] Research also shows that providing information to a workforce that outlines effective and timely responses of the complaint and report system can mitigate some potential barriers to reporting.[68] In addition, in 2016, the Victorian Auditor-General highlighted opportunities to harness and use a health-sector wide approach to preventing and responding to inappropriate behaviour (including bullying and harassment), including through the development of indicators to collectively monitor and reduce risk.[69]

Understanding people's experiences of a report and complaint system – for example via satisfaction surveys – is a vital quality indicator. Indeed, research suggests that evaluating whether report and complaint systems are effective can be best measured by whether they are perceived to be fair, which provides a better measure than other potential indicators.[70] Given the significant concerns raised about victimisation by its workforce, Ambulance Victoria should seek specific feedback from complainants about whether they experienced any negative consequences as a result of making a complaint.

Lessons from the Victorian and Commonwealth Ombudsmen for measuring performance

In the last two years, the Victorian and Commonwealth Ombudsmen commissioned independent surveys to assess satisfaction of complainants with the services provided. Consistent with the research identified earlier in this chapter, the surveys sought to understand key points of data including perceptions of fairness of the processes, service satisfaction, how easy complainants found it was to have their complaint considered, and the time taken to deal with complaints.[71] The survey results of both Ombudsmen highlighted the importance of feedback from people who have used the Ombudsmen's services to lean and improve the quality of services.

The Commission calls on Ambulance Victoria to both improve the complaint data it collects and identify and embed indicators and benchmarks to measure the performance of its reports and complaints system. Critically, this needs to include feedback from people with actual experience of the report and complaint system. In this regard, it could build on the approach taken in its *Managing Client Feedback (Wellbeing and Support Services) Policy*, which details the pathways for the provision of feedback on wellbeing and support services, including setting out how feedback will be actioned, the process and minimum timeframes.[72]

It should also rely on external data – like the emerging body of evidence that suggests bullying and harassment is a serious problem across the health and emergency services sectors (see Chapter 4) – to support and develop its understanding of common issues experienced across the health and emergency services sectors and to contextualise its own data.

Recommendation 20

Understanding how the report and complaint system is working

Ambulance Victoria should establish agreed benchmarks to measure the performance of its report and complaint system that include:

(a) timelines for key steps and actions in the report and complaint process, including
  - (i) acknowledgment of receipt
  - (ii) resolution of 'simple' reports or complaints
  - (iii) resolution of urgent or priority reports or complaints
  - (iv) trigger points for notification of delays

(b) satisfaction of the report and complaint process and outcomes for those involved (including complainants, respondents and witnesses)

(c) quality measurements, such as the ease of using the report and complaint system, the fairness of the process, and the clarity of communication.

In establishing these benchmarks, Ambulance Victoria should, with the assistance of the Department of Health, seek to consult with and, where possible, agree on common benchmarks to measure performance throughout the health sector.

Recommendation 21

Learning lessons and improving service delivery at the earliest opportunity

Ambulance Victoria should:

(a) develop standard processes for seeking feedback from all parties involved in a complaint, with a view to identifying and intervening against any victimisation and informing practice and service improvements

(b) provide guidance to those who manage and handle complaints on the factors that should inform analysis of organisational and systemic issues

(c) ensure that staff members with complaint handling and management responsibilities hold relevant skills, training and expertise to undertake root cause analysis of organisational and systemic issues.

9.5.2 Improving data collection and capability

Positively, Ambulance Victoria has recently focused on enhancing its capability to assess trends in emerging issues, including those from report and complaint data, with assessing data and trends a key function of the recently established Specialist Support Unit.

To better identify systemic issues and trends, Ambulance Victoria should address key data gaps and information technology limitations. For example, the Commission understands that data is not currently recorded detailing the reason a complaint is transferred to another unit or referred back to a manager for local resolution and Ambulance Victoria does not keep central records of informal reports of unlawful conduct (these are documented locally).

A number of government agencies have highlighted the importance of recording key information about the report and complaint process to promote transparency, accountability and ensure reliable data about reports and complaints can be analysed. The Commission is concerned that data gaps regarding decision-making on reports and complaints reduces the transparency of the process and may prevent complainants from having information about how their report or complaint was handled. This, in turn, can diminish their perception of a fair process and limits opportunities to ensure appropriate oversight of the reporting and complaint system's performance.

Noting the capability limitations of the current Professional Conduct Unit in being able to systematically capture and analyse data, it is important that when implementing the new report and complaint model, Ambulance Victoria maps its data limitations to:

- ensure that the information technology system put in place is equipped to capture the data needed to inform performance monitoring of the report and complaint system
- determine what is needed to inform the monitoring of Ambulance Victoria's prevention and response to unlawful conduct, such as any input necessary for risk management purposes.

Recommendation 22

Creating and maintaining records and data to improve analytical capability

Ambulance Victoria should ensure that:

(a) its policies and procedures clearly require the creation and appropriate maintenance of records of all incidents, complaints, responses and decisions related to unlawful and harmful conduct, including those reported informally

(b) the Workplace Harm Unit, the Specialist Support Unit, and the Investigations Unit are equipped with a single, centralised and secure information technology system that adheres to best practice information management requirements.

9.6 Monitoring, evaluation and oversight

9.6.1 Monitoring and evaluation

The Commission's recommendations aim to deliver a fair and impartial report and complaint system, embed victim-centred approaches and provide greater transparency and accountability to the workforce. The scope of these recommendations is significant and some will require detailed consideration during implementation.

