



**Victorian Equal Opportunity
& Human Rights Commission**

INDEPENDENT REVIEW INTO

Workplace Equality in Ambulance Victoria

VOLUME 2



Published by the Victorian Equal Opportunity and Human Rights Commission,
Level 3, 204 Lygon Street, Carlton, Victoria 3053. October 2022.

Contact us

Enquiry Line	1300 292 153
NRS Voice Relay	1300 555 727 then use 1300 292 153
Interpreters	1300 152 494
Email	enquiries@veohrc.vic.gov.au
Website	www.humanrights.vic.gov.au

The Victorian Equal Opportunity and Human Rights Commission acknowledges and celebrates the Traditional Owners of the lands throughout Victoria and we pay our respects to their Elders, past and present.

Independent Review into Workplace Equality in Ambulance Victoria – Volume 2
Copyright © State of Victoria October, 2022.

This publication is copyright. No part of it may be reproduced by any process except with permission from the Victorian Equal Opportunity and Human Rights Commission (the Commission) or in accordance with the *Copyright Act 1968*.

On request the Commission may give permission for this material to be reproduced provided it is for a purpose consistent with the objectives of the *Equal Opportunity Act 2010* and the Commission is acknowledged as the source.

Contact communications@veohrc.vic.gov.au for permission to reproduce material from the publication.

Accessible formats

This document is available for downloading from our website at <https://www.humanrights.vic.gov.au/legal-and-policy/research-reviews-and-investigations/ambulance-victoria-review/final-report/> in PDF. Please contact the Commission if you require other accessible formats.

Privacy

The Commission complies with Victorian privacy laws and the confidentiality provisions of the Equal Opportunity Act. Our privacy policy is available online at www.humanrights.vic.gov.au/privacy or by contacting us.

Independent review into workplace equality in Ambulance Victoria: Volume 1
ISBN 978-0-6480882-2-6 (pdf/online/MS word). Published November 2021.
ISBN 978-0-6480882-5-7 (Print) Published October 2022

Independent Review into Workplace Equality in Ambulance Victoria Volume 2
ISBN 978-0-6480882-4-0 (pdf/online/MS word). Published March 2022.
ISBN 978-0-9757342-1-6 (Print) Published October 2022.

Independent Review into Workplace Equality in Ambulance Victoria Phase One, Full Report, ISBN 978-0-6480882-5-7 (print) ISBN 978-0-6480882-9-5 (pdf/online/MS word). Published October 2022

Suggested citation: Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Workplace Equality in Ambulance Victoria: Phase One, Volume 2* (Report, 2022).



**Victorian Equal Opportunity
& Human Rights Commission**

INDEPENDENT REVIEW INTO

Workplace Equality in Ambulance Victoria



VOLUME 2



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, Volume I.

Volume 2 518

Overview 519

Volume I findings and recommendations	523
Key developments since Volume I release	527
About Volume II	529

Chapter 10: Equal representation, progression and pay 531

10.1 Why equal representation, career advancement and pay matter 536

10.2 Recruitment and career advancement 538

10.2.1 Selection and composition of the Ambulance Victoria Board	538
10.2.2 Recruitment of the Ambulance Victoria workforce	548
10.2.3 Barriers to equal access to recruitment and career advancement	568
10.2.4 Embedding equality in recruitment and career advancement	575

10.3 Equal pay 583

10.3.1 Ambulance Victoria's approach to equal pay	584
10.3.2 The current state of equal pay in Ambulance Victoria	586
10.3.3 Factors affecting equal pay	588
10.3.4 Achieving equal pay	589

Chapter 11: Flexibility and accessibility 605

11.1 Flexible work 609

11.1.1 Why flexible work matters	609
11.1.2 How Ambulance Victoria approaches flexible work	612
11.1.3 Experiences of flexible work	616
11.1.4 Barriers to flexible work	621
11.1.5 Valuing and normalising flexible work	631

11.2 Reasonable adjustments 643

11.2.1 Why reasonable adjustments matter	643
11.2.2 How Ambulance Victoria approaches reasonable adjustments	645
11.2.3 Experiences of reasonable adjustments	646
11.2.4 Barriers to reasonable adjustments	649
11.2.5 Valuing and normalising reasonable adjustments	652

11.3	Transition to retirement	654
11.3.1	Why transitioning to retirement well matters	654
11.3.2	How Ambulance Victoria approaches transition to retirement	655
11.3.3	Barriers to transitioning to retirement well	655
11.3.4	Implementing leading practice approaches to retirement transitions	658
Chapter 12:	Organisational capability	665
12.1	Why organisational capability matters	670
12.2	Workplace equality capability	671
12.2.1	How Ambulance Victoria seeks to develop knowledge and capability under the Equal Opportunity Act	671
12.2.2	Current state of workplace equality capability	673
12.3	Leadership and people management capability	679
12.3.1	How Ambulance Victoria seeks to develop leadership and people management capability	681
12.3.2	Current state of leadership and people management capability	685
12.4	Gaps and barriers	691
12.4.1	Limited integration and impact of equality training	691
12.4.2	Limited prioritisation of leadership development	693
12.4.3	Acting manager arrangements	696
12.4.4	Operational and structural barriers	698
12.5	Strengthening and realising organisational capability	705
12.5.1	Strengthening capability to embed workplace equality	705
12.5.2	Sustained and holistic leadership development	708
12.5.3	Realising organisational capability	712
Chapter 13:	Oversight, accountability and continual improvement	721
13.1	Good governance and oversight requirements	725
13.2	Ambulance Victoria's governance model	726
13.2.1	Key elements of Ambulance Victoria's Governance	727
13.2.2	Public sector governance requirements	729

13.3 The effectiveness of Ambulance Victoria's oversight	730
13.3.1 An established governance model	731
13.3.2 Limited focus on workplace safety and equality	734
13.3.3 Contributing factors	736
13.4 Strengthening governance and oversight	745
13.4.1 Harnessing Ambulance Victoria's governance system	745
13.4.2 Reflecting on drivers of harm and inequality	748
13.4.3 Building trust and driving accountability and continual improvement	752



**Victorian Equal Opportunity
& Human Rights Commission**

INDEPENDENT REVIEW INTO

Workplace Equality in Ambulance Victoria

VOLUME 2





Overview

Ambulance



Overview

In October 2020, Ambulance Victoria's Board asked the Victorian Equal Opportunity and Human Rights Commission (**Commission**) to conduct an independent review into workplace equality in the organisation. It made this request in response to allegations of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, which emerged publicly and privately at that time.

The Terms of Reference directed the Commission to examine the nature, extent, drivers and impact of discrimination, sexual harassment and victimisation within Ambulance Victoria, as well as the adequacy of the measures adopted by the organisation to prevent and eliminate this conduct. They also authorised the Commission to examine other related issues, such as equal pay, equal representation, flexible work arrangements and reasonable adjustments.

In November 2021, the Commission released Volume I of our final report. That volume focused on **safety, respect** and **trust**, in recognition of the immediate risks of harm to employees and first responders. This second volume details the Commission's findings and recommendations on creating an **equal, fair** and **inclusive** workplace at Ambulance Victoria.

While physically distinct, the two volumes – and the findings and recommendations within them – are interdependent and should be read and implemented together. After all, as Volume I explained, a culture of safety, respect and trust can only be meaningfully achieved where there is equality, fairness and inclusion within an organisation. At the same time, 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.

Volume I findings and recommendations

Preventing unlawful and harmful workplace conduct

In Volume I of the final report, the Commission found that Ambulance Victoria has adopted and implemented a range of preventative measures aimed at creating a safe working environment. We concluded that many of these measures support the organisation's progress towards compliance with the positive duty in the *Equal Opportunity Act 2010* (Vic) (**Equal Opportunity Act**).

However, we found that Ambulance Victoria's approach to preventing discrimination, sexual harassment, bullying and victimisation is still maturing and the organisation is not complying fully with the positive duty in section 15 of the *Equal Opportunity Act*. In reaching this finding, the Commission noted the high number of participants who reported experiencing unlawful conduct in Ambulance Victoria in the form of discrimination, sexual harassment, bullying and/or victimisation.

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

We further highlighted that incivility and other everyday forms of disrespect and everyday sexism were widely reported by participants and we noted with concern that these types of behaviour, while not necessarily unlawful, are themselves harmful and create a permissive environment for serious conduct. We also noted the high number of participants who reported being a bystander to unlawful and harmful conduct, as well as the low levels at which participants reported feeling safe and respected at work.

The Commission concluded that the gaps in Ambulance Victoria's compliance with the positive duty to prevent unlawful conduct have caused, and continue to cause, profound and widespread harm. We therefore urged Ambulance Victoria to strengthen its preventative measures so that its employees and first responders – the very people who provide emergency healthcare to millions of Victorians when they call Triple Zero (000) or who enable that care – are safe at work, free from discrimination, sexual harassment, bullying and victimisation.

Responding to unlawful and harmful workplace conduct

In Volume I of the final report, the Commission found that Ambulance Victoria has taken a range of steps to improve its report and complaint system, which, among other things, have modernised the system and introduced greater consistency.

Notwithstanding these important steps, few participants told us that they had made a formal complaint of discrimination, sexual harassment, bullying and/or victimisation to Ambulance Victoria, despite the large number of people who told us that they had experienced this behaviour while at work. Furthermore, the few participants who told us that they made a formal complaint overwhelmingly said that the experience did not make them feel safe. They also shared that they were often left without support and, at times, they felt further traumatised by the process. We also heard about experiences of victimisation and retaliation after making a complaint.

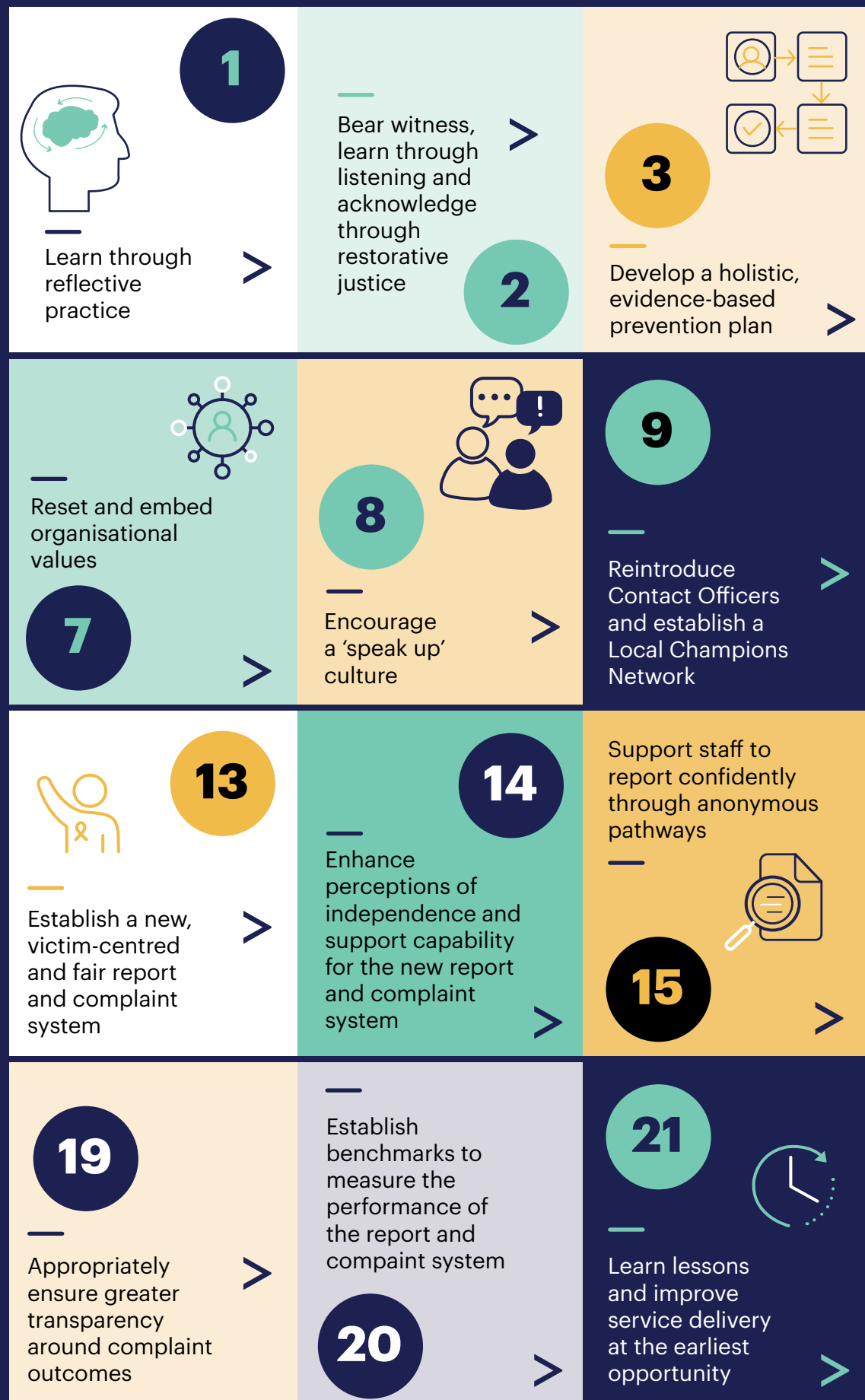
The Commission's findings in Volume I indicate that the measures Ambulance Victoria has adopted to reform its report and complaint system have not comprehensively addressed the issues and barriers that are preventing staff from feeling safe to come forward. We concluded that Ambulance Victoria needs to prioritise measures to build trust and create a safer environment to encourage staff to come forward with reports or complaints.

Recommendations

The Commission made 24 recommendations in Volume I to address the pressing safety, respect and trust issues that we detailed and to lay the foundations for longer-term reforms (see Figure OA).

Volume 1 Recommendations

Figure OA – Summary of Volume I recommendations





Key developments since Volume I release

On 30 November 2021, the day of Volume I's release, Ambulance Victoria Chair Mr Ken Lay AO APM and CEO Professor Tony Walker ASM issued separate apologies to current and former Ambulance Victoria employees and first responders who have experienced unlawful and harmful conduct in the workplace.¹ In an email to all staff, Professor Walker said:

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

This report is hard to read, but we must hear, feel and acknowledge the wrongs as a foundation for meaningful change.²

That same day, The Hon Martin Foley MP, Minister for Ambulance Services, issued a statement of behalf of the Victorian Government in which he committed to working with Ambulance Victoria to implement the Commission's recommendations as soon as possible.³ He also acknowledged the work already underway at that point to implement priority initiatives.⁴

Since the release of Volume I, Ambulance Victoria has taken a range of initial steps to progress the implementation of the Commission's recommendations, while planning for longer-term reforms and awaiting the release of Volume II. As at 1 March 2022, these steps included, among others:

- commencing Executive and senior leader level sessions to reflect on the experiences and findings shared as part of Volume I
- significant movement towards recruitment of the new Executive Director Equality and Workplace Reform and foundational positions in the new Equality and Workplace Reform division
- establishing the Equality and Workplace Reform Steering Committee
- commissioning work to support Ambulance Victoria's decision-making on the options for introducing an independently administered restorative engagement and redress scheme in line with Recommendation 2, including research of best practice, evidence-based and trauma-informed approaches, scope and administration options for design and delivery of a scheme, informed by the lived experience of staff
- established a Staff Reference Group through expression of interest to inform, guide and advise on the implementation of recommendations and reform
- appointed an Interim Director reporting to the Chief Operations Officer to begin the reform and redesign of the reporting and complaints system
- commenced a retrofit of privacy locks on all legacy rest and recline and standalone reliever facilities to align with the design standards for new builds.