A report commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse in 2015 considered, in part, how internal structures, stakeholder engagement and monitoring processes can influence the successful implementation of recommendations made by inquiries.[74] While this report considered recommendations relating to child abuse, some of the broad principles relating to the factors that can influence successful implementation are instructive and applicable more broadly in other contexts. In particular, the report found that stakeholder engagement and a collaborative approach throughout implementation processes were integral; noting that this supported early identification of potential barriers and shared ownership of problems and proposed solutions.[75] External assistance in implementation was highlighted as being beneficial in certain circumstances, including 'in the rollout of complaints processes for reporting sexual harassment'.[76]

Noting these findings and the nature of the recommendations in this chapter, the Commission considers that a dedicated Expert Advisory Group should be established to support their implementation through the provision of expert advice and guidance.[77] The availability of a regular forum from which the organisation can obtain expert advice would be beneficial to support the implementation of more complex aspects of the recommendations, including the development of informal reporting processes, which need to be carefully considered in certain contexts, such as sexual harassment. The Expert Advisory

Group should be time-limited, focusing on supporting the implementation of the Commission's recommendations to the report and complaint system, with long-term governance and oversight provided by the Professional Conduct Committee (see Section 9.6.2).

In addition to including subject matter experts in complaint handling, unlawful conduct and/or restorative practices, in line with leading practice and the broader literature, it will be important that the advisory group include representative members of the workforce. This will help to ensure that the design and development of the reforms are informed by the needs of the workforce, and the barriers they face. Involving employees and first responders in the development of the organisational model also means they are more likely to have trust in the procedure, including that complaints will be handled fairly, sensitively and confidentially.[78]

Unions play an important role in the report and complaint system and are an important voice to include on the advisory group. Indeed, as the Commission's survey demonstrates, many employees and first responders seek the advice of a union following an experience of unlawful conduct. Furthermore, the expertise and responsibilities of unions can inform the design of the report and complaint system and can also be harnessed to drive confidence in that system.

> **[W]hen union representatives show a serious and supportive attitude towards complainants and witnesses, this can build confidence amongst the workers. Furthermore, unions can cooperate with the employer to ensure a fair complaint and dispute resolution process for both complainants and respondents.**[79]

Involving union representatives and the workforce would promote effective consultation and engagement approaches that would in turn demonstrate their input and views are valued and foster greater cooperation and collaborative relationships.

Recommendation 23

Supporting the effective delivery of reporting and complaint reforms

Ambulance Victoria should establish an Expert Advisory Group to:

(a) provide advice and support on the implementation of reforms to its report and complaint system, including key developments such as establishing self-resolution and informal reporting processes

(b) support the development of revised procedures and processes to ensure their continued alignment with leading practice

(c) be comprised of subject matter experts in complaint handling, unlawful conduct and/or restorative practices, as well as nominated representatives from relevant unions and the workforce.

9.6.2 Governance and oversight

Once the new organisational model is in place, the current Professional Conduct Committee that oversees the work of the current Professional Conduct Unit should continue. Its current role is to proactively monitor, mentor, challenge and support the Professional Conduct Unit on its progress; it also responds to issues, risks and identified trends.

The new organisational model will see units working together and making connections to ensure the effective handling of reports and complaints to provide a specialist response to first disclosure of unlawful and harmful conduct through to investigations and disciplinary processes. An overarching governance framework and body will be needed to facilitate and ensure effective information-sharing and support the identification of risks, patterns, trends and consider proposed preventative solutions.

Further, the Commission considers the existing governance structure could be enhanced through more specifically articulated responsibilities for the Professional Conduct Committee to monitor the performance of the report and complaint system in accordance with identified performance measures that should be established pursuant to other recommendations. The Committee should also provide an escalation point for performance issues, such as where a complaint has taken longer than six months to resolve. This will enable Ambulance Victoria to more comprehensively understand any risks or emerging issues.

As noted earlier in this chapter, there is a substantial trust deficit in the report and complaint system. To support the rebuilding of trust and confidence and to provide a source of ongoing expertise and advice, Ambulance Victoria should also consider whether it would be beneficial to use the expertise of expert advisers to support the Professional Conduct Committee. The advisers should be experts in complaint handling and victim-centred approaches and able to provide expert advice on the performance of the report and complaint system; in particular, they could support the committee in the consideration of continuous improvement measures.

Recommendation 24

Enhancing accountability of the reporting and complaint system

Ambulance Victoria should revise the Terms of Reference of the Professional Conduct Committee to:

(a) ensure a unified approach to data collection and analysis of the handling of reports and complaints

(b) regularly review of reports and complaints data to identify patterns, trends, systemic issues and measures to continuously improve efforts to prevent and respond to unlawful conduct

(c) monitor the performance of the report and complaint system against a range of benchmarks, including timeliness, quality and satisfaction.

Notes

1. In 2014, the Commission recommended the establishment of a Workplace Harm Model to address gaps in Victoria Police's organisational response to sex discrimination and sexual harassment (building on the establishment of a similarly dedicated unit, which was designed to address the significant underreporting found in the Australian Defence Force). See Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment Including Predatory Behaviour in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019) 223–4. Similar recommendations have been made in other contexts, including the Australian Federal Police, Airservices Australia, New Zealand Police and South Australia Police. See, Elizabeth Broderick and Co, *Cultural Change: Gender Diversity and Inclusion in the Australian Federal Police* (Report, 2016) 13; Debbie Francis, *Independent External Review: Systems and Processes for the Prevention and Management of Bullying at New Zealand Police* (Report, 2020) 27–8; Elizabeth Broderick and Co, *A Review of Culture at Airservices Australia* (Report, 2020) 67; South Australian Equal Opportunity Commission, *Independent Review: Sex Discrimination, Sexual Harassment and Predatory Behaviour in South Australia Police* (Report, 2016) 122.
2. Subsequent analysis has sought to understand the impact of the introduction of these units. Some improvements in supporting the organisational response to workplace harm have been found, including employees taking greater advantage of supports and engaging with the new units. See Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019)333–4; South Australian Equal Opportunity Commission, *Final Report: Change in Perceptions, Experiences and Practices that Support Gender Equality and Cultural Change in SAPOL* (Report, 2020) 13–14.
3. However, as the Commission has noted in chapters 3 and 4, organisational responses must be holistic and comprehensive, and changes to structures and models alone will not be sufficient to meaningfully deliver a safe environment for reports and complaints to be made. For example, in 2019, the Commission found that the impact of report and complaint reforms in Victoria Police had been limited by a lack of resourcing. See Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019) 333-4. A follow-up assessment of progress and change in South Australia Police found that further promotion of reporting avenues and rebuilding trust and confidence was vital to addressing continued significant underreporting. Accordingly, the Commission's recommended changes to Ambulance Victoria's organisational model must be accompanied by an equal focus on all aspects of the system – from policies, procedures, practices, staffing, communications through to resourcing. See South Australian Equal Opportunity Commission, *Final report: Change in perceptions, experiences and practices that support gender equality and cultural change in SAPOL* (Report, 2020) 13–14.
4. The Commission has carefully considered and been guided by the extensive research and practice guidance identifying the key characteristics and features of effective report and complaint systems. The publication of such guidance has often been led by Ombudsmen, who have significant expertise in complaint handling and who also support organisations to embed good practice. See, eg, Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016); Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021).
5. South Australian Equal Opportunity Commission, *Independent Review: Sex Discrimination, Sexual Harassment and Predatory Behaviour in South Australia Police* (Report, 2016) 120 citing Law Council of Australia, *Ethical Guidelines for Mediators* (Law Council of Australia, 2011) 4–5. See also, Law Council of Australia, Ethical Guidelines for Mediators (Law Council of Australia, 2018) 3–4.
6. New South Wales Ombudsman, *Complaint Management Framework* (State of New South Wales, 2015) 8; Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016) 5.
7. Elizabeth Broderick and Co, *Cultural Change: Gender Diversity and Inclusion in the Australian Federal Police* (Report, 2016) 13; Victoria Police, 'Structure' (Web page, 27 August 2021) <https://www.police.vic.gov.au/structure>; Elizabeth Broderick and Co, *A Review of Culture at Airservices Australia* (Report, 2020) 67.

8. Allegations of sexual harassment have been investigated by a centralised investigations team since early 2019. The unit reports to the Ethics and Compliance Business Unit, which is also separated from other organistional structures. BHP has noted that 'this change was introduced in recognition of the need to enhance our investigation processes in order to improve reporting and increase the confidence of, and support for, impacted persons in our investigations.' BHP, Submission No 00071 to Community Development and Justice Standing Committee, Parliament of Western Australia, *Inquiry into Sexual Harassment Against Women in the FIFO Mining Industry* (18 August 2021) 6.
9. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 683.
10. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 683.
11. Paula McDonald, Sara Charlesworth and Tina Graham, *'Developing a framework of effective prevention and response strategies in workplace sexual harassment'* (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 46.
12. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 77.
13. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 81.
14. See *Crimes Act 1958* (Vic) ss 21A, 38, 40, 41, 43–48.
15. See *Crimes Act 1958* (Vic) ss 325–326.
16. *Health Practitioner Regulation National Law (Victoria) Act 2009* (Vic) sch 1, ss 140, 142.
17. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces (*Report, 2020) 710; Victorian Public Sector Commission, *Developing Conflict Resilient Workplaces: A Report for Victorian Sector Leaders* (State of Victoria, 2010) 10.
18. 'Restorative outcomes' are those that restore working relationships, promote mutual understanding and cultural change. Examples include agreements to stop or change behaviour, an apology, a payment of restitution, preventative action or systemic change, or restoring the complainant's position where they have been wrongfully demoted, fired or turned down for a promotion. They can also involve disciplining or otherwise holding the respondent to account for their behaviour. These outcomes can be the result of any kind of complaint process but are most likely achieved through informal processes with an explicitly restorative focus. 'Restorative practices', described in some settings as restorative justice practices, are specific strategies that focus on healing the harm caused by the alleged conduct rather than formally investigating and determining if unlawful conduct has occurred and meting out punishment.
19. F Dobbin and A Kalev, 'Why sexual harassment programs backfire and what to do about it' (May–June 2020) *Harvard Business Review* 48–49; M P Koss and M Achilles (2008), 'Restorative justice responses to sexual assault' (Briefing Paper, 2011); RMIT Centre for Innovative Justice, Submission to the Victorian Ministerial Taskforce on Workplace Sexual Harassment, *Addressing Sexual Harassment in Victorian Workplaces* (August 2021) 3.
20. For a discussion of applying restorative justice principles in the context of workplace harm, see D T Eisenbeg, 'The restorative workplace: An organizational learning approach to discrimination' (2009) 50 *University of Richmond Law Review* 487, 516; M Hutchinson, 'Restorative approaches to workplace bullying: Educating nurses towards shared responsibility' (2009) 32 *Contemporary Nurse* 147–55; Australian Association for Restorative Justice, 'Restorative practices: Workplaces' (Web Page, 4 October 2021) <https://www.aarj.org.au/restorative-practices/workplaces/>; RMIT Centre for Innovative Justice, *Submission to the Victorian Ministerial Taskforce on Workplace Sexual Harassment* (Submission, August 2021) 1; S Jülich & N Cox, 'Good workplaces: Alternative dispute resolution and restorative justice' in Jane Parker (ed.), *The Big Issues in Employment: HR Management and Employment Relations in NZ* (2013) 18–20.
21. RMIT Centre for Innovative Justice, Submission to the Victorian Ministerial Taskforce on Workplace Sexual Harassment, *Addressing Sexual Harassment in Victorian Workplaces* (August 2021) 1; RMIT Centre for Innovative Justice, Innovative Justice Responses to Sexual Offending: Pathways to Better Outcomes for Victims, Offenders and the Community (Report, May 2014) 24–7; C Lambert et al, *Building Restorative Relationships for the Workplace: Goodwin Development Trust's Journey with Restorative Approaches* (Report, June 2011) 41, 46, 48–55.