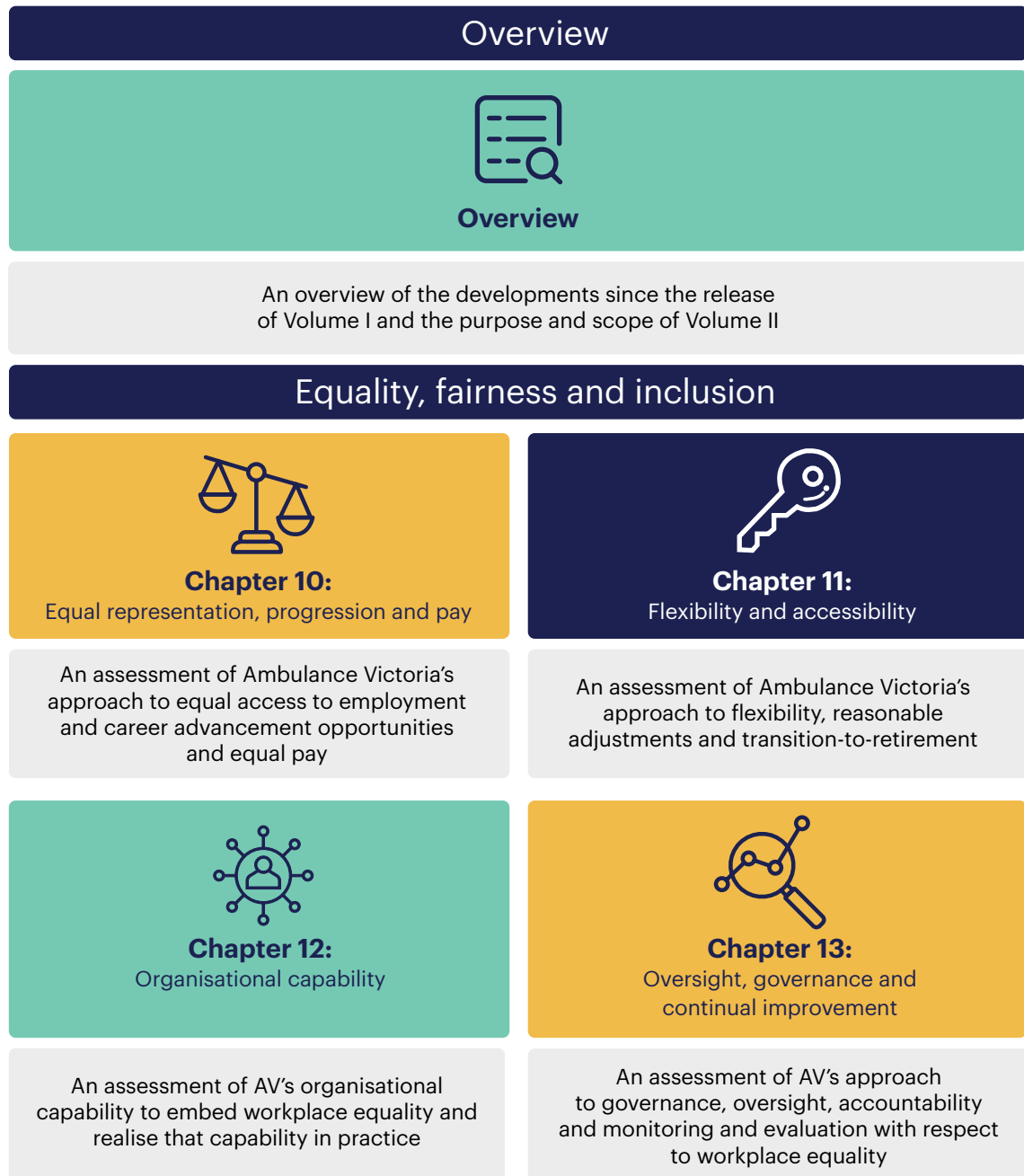
Unions and professional associations representing Ambulance Victoria's workforce have also taken a range of steps in support of implementation, including participating in the newly established Equality and Workplace Reform Steering Committee. A summary of their further key actions is provided below.

- The Victorian Ambulance Union Incorporated (**VAU**) have shared the findings of the Review with their membership, promoted up-to-date resources on and arranged training for industrial staff on equal opportunity law, including specific LGBTIQ+ discrimination training, and continue to regularly inform members about their rights and responsibilities under the Equal Opportunity Act and related laws. The VAU have also written to the Victorian Treasurer and requested funding to implement the recommendations of this Review in the 2022-2023 Victorian Budget.
- Ambulance Employees Australia Victoria (**AEAV**) have initiated meetings with members to discuss the expected outcomes from the review, encouraged members' participation in implementation activities and organised Equal Opportunity training for Union officials. AEAU have also advocated for improved recruitment processes to address issues of relevance to equal access to career advancement (discussed in Chapter 10).
- Professionals Australia (**PA**) have communicated with its members about the findings and recommendations of the Review and arranged a meeting for its members to discuss the report and offer feedback. PA has encouraged its members to participate in the staff reference group. PA continues to provide expert information, advice and support to members in relation to their rights under the Equal Opportunity Act. These topics will be covered in upcoming information session for members in May 2022.
- The unions have also informed the Commission that they continue to receive reports of discrimination, bullying and harassment and workplace harm occurring at Ambulance Victoria (including behaviour perpetrated by management level staff) and that the unions are continuing to provide advocacy and assistance to their members concerning claims of breaches of the Equal Opportunity Act. In light of these ongoing reports, the Unions are eager for ongoing implementation of the recommendations across Volume I and II – which the Commission notes call for long-term systemic change.

About Volume II

Volume II details the Commission’s findings in relation to equality, fairness and inclusion within Ambulance Victoria (see Figure OB). It focuses on strategies to embed workplace equality, non-discrimination and inclusion across the employment lifecycle and across all levels of the organisation.

Figure OB – **Volume II (Equality, fairness and inclusion) outline**



While most issues addressed in this volume did not raise immediate safety concerns in the same way as those examined in Volume I did, it is clear that issues related to equality, fairness and inclusion are just as important to the participants who came forward to the Commission during the review.

Equity [is about an] inclusive [and] diverse culture and it [relates to] both the patients we deal with and internally with the people that we have. So, valuing the fact that diversity gives us greater skills and different ways of looking at stuff, so hopefully better outcomes. *Participant, Interview*

Of utmost importance is our profession's need to accept and respond to the ways in which paramedic hierarchical, generational, and gendered division jeopardise both employee and patient safety... The potential this review carries extends beyond working to amend the unlawful internal workings of an industry. This review contributes to society's attempt at ending gendered discrimination, harassment, and as such, gendered violence. *Rasa Piggott*

With Volume II's release, Ambulance Victoria and its critical partners now have a complete roadmap that will enable the organisation to prevent and respond effectively to unlawful and harmful workplace conduct and embed equality across the organisation. Maintaining a safe, fair and inclusive workplace culture is long-term work that must be permanently embedded within the leadership, systems, process and strategic aspirations of Ambulance Victoria.

Going forward, the review will transition into Phase 2, with the Commission acting as a 'critical friend' to Ambulance Victoria, providing support and guidance to implement the recommendations and outcomes framework arising from the initial phase. In late 2023, the Commission will audit the extent to which the priority recommendations have been implemented and identify any further areas for improvement.

Notes

1. See Volume I, pp v and vi.
2. Email from Professor Tony Walker ASM to Ambulance Victoria staff, 30 November 2021.
3. The Hon Martin Foley MP, Minister for Health, Minister for Ambulance Services, Minister for Equality, 'Statement on report into Ambulance Victoria', 30 November 2021 <<https://www.premier.vic.gov.au/statement-report-ambulance-victoria>>.
4. The Hon Martin Foley MP, Minister for Health, Minister for Ambulance Services, Minister for Equality, 'Statement on report into Ambulance Victoria', 30 November 2021, <<https://www.premier.vic.gov.au/statement-report-ambulance-victoria>>.





10

Equal representation, progression and pay

Chapter 10 examines Ambulance Victoria’s approach to recruitment, progression and pay and the level of diversity across the organisation. It identifies key attitudinal and structural barriers to ensuring equal access to recruitment and career advancement for women and people of diverse backgrounds and discusses the gender pay gap at Ambulance Victoria. Finally, this chapter sets out recommendations to accelerate Ambulance Victoria’s efforts to advance diversity and inclusion and ensure equal recruitment, career advancement and pay.

→ KEY POINTS

The Ambulance Victoria Board has good gender representation but there are opportunities for greater consideration of broader demographic diversity in the appointments process and annual Board evaluations

- The Board includes fair gender representation; it is comprised of a male Chair and four male and four female ordinary directors. There is also good gender representation on the Board's permanent committees. The requirement for the Minister for Ambulance Services to consider adequate gender representation when recommending director appointments and the Victorian Government's 50:50 gender target for new public sector board appointments have had a positive influence on the gender composition of the Ambulance Victoria Board, which will be reinforced by the *Gender Equality Act 2020 (Vic)* (**Gender Equality Act**) going forward.
- Beyond gender, data on the demographic diversity of the Board was limited, including due to the limited collection and disclosure of this data. It was therefore not possible to determine the nature and extent of broader diversity among the Board, including the extent to which the Board role models diversity or the extent to which diversity informs its discussions and decision-making. Unlike for gender, the Victorian Government has not set broader diversity targets for public sector boards, nor is the Minister for Ambulance Services required to have regard to diversity when recommending directors.
- Going forward, the Board and the Victorian Department of Health should develop and maintain a more comprehensive understanding of the Board's demographic diversity and ensure greater transparency and accountability for the Board's diversity.

The demographic composition of Ambulance Victoria's workforce is changing rapidly. However, there is a particular need to increase the representation of women in middle and senior operational management roles and in specialist clinical roles, and to increase people of diverse backgrounds at all levels of the organisation

- Once the legal exclusion of women from Paramedicine was removed in 1981, Ambulance Victoria began welcoming women into its operational ranks from 1987. The removal of this legal barrier to women's inclusion in Paramedicine was initially not accompanied by targeted strategies to attract or recruit women or to transform organisational structures to ensure they met the particular needs of women, in addition to those of men. However, the organisation benefitted consistently from the growing number of women graduating from Paramedicine.

→ KEY POINTS

- Over time, Ambulance Victoria has adopted targeted attraction and recruitment strategies that aim to increase the representation of women and people of diverse backgrounds across its corporate and operational cohorts. Some of the general and targeted measures have had a demonstrable impact in strengthening the inclusiveness of Ambulance Victoria's recruitment and selection processes and expanding the diversity of the organisation's workforce. The effectiveness of other measures is unknown or unclear due to a lack of regular monitoring or evaluation or the measures not yet being finalised.
 - As at 31 March 2021, there was good gender representation among Ambulance Victoria's overall workforce (51.3% women and 48.7% men), following a 46% increase in women employed between 2016 and 2021. The trend towards greater representation of women appears to be continuing, evidenced notably among the organisation's 2021 graduate paramedic intake and Advanced Life Support Paramedics (where the representation of women and men is almost equal). Yet, men were over-represented at management and senior levels and in specialist clinical roles in the operational workforce and, as at 31 March 2021, there were no female Executive Committee members overseeing the organisation's clinical operations.
 - By contrast, women comprised 61.9% of Ambulance Victoria's corporate workforce as at 31 March 2021 (excluding Executive Committee members, senior managers and managers). In addition, there were more women than men in corporate management roles and almost equal gender representation at the corporate senior management level. Women held 80.0% of the five corporate Executive Committee roles.
- Notwithstanding the general and targeted measures that Ambulance Victoria has put in place to ensure recruitment and career advancement decisions are based on fair and objective criteria, attitudinal and structural barriers continue to impede equal access to employment and career advancement opportunities, particularly for women and people of diverse backgrounds. Among others, these barriers include: continued influence of the stereotype of paramedics as white, male, of able-body and mind, confident, stoic and the family breadwinner; the reliance on manager-endorsement as a prerequisite to access certain progression and promotion opportunities, coupled with the absence of detailed criteria to guide decision-making; the organisation's inflexible approach to flexible work (driven by operational demands, industrial requirements, and negative attitudes held by some employees towards flexibility); and power imbalances.
- Going forward Ambulance Victoria should build on the initiatives it has put in place by utilising the Commission's outcomes framework to drive an overarching, integrated vision of what is needed to deliver a fair, equal and inclusive organisation.

→ KEY POINTS

Ambulance Victoria has taken important steps to identify and understand its gender pay gap (10.8%) and its forthcoming Gender Equality Action Plan is an important opportunity to commit to proactive action to reduce this gap

- Ambulance Victoria does not have a specific policy in place to ensure equal pay and, until recently, it did not regularly identify and report on pay gaps. However, in an effort to address pay parity issues generally, Ambulance Victoria undertook a consultative 'work value' review and, in 2020, it introduced a new career structure and classification frameworks.
- In 2021, Ambulance Victoria conducted its first workplace gender audit under the Gender Equality Act, which revealed a gender pay gap of 10.8%. This is lower than the national gender pay gap (14.2%), but consistent with the Victorian public sector pay gap (10.7%).
- While the Commission did not have access to the underlying data from Ambulance Victoria's 2021 audit, several of the known drivers of gender pay inequality were raised more broadly during this review – suggesting they also warrant attention in the context of equal pay. 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 certain progression and promotion opportunities.
- Ambulance Victoria's forthcoming Gender Equality Action Plan is an opportunity to build on existing strategies that will help reduce the gender pay gap (for example, by seeking to increase the number of women in senior roles). Ambulance Victoria should also take steps to determine whether it has a pay gap unrelated to gender, including by improving the demographic diversity data on its workforce.

10.1 Why equal representation, career advancement and pay matter

Ensuring equal representation, equal career advancement and equal pay are crucial aspects of embedding workplace equality across the employment lifecycle. In this chapter, 'equal representation' refers to when a workforce has broadly equal numbers of women and men across all levels, as well as people with all forms of diversity proportionate to that of the broader community. 'Equal career advancement' is used to describe a state where progression and promotion opportunities are fair and free from all forms of discrimination and where everyone in the organisation has an equal opportunity to reach their full career potential and succeed. 'Equal pay' refers to when men and women receive equal pay for work of equal or comparable value.¹

Equal representation, career advancement and pay matter, not just because they represent the right or fair thing to do. If met, these equality goals have the capacity to dramatically lift Ambulance Victoria's ability to comply with the law and fulfil its vision of delivering 'outstanding emergency health care every time'. The following table summarises some of the key reasons why equal representation, career advancement and pay matter for Ambulance Victoria.