22. D L Kidder 'Restorative justice: Not "rights", but the right way to heal relationships at work' (2007) 18(1) *International Journal of Conflict Managemen*t 1, 4–22.

23. D T Eisenbeg, 'The restorative workplace: An organizational learning approach to discrimination' (2009) 5 University of Richmond Law Review 487, 551–6; S Jülich and N Cox 'Good workplaces: Alternative dispute resolution and restorative justice' in Jane Parker (ed.), *The Big Issues in Employment: HR Management and Employment Relations in NZ* (2013) 20–2.

24. The interim restorative engagement scheme delivered by the Commission to Victoria Police as part of our independent review into sex discrimination and sexual harassment, including predatory behaviour yielded powerful and positive feedback from participants and a permanent scheme has now been funded and established by the Victorian Government. See also, J Bolitho and K Freeman, *The Use and Effectiveness of Restorative Justice in Criminal Justice Systems Following Child Sexual Abuse or Comparable Harms* (Report, Royal Commission into Institutional Responses to Child Sexual Abuse, 2016); Centre for Innovative Justice, *It's healing to hear another person's story and also to tell your own story: Report on the CIJ's Restorative Justice Conferencing Pilot Program* (Report, 2019).

25. D T Eisenbeg, 'The restorative workplace: An organizational learning approach to discrimination' (2009) 5 *University of Richmond Law Review* 487, 551–2.

26. Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021) 16. See also, *Safe Work Australia, Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 20.

27. Commonwealth Ombudsman, *Better Practice Complaint Handling Guide* (Commonwealth of Australia, 2021), 21–2; Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016) 21.

28. Australian Human Rights Commission, *Respect@Work: into Sexual Harassment in Australian Workplaces* (Report, 2020) 704.

29. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020), 84–5; See also Independent Broad-based Anti-corruption Commission, *Managing Corruption Risks Associated with Conflicts of Interests in the Victorian Public Sector* (Report, 2019), 42–4.

30. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 705.

31. In law enforcement contexts, it has been argued there are advantages to policing agencies holding the primary responsibility for integrity and misconduct issues to reinforce the accountability to set expectations, standards and hold individuals to account for their behaviour. See, eg, United Nations Office on Drugs and Crime, *Handbook on Police Accountability, Oversight and Integrity* (United Nations, New York, 2011) 14.

32. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report 2020) 698; Dr Helen Szoke, *Preventing and Addressing Sexual Harassment in Victorian Courts and VCAT* (Report, 2021) 63; Department of Prime Minister and Cabinet, *Review of the Parliamentary Workplace: Responding to Serious Incidents* (Commonwealth of Australia, 2021) 32; Victorian Auditor-General's Office, *Sexual Harassment in the Victorian Public Sector* (State of Victoria, 2019) 37, noting 'Various Ombudsman complaint handling guides state that it is good practice to accept anonymous complaints. Research into sexual harassment and assault in Australian universities supports this view... centralised and anonymous complaint channels enable systematic recording of incidents and can encourage staff to report sexual harassment'; Suzanne Goldberg, 'Harassment, workplace culture, and the power and limits of law' (2020) 70 *American University Law Review* 420, 484.

33. Victorian Equal Opportunity Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 68, 81; WorkSafe Victoria, *A Guide for Employers: Workplace Bullying* (State of Victoria, 2020) 22. Safe Work Australia, *Workplace Sexual Harassment – Advice for Workers* (Commonwealth of Australia, undated) 2, notes that '[an] employer must provide a safe physical and online work environment. In addition, [an employer] should also provide all workers with ... an accessible and user-friendly process to report sexual harassment informally, formally, anonymously and confidentially'.

34. Ambulance Victoria, *Complaints Procedure* (PRO/PAC/080) (State of Victoria, March 2021) 5.

35. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 698.

36. BHP, Submission No 00071 to Community Development and Justice Standing Committee, Parliament of Western Australia, *Inquiry into Sexual Harassment Against Women in the FIFO Mining Industry* (18 August 2021) 6.

37. Victorian Legal Services Board and Commissioner, 'New tool for reporting lawyer sexual harassment' (Web Page, 16 September 2021) <https://lsbc.vic.gov.au/news-updates/news/new-tool-reporting-lawyer-sexual-harassment>.

38. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 70. See further the discussion of UN Women's nine core elements of a victim-centred approach to addressing sexual harassment in Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 679–80.

39. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 72.

40. New South Wales Ombudsman, *Effective Complaint Handling Guidelines* (3rd edn) (State of New South Wales, 2017) 28.

41. Victorian Ombudsman, *Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, 2016) 24–30.

42. Australian Human Rights Commission, *Respect@Work: into Sexual Harassment in Australian Workplaces* (Report, 2020) 688.

43. Evelyn Field, *Bully Blocking at Work: A Self-help Guide for Employees, Managers and Mentors* (Australian Academic Press, 2010) 9. See also, Lizzie Barmes, *Bullying and Behavioural Conflict at Work: The Duality of Individual Rights* (Oxford University Press, 2015) 195.

44. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 710.

45. RJ MacCoun, 'Voice, control and belonging: The double-edged sword of procedural fairness' (2005) 1 *Annual Review of Law and Social Science* 171, 185.

46. Suzanne Goldberg, 'Harassment, workplace culture, and the power and limits of law' (2020) 70 *American University Law Review* 420, 460.

47. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 74.

48. Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14 *Journal of Management Review* 1, 9.

49. Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14 *Journal of Management Review* 1, 9.

50. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 711.

51. New South Wales Ombudsman, *Applying the Commitments to effective complaint handling – guidance for agencies* (Web Page) <https://www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets/state-and-local-government/applying-the-commitments-information/applying-the-commitments-to-effective-complaint-handling-guidance-for-agencies>.

52. New South Wales Ombudsman, *Applying the Commitments to effective complaint handling – guidance for agencies* (Web Page) < https://www.ombo.nsw.gov.au/news-and-publications/publications/fact-sheets/state-and-local-government/applying-the-commitments-information/applying-the-commitments-to-effective-complaint-handling-guidance-for-agencies>.

53. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 628.

54. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 628.

55. See, eg, Australian Health Practitioner Regulation Agency, *Annual Report 2019-2020* (Report, 2020) 105; Victorian Legal Services Board and Commissioner, *Annual Report* (Report, 2020), 21, 23.

56. Australian Human Rights Commission, *Good Practice Guidelines for Internal Complaint Processes* (Commonwealth of Australia, 2014) 4.

57. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020), 79.

58. Office of the Victorian Information Commissioner, *IPP 2: Use and Disclosure* (State of Victoria, 2019) 18.

59. Victorian Public Sector Commission, *VPS Enterprise Agreement Common Policies: Management of Misconduct* (State of Victoria, September 2021) 18.

60. *Gender Equality Act 2020* (Vic) ss 11, 19.

61. See Commission for Gender Equality in the Public Sector, 'Workplace gender auditing', (Web Page, 25 October 2021) <https://www.genderequalitycommission.vic.gov.au/workplace-gender-auditing>.

62. Commission for Gender Equality in the Public Sector, *Gender Equality Action Plan 2021–2025: Guidance for Defined Entities* (State of Victoria, 2021) 9.

63. Commission for Gender Equality in the Public Sector, 'Workplace gender auditing', (Web Page, 25 October 2021) <https://www.genderequalitycommission.vic.gov.au/workplace-gender-auditing>.

64. Commission for Gender Equality in the Public Sector, 'Workplace gender auditing', (Web Page, 25 October 2021) <https://www.genderequalitycommission.vic.gov.au/workplace-gender-auditing>.

65. *Gender Equality Act 2020* (Vic) s 10(1).

66. *Gender Equality Act 2020* (Vic) s 12(3).

67. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 92–3; *Commonwealth Ombudsman, Better Practice Complaint Handling Guide* (Commonwealth of Australia, February 2021), 21–2; *Victorian Ombudsman, Complaints: Good Practice Guide for Public Sector Agencies* (State of Victoria, September 2016) 21.

68. Suzanne Goldberg, 'Harassment, workplace culture, and the power and limits of law' (2020) 70 *American University Law Review* 420, 466.

69. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) 44.

70. Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of effective prevention and response strategies in workplace sexual harassment' (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 50, citing Brian Bemmels and Janice Foley, 'Grievance procedure research: A review and theoretical recommendations' (1996) 22(3) *Journal of Management* 359–84.

71. Victorian Ombudsman, *Annual Report 2019–2020* (Report, 2020) 90–1; Commonwealth Ombudsman, Annual Report 2019–2020 (Report, 2020) 16.

72. Ambulance Victoria, *Managing Client Feedback (Wellbeing and Support Services* (PRO/PAC/100) (State of Victoria, 2021) 5.

73. The Commonwealth Ombudsman outlines that complaint databases should record key information including when and how complaints are made, the complainant's personal details, the nature of the complaint, how it was resolved and all actions, decisions and interactions. Commonwealth Ombudsman, Better Practice Complaint Handling Guide (Commonwealth of Australia, 2021) 16. See also, *Safe Work Australia, Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 20.

74. Parenting Research Centre, Implementation of Recommendations Arising from Previous Inquiries of Relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse (May 2015).

75. Parenting Research Centre, *Implementation of Recommendations Arising from Previous Inquiries of Relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse* (May 2015) 134, 140.

76. Parenting Research Centre, *Implementation of recommendations arising from previous inquiries of relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse* (May 2015) 134.

77. For a discussion of our recommendations regarding the governance structure that should oversee the whole reform program, see Section 6.2.7.

78. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 67.

79. UN Women and International Labour Organization, *Handbook: Addressing Violence and Harassment against Women in the World of Work* (2019) 73.

Independent Review into Workplace Equality in Ambulance Victoria

Appendices

A. Where to go if you need help

The Commission acknowledges that the material in this report, particularly the stories of discrimination, sexual harassment, bullying and victimisation, may cause distress.

There are support services available for those who need it, including the services outlined below.

Please call 000 if you need emergency help.

Ambulance Victoria employees and their families

SafeSpace

SafeSpace is an independent 24-hour independent phone line for Ambulance Victoria employees and their families to seek confidential information about complaint pathways and support options for discrimination, harassment and bullying matters.

Call 1300 596 424

Counselling and other support

1800 Respect

1800 Respect is a 24-hour national sexual assault and domestic violence and support service.

Call 1800 737 732

Visit 1800respect.org.au

Beyond Blue

Beyond Blue is a 24-hour service offering free information and support to people working through mental health issues.

Call 1300 224 636

Visit beyondblue.org.au

Centre Against Sexual Assault (CASA)

CASA offers confidential support and intervention for victim-survivors of sexual assault or sexual harassment.

Call 1800 806 292

Visit sacl.com.au

Headspace

Headspace is a national youth mental health foundation with clinicians available.

Call 1800 650 890

Visit headspace.org.au

Lifeline

Lifeline is a 24-hour telephone crisis support service for mental health support and emotional assistance.

Call 13 11 14

Visit lifeline.org.au

Mensline

Mensline is a national phone and online support service for men that includes video counselling.

Call 1300 789 978

Visit mensline.org.au

Switchboard

Switchboard offers peer-driven support services for LGBTIQ+ people and their families, allies and communities.

Call 1800 729 367

Visit switchboard.org.au

WIRE

WIRE offers free support, referral and information for Victorian women, nonbinary and gender-diverse people.

Call 1300 134 130.

Visit wire.org.au

Making a complaint

Victorian Equal Opportunity and Human Rights Commission

If you wish to enquire about, or make a formal complaint of discrimination, sexual harassment or victimisation, you can contact the Victorian Equal Opportunity and Human Rights Commission.