Figure 10A – **Why equal representation, career advancement and pay matter**



**Equal
access to
employment
and career
advancement
opportunities**

- Recruitment, progression and promotion decisions must be free of unlawful discrimination and bias. Under the *Equal Opportunity Act 2010* (Vic) (**Equal Opportunity Act**) and the *Sex Discrimination Act 1984* (Cth) (**Sex Discrimination Act**), it is unlawful to discriminate against a person on the basis of a protected attribute (such as their age, disability, race or sex) in employment, including when recruiting.
- Equal representation helps to attract and retain diverse and talented staff and improves workplace culture, engagement and innovation.²
- Equal representation reduces workplace harm and works to address pay inequality.³
- When diverse staff members occupy managerial and leadership positions in an ambulance service, senior-level decision-making is enriched by their lived experience, and the diversity of thought and expertise they bring.
- Ambulance services that progress and promote employees fairly are likely to see improved morale and reduced attrition due to a belief that advancement processes and decisions are objective, transparent and based on fair criteria.
- Diverse workforces are better able to serve our diverse community and have been linked to improved clinical outcomes.⁴



Equal pay

- It is wrong for employers to pay some people less than others for work that is the same or of comparable value. Equality at work, including in pay, is a human right and a legal obligation.
- Equal pay helps to create fair, equal and inclusive ambulance services, whereas pay discrepancies may indicate power imbalances.
- Equal pay helps ambulance services to attract diverse and talented staff; to deliver greater innovation and to enhance decision-making. Equal pay reduces the likelihood that people will leave for a job with better pay, resulting in less turnover, greater stability and knowledge retention, and less recruitment costs.
- Equal pay can enhance an ambulance service's reputation as an employer of choice – which is particularly important for corporate staff who have multiple prospective employers – and reduces risks to the organisation's reputation and brand.
- Ambulance services that remunerate their employees fairly are likely to see improved morale and productivity among their workforces due to staff members feeling valued and being treated fairly and with respect in the workplace.

10.2 Recruitment and career advancement

Section 10.2 explores equal representation, diversity and inclusion at Ambulance Victoria, including in its Board, Executive and broader workforce. It describes the composition of the Board and workforce, barriers limiting equal access to promotion and progression opportunities, and strategies to strengthen diversity and ensure equal representation into the future.

10.2.1 Selection and composition of the Ambulance Victoria Board

Authority to appoint and selection process

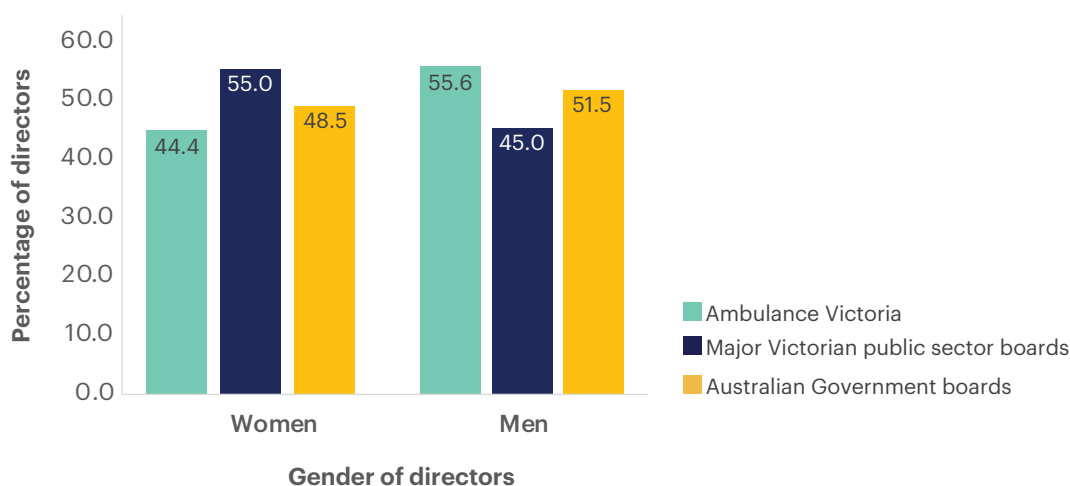
Directors are appointed to the Ambulance Victoria Board by the Governor in Council, acting on the recommendations of the Minister for Ambulance Services.⁵ As for other statutory entities in the health sector, the Minister's decision are informed by the recommendations of the Victorian Department of Health and its Boards Ministerial Advisory Committee, working with the Board Chair.

The Victorian Department of Health manages the appointments process, working closely with its Boards Ministerial Advisory Committee. In doing so, it uses a Board Director Skills Capability Framework to enable measurement of capability against numerous skills it has determined are needed for the effective functioning of the boards of public health services, including Ambulance Victoria and public hospitals.⁶

Board composition

As at 31 March 2021, the Ambulance Victoria Board was comprised of a male Chair and four male and four female ordinary directors.⁷ To the Commission's knowledge, no directors were non-binary or trans. This gender representation broadly aligns with that of other major Victorian public sector boards⁸ and of Australian Government boards⁹ (see Figure 10B) and exceeds that of Australia's top listed company boards.¹⁰

Figure 10B – Ambulance Victoria Board members (by gender)



There was fair representation of Ambulance Victoria’s women directors across the Board’s six permanent committees (described in Figure 2E), ranging from one of five Audit and Risk Committee directors, to one of four Finance Committee directors, to both of the two directors on the Community Advisory Committee¹¹ (see Figure 10C). One-third of the permanent committees were chaired by women directors.¹²

Figure 10C – **Composition of Ambulance Victoria Board committees (by gender)**

	Audit and Risk		Community Advisory		Finance		People and Culture		Quality and Safety		Remuneration and Nominations	
Gender	W	M	W	M	W	M	W	M	W	M	W	M
Directors	1	4	2	0	1	3	1	2	3	2	1	2
Chair	0	1	1	0	0	1	0	1	1	0	0	1

The limited data available meant that the Commission was unable to reach any definitive findings regarding the nature and extent of broader diversity. For example, only one director had indicated their race or country of origin to Ambulance Victoria when joining the Board. Yet, over the course of the review we became aware of some diversity among current Board members, including directors with disability or who are LGBTIQ+, who reflected on their diversity being a motivating factor for joining the Board:

The role came across my desk, on looking into the Board composition. I did not see anyone like me on the Board, I feel it is important to put yourself up for consideration. Diversity representing the communities in which we live, being represented is essential in boards like this, indeed all boards require diversity. *Participant, Interview*

Among the Board itself, several directors reflected positively during interviews on the diversity of skills among directors. Most often, though, directors focused their reflections on gender representation. Success in this area, coupled with the review’s origins in claims of gender inequality (among other issues), may partly explain this focus.

There is obviously good gender diversity. *Participant, Interview*

It’s not a bunch of old, white blokes sitting there on the Board. We’ve got a strong gender mix. *Participant, Interview*

We have a good gender balance on the board, other diversity perhaps is not as diverse as it could be. *Participant, Interview*

During interviews, a small number of directors acknowledged that the diverse community representation on the Board's Community Advisory Committee (see Section 2.1.4, Volume I) helped the Board to incorporate more diverse perspectives into its work. And in discussions with the Commission, one director pointed to the diversity of directors over time, and provided examples of diversity among current Board and committee members that may not be readily apparent or known more broadly. Yet, there was recognition among several directors and among some participants more broadly that the membership of the Board and committees was limited in respect of racial/ethnic and cultural diversity.

We don't have significant diversity from a cultural perspective, so I don't think we could say that we adequately reflect the Victorian community or accurately reflect the Victorian community... But we have been quite strong in the ... Community Advisory Committee [in terms of broader diversity].

Participant, Interview

For the Board members' individual diversity, including the varied expertise around the room is a strength but this is always something that can be built on. We have diversity within some of the Board sub-committees and other stakeholder committees at Ambulance Victoria. But we need to value and ensure we consider diversity at all levels in the organisation including the Board. *Participant, Interview*



Findings

- As at 31 March 2021, the Ambulance Victoria Board was comprised of a male Chair and four male and four female ordinary directors. There was fair gender representation on the Board's permanent committees.
- Beyond gender, data on the diversity of the Ambulance Victoria Board was limited. As a result, it was not possible to determine the nature and extent of broader demographic diversity among the Board's directors, including the extent to which the Board role models diversity through its composition or the extent to which Board discussions and decision-making are informed by the perspectives and lived experiences of individuals from diverse backgrounds.
- Going forward, it will be important for the Ambulance Victoria Board and the Victorian Department of Health to develop and maintain a more comprehensive understanding of the Board's demographic diversity. This will also support the requirement under the Gender Equality Act for Ambulance Victoria to assess the composition of the Board through an intersectional lens where possible.

Factors influencing diversity on the Ambulance Victoria Board

Legislative and policy measures

Key factors that positively influence the gender composition of the Ambulance Victoria Board include the:

- requirement in the *Ambulance Services Act 1986* (Vic) (**Ambulance Services Act**) to consider adequate gender representation when recommending appointments to the Ambulance Victoria Board¹³
- Victorian Government's commitment that women make up 50% of all board appointments¹⁴
- high degree of transparency around gender composition of governing bodies,¹⁵ a factor likely to be reinforced by the requirement in the Gender Equality Act for defined entities to report publicly on the gender composition of their governing bodies.¹⁶

While the Victorian Government has stated its commitment to diversity on public sector boards¹⁷, issued new guidelines on board diversity,¹⁸ and its *Appointment and Remuneration Guidelines* state that appointments should reflect the diversity of the community as far as practicable,¹⁹ it has not set broader diversity targets. Nor does the Ambulance Services Act require the Minister for Ambulance Services to have regard to diversity when making Board appointment recommendations, like it does for gender.

Limited demographic diversity data

As part of managing Ambulance Victoria Board appointments, the Victorian Department of Health collects demographic data about directors: date of birth, gender, Aboriginal and/Torres Strait Islander status, LGBTIQ+ status, disability and cultural and linguistic background.²⁰ Where disclosed, this demographic data is considered by the Boards Ministerial Advisory Committee and the department when they assess candidate's skills and professional experience and formulate their advice to the Minister on candidate suitability. For privacy reasons, the demographic data pertaining to individual directors is not shared with Ambulance Victoria or otherwise made available.²¹

Once appointed, Ambulance Victoria asks incoming directors to complete a 'new employee details form'. This form includes a section on 'culture and language diversity' and asks for information about a director's country of birth, first language, language spoken at home, fluency in other languages, Aboriginal and/or Torres Strait Islander status and Australian citizenship. Apart from date of birth, no further demographic information is required. This information is recorded confidentially but it is not used to understand whether the Board is role modelling diversity or, for example, used to identify whether any directors need reasonable adjustments or accommodations. In any event, the available data show that few directors have disclosed this information.



Findings

- Key legislative and policy measures have a positive influence on the gender composition of the Ambulance Victoria Board. These measures include the requirement for the Minister for Ambulance Services to consider adequate gender representation when recommending director appointments and the Victorian Government's 50:50 gender target for new public sector Board appointments. The Gender Equality Act will further contribute to equal gender representation on the Ambulance Victoria Board going forward.
- By contrast, the Victorian Government has not set broader diversity targets for public sector boards, nor is the Minister for Ambulance Services required to have regard to broader diversity when recommending directors. However, the Victorian Government Appointment and Remuneration Guidelines provide that appointments to Victorian Government entities should, as far as practicable, reflect the diversity of the Victorian community and the department does collect demographic data about directors which, where disclosed, informs the advice provided to the Minister about candidate suitability. In addition, at the time of writing, the Victorian Government released guidelines requiring mandatory consultation with named, diverse cohorts when planning recruitment and selection processes for Victorian government boards.
- Few individual directors have disclosed demographic information and the data available are not used to understand the nature or extent of the Ambulance Victoria Board's demographic composition. This includes the extent to which the Board is role modelling diversity or taking into account the perspectives of people from diverse backgrounds, or whether reasonable adjustments or accommodations are needed to enable directors to participate fully and meaningfully.

Increasing diversity of the Ambulance Victoria Board

There is a wealth of evidence demonstrating the benefits of diversity on boards,²² including improved financial performance, more innovative practice, better governance and an enhanced capacity for attracting a high performing workforce, including at leadership levels.²³ Diversity ensures strategic direction is set considering a wider range of perspectives and experience,²⁴ can help all directors to participate fully and meaningfully and is critical for advancing diversity policies and practices at an organisational level.²⁵ Importantly, role modelling diversity sends a clear message about a board's commitment to equality and supports greater accountability for considering the perspectives of different groups. As one senior leader has said, '[w]hen you have diversity in the boardroom, there's no way to escape the conversation', particularly around tough issues like racial and gender equality.²⁶ Given the growing demands on boards in respect of workplace equality, demographic diversity has never been more important at a board level.

The available data show that Ambulance Victoria is a leader in gender diversity on its Board and that the skills, talents and perspectives of its female and male directors are being used to benefit the organisation and the community. At the same time, data on the broader diversity of the Board is limited and does not appear to be subject to active discussion as part of efforts to embed workplace

equality. The extent to which the Board is representative of, and utilising the skills, talents and perspectives of, members of the broader Victorian community is therefore unclear.

Consistent with the positive duty in the Equal Opportunity Act, several measures would support greater diversity on the Ambulance Victoria Board:

- integrating information about directors' demographic characteristics with information about their skills and experiences into a combined skills and diversity matrix that enables consideration of diversity in all its forms
- proactively considering diversity when appointing directors to the Board as an imperative to ensure decision-making is informed by individuals from diverse backgrounds
- assessing diversity and its links to Board effectiveness as part of annual evaluations
- reporting regularly and publicly on progress towards Board diversity.

Integrate information about diversity into a combined board matrix

Benefitting from and role modelling diversity requires a clear understanding of the nature and extent of demographic diversity on a board. This requires proactive steps to understand a board's demographic composition, as well as the skills and experience of individual directors.

To this end, the Commission urges the Ambulance Victoria Board and the Victorian Department of Health to expand and align the demographic information they request of incoming directors. At a minimum, the additional data fields should reflect the requirements in the Gender Equality Act to enable reporting on the composition of the Board in relation to the Aboriginality, disability, ethnicity, gender identity, race, religion and sexual orientation of directors, in addition to gender.²⁷ For each field, the updated form should include an option 'not to disclose', to provide individual directors with a choice whether or not to disclose the information.

The induction pack for incoming directors should be updated to explain why the Board values and prioritises this demographic information, its relevance to workplace equality and how the Board and the department intend to use the information (noting the privacy safeguards in place).²⁸ There is also a role for the Chair to reinforce this message. In order to be able to successfully collect and utilise this information, it will be crucial for Ambulance Victoria, together with the department, to create a climate of trust in which directors feel safe to disclose and see the value in role modelling and valuing diversity from the very top of the organisation.

Once collected, the demographic information should be integrated into a combined matrix that also includes information about directors' skills and experiences, which will enable consideration of diversity in all its forms. This would also be a means of identifying the nature and extent of diversity on the Board. This information could inform the appointment of directors into the future and it could enable strategies to be put in place in the meantime to proactively seek and regularly consider input from people of diverse backgrounds. By way of example, a template matrix is set out in the Victorian Government's newly published Diversity on Victorian Government Boards Guideline.²⁹

To promote transparency and accountability, an aggregated, de-identified version of the combined matrix should be made publicly available in Ambulance Victoria's annual report. Such an approach – combined with the option 'not to

disclose' information – would afford individual directors some privacy, while setting the culture 'from the top' and helping to rebuild trust with the workforce. The Commission heard, with concern, from some participants among Ambulance Victoria's workforce who feared disclosing their own diversity because they thought it would be held against them (see Section 2.3). By way of illustration, aggregated reporting might note that the Board's directors include two lawyers, one accountant, two people with disability and one person who identifies as LGBTIQ+.

Out Leadership encourages the use of a combined board skills and diversity matrix

Out Leadership – an organisation that aims to help LGBTIQ+ leaders and companies connect with talent – recommends using an integrated matrix for the disclosure of board demographic information. Out Leadership's recommended template includes skills and experience (for example, risk management, technology), leadership and tenure (specifically, board leadership, including board Chair and committee chairs, and tenure) and demographic background (for example, age, race/ethnicity, gender and sexual orientation).