Call 1300 292 153 or (03) 9032 3583

For hearing impaired (TTY) call 1300 289 621

Visit humanrights.vic.gov.au

Australian Human Rights Commission

You can also enquire about, or make a formal complaint of, discrimination, sexual harassment or victimisation, to the Australian Human Rights Commission.

Call 1300 656 419 or (02) 9284 9888

For hearing impaired (TTY) call 1800 620 241 (toll free)

For free interpretation and translation services call 13 14 50

Visit humanrights.gov.au/complaints/make-complaint

WorkSafe Victoria

If you wish to enquire about, or make a complaint regarding bullying, you contact WorkSafe Victoria.

Call 1800 136 089

Visit worksafe.vic.gov.au/bullying-workplace

Fair Work Commission

The Fair Work Commission deals with workplace relation matters, including stop-bullying orders.

Call 1300 799 675

Visit fwc.gov.au

B. Terms of Reference

The Chair of the Board of Ambulance Victoria requests the Victorian Equal Opportunity and Human Rights Commission (Commission) to undertake an independent review into improving workplace equality under section 151 of the *Equal Opportunity Act 2010*.

1. The Commission is directed to examine the following matters and publish a public report by 30 November 2021, detailing the results of and any recommendations arising from the review concerning:
   a. the nature, extent, drivers and impact of discrimination, sexual harassment and victimisation experienced by current and former staff and volunteers;
   b. the adequacy of measures to prevent and eliminate discrimination, sexual harassment and victimisation within Ambulance Victoria;
   c. leading practice strategies to ensure a safe, equal and inclusive organisation that supports and promotes positive workplace systems, values and behaviours, in accordance with the *Equal Opportunity Act 2010*; and
   d. any other matters incidental to the Terms of Reference (Phase 1 of the review).
2. The Commission is further directed to audit the implementation of any recommendations made during Phase 1 of the review and publish a public report detailing the results of the audit, including any further recommendations, by 30 November 2023. The purpose of the audit is to determine the extent to which Ambulance Victoria has moved towards compliance with the *Equal Opportunity Act 2010*.
3. By agreement, the following matters are out of scope of the independent review:
   a. behaviour involving members of the public
   b. occupational health and safety, except to the extent that bullying and harassment are covered by the *Equal Opportunity Act 2010* or relevant to the context in which discrimination, sexual harassment and victimisation occurs.
4. The Commission will appoint an Expert Panel to provide advice throughout the review.
5. For the purpose of the review, the term:

discrimination refers to the definition of 'discrimination' in Part 2 of the *Equal Opportunity Act 2010* and includes workplace bullying on the basis of one or more of the protected attributes

staff refers to all Ambulance Victoria workers and volunteers, including but not limited to:

a. on-road clinical staff
b. operation support and managerial staff
c. other managerial, professional and administrative staff
d. MICA paramedics and trainees
e. Community Emergency Response Team volunteers (CERTs)
f. Ambulance Community Officers
g. Community Support Officers.

C. Expert Panel

Commissioner Ro Allen

With 25 years' experience in community services, governance and social justice, Ro Allen has a deep commitment to equality and a broad experience in strategic advocacy. As Victorian Equal Opportunity and Human Rights Commissioner, Ro works to uphold Victorians' rights, promote accountability and to build a fairer safer and more inclusive community.

Prior to joining the Commission, Ro served as the inaugural Victorian Commissioner for Lesbian, Gay, Bisexual Trans and Gender Diverse, Intersex and Queer (LGBTIQ+) Communities. In this role, Ro worked tirelessly to promote the safety and wellbeing of LGBTIQ+ Victorians, advocate for their rights, and provide strategic advice to the Victorian Government.

Ro has held a wide range of leadership roles, including chairing the Victorian Adult, Community and Further Education Board and the Youth Affairs Council Victoria, and serving as a Commissioner on the Victorian Skills Commission. As founding CEO of UnitingCare in Shepparton, Ro worked at the grassroots level to develop and support Aboriginal self-determination, refugee settlement, and family violence and mental health initiatives, as well as emergency disaster responses.

Ro previously sat on the Hume Regional Development Australia Committee and chaired Communities for Children in Shepparton. Most recently, they served as a Director on the GOTAFE Board for North East Victoria.

Ro was inducted into the Victorian Government Honour Roll for Women in 2009, has a Centenary Medal for services for young people and is a Fellow of the Australian Institute of Company Directors.

Tim Cartwright APM

Tim Cartwright APM has over 45 years' service to the Victorian community.

Tim retired from Victoria Police in 2015 after 41 years. He served as Acting Chief Commissioner, and Deputy Commissioner (Regional Operations).

He was awarded the Australian Police Medal in 2005.

Tim was the inaugural Family Violence Reform Implementation Monitor from August 2016 to August 2019.

He is Chair of the Ministerial Community Advisory Committee (advising on prisoners' applications for community visits), and a member of the Department of Justice and Community Safety's expert advisory committees for the cultural review of Corrections Victoria, and for proposed juvenile-justice legislation. He has been

an independent adviser to Ambulance Victoria on its responses to recommendations from the Inspector-General of Emergency Management and the Independent Broad-based Anti-corruption Commission.

Tim is Vice President of Berry Street. He is on the advisory board for the Australian Intercultural Society and is a volunteer for Dr Cranky's, a registered charity focused on primary schools. He holds a B.A in Criminal Justice Administration and a Graduate Diploma in Public Policy.

Dr Mya Cubitt

Mya is an Emergency and Acute Medical Unit Physician at the Royal Melbourne Hospital, the Victorian State Faculty Chair for the Australasian College for Emergency Medicine (ACEM) and an Honorary Lecturer at the Department of Critical Care at The University of Melbourne. She trained at The University of Otago and spent her early peripatetic medical career practicing in the small towns of New Zealand, New South Wales and Queensland. Mya completed her advanced training in Emergency Medicine in Perth and Melbourne, and in 2013 was awarded the Buchanan Prize for best candidate in the Australasian College for Emergency Medicine (ACEM) fellowship examination. She completed a paediatric Emergency Medicine fellowship at The Royal Children's Hospital and has a master's degree in Trauma Science from Queen Mary University of London.

Mya was a member of the ACEM working group into Discrimination, Bullying and Sexual Harassment from 2016 to 2018 which conducted a survey into prevalence and developed an action plan. She is a strong advocate for representing the diversity of our patients in our healthcare workforce and building physically and psychologically safe healthcare workplaces.

Adam Fennessy PSM

Adam Fennessy PSM is the Victorian Public Sector Commissioner. Adam has over 20 years of public sector experience at state and federal levels, including serving as Secretary (CEO) of the Victorian Department of Environment, Land, Water and Planning. Adam has worked as a partner with global advisory firm Ernst & Young and has served on boards including the Institute of Public Administration Australia (IPAA) (Victoria), Infrastructure Victoria, Monash Sustainable Development Institute and Women and Leadership Australia.

Adam is an IPAA National Fellow and a member of the Champions of Change Coalition. In 2018, he received a Public Service Medal (PSM) for leadership in the Victorian public sector.

Michelle Fyfe APM

Michelle is the Chief Executive Officer of St John Ambulance Western Australia. The non-profit, charitable organisation provides first aid services and training, urgent care, patient transport, ambulance and other medical services. It has provided the emergency ambulance service in Western Australia since 1922.

Michelle brings decades of experience in understanding the diverse and complex issues that affect Western Australia emergency service organisations. Graduating from the Western Australia Police Academy in 1984, Michelle was with Western Australia Police for 34 years in many roles including Assistant Commissioner of State Crime.

Michelle has a Master of Leadership, a Graduate Diploma - Executive Leadership, and a Graduate Certificate - Applied Management. In 2017 Michelle received a Telstra Business Women's Award in the WA Public Sector and Academia category.

She was a non-Executive Director of the P&N Bank during a period of substantive strategic and leadership change. Michelle was awarded the Australian Police Medal in 2012 for her diligent and committed service to Western Australia Police and the Western Australian community.

Dr Victor Sojo

Dr Victor Sojo is a Senior Lecturer in Leadership in the Department of Management and Marketing, the University of Melbourne. He is also a Visiting Senior Research Fellow at the Global Institute for Women's Leadership, King's College London, an Associate Editor of the Australian Journal of Social Issues, and a Director on Our Watch's Board of Directors.

Dr Sojo's research focuses on factors that facilitate and inhibit workplace gender equality, diversity management, workplace abuse, and leadership development in the public sector. He does multidisciplinary engaged research, working closely with government and private sector organisations to find solutions to organisational behaviour and human resources management problems, and to develop evidence-based policies and practices.

His research and thought leadership have been published in top-tier academic journals such the Leadership Quarterly, Social Issues and Policy Review, Psychology of Women Quarterly, British Journal of Sport Medicine and The Lancet.

He completed a BSc in Industrial/Organizational Psychology (Magna Cum Laude) at the Central University of Venezuela, a MSc in Health Psychology at Simon Bolivar University, and a PhD in Psychology at the University of Melbourne.

Appendix D: List of reviews and inquiries

The table below sets out the details of key reviews and inquiries into Ambulance Victoria that are relevant to the Terms of Reference for this review, with a particular focus on those that have occurred since 2015.

In addition to the reports listed below, Ambulance Victoria has undertaken a series of cultural reviews within particular workplaces and locations across Victoria. The Commission understands that at least 13 such reviews have been undertaken, nine of which occurred between 2019 and December 2020. These reviews have considered a range of issues, including workplace behaviours, team dynamics and staff wellbeing concerns. The Commission has not listed details of these reviews below for privacy reasons. However, we have considered them in the context of our systemic review of workplace equality at Ambulance Victoria.

Date	Title	Overview	Ambulance Victoria's self-reported implementation status
September 2020	**Quality and Safety Assessment**	Ambulance Victoria asked Safer Care Victoria to conduct an independent assessment of aeromedical critical care services, following concerns raised about the quality and safety of care to patients delivered under the operating models for aeromedical retrieval responses. The review identified there were no immediate patient safety issues, but made 10 findings and 29 recommendations to improve the quality and safety of services and the integration and consistency of aeromedical critical care services.	In progress
June 2019	**Professional Conduct Unit: First Year Review (2017-2018)**	Ambulance Victoria requested an external review of the performance of the Professional Conduct Unit, following its first year of operation. The review assessed whether the unit had achieved its intended goals and identified improvement opportunities and any lessons learned.	In progress
September 2017	**Operation Tone: Special report concerning drug use and associated corrupt conduct involving Ambulance Victoria paramedics**	The Independent Broad-based Anti-corruption Commission investigated drug use and corrupt conduct involving Ambulance Victoria paramedics. The report made two recommendations, including that Ambulance Victoria conduct a comprehensive review of the use of illicit drugs and misuse of drugs and dependence, including considering ensuring mechanisms are in place to encourage employees to report suspected misconduct or corrupt conduct.	Completed