Nasdaq-listed companies use a board diversity matrix to collect and disclose diversity data

In 2021, the United States Securities and Exchange Commission approved the Nasdaq Stock Market's draft board diversity rule for Nasdaq-listed companies.³⁰ Unless exempt, the rule requires companies to use Nasdaq's board diversity matrix³¹ (or a substantially similar model) to annually disclose information regarding each director's voluntarily self-identified characteristics.³²

The matrix requires companies to provide information about the 'gender identity' of directors (female, male, non-binary, did not disclose) and their 'demographic background' (African American or Black, Alaskan Native or Native American, Asian, Hispanic or Latinx, Native Hawaiian or Pacific Islander, White, two or more races or ethnicities, LGBTIQ+ and did not disclose). The template invites aggregated disclosures. Data about directors who do not wish to disclose their gender identity or demographic background are listed as 'did not disclose'.

Require proactive consideration of diversity

Building and maintaining the diversity of the Ambulance Victoria Board requires proactive planning, concrete measures and consistent prioritisation,³³ in line with the positive duty in the Equal Opportunity Act. This will likely constitute a special measure under the Equal Opportunity Act, as it is for the purpose of promoting substantive equality for groups such as women, people with disability, LGBTIQ+ people, and other cohorts who have been excluded from board positions in general, due to past inequality and disadvantage.³⁴ The benefits of being proactive (for example through the use of targets and other measures) are apparent when

considering progress towards gender equality on government boards in recent years, especially when contrasted with the slow progress towards diversity in other areas.³⁵

Nasdaq-listed companies must meet diversity target

Among other requirements of Nasdaq's board diversity rule (see above), each Nasdaq-listed company must meet a target of having a minimum of two diverse directors on its board or explain why it has not met the target, unless the company is exempt.³⁶ The target for companies with five or fewer directors is a minimum of one diverse director. Nasdaq proposed the now approved rule after conducting an internal study of the state of board diversity among Nasdaq-listed companies. It found that while some companies had already made good progress in diversifying their boards, 'the national market system and the public interest would best be served by an additional regulatory impetus for companies to embrace meaningful and multi-dimensional diversification of their boards'.³⁷

California pushes for increased diversity on corporate boards with legislative mandates

In 2018, California passed legislation that requires publicly held companies with headquarters in California to include at least one woman on their board of directors by the end of 2019.³⁸ This requirement has since been expanded: the boards of such companies must now also include at least one director from an under-represented community.³⁹ Companies can choose to fill an open seat or add a seat to their board and report on their compliance through annual Publicly Traded Corporate Disclosure Statements filed with the California Secretary of State. Companies that do not comply with these laws face a fine of \$100,000 for the first violation and \$300,000 for each subsequent violation.

Financial Times Stock Exchange 100 and 250 boards work towards an ethnic diversity target

Released in 2017, an independent review into ethnic diversity on United Kingdom boards found that over 50.0% of Financial Times Stock Exchange (FTSE) 100 boards were all white.⁴⁰ Among other recommendations, the report called for the introduction of a target of at least one director of colour by 2021 for each FTSE 100 board known colloquially as 'One by 2021'. It also recommended a target of at least one director of colour by 2024 for each FTSE 250 board.⁴¹ As at 2 November 2020, 97 of the FTSE 100 had responded to a survey on their progress in implementing the report's recommendations. Of those 97 respondent companies, 74 (76.3%) self-reported that they had met the target, while 21 (28.4%) said they had not yet met the target (but still had until December 2021 to reach the target).⁴²

Although the Commission has not been able to obtain a clear picture of the diversity of the Ambulance Victoria Board outside of gender, we believe there are opportunities to diversify its composition. It is the Commission's view that these opportunities are not limited to the Ambulance Victoria Board but are equally applicable to most other State government boards. In particular, there is an opportunity to build on the success of the requirement in the Ambulance Services Act to consider adequate gender representation when recommending appointments and the government's 50:50 gender target for all new public sector board appointments,⁴³ by also requiring proactive consideration of other aspects of diversity when appointing directors to the Board.

Given the applicability of these issues to public sector boards generally, the Commission encourages the Victorian Government to consider how existing levers, like the *Public Administration Act 2004* (Vic) (**Public Administration Act**), could also be used to promote better practice on board diversity across all public sector boards. This would propel diversity at a greater scale and avoid a piecemeal board-by-board approach, which would likely require amendments to multiple Victorian laws.

We recommend Ambulance Victoria work closely with the Victorian Government to consider amending section 17(3) of the Ambulance Services Act to require the Minister for Ambulance Services to have regard to diversity when making recommendations to the Governor in Council in relation to the appointment of Ambulance Victoria Board directors, or alternatively, to make regulations under the Ambulance Services Act prescribing this requirement, which the Minister must consider as a 'prescribed matter' under section 17(3).⁴⁴ While legislative change is an important tool to compel good practice, the Commission notes that the department need not wait for this requirement and can begin to role model new practice immediately. To this end, the department may like to consider whether the Boards Ministerial Advisory Committee can play a greater role in ensuring the composition of health service boards reflects the diversity of the Victorian community.

When having regard to diversity when making recommendations to the Governor-in-Council, the Minister for Ambulance Services should, at a minimum, consider the combined skills and diversity Board matrix, recommended below, which details the composition of the Board members' diversity, as well as skills, expertise or experience in areas relevant to the organisation. The Minister's capacity to consider diversity will of course be limited by the extent to which directors choose to disclose certain demographic information and the relevant privacy safeguards. While the Commission recognises the importance of respecting individuals' right not to disclose their own personal information, we encourage Ambulance Victoria, the department and the Boards Ministerial Advisory Committee to work together to proactively promote its commitment to and value of diversity in leadership in an effort to continuously build a climate of trust where directors feel safe to disclose their diversity and understand the benefits in doing so.

Assess diversity and its links to board effectiveness as part of annual evaluations

The Ambulance Victoria Board should proactively assess its demographic diversity as part of existing annual Board evaluations, informed by the combined diversity and skills matrix. It will be critical for the Board to consider the nature and extent of its diversity, including any gaps, the extent to which it is embracing its diversity in practice and linkages between its demographic composition and its effectiveness as a Board.

[A] Board's got to start with itself, because the Board's got no authority to act unless it's modelling the behaviour that you want. So, on one hand you've ... got the composition of a board ..., but the question I think you want to ask is to the extent that you've invited women onto the Board and other groups, are they still playing by men's rules on that board? And is the Board truly in the way it makes decisions embracing the gift that is diversity? And the things I would look to are, are all voices equal around the Board, do we really value different perspectives, and how often do we change our mind because we've got the benefit of a debate from different perspectives?

Participant, Focus group

Research undertaken in the United Kingdom – where *The UK Corporate Governance Code* provides that '[a]nnual evaluation of the board should consider its composition, diversity and how effectively members work together to achieve objectives'⁴⁵ – has reinforced the importance of examining links between board diversity and effectiveness.⁴⁶

Report regularly and publicly on progress towards board diversity

Research, including on targets, shows that it is critical to report regularly and publicly on progress towards diversity.⁴⁷ Although that is not applicable to the Ambulance Victoria Board as it is a public entity, the importance of public reporting against measurable objectives to advance gender equality is reinforced by the ASX Corporate Governance Council's *Corporate Governance Principles and Recommendations*.⁴⁸

The Commission urges Ambulance Victoria to include the following information in its annual reports: the integrated diversity and skills matrix for the reporting period; whether the Board is complying with gender targets and, if not, why not; information about its progress towards increasing diversity on the Board more broadly; and how the Board and the organisation have promoted and prioritised workplace equality during the reporting period.

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.

10.2.2 Recruitment of the Ambulance Victoria workforce

Recruitment and career advancement

How Ambulance Victoria recruits and selects its workforce

Recruitment and selection processes to fill vacancies within Ambulance Victoria's workforce are overseen by the Recruitment and Selection team and guided by the organisation's Recruitment and Selection Policy, Recruitment and Selection Procedure, and the relevant enterprise agreements. These processes must also adhere to the Victorian Public Sector Commission's recruitment standards and guidelines.

The Recruitment and Selection Procedure provides that vacancies for permanent and fixed-term roles, including secondments, must be advertised on Ambulance Victoria's intranet for a minimum of one week (this excludes operational roles, including operational support roles). External advertising may be undertaken simultaneously. Where possible, operational vacancies are to be advertised for a minimum of four weeks and corporate vacancies for a minimum of two weeks.

A broad summary of Ambulance Victoria's various recruitment processes is set out in Figure 10D.

Figure 10D – **Recruitment processes at Ambulance Victoria**

Employee cohort	Recruitment process
Corporate roles	<p>People can apply for corporate roles when they are advertised. An interview panel shortlists and interviews candidates, having regard to the key selection criteria. The panel ranks candidates in order of their suitability; only applicants who meet a minimum rating for each selection criteria are considered suitable. After conducting probity checks, the panel offers the preferred candidate the role. Unsuccessful candidates can request feedback from the interview panel.</p>
Graduate Ambulance Paramedics	<p>Students can submit an expression of interest and supporting documents, including proof of their paramedic registration, to become a Graduate Ambulance Paramedic. Ambulance Victoria's assessment centre oversees the assessment and selection process and invites candidates who meet initial requirements to attend the centre. (Since the onset of the COVID-19 pandemic, candidates can attend an assessment centre virtually or in person). Candidates participate in a question-and-answer session, a scenario-based group assessment and individual behavioural interviews. Candidates then complete a medical and physical assessment and psychological screening. Successful candidates are added to an order of merit and are appointed as Graduate Ambulance Paramedics. Graduates complete a 12-month learning program and on-road supervision. Subject to the number of vacancies, Ambulance Victoria engages people who successfully complete the program and pass the required clinical assessments, as qualified paramedics.</p>
Qualified Advanced Life Support Paramedics	<p>Ambulance Victoria accepts expressions of interest from qualified Advanced Life Support Paramedics, together with supporting documentation, including proof of registration and qualification. Candidates who meet initial requirements may be invited to an assessment centre, where they are subject to a similar recruitment process to graduates, involving multiple stages. Successful candidates are added to an order of merit list and appointed to available Advanced Life Support Qualified Paramedic roles.</p>

Employee cohort

Recruitment process

Mobile Intensive Care Ambulance (MICA) Paramedics

Qualified Advanced Life Support Paramedics are eligible to apply for Ambulance Victoria's MICA program, an intensive development program that incorporates post-graduate study. Interested paramedics complete an application and an online clinical assessment. The highest ranking candidates (who meet a threshold) go on to the next stage. (Prior to 2021, candidates also had to be endorsed by their Team Manager, a Clinical Support Officer and a MICA Team Manager in order to proceed.) Eligible candidates then attend an interview centre for a behavioural-based interview, led by a panel. Ambulance Victoria conducts probity checks on suitable candidates and, based on the outcomes, offers placements to successful candidates, who must then complete a Master of Specialist Paramedic Practice – Intensive Care at Monash University.

Candidates who complete the program successfully are listed on an order of merit. Ambulance Victoria makes offers to become MICA Paramedics in order, based on the available vacancies. Due to the limited number of roles, not all candidates listed on the order of merit receive an offer. Unsuccessful candidates or candidates on the merit list who are not offered a role must reapply as part of the next recruitment. Unsuccessful candidates who have progressed at least to the interview stage are able to request feedback on their application.

Operational leadership roles

Prior to 2017, Ambulance Victoria recruited operational staff through traditional recruitment processes, such as face-to-face interviews and clinical assessment. In 2017, it introduced bulk recruitment in response to a need to recruit 450 operational employees between 2017 and 2019. In 2019, the organisation used bulk recruitment for Team Manager, Senior Team Manager, Area Manager and other specialised leadership roles. The bulk recruitment process involves several stages, that vary depending on the role. They include: advertise and apply; online clinical assessment or desktop exercise; online leadership assessment; a group activity and an individual interview at an assessment centre (either virtually or in person); future leaders talent pool (a ranking of successful applicants used for team managers only); and an offer.

Senior leadership roles

Senior leadership roles (Director and above) are routinely advertised both internally and externally. Over the last five years Ambulance Victoria has relied predominantly on an external recruitment firm to manage the recruitment of these roles.

Ambulance Victoria does not have a structured review or appeals process for decisions relating to role appointments or career progressions (such as performance appraisals, transfers, or promotion decisions), should an unsuccessful applicant wish to challenge the outcome. If employees want to pursue a complaint, they are directed to the organisation’s existing grievance procedure. This procedure directs employees to attempt to resolve the issue informally with their direct manager in the first instance. If this is not possible, the procedure directs employees to approach the organisation’s Workplace Relations Team to submit a formal grievance (see Section 7.2.2).

How Ambulance Victoria approaches career advancement

In addition to the policies and procedures described above, internal career advancement opportunities at Ambulance Victoria are guided by the organisation’s Performance Development Framework, Recognition and Development Process (for acting and secondment opportunities) and Transfer and Allocation Policy and Procedure (for internal transfers to vacant positions, excluding management roles) (see Figure 10E).

Figure 10E – **Career advancement opportunities at Ambulance Victoria**

Process	Description
Performance development	Ambulance Victoria’s Performance and Development Policy requires all employees to participate in the organisation’s performance development process annually. Since mid-2021, the process has involved the employee and their manager agreeing on: key behaviour and development expectations for the employee; identifying development needs to support the employee to meet business needs and career aspirations; and holding regular ongoing discussions to support the employee’s development, provide feedback and recognise achievements. Aside from administrative staff covered by the Ambulance Victoria Enterprise Agreement 2020, ⁴⁹ pay progressions for both corporate and operational staff are not tied to successful completion of the performance development process. Ambulance Victoria does not track the completion or achievement of performance development plans.

Process	Description
Acting and secondment opportunities	<p>The Recognition and Development Process guides the identification and development of new leaders within the operational workforce, to fill relieving positions and to be given secondment opportunities (except for Regional Directors and similar roles). To be eligible, employees must have completed at least 12 months on-road post qualification. Applicants are assessed based on their performance over the past 12 months. Where employees have been off-road – including because they are ‘not in the workplace’ – their manager is expected to provide feedback, to inform an assessment of their eligibility. No exceptions are made for employees on parental leave, nor are adjustments made for part-time employees. Eligible employees must submit an expression of interest and obtain endorsement from their manager. They are evaluated against set criteria, using a standardised process at a dedicated evaluation workshop, coordinated by a human resources advisor. The operational and clinical performance criteria include patterns of sick leave. If an employee’s application is successful, they are placed into a pool of approved candidates for acting and secondment opportunities.</p>
Internal transfers	<p>The Transfer and Allocation Policy and Transfer and Allocation Procedure detail processes for employee-initiated transfers.</p> <ul style="list-style-type: none"> • Team transfers allow eligible employees to submit preferences to transfer to another team’s ‘preference list’. When a vacancy arises, Ambulance Victoria alternates between filling the position by transferring a staff member from the preference list, or by permanently placing an unallocated Advanced Life Support Paramedic in the region into the role. Unallocated staff are also placed into a vacancy when the preference list is empty. Remaining permanent positions are conditionally offered to the first eligible employee on the preference list. Employees approved for a team transfer based on personal and family circumstances are prioritised when offers are made. An employee’s Team Manager and Senior Team Manager determine their suitability for a transfer, and the determination must be endorsed by their Area Manager. There is no requirement for a development plan to build the skills and knowledge of employees found to be unsuitable. • Priority transfers facilitate the transfer of operational employees who have submitted an expression of interest to ‘priority to fill’ locations. The Rosters Department determines priority transfers for funded vacancies, while the Recruitment and Placement Steering Committee determines priority transfers where no funded role exists.

How Ambulance Victoria seeks to ensure inclusive recruitment and equal and diverse representation

Ambulance Victoria has put in place a range of general and targeted measures to guide its attraction and recruitment efforts and to expand the organisation's demographic diversity and representation of women and people of diverse backgrounds.

General measures

Policy framework

Ambulance Victoria's Recruitment and Selection Policy and the related Procedure state that the organisation is committed to recruitment and selection decisions that are free from unlawful discrimination and bias and that promote diversity and inclusion within its workforce. It also reiterates the commitment in the now outdated *Ambulance Victoria Diversity and Inclusion Strategy 2018 –2020* to creating a more diverse and inclusive workforce, while acknowledging the challenges certain cohorts face in recruitment and selection processes. (Ambulance Victoria chose to pause development of its next Diversity and Inclusion Strategy so it could be aligned with the outcomes of this review.)

The Recruitment and Selection Policy and Procedure provide guidance on the composition of interview panels. This includes the requirement that each interview panel includes at least two members of different genders and an independent member (that is, a person independent of the region or department, who is nominated by the Recruitment and Selection Team, in consultation with the division manager). The procedure also provides that panel members must be aware of merit and equity principles and be skilled and trained in selection techniques.

To help avoid unconscious bias during interviews, the Recruitment and Selection Procedure provides that interview questions must be consistent across candidates and relate to the relevant position. It directs panel members not to ask questions that are discriminatory or based on stereotypes or enquire about the age, marital status, family, sexual orientation, gender, pregnancy or religion of candidates. It also notes that behavioural-based questions help to ensure that selections are not based on assumptions or intuitions.

Developing inclusive recruitment practices

When recruiting Area Managers and Team Managers in 2019, Ambulance Victoria sought to apply the learnings from its earlier participation in the Victorian Government's Recruit Smarter Initiative, which aimed to develop inclusive recruitment practices, that are free from unconscious bias. In doing so, the organisation sought to preserve and expand previous efforts to fill its operational leadership roles with a more diverse cohort. Examples of its interventions included:

- replacing masculine language in position descriptions with neutral, inclusive language
- applying a 'diversity lens' to selection criteria and advertisements for the available roles⁵⁰
- conducting unconscious bias awareness training for selection panel members
- prioritising diversity on interview panels

- undertaking de-identified clinical and behavioural assessments
- undertaking a range of activities to promote the available roles, such as online videos, a dedicated enquiry inbox, presenting at open forums and running question-and-answer sessions.

The appointments made during this process increased the proportion of women in nominal clinical operations leadership roles at the time from 19% to 30%. Based on a self-assessment of the available data, Ambulance Victoria concluded that the trial interventions were successful; it reported to the Board that women's participation through the process was equitable, noting to the Board that a similar percentage of women progressed through each stage of the recruitment process to successful appointments (see Figure 10F). The organisation then committed to applying lessons learned to future recruitment processes.

Figure 10F – **2019 bulk recruitment outcomes for operational leaders (by gender)**

	Area Manager		Team Manager	
	Women	Men	Women	Men
Applicants	26.0% (n=19)	72.6% (n=53)	39.1% (n=125)	60.9% (n=195)
Interviewed	36.6% (n=15)	61.0% (n=25)	43.8% (n=78)	56.2% (n=100)
Appointed	31.6% (n=6)	68.4% (n=13)	47.2% (n=51)	52.8% (n=57)

Several participants reflected on the positive outcomes arising from Ambulance Victoria's participation in the Recruit Smarter Initiative, and the subsequent changes made internally:

[I]f you look at when we did the [operations] review, ... we adopted the ... Recruit Smarter Initiative. And that was quite amazing to me, that actually, it got the [gender] balance much higher. So just putting in assessments and level playing fields, take away the biases – which, I must admit, I was probably one of the ones that probably didn't see them as much as I should, having been brought up in this organisation. It was a bit of an eye-opener for me about how that was actually a much better program, how it took away that feel about people, rather than actually assessing them for their values and their abilities. *Participant, Interview*

Before deciding to continue using bulk recruitment for generic management positions, Ambulance Victoria decided that it needed to ensure the process did not lead to disadvantage based on protected attributes. In 2019, the organisation completed a gender impact assessment of the recruitment process for Senior Team Managers (and equivalent roles) as part of its participation in the Gender Equality Act Implementation Pilot (see Section 3.4.1, Volume I).

Pilot gender impact assessment of bulk recruitment for Senior Team Managers

As part of the pilot gender impact assessment, Ambulance Victoria reviewed each stage⁵¹ of its bulk recruitment process to understand the different needs, uses and potential outcomes for people of different genders and to identify opportunities to ensure more equal outcomes. Based on its self-assessment using pilot materials developed by the Commission for Gender Equality in the Public Sector, Ambulance Victoria concluded that it had designed and delivered a 'sound recruitment process that (a) sufficiently considers the different experiences of applicants based on their gender identity, and (b) leads to positive outcomes for women, men and gender non-binary people'. Even so, the organisation identified 16 changes that it considered would reduce bias and improve outcomes for people of different genders. These include:

- developing and implementing guidelines for creating gender-neutral job advertisements
- leveraging de-identification software to remove identifying characteristics from applications
- reviewing and adjusting minimum selection criteria
- offering practice tests
- providing bias awareness training for recruiters and hiring managers
- conducting post-assessment checks for biases in the design and delivery of individual interviews and group exercises.

The pilot recommended modifications if it was to continue using the bulk recruitment process.

Ambulance Victoria informed the Commission that it completed the pilot assessment primarily to inform the development of guidance materials by the Commission for Gender Equality in the Public Sector. While we welcome the organisation's leadership for participating in the pilot, we note with concern its advice that it did not also participate with a view to making any changes to ensure more inclusive recruitment practices. In addition, no endorsements were sought or commitments were made to implement any recommendations arising from the pilot. We understand that the organisation has not taken action since to implement the recommendations from the pilot. However, we note the opportunity to identify such action as part of its Gender Equality Action Plan, which was under development at the time of writing.

The Commission understands that Ambulance Victoria presently makes decisions about whether to utilise bulk recruitment based on the number of vacant roles.

Targeted strategies

[I]f you truly value diversity, you'll be recruiting those that are different to you and advancing those that are different to you, not those that have learned a behaviour that you exhibit, and just continuing to strengthen or repeat the style of leadership that is endemic within an organisation.
Participant, Interview

And [appointing more diverse staff has] been really – I think it's been successful, and it's made us, importantly, look different than we had in the past. And we're now hoping the next group will be encouraged to come on board. So I actually found that a real – I actually think it was a major achievement. *Participant, Interview*

Once the legal exclusion of women from Paramedicine was removed in 1981 (see Section 2.3.3, Volume I), Ambulance Victoria began welcoming women into its operational ranks in 1987. The opening up of the organisation was initially not accompanied by targeted strategies to attract and recruit women into the organisation, although the organisation consistently benefitted from the number of women graduating from Paramedicine degrees.

Over time, however, Ambulance Victoria began to adopt a range of targeted attraction and recruitment strategies aimed at increasing the representation of women and people of diverse backgrounds across the organisation's corporate and operational cohorts. For example, in its Ambulance Victoria Diversity and Inclusion Strategy 2018 - 2020, it recognised that '[a] diverse Ambulance Victoria should be representative of people from different backgrounds and who bring different experiences, opinions, ideas and different ways of thinking to our workplace'.⁵² It also acknowledged that '[e]nhancing the diversity of our workforce demonstrates to the community that we welcome diverse backgrounds and perspectives, we support equal opportunity employment and we are an organisation that is truly able to understand and respond to their needs'.⁵³

In line with this recognition, Ambulance Victoria has in recent years introduced several initiatives that aim to increase the representation of diverse groups in the organisation's workforce. These initiatives target the different priority population groups identified in the strategy (that is, women, people from culturally and linguistically diverse backgrounds, people who identify as LGBTIQ+, Aboriginal and Torres Strait Islander peoples, people with disability and intergenerational teams). Some of these initiatives are outlined below in Figure 10G and in more detail in Section 3.4.1, Volume I.

Figure 10G – Targeted strategies to increase diversity and equal representation

Strategy or initiative	Description
<p>Diversity and Inclusion Strategy (outdated)</p>	<p>The Ambulance Victoria Diversity and Inclusion Strategy 2018-2020 set four goals for driving diversity and inclusion across the organisation, each with its own initiatives and indicators of success. Goal 3 aimed to create a diverse workforce and included initiatives to:</p> <ul style="list-style-type: none"> • make recruitment, transfer, promotion and succession planning processes more inclusive to provide equal opportunity to diverse candidates • make human resources systems and processes accessible and inclusive for everyone • establish and promote employment pathways for different diversity groups • conduct a diversity and cultural audit. <p>The strategy's other goals and related initiatives reinforced the intended outcome of creating a diverse workforce and, importantly, recognised the link between that outcome and providing leadership, preventing workplace harm and building a flexible and supportive workplace environment. These include initiatives such as implementing mentoring programs for Aboriginal and women employees, introducing targeted leadership programs to accelerate the diversity of the organisation's leadership and establishing diversity champions.</p> <p>At the time of writing, Ambulance Victoria had not formally evaluated the effectiveness of the strategy or the Diversity and Inclusion council (see below) in meeting its stated objectives. It had however reported annually to the Board's People and Culture Committee on its progress in implementing the strategy. We understand that Ambulance Victoria is awaiting the outcome of this review before developing the next iteration of this strategy.</p>
<p>Diversity and Inclusion Council</p>	<p>In 2019, Ambulance Victoria established a Diversity and Inclusion Council to: govern implementation of the diversity and inclusion strategy (see above); consider and provide feedback on emerging issues and new initiatives relating to diversity and inclusion; and ensure Ambulance Victoria and the Council 'remain connected' to contemporary best practice on diversity and inclusion. The Council is chaired by the CEO and membership includes key senior leaders together with representatives who are 'passionate supporters' of specified 'target groups' including, among others, Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with disability and people from the LGBITQ+ community. Notably, the Council's terms of reference do not require members to have lived experience of diversity.</p>

Strategy or initiative	Description
Accessibility Action Plan	<p>Ambulance Victoria's Accessibility Action Plan 2020-2022 aims to improve access to services and inclusion for everyone and includes a focus on the organisation's employees with disability. It includes the stated aim of going:</p> <p>...beyond just improving the representation of people with disability in the workforce and ensure that accessibility and inclusion is recognised across roles, at all levels of the organisation, and through different stages including recruitment, promotion, transfer and succession planning.</p> <p>The plan includes several outcomes: promoting inclusion and participation; improving access to information, services and facilities; improving access to employment, training and volunteering; and promoting fairness, respect and safety. Identified actions to achieve the stated outcomes include:</p> <ul style="list-style-type: none"> • exploring programs to increase the representation of people with disability • improving access to buildings, facilities and ambulances • improving access to the workplace and recruitment and selection processes through staff training and workplace adjustments • building the workforce's capability and understanding of accessibility, inclusive practices and reasonable adjustments.
Aboriginal Employment Plan (outdated) Reconciliation Action Plan (draft)	<p>Ambulance Victoria previously had an <i>Aboriginal Employment Plan 2017-2019</i>, which aimed to increase employment opportunities for, and the retention of, Aboriginal and Torres Strait Islander peoples.</p> <p>Since then, Ambulance Victoria has developed a draft Reconciliation Action Plan, which is presently with Reconciliation Australia for approval. This plan includes actions to increase the number of First Nations employees and first responders (among others).</p>
Aboriginal Paramedic cadetship	<p>In 2017, Ambulance Victoria introduced a Paramedic cadetship program for First Nations people. The program provided Aboriginal and/or Torres Strait Islander students with paid work experience while they were undertaking their Paramedicine studies. All three cadets who completed the program were later offered placements with Ambulance Victoria's Graduate Ambulance Paramedic program.</p>

Strategy or initiative

Description

Multicultural employment program

In July 2019, Ambulance Victoria and Life Saving Victoria launched a program to provide opportunities for volunteer lifeguards from refugee and multicultural backgrounds to train as Ambulance Community Officers. Now in its fourth intake, the program offers an employment pathway for people from diverse cultural and linguistic backgrounds, including refugees, and has seen six participants later employed by Ambulance Victoria and one go onto receive a university offer to study medicine. An evaluation of the program was in progress at the time of writing.

CEO KPI targets

The Board has set two KPI targets for the CEO to increase the representation of women at Ambulance Victoria, with progress reported to the Board monthly as part of the CEO's report. Since July 2019, Ambulance Victoria's performance has met or exceeded the targets set by the Board.

		June 2017	June 2018	June 2019	June 2020	June 2021
Improve women's participation in the workforce	Target	48%	48%	50%	50%	50%
	Actual	48%	48%	49%	51%	52%
Continual improvement in the % of women in leadership roles	Target	30%	30%	32%	34%	38%
	Actual	29%	31%	32%	38%	39%

In October 2020, the Board asked for a multi-year action plan to support increased levels of women in senior leadership roles across the organisation.

Strategy or initiative	Description
Women in Leadership Strategy (draft)	<p>In May 2021, Ambulance Victoria prepared a draft <i>Women in Leadership Strategy</i>, which includes an overarching target to increase the representation of women in leadership roles at the organisation to 50% by 2025. The organisation's proposed approach has been guided by the Leadership Shadow model,⁵⁴ developed by Chief Executive Women and the (then called) Male Champions of Change.</p> <p>The draft strategy identifies 14 goals (and related initiatives). Among others, these goals include creating an environment that is supportive of gender equality, supporting talent through key life transitions, embedding practices for an inclusive workplace culture, supporting women's career development, ensuring gender pay equality, integrating targets and requirements into performance expectations and reporting regularly on gender balance in leadership roles.</p> <p>The Commission understands that Ambulance Victoria is awaiting the outcome of this independent review before finalising the strategy.</p>
Gender Equality Action Plan (draft)	<p>At the time of writing, Ambulance Victoria was preparing its first Gender Equality Action Plan under the Gender Equality Act. The Commission did not have access to this draft plan or the workplace gender audit results that informed it because both were in progress for most of Phase 1 of the review. In line with its obligations under that Act, Ambulance Victoria will submit and publish its action plan by 31 March 2022.</p>

Some of the general and targeted measures have yielded positive impacts in terms of strengthening the inclusiveness of Ambulance Victoria's recruitment and selection processes and expanding workforce diversity. Notably, since July 2019, Ambulance Victoria's performance has met or exceeded the CEO's KPI targets to improve women's participation in the workforce and representation in leadership roles. As noted above, changes to the organisation's bulk recruitment process saw an increase in the proportion of women in nominal clinical operations leadership roles from 19% to 30% in 2019. Yet, the effectiveness of other measures remains unclear due to a lack of regular monitoring or formal evaluation or the measures not yet having been finalised or evaluated.