Date	Title	Overview	Ambulance Victoria's self-reported implementation status
November 2016	**Organisational Capability Review - Ambulance Victoria**	Ambulance Victoria asked the Victorian Public Sector Commission to undertake an organisational capability review. It examined the context, challenges and opportunities to enable Ambulance Victoria to deliver against its future objectives.	Completed
March 2016	**Bullying and Harassment in the Health Sector**	The Victorian Auditor-General conducted an audit examining whether public health services, including Ambulance Victoria, were effectively managing the risk of bullying and harassment in the workplace.	Completed
December 2015	**Victoria's Ambulance Action Plan: Improving Services, Saving Lives (Final Report)**	The Ambulance Performance and Policy Consultative Committee's final report outlined a series of key actions to address issues and priorities for reform, building on those identified in its interim report. This included increasing workplace engagement and lifting cultural standards, including by reviewing the organisation's values and implementing a workplace behaviour conduct framework.	Completed
March 2015	**Working with Paramedics to End the Ambulance Crisis (Interim Report)**	The Ambulance Performance and Policy Consultative Committee was established to examine a number of key challenges faced by Ambulance Victoria across a range of issues, including ambulance response times, patient outcomes and workforce health. The interim report outlined the Committee's interim findings and the proposed key reform priorities to be considered further in the final report.	Not applicable
October 2010	**Access to Ambulance Services**	The Victorian Auditor-General audited ambulance responsiveness and whether the information presented to the community about ambulance response times was reliable, clear and meaningful.	Completed

E. Framework to address unlawful and harmful workplace conduct and (in)equality

Safety, respect and trust

The workforce is safe from harm and people feel respected, trust others and are supported to speak up

- Decreased discrimination, sexual harassment, bullying and victimisation (i.e. unlawful conduct) and other harmful workplace conduct over the long-term
- Increased feelings of safety and trust among the workforce
- Increased confidence to identify and speak up about workplace harm and inequality
- An effective prevention plan for unlawful and harmful workplace conduct is developed and implemented
- Increased access to and understanding of policies and procedures on unlawful and harmful workplace conduct and inequality

Accountability and support

Responses to workplace harm are effective, hold perpetrators to account and ensure victims are supported

- Processes for responding to reports and complaints of workplace harm are safe, fair, transparent, victim-centred and well understood
- Responses to reports and complaints of unlawful conduct are timely, thorough, confidential and proportionate
- Increased and more consistent accountability of perpetrators of workplace harm
- Increased trust in the report and complaint process
- Increased safety, support and communication during and after a complaint, including by preventing victimisation

Valuing those who care

The workforce is prioritised and cared for

- Increased prioritisation of the rights, safety, health and wellbeing of the workforce
- Increased opportunities to provide feedback and enable collective ownership of solutions related to unlawful and harmful workplace conduct and inequality
- Increased recognition of the drivers and impacts of unlawful and harmful workplace conduct and inequality
- Increased support and communication for people who experience workplace harm or inequality

Accessibility

The workplace is accessible to everyone

- People are encouraged and feel safe to disclose disabilities and the need for reasonable adjustments
- Increased support for pregnant or breastfeeding women and reduced discrimination on the basis of pregnancy or parental or carer status
- Increased support for parents returning-to-work after parental leave and reduced barriers to opportunities for people with caring responsibilities
- Increased support for older workers to participate in the workplace and transition to retirement with dignity
- Increased understanding and promotion of the benefits of an accessible workplace by leaders and managers and increased support for them to talk about and respond to people's needs

Leadership and values

A positive workplace culture of safety, respect and inclusion is everyone's responsibility and is supported by leaders

- The Board, leaders and managers set and communicate behavioural expectations and model appropriate behaviour
- Responses to reports and complaints of unlawful conduct are timely, thorough, confidential and proportionate
- Increased accountability of leaders and managers for reducing and responding appropriately to unlawful and harmful workplace conduct and inequality through KPIs
- Leaders and managers proactively and regularly engage employees and first responders in conversations about appropriate workplace conduct and the importance of workplace equality

Organisational capability

Unlawful and harmful conduct and inequality are reduced and responded to effectively by building organisational capability

- A new set of organisational values are co-designed with the workforce and drive employee behaviour
- Increased understanding that workplace harm and inequality are unlawful and will not be tolerated
- Increased understanding of the law relating to workplace harm and inequality, including the positive duty in the *Equal Opportunity Act 2010* (Vic)
- Increased capability among leaders, managers and other key staff to understand, identify and respond to workplace harm and inequality and to manage people effectively
- Increased resources, support and training on dealing with workplace harm and inequality and early intervention to prevent harm from occurring

Equal representation, pay and progression

The workforce is diverse and everyone feels like they belong and are included and are treated fairly

- The workforce reflects the diversity of the community and differences in people are valued
- Recruitment, professional development and promotion policies and practices are free from discrimination
- Selection processes are fair and impartial and mechanisms exist to address potential bias and support professional development
- Increased representation of women in specialist clinical and operational management roles and regular completion of gender-neutral job evaluations
- People receive equal remuneration for work of equal or comparable value

Flexibility

Everyone is supported to work flexibly

- Flexible work is valued and made an organisational objective
- Flexible work is open to everyone and is not a barrier to any role or opportunity
- Increased uptake of flexible work and improved attitudes to flexible work and people who work flexibly
- Leaders and managers understand and promote the benefits of flexible work, are supported and encouraged to discuss and implement it, and role model it
- The internal and external environment (e.g. technology, industrial agreements and rostering systems) support flexible work

Risk management

A culture of safety results in risks being addressed

- Recognition and prioritisation of unlawful and harmful workplace conduct and inequality as an enterprise risk
- Risk factors related to unlawful and harmful workplace conduct and inequality are routinely and effectively monitored, minimised and controlled
- Increased identification and prompt responses to risk factors for unlawful and harmful conduct and inequality, including by seeking feedback
- Increased workforce understanding and use of organisation systems to report and address risks related to unlawful and harmful workplace conduct and inequality

Data collection and continuous improvement

Data drives transparency, accountability and continuous improvement

- Increased capacity and capability to regularly collect, analyse and report on data about workplace harm and inequality, including informal reports and complaints
- Increased transparency around outcomes, trends and lessons related to workplace harm and inequality
- Policies and procedures to prevent workplace harm and inequality and reviewed and updated regularly (e.g. annually) and are informed by the experiences of the workforce to drive continuous improvement
- Increased confidence among the workforce that workplace harm and inequality is being prevented and responded to effectively

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