While each strategy, plan and initiative has clear strengths, each appears to have been developed for a discrete purpose, rather than as part of an overarching vision of what is needed to deliver a fair, equal and inclusive Ambulance Victoria or with the benefit of an intersectional lens. The effectiveness of each strategy, plan and initiative has also been limited by the absence of any prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation. Alongside reflecting on the drivers of unlawful and harmful conduct identified in this report, the outcomes framework designed by the Commission for Ambulance Victoria (see Appendix E, Volume I) provides a key mechanism for Ambulance Victoria to develop a more cohesive and integrated approach to creating fair and inclusive recruitment and selection practices and building a more diverse workforce at all levels of the organisation.



Findings

- Once the legal exclusion of women from Paramedicine was removed in 1981, Ambulance Victoria began welcoming women into its operational ranks in 1987. The removal of this legal barrier to women's inclusion in Paramedicine was initially not accompanied by targeted strategies to attract or recruit women or to transform organisational structures to ensure they met the particular needs of women, in addition to those of men. However, the organisation benefitted consistently from the growing number of women graduating from Paramedicine.
- Over time, however, Ambulance Victoria has adopted a range of targeted attraction and recruitment strategies that aim to increase the representation of women – as well as people of diverse backgrounds, across its corporate and operational cohorts. For example, its Aboriginal Paramedic cadetship, multicultural employment program and the CEO's progressive KPI targets related to women's participation in the workforce and leadership roles.
- Some of the general and targeted measures have had a demonstrable impact in strengthening the inclusiveness of Ambulance Victoria's recruitment and selection processes and expanding the diversity of the organisation's workforce. (This includes, for example, meeting or exceeding the CEO's KPI targets since July 2019 to improve women's participation in the workforce and the proportion of women in leadership roles.) However, the effectiveness of other measures is unknown or unclear due to a lack of regular monitoring or formal evaluation, while other measures have yet to be evaluated or are yet to be finalised.
- Each strategy, plan and initiative has clear strengths but each appear to have been developed for a specific purpose and without regard to an overarching vision of what is needed to deliver a fair, equal and inclusive Ambulance Victoria, nor with an intersectional lens. Their effectiveness has also been limited by the absence of any prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation. Going forward, there is an opportunity to use the outcomes framework developed by the Commission for Ambulance Victoria and reflect on the drivers of unlawful and harmful conduct identified in this report, to develop a more cohesive and integrated approach to ensuring inclusive recruitment and equal and diverse representation at all levels of the workforce.

The Ambulance Victoria workforce

Workforce composition

As Section 2.3 details, as at 31 March 2021, Ambulance Victoria's workforce included 7550 people from across Victoria (including the Executive Committee). At that time, women made up just over half of the overall workforce (including first responders), comprising 51.3% (n=3872) of the total workforce, compared to men who made up 48.7% (n=3678). The rapidly changing workforce demographics – evidenced most notably in the 45.6% increase in female employees between 2016 and 2021 (compared to the 18.0% increase in male employees over the same period) – has been a key factor contributing to the almost equal gender representation at an organisational level.

As Section 2.3 explores, the trend towards increasing representation of women in the organisation appears to be continuing, evidenced notably among the organisation's paramedic graduate intake. In 2021, women made up the majority of the paramedic graduate intake – comprising 64.0% (n=187) of this cohort, compared to men who made up 36.0% (n=105) (see Figure 10H). This represents an increase in the proportion of women graduate paramedics of 11.4% since 2016. This increase, over time, will prove critical in helping to address the under-representation of women in specialist clinical and operational management roles (see below).

Figure 10H – **Graduate Paramedic intake 2016 versus 2021 (by gender)**

No. of graduates at December 2016			No. of graduates at March 2021		
Women	Men	Total	Women	Men	Total
171 (52.6%)	154 (47.4%)	325	187 (64.0%)	105 (36.0%)	292

As section 2.3.3 explains, this increase is also evident among Ambulance Victoria's Advanced Life Support Paramedics, where the representation of women and men is almost equal, with men and women comprising 47.6% (n=1540) and 52.4% (n=1693) of these roles respectively. Paramedic Educator roles, however, were male-dominated with men comprising 69.9% (n=144) and women comprising 30.1% (n=94) of these positions.

However, the effects of the organisation's male-dominated origins continue to be seen at the management and senior levels of the operational workforce. As Section 2.3.3 notes, as at 31 March 2021, men held between 60.3% and 69.5% of manager roles across Operations Support, Team Managers, Senior Team Managers and Senior Managers. Specialist clinical roles also continued to be male-dominated.

Figure 10I – **Operational management and specialist clinical roles (by gender)**

Operational roles	Women	Men
Senior Manager	19 (30.6%)	43 (69.4%)
Senior Team Manager	43 (30.5%)	98 (69.5%)
Team Manager	94 (39.7%)	143 (60.3%)
Manager (Operations Support)	50 (31.3%)	110 (68.8%)
MICA Paramedic Educator	0 (0%)	9 (100%)
MICA Paramedic	94 (22.3%)	328 (77.7%)

Gender representation on Ambulance Victoria's Executive Committee was fairly equal overall: the CEO and five Executive Committee members are men (totalling 60.0% of the overall Executive Committee) and four Executive Committee members are women (40.0%). However, as at 31 March 2021, there were no women Executive Committee members responsible for overseeing the organisation's clinical operations. Setting the CEO role to one side:

- 100.0% of the four operational Executive Committee roles were held by men, compared to an operational workforce comprised of 47.3% women and 52.7% men⁵⁵
- 80.0% of the five corporate Executive Committee roles were held by women, compared to a corporate workforce made up of 61.0% women and 39.0% men.⁵⁶

Several participants noted the absence of women with operational responsibilities on the Executive Committee and the resulting impacts, including the absence of women's contributions to operational decision-making at the organisation's most senior levels and the lack of operational role models on the Executive Committee. For this reason, a number of the participants the Commission spoke with acknowledged the significance of the subsequent appointment of Ambulance Victoria's first woman Chief Operations Officer. Some expressed hope that this appointment signalled the beginning of greater representation of women among operational Executive Committee members.

[T]he Executive Committee is probably one of the most gender-balanced committees in the organisation. ... [H]owever, ... you don't have to look too deeply to see that it's very clear that everyone from an operational background on the Executive Committee is a man and [almost] everyone from a ... corporate background is a woman. ... And I think that does somewhat hamper ... debate at the [Executive Committee] meeting[s] sometimes, ... that the split between men and women is also the same as the split between operational and non-operational, and I think that sometimes does affect discussion of operational matters, which ... is most of what we do and what we're responsible for. *Participant, Interview*

So at the moment power sits with men. And women are in roles that have no decision rights. We have functional accountabilities... We sit at that table with a functional accountability with no authority. And so, what it would mean to prioritise [workplace equality] would be to share the decision-making rights. *Participant, Interview*

As at 31 March 2021, women comprised the majority of Ambulance Victoria's corporate workforce (excluding Executive Committee members, senior managers and managers: 61.9% (n=320), compared to men who comprised 38.1% (n=197). In addition, there were more women than men in corporate management roles and almost equal gender representation at the corporate senior management level. As noted above, women made up 80% of the five corporate Executive Committee roles.

Figure 10J – **Corporate management roles (by gender)**

Corporate roles	Women	Men	Total
Senior Manager	8 (47.1%)	9 (52.9%)	17 (100%)
Manager	56 (58.3%)	40 (41.7%)	96 (100%)

Looking beyond gender, limited workforce data prevented the Commission from assessing the broader demographic make-up of Ambulance Victoria's workforce. Through our discussions with participants and the responses to our survey and the People Matter Survey, we became aware of demographic diversity in the organisation. At the same time, as noted throughout this report, some participants noted concerns about the limited diversity among the workforce, particularly racial and cultural diversity. Ultimately, however, the Commission was prevented by the limited data from reaching any concrete findings.

Access to higher duties opportunities

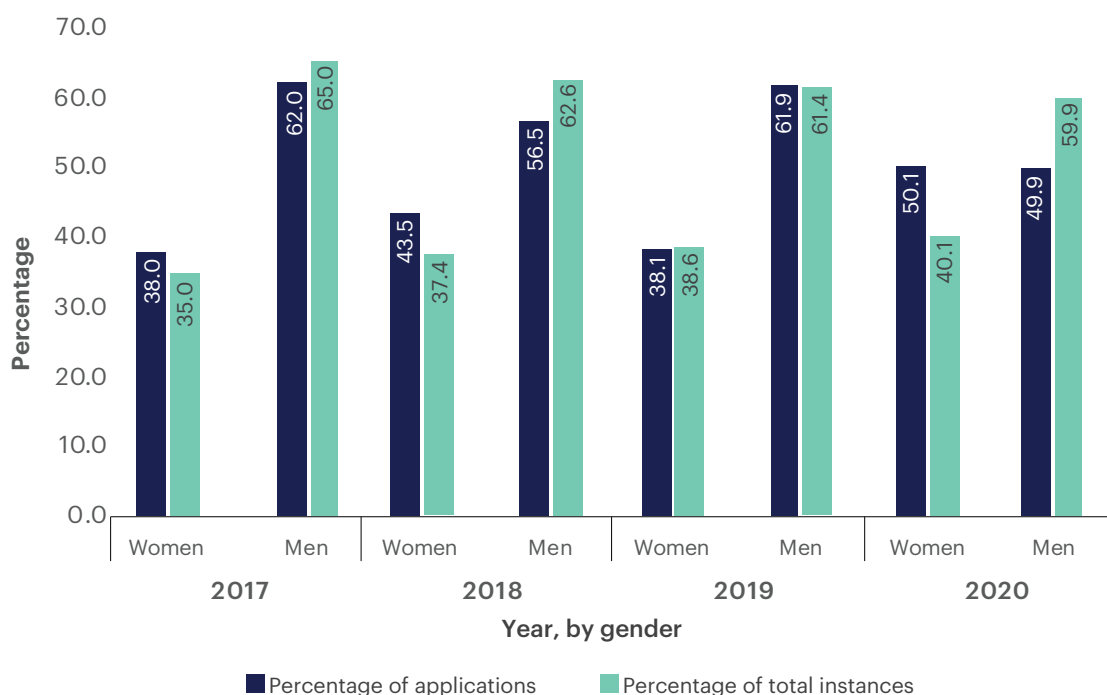
Ambulance Victoria's workforce data indicate that the organisation is appointing significantly more men than women to higher duties opportunities, notwithstanding the numbers of men and women applying for these positions.

There are two phases in the process for higher duties. The first involves applying for identified higher duties opportunities. As shown in Figure 10K below, between 2017 and 2020, the proportion of men applying for higher duties fluctuated between 49.9% (n=308) to 62.0% (n=181). The percentage of women applicants over this period fluctuated between 38.0% (n=111) to 50.1% (n=309). The Commission did not have data on the pool of potential applicants for higher duties, and whether, for example, more men met the minimum threshold qualifications to apply for higher duties.

The second stage of the higher duties process involves appointments, for which there is both a formal and informal pipeline (discussed below). As shown in Figure 10K, in terms of appointments (that is, employees who actually undertake higher duties), between 2017 and 2020, men comprised between 65.0% (n=2251) and 59.9% (n=4142), compared to women who comprise between 35.0% (n=1213) and 40.1% (n=2772).

Therefore, men make up a greater proportion of applicants, and men are disproportionately appointed to higher duties. Even in 2020, where there were roughly equal numbers of men and women who applied, men were still appointed at a disproportionately higher rate than women. Since 2017, there has not been a single year where men and women were appointed in equal proportion for higher duties.

Figure 10K – **Higher duties appointments between 2017 and 2020 (by gender)**



In particular, men appear to be increasingly advantaged by the high number of higher duties assignments appointed informally, outside of a formal application process. The Commission notes that according to Ambulance Victoria's data, there are significantly higher 'instances' or 'appointments' of higher duties than actual applications, because there are short-term placements, on-the-day changes to the roster, or replacements for unplanned leave, for which the candidates do not go through the standard application process and are instead directly appointed. This means there are significantly more appointments than applications being made, and a significant informal pipeline for higher duties opportunities.

Another consideration of relevance to diversity (particularly gender diversity) in promotion and progression, is the proportion of applicants for higher duties who are accessing flexible working arrangements. Between 2017 and 2019, the proportion of applicants for higher duties opportunities who had a formal flexible working agreement was low overall (between 2.7% (n=3) to 7.0% (n=15) for women applicants and between 2.2% (n=4) to 6.5% (n=16) for applicants who are men). The proportion of applicants working flexibly increased significantly in 2020, likely in connection with more staff working flexibly during the COVID-19 pandemic (27.5% (n=85) of women applicants and 18.5% (n=57) of applicants who are men).

Access to MICA

Most applicants to Ambulance Victoria's MICA program are men and work full-time in an ongoing role. Between 2016 and 2020:

- the proportion of women applicants fluctuated between 25.0% (n=29) in 2020 and 32.1% (n=35) in 2018
- women accounted for between 25.0% (n=5) of successful applicants at their lowest in 2020 and 54.5% (n=12) in 2017.

Notably, in 2020 the proportion of women who applied to the program compared with men, matched the proportion of women who were successfully appointed. In other years, women were appointed in fewer absolute numbers compared to men (with the exception of 2017), but when considering their success proportionate to their application, women were under-represented relative to their application rate in 2016, and over-represented relative to their application rate between 2017 and 2019.

Figure 10L – **MICA applications versus appointments (by gender)**

Year	Applications		Appointments	
	Women	Men	Women	Men
2016	29 (30.2%)	67 (69.8%)	12 (26.1%)	34 (73.9%)
2017	31 (28.4%)	78 (71.6%)	12 (54.5%)	10 (45.5%)
2018	35 (32.1%)	74 (67.9%)	20 (41.7%)	28 (58.3%)
2019	40 (31.7%)	86 (68.3%)	20 (45.5%)	24 (54.5%)
2020	29 (25%)	87 (75%)	5 (25.0%)	15 (75%)

Ambulance Victoria tracks the reasons why MICA applications were unsuccessful under several broad categories (for example, unsatisfactory performance during the interview, not receiving the required endorsements). The reasons why both men and women were unsuccessful varied from year to year, with most being unsuccessful at the placement stage, indicating the significant power of MICA educators in determining applicants' success (and noting that all MICA Paramedic Educators are men).

Between 2016 and 2020, very few (albeit an increasing number of) applicants to MICA were on flexible working agreements at the time they applied. This percentage varies from 2.1% (n=2) at its lowest in 2016 to 9.5% (n=11) at its highest in 2020.



Findings

- There is good gender representation among Ambulance Victoria's overall workforce: as at 31 March 2021, women made up just over half (51.3%, n=3872) of the overall workforce (including first responders), compared to men who made up 48.7% (n=3678). Notably, there has been a 45.6% increase in women employed by Ambulance Victoria between 2016 and 2021 (compared to the 18.0% increase in men employed over the same period).
- The trend towards greater representation of women in the organisation appears to be continuing, evidenced notably among the organisation's 2021 graduate paramedic intake (women comprised 64.0% (n=187) of this intake, an 11.4% increase since 2016) and Advanced Life Support Paramedics (where the representation of women and men is almost equal).
- Yet, men are over-represented at management and senior levels and in specialist clinical roles in the organisation's operational workforce. As at 31 March 2021, men held between 60.3% and 69.5% of manager roles across Operations Support, Team Managers, Senior Team Managers and Senior Managers. With respect to specialist clinical roles, 77.7% (n=328) of MICA Paramedics were men, compared with 22.3% (n=94) women, and all nine MICA Paramedic Educators were men. While gender representation on Ambulance Victoria's Executive Committee was fairly equal overall, as at 31 March 2021, there were no women Executive Committee members responsible for overseeing the organisation's clinical operations.
- As at 31 March 2021, women comprised 61.9% (n=320) of Ambulance Victoria's corporate workforce (excluding Executive Committee members, senior managers and managers). There were more women than men in corporate management roles and almost equal gender representation at the corporate senior management level. Women made up 80.0% (n=4) of the five corporate Executive Committee roles.
- More men than women apply for higher duties opportunities at Ambulance Victoria, and men are disproportionately being appointed to higher duties in comparison to women. This appears to be, at least partly, related to men being preferred for informal higher duties appointments. In 2020, almost identical numbers of women (n=309) and men (n=308) applied for higher duties, but men were appointed to 59.9% (n=4142) of higher duties instances and women appointed to 40.1% (n=2772) of higher duties instances.
- The majority of applicants to the MICA program are men and work in a full-time permanent position. Women comprised only 25.0% (n=29) of MICA applicants in 2020, down from 32.1% (n=35) in 2018. A very small, albeit increasing, proportion of MICA applicants were on flexible working arrangements at the time they applied – ranging from 2.1% (n=2) in 2016 to 9.5% (n=11) in 2020.
- Limited workforce data beyond gender prevented the Commission from assessing the broader demographic diversity of Ambulance Victoria's workforce.

10.2.3 Barriers to equal access to recruitment and career advancement

Some participants shared their views about factors that have impaired their equal access to recruitment and career advancement opportunities at Ambulance Victoria.

Attitudinal barriers

During the review, some participants shared concerns that harmful gender stereotypes concerning paramedics have impacted the employment and advancement opportunities available to Ambulance Victoria's operational staff. As Sections 3.4.2 and 6.1.1 explain, the view that paramedics are white, male, of able-body and mind, confident, stoic and are the family breadwinner was raised often. This stereotype was seen as particularly relevant to MICA and Air Ambulance Paramedics, which are elite, male-dominated cohorts within the organisation. We heard that across Ambulance Victoria, and in the MICA sub-group particularly, these paramedics are considered to be clinically superior and that 'macho' or 'alpha male' personalities are common.

The Commission was told of the view that those operational employees who fit the rigid paramedic stereotypes (for example men) were more likely than those who did not (for example women or people from diverse backgrounds) to be considered suitable for opportunities. For instance, some participants expressed the view that men are typically seen as being suited to paramedic roles as they are generally assumed to be physically and emotionally strong and unencumbered by caring responsibilities. The implication here being that they can perform the tasks required of paramedics (irrespective of their individual strength and abilities), work full-time, be available over long hours, overnight or on weekends and can be on-call (irrespective of their actual family or caring responsibilities or preferences). By contrast, we heard that women are often viewed as being unsuited to paramedic roles as they are generally assumed to lack or possess less of the physical or emotional strength needed to perform the responsibilities of a Paramedic (irrespective of their individual strength and abilities). It is also assumed that women are, or want to become, mothers/caregivers (irrespective of their individual circumstances or preferences) and therefore will be unable to work full-time or long hours, overnight or on weekends or be on-call, and that they will go on parental leave.

The entrenched nature of these stereotypes within Ambulance Victoria appears to have waned over time. This is likely due to the entry and rapid increase of women among the organisation's operational ranks, as well as other factors, such as advances in equipment technology (for example, for patient stretchers) that seek to provide a safe manual handling environment for all employees. Even so, participants shared numerous examples of how these stereotypes still result in discrimination and bias in selection and recruitment decision-making, particularly in relation to senior operational and specialist clinical roles.

So there was a Regional Director role vacant, and [senior staff member] made some comments that I could not believe he said out loud, which was, 'This role isn't right for women because it's such long hours.' ... So, it was a really interesting perception that seniority in Paramedicine means that it's not family friendly and therefore only men will do it. *Participant, Interview*

In addition, we heard from some participants that employees who do not fit stereotypical expectations self-select out of opportunities because they assume they will not be successful. The Commission's survey – which asked respondents whether they would ever decide not to apply for a transfer, promotion or different position because they assume their application would be unsuccessful for a range of listed reasons (multiple choice) – reinforced what we heard during interviews and in submissions, particularly from a gender perspective.

- Of the 943 women who responded to the question, 67.1% (n=633) told us certain barriers would prevent them from applying for a transfer, promotion or different position, while 32.9% (n=310) told us nothing would prevent them from applying. Among those women who identified barriers, the most common barriers were: their work pattern, for instance flexible or part-time work (32.1%, n=303); carer or parental responsibilities (26.6%, n=251) and sex/gender (22.5%, n=212).
- Of the 867 men who responded to the question, 60.2% (n=522) told us certain barriers would prevent them from applying for a transfer, promotion or different position, while 39.8% (n=345) did not indicate any barriers. Among those men who identified barriers, the most common barriers were: being told that it is unlikely they would be successful (21.9%, n=190); their location (18.9%, n=164) and their work pattern (16.1%, n=140).

Having people self-selecting out of opportunities – due to a fear that their attributes or circumstances mean they will be perceived as unsuitable – results in more limited talent pools for positions and attitudinal barriers being reinforced.

For corporate staff, we were told that the prominence of the stereotype of paramedics as the archetypal Ambulance Victoria worker contributed to the corporate cohort feeling that they and their work are not valued equally by the organisation. Some participants shared their view that the focus on the organisation's paramedics limits their equal access to recruitment and career advancement opportunities, including by limiting opportunities for corporate staff to take up opportunities in operational roles (that do not require a paramedic degree or training).

Structural barriers

Ambulance Victoria has taken important steps over time to modify some of its organisational structures and practices to make them more inclusive. However, key structural barriers remain and continue to impede the further diversification of the organisation's workforce.

Endorsement

In Sections 5.1.1 and 6.1.5, the Commission found that Ambulance Victoria's reliance on manager-endorsement as a prerequisite for employees to access multiple progression and promotion opportunities has facilitated subjective and biased decision-making. Sections 5.1.1 and 6.1.5 highlight multiple instances of these harmful effects, particularly for women and people from diverse backgrounds, and further examples are highlighted here.

[requiring one specific manager to complete a highly subjective endorsement to allow an employee to access development opportunities] ... creates big opportunities for somebody to think to themselves 'No, I don't like that person.', then find excuses to refuse that endorsement. It does happen. It is happening. All the time. Participant, Interview

I said ... 'I've got all this evidence.' And he [said], 'The [Recognition and Development Process] doesn't mean anything. We pick who we want, or who we like.' I can't remember the exact words, but it was 'we pick,' 'we do what we like.' *Participant, Interview*

The Commission expressed concern over the absence of: detailed criteria to guide decision-making by potential endorsers; a requirement to justify a refusal to endorse; and a structured review process. We noted that the unchecked endorsement requirements are compounded by some processes being bypassed. For example, when 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 the organisation is not invested in their success. And we noted the widely held perception among participants that endorsements are not transparent or merit-based but turn on whether an employee is connected to people in positions of authority or the 'in-crowd'.

Furthermore, the endorsement requirement makes certain career advancement opportunities within Ambulance Victoria contingent on fostering relationships, rather than possessing the necessary skills and capabilities. This places a significant burden on individuals to cultivate close, positive relationships with their managers and other superiors and undercuts efforts to prioritise equality, fairness and inclusion. The power imbalances within the organisation (see Section 6.1.1), coupled with attitudinal barriers to advancement (see above), mean that this burden is disproportionately experienced by women, employees working flexibly and employees from marginalised groups who are perceived not to fit the Ambulance Victoria mould or be part of the so-called 'in crowd'. Like with the attitudinal barriers, the Commission heard that endorsement requirements disincentivised those same groups of employees (particularly women of child-bearing age and employees with parenting responsibilities) from pursuing opportunities.

During the course of this review, Ambulance Victoria removed the endorsement requirements from its MICA selection process, including the requirement for candidates to be endorsed by their Team Manager, a MICA Team Manager and a CSO in order to be eligible for the MICA Program. The Commission commends Ambulance Victoria for taking this important step which will be crucial in removing barriers to equal access to MICA.

The Commission notes with concern, however, that manager endorsement remains a requirement for the Recognition and Development Process *before* an application will be considered. In addition, Ambulance Victoria's Enterprise Agreement for operational staff⁵⁷ enables a pathway for MICA and Advanced Life Support Paramedics seeking to become Clinical Instructors. This pathway 'fast tracks' a Paramedic's progression from salary Levels 4 and above to Level 7 where their manager endorses that they have performed and are required on a regular basis to undertake the duties of a Clinical Instructor. While employees' line managers will be best placed to advise about the requirements and duties being undertaken by their staff members and naturally have a role in salary negotiations, the Commission notes the potential for inconsistency in decision-making in this process, the capacity for bias or discrimination (which may impact on the gender pay gap) and the lack of structured review processes for employees who are denied endorsement.

Restrictive or inappropriate considerations in selection criteria

Ambulance Victoria's process for determining eligibility for acting and secondment opportunities sets out operational and clinical performance criteria for evaluation. Of concern, this includes an employees' 'sick leave pattern'⁵⁸ which risks discriminating against employees with disability or medical conditions (including mental health), as well as pregnant employees or people going through IVF treatment. In addition, employees are evaluated based on their performance over the past 12 months.⁵⁹ While this set timeframe appears to be motivated by an intention to ensure objectivity and consistency in the evaluation process, as well as to indicate up-to-date clinical knowledge, it is unnecessarily rigid and risks indirectly discriminating against employees who have been on parental or carer's leave or working part-time during the previous 12 months, for whom it would be unreasonable to hold to the same timeframe without specific exemptions or tailored processes.

Limited uptake and effective use of the performance development process

Notwithstanding its Performance Development Framework and related policy,⁶⁰ completion rates for performance development plans are low and the Commission understands there has been limited prioritisation of professional development in recent years, compounded by disruptions caused by the COVID-19 pandemic (see Section 12.4.2). During this review, we heard that there is little incentive to develop or comply with performance development plans as salary progressions occur automatically, without a plan in place or a formal appraisal.

Completion rates for performance development plans and appraisal outcomes are not monitored: although, since mid-2021 Ambulance Victoria has been transitioning from a paper-based system to an online model that will enable centralised data capture. As a result, Ambulance Victoria is missing opportunities to support the development needs and advancement of all its employees, including through having proactive conversations about employees' career plans and learning and development needs. Contrary to leading practice,⁶¹ the current approach affords managers broad discretion and enables discrepancies across cohorts, teams and individuals in terms of how performance needs are identified and supported, as well as how strong performance is recognised and rewarded, and how underperformance or harmful behaviour is identified and addressed.

Inflexible approach to flexible work

Section 6.1.5 discusses the Commission's findings that the inflexible approach to flexible work at Ambulance Victoria – which is driven by operational demands, industrial requirements and negative attitudes about flexibility – is preventing some women from applying for roles, particularly senior operational roles. The limited emphasis on flexible work during the attraction and recruitment stages may also be affecting interest in Ambulance Victoria as an employer (see Section 11.1).

What I think is growing, but still developing, is creating the conducive environment that attracts diversity, say for example, women into the workforce. There are elements that are going to make that environment more attractive to women wanting to come in. So whether it be workplace flexibility, parental leave, security, ... as well as the culture ... these are examples of elements that would need to be present for it to feel safe and welcoming for a female within the workplace. That transition and the investment in understanding why diversity is important, as opposed to it just being a compliance obligation, needs to still occur. That is actually valuing diversity, I think we're a long way from it not just being a KPI or a target, but actually the value that it offers to an organisation and seeing it as being a performance-led strategy, not a People and Culture or a politically correct led strategy. *Participant, Interview*

But it brings with it its challenges because we are an organisation that was historically male, largely, happy to work fixed shift rosters, not being the main caregivers, and it's come with – they're the challenges we're working with now that we've actually got to adapt ourselves to. *Participant, Interview*

Apart from the broader inflexible approach to flexible work (outlined in Section 6.1.5 and detailed in Section 11.1), a number of participants spoke about MICA, in particular, being inaccessible or unwelcoming for people who wanted or needed to work flexibly. This perception appears to be borne out in the low (albeit increasing) number of employees who apply for the MICA Program while utilising a Flexible Working Arrangement (see above).

When put to Ambulance Victoria, it advised that employees are able to, and currently do, complete both the academic and operational phases of the MICA Program – a prerequisite to becoming a MICA Paramedic - part time. The University element of the program (the requirement to complete the Graduate Diploma of Specialist Paramedic Practice at Monash University) can be completed full or part-time and is now delivered entirely online, initially as result of the Covid-19 pandemic. Ambulance Victoria has also migrated to a scholarship model which enables employees who go on parental leave to choose to continue to study should they wish. While the Commission welcomes these structural changes to support greater flexibility in completing the MICA Program, it is unclear how actively they are promoted to the workforce.

The Commission encourages Ambulance Victoria to build on these important steps by actively promoting the ability to undertake the MICA Program flexibly and by seeking opportunities to foster and increase the uptake of flexible work within the MICA program and the MICA workforce. It is also important that employees see qualified MICA Paramedics and leaders role modelling and working flexibly themselves. Ultimately, unless MICA Paramedics are seen to be successfully working flexibly, the perception that MICA is inflexible will continue to operate as a barrier to career advancement for employees with family and caring responsibilities, the majority of whom are women.

Power imbalances

As Section 6.1.1 discusses, the Commission found that power imbalances within Ambulance Victoria are affecting career advancement opportunities for certain groups of employees, particularly women and those not part of the so-called 'in-crowd' or 'boys club'.

[P]eople being tapped on the shoulders for development opportunities seem to always be blokes. The same men seem to get higher duty opportunities. Women are usually overlooked. *Participant, Interview*

... it's very much a boy's club. I think it's very much who you know. I think you'll probably hear lots of stories over the next few weeks around nepotism and people getting promoted because they're mates with the guy who's in charge. *Participant, Interview*

You can have a very good résumé, it means absolutely nothing. They'll pick who they want, it's notoriously corrupt. *Participant, Interview*

As explained above, Ambulance Victoria has put in place and refined a range of recruitment, progression and promotion initiatives in an attempt to provide fair, consistent and merit-based outcomes. Yet, the Commission understands that temporary vacancies, including higher duties opportunities, are not required to be advertised. The Commission heard in participant interviews and submissions that it is often those considered to be part of the 'boys club' who are regularly 'tapped on the shoulder' to fill these vacancies. Even where roles must be advertised, the focus on internal appointments, and the high volume of internal lateral transfers has limited opportunities to inject broader diversity (demographic and professional) into the workforce.

Limited demographic workforce data

The limited demographic diversity data on Ambulance Victoria's workforce outside of gender – due to a combination of limited disclosures by individual employees and the limited collection of this information by Ambulance Victoria – obscures from view the nature and extent of diversity at all levels of the organisation. It also creates missed opportunities to design measures to target the under-representation of different groups through employment and career advancement opportunities.

As discussed in Section 2.3.6 and 2.3.7, existing research – supported by comments made by participants' during this review - indicate that the very fact of limited diversity within an organisation can make individuals concerned about disclosing some markers of social identity, such as race and sexuality. The limited number of staff members of these backgrounds makes them *hyper-visible* (that is, easily identifiable), but paradoxically, also makes their concerns *invisible*, as they may be reluctant to come forward with issues for fear of discrimination or unfair treatment. As a result, marginalisation can operate as both a cause and consequence of an organisation's limited diversity. As noted above in Section 10.2.1, Ambulance Victoria needs to create a climate of trust - beginning with role modelling from its leadership - so that staff members feel safe to disclose their diverse identities to the organisation. This is essential for Ambulance Victoria to be able to: fully understand and leverage its existing diversity; identify and

understand the extent or nature of any issues facing its diverse staff; and monitor the progress of initiatives designed to increase the representation and inclusion of diverse staff.



Findings

- Notwithstanding the general and targeted measures that Ambulance Victoria has put in place to ensure recruitment and career advancement decisions are based on fair and objective criteria, attitudinal and structural barriers continue to impede equal access to employment and career advancement opportunities, particularly for women and people of diverse backgrounds.
- Reliance on the stereotype of paramedics as white, male, of able-body and mind, confident, stoic, and the family breadwinner during recruitment and selection decision-making has limited employment and advancement opportunities for those operational employees who do not fit the stereotype. The influence of this stereotype appears to have waned over time, but participants shared numerous examples of the harm it continues to cause, particularly in relation to decision-making for senior operational and specialist clinical roles. Some participants told us employees who do not fit the stereotype often self-select out of opportunities.
- Ambulance Victoria's reliance on manager-endorsement as a prerequisite to access some progression and promotion opportunities – coupled with the absence of detailed criteria to guide decision-making, any requirement to justify a refusal to endorse and a structured review process – has, in some cases, facilitated subjective and biased decision-making. The endorsement requirement places a significant burden on individuals to cultivate close, positive relationships with their managers and other superiors. Instead, employees should be focused on meeting fair and objective criteria. Furthermore, the power imbalances in the organisation mean this burden is disproportionately experienced by women, employees working flexibly and employees from marginalised groups, who are perceived to not fit the Ambulance Victoria mould or be part of the so-called 'in crowd'.
- Ambulance Victoria's inflexible approach to flexible work (driven by operational demands, industrial requirements and negative attitudes held by some employees towards flexibility) is preventing some women from applying for roles, particularly senior operational roles.
- Power imbalances, including those related to gender inequality, are affecting career advancement opportunities for certain groups of employees, particularly women and those not part of the so-called 'in-crowd' or 'boys club'.
- Other barriers to equal access to employment and advancement opportunities include the requirement to consider an employees' 'sick leave pattern' and performance over the past 12 months when determining eligibility for acting and secondment opportunities, the limited uptake and effective use of the performance development process, and the limited demographic workforce data (which is due to a combination of limited disclosures by individual employees and the limited collection of this information by Ambulance Victoria).

10.2.4 Embedding equality in recruitment and career advancement

Disrupting harmful stereotypes

Ambulance Victoria is not alone in experiencing the effects of entrenched stereotypes, nor are the particular stereotypes that are alive in the workplace specific to the organisation; they embody stereotypical thinking that is both pervasive and has endured with startling continuity across borders, cultures and time. However, the pernicious effects on Ambulance Victoria and its workforce – including those who seek entry to and advancement within, the organisation – underscore the importance of taking proactive action in line with the positive duties in the Equal Opportunity Act and the Gender Equality Act, which reflect the broader principles affirmed in the *United Nations Convention on the Elimination of All Forms of Discrimination against Women*.⁶²

Leading practice approaches to the elimination of wrongful stereotyping, including in workplaces, tell us that:

[n]aming a ... stereotype and identifying its harm is critical to its eradication. An analogy to diagnoses of medical diseases might be helpful. A medical diagnosis of a disease is required in order to proceed with its treatment. A difficulty with a diagnosis of a ... stereotype as a disease is that often it is not considered a disease at all, because it is part and parcel of a natural way of functioning, and of unconscious ... modes of thinking. As a result, a concerted effort needs to be made to diagnose a wrongful ... stereotype as a disease, identify its harms, and determine its treatment.⁶³

Importantly, the Commission's review has helped Ambulance Victoria to identify some key stereotypes, as well as the individual and organisational harms resulting from their application. The review has also assisted Ambulance Victoria to identify the ways these stereotypes have been perpetuated within the organisation. Yet, this alone is not sufficient. The next step – determining the appropriate treatment – requires strategies to target the means of perpetuation.

In Ambulance Victoria's case, there is a particular need to disrupt harmful stereotypical views about who is and is not considered suitable for its workforce and, at the same time, to promote a more holistic vision of the expertise, capabilities and personal attributes that are needed to succeed in any role at all levels of the organisation. Critically, this vision must not be tied to being a Paramedic. Instead, it should reflect the diversity of skills and experiences needed to enable and deliver emergency health care to triple zero ('000') callers across the state and it should value all cohorts and parts of the organisation equally.

The particular strategies that Ambulance Victoria will need to put in place to build and breathe this new vision will be varied and require action across all aspects of the organisation's operations – from its recruitment activities to its communications to its service delivery, for instance. These strategies must be ongoing.

Examples of strategies the organisation might consider include, among others:

- ensuring that recruitment, engagement and other organisational campaigns and communications feature and reflect gender balance and diverse representation among the organisation's corporate and operational cohorts
- selecting representatives to speak publicly on behalf of the organisation who reflect the diversity of the broader Victorian community
- expanding the organisation's photo library to ensure better representation of corporate employees and people of diverse backgrounds
- carefully considering the impact of the widespread use of uniforms by organisational leaders and in public communications and the messages this sends about who is valued and who succeeds in the organisation
- proactively promoting the evolving and expanding capabilities expected of paramedics (for example, the greater emphasis on the importance of communication and collaboration skills), as spelled out in the Paramedicine Board of Australia's Professional capabilities for registered paramedics (see Section 2.2.1) – and aligning key selection criteria for paramedics with expanded capabilities
- working with its Diversity and Inclusion Council to better understand and be informed by the lived experiences and voices of employees from diverse backgrounds
- proactively building a climate of trust where employees, first responders and potential applicants feel safe to disclose their diversity and believe it will be valued.

However, the starting point for any efforts to disrupt harmful stereotypes must be the recommended program of foundational work to reset the organisation's values and build, instil and model a values-driven culture. As Section 6.2.3 acknowledges:

[o]rganisational values define the identity and character of an organisation: what it does, why it does it, and who it wants to work or volunteer for it.

It is imperative that as part of its efforts to implement Recommendation 7 from Volume I of this final report, Ambulance Victoria leads its workforce and key partners in a discussion about the expertise, capabilities and personal attributes that are needed to succeed in any role at all levels of the organisation. Equally important is considering those qualities or attributes that have no place in a modern, professional and inclusive ambulance service. In line with Recommendation 7, considering and answering these questions must be informed by, and co-designed with, representatives of the organisation's workforce, with input from the relevant unions and professional associations, the Victorian Department of Health, and service users. Efforts to disrupt harmful stereotypes must also extend beyond the implementation of Recommendation 7 and be an ongoing endeavour.

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.

Prioritising conscious inclusion throughout the recruitment lifecycle

Embed conscious inclusion initiatives

While data on the demographic diversity of Ambulance Victoria's workforce are limited (as discussed above), the information available to the Commission suggests that there are significant opportunities to increase the number of people from diverse backgrounds that the organisation recruits and employees.

Initiatives – such as those that seek to reduce unconscious bias in recruitment – offer an important way to remove barriers and improve employment pathways for minority groups. However, in line with the positive duty in the Equal Opportunity Act, the Commission encourages Ambulance Victoria to look beyond such measures in order to: consider the proactive steps that it can take to visibly champion its commitment to creating an equal, fair and inclusive workforce; send a clear message to people of diverse backgrounds that their skills, capabilities and lived experiences are valued; and consciously consider the particular needs of diverse groups of potential employees. This can be particularly important for enabling access to employment pathways for vulnerable groups and removing the structural and attitudinal barriers that they so often face; for instance, for trans candidates who are unsure whether it is safe to disclose their identity or people with disability who are uncertain whether it is safe to disclose their disability.

The beginnings of such measures can be seen in Ambulance Victoria's compelling 'Pride along', Ramadan and 'On reconciliation, racism and pride' videos, which – although not necessarily designed with attraction and recruitment in mind – were created and shared with the workforce and with the broader public via the organisation's social media channels (see Section 3.4.1, Volume I). Examples of measures that Ambulance Victoria might consider include:

- identifying and analysing which groups of the Victorian community are underrepresented in the workforce and connecting with them by using diverse recruitment channels and job boards (that is, not just through mainstream platforms)
- tracking diverse talent and supporting them through the recruitment process
- ensuring application processes genuinely consider the needs of different groups of people.

Leading practice by organisations like the Coles Group also provide insights into how Ambulance Victoria might continue to mature the inclusivity of its attraction and recruitment processes.

Coles Group uses conscious inclusion as a way to diversify its workforce⁶⁴

In a leading practice example of what applying the positive duty in the Equal Opportunity Act might look like in practice, Coles Group (Coles) has proactively considered what inclusion looks like for LGBTQI+ candidates across the recruitment lifecycle, pursuing a strategy of conscious inclusion (rather than just reducing unconscious bias).

- **Attraction stage:** Coles has sought to proactively position itself as an employer of choice for the LGBTQI+ community. Its dedicated Talent Acquisition Marketing and Inclusive Recruitment team (that sits within Talent Acquisition) works collaboratively to ensure that the organisation applies an inclusion lens to attracting and recruitment talent, including promoting LGBTQI+ content on talent channels and its careers website. Recruiters use digital pride-themed 'we're hiring' tiles on social media including LinkedIn, and roles are promoted on the LGBTI Jobs job board (www.lgbtijobs.com.au) and Inclusive Employers website (www.inclusiveemployers.com.au).
- **Application stage:** Recognising that many candidates (including trans and gender diverse applicants) may have specific questions or require adjustments or support through the recruitment process, Coles has established a dedicated Inclusive Recruitment Inbox to respond to these queries. In their application, candidates can share their gender identity and can be communicated to by their preferred name (not their first name, which can be a trans candidate's dead name in many cases). Recruiters also use visual cues of safety and acceptance, which can be as simple as a rainbow or LGBTQI ally wording on their email signatures.
- **Selection stage:** Coles seeks to continually improve the knowledge and confidence of its recruiters in inclusive hiring practices, including ongoing training sessions and actively celebrating and educating via LGBTQI+ days of significance within the team. Its Inclusive Recruitment intranet hub and interview guides for hiring managers include inclusion content and recruiters can offer support to hiring managers during this final stage. Coles also uses storytelling to profile both diverse candidates and the hiring managers that enable inclusive recruitment experiences. Understanding terminology, being mindful of labels and listening for cues, particularly on how someone may choose to identify, are a focus. And finally, support is available for trans candidates who may need help when providing identification documents during pre-employment checks.

In recognition of these efforts, this work at the beginning of the employee lifecycle in Talent Acquisition contributed to Coles Group being awarded Gold Employer status at the 2021 Australian LGBTQ Inclusion Awards.

I would like to take the time to commend your team and what they do, as the Coles Group application has made me feel the most comfortable expressing my identity freely and lays to rest many anxieties I feel applying to jobs as a young queer person. *Trans Candidate feedback through the Inclusive Recruitment Inbox*

Once diverse talent is onboarded, it is important that conscious inclusion strategies continue, including by taking proactive steps to understand, for instance, any needs for reasonable adjustments (see Section 11.2) or introduce new starters to prayer rooms or lactation rooms.

Increase use of external advertising and (external) lateral recruitment

To diversify its workforce and future leadership talent pool, Ambulance Victoria should encourage the greater use of external advertising and (external) lateral recruitment where vacancies arise. While it is important to provide career pathways and development opportunities for internal staff, an over-reliance on internal recruitment renders diversity within an organisation static and may entrench existing barriers to equal representation and career advancement. In addition, an emphasis on internal recruitment can mean an organisation misses opportunities to expand existing capabilities (for example, capabilities related to people management and leadership), and to include fresh perspectives and constructive criticism, informed by different ways of thinking and working.⁶⁵

Management and leadership levels were identified by a number of participants as providing key opportunity for Ambulance Victoria to open up its recruitment and target external applicants. Ambulance Victoria advised that for the last five years, the majority of the selection process for senior roles (such as Regional Directors, Director of Complex Care and others) has been managed by an external executive search firm. However, as Chapter 12 explores, Ambulance Victoria's current emphasis on clinical expertise – as opposed to people management, leadership skills and experience in middle management recruitment – is contributing to key capability gaps in the organisation. While certain operational roles requiring high-level clinical expertise and knowledge of Ambulance Victoria's operating context may be well-suited to internal recruits, many management and leadership roles in both the operational and corporate cohort could well be filled by external applicants, including those from within the broader health sector or other fields entirely.

Expanding the pool for recruitment will allow for greater diversity in terms of professional approaches, skills and experience but also, crucially, demographic diversity. This would not only assist to inject greater diversity into senior levels of the organisation, but also send an important message to the broader workforce that diversity is valued.

Finally, a greater emphasis on and use of external recruitment could also assist to rebuild the workforce's trust in the organisation and counter participant attitudes (outlined above) concerning the impact of power imbalances where people are not part of the so-called 'in-crowd' or 'boys club'.

Set clear and progressive targets

The Commission encourages Ambulance Victoria to build on its success in setting and achieving targets to increase the representation of women among the workforce and in leadership roles. We urge Ambulance Victoria to continue to increase its target for the proportion of overall leadership roles held by women.

We also encourage the organisation to set additional targets that focus specifically on increasing the representation of women:

- in operational leadership roles at the middle, senior and executive management levels, noting that these 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 and 100% of operational Executive Committee roles (as at 31 March 2020)
- among MICA Paramedics (almost four in five of whom are men), including MICA Paramedic Educators (all of whom are currently men).

The Commission encourages Ambulance Victoria to adopt either of the two commonly accepted models of 40:40:20 and 50:50 for targets and to consider appropriate timeframes for achieving these targets having regard to attrition data and workplace planning.⁶⁶ The targets adopted should be identified and included within Ambulance Victoria's forthcoming Gender Equality Action Plan to ensure transparency and regular reporting of Ambulance Victoria's ongoing process in achieving these targets.

Recommendation 27

Prioritising conscious inclusion throughout the recruitment lifecycle

Ambulance Victoria should:

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

Removing structural barriers to career advancement

Embedding workplace flexibility across the recruitment lifecycle

In addition to enabling more women and people of diverse backgrounds to enter the MICA program and join the ranks of MICA Paramedics, a greater emphasis on workplace flexibility across all cohorts will support the organisation to attract and retain talented staff, particularly women and people of diverse backgrounds (see Section 11.1). To realise these benefits, leading practice emphasises the importance of proactively and visibly championing an organisation's commitment to, and practice surrounding, flexible work.⁶⁷ Such an approach does not burden individuals, including prospective employees, with the expectation that they must raise their desire or need to work flexibly or uncover the organisation's commitment to flexible work at a point of the employment life cycle when they may feel particularly vulnerable and unable to make relevant enquiries.

Giving visibility to flexible work during attraction and recruitment⁶⁸

As part of its Flexible Work Policy and resources, the Victorian Public Sector Commission encourages Victorian public service employers to embed flexible work during the attraction and recruitment stages, by including their commitment to flexible work in job advertisements, promoting flexible work in interviews, and asking candidates what they would need to work flexibly. Embedding flexible work at these stages may also involve making organisational policies and procedures on flexible work publicly accessible, so they can be readily accessed and reviewed by prospective employees. As part of these efforts, the Victorian Public Sector Commission encourages public service employers to develop a vision statement and goals related to flexible work. According to the Victorian Public Sector Commission, '[t]he vision statement shows employees: the organisation's commitment to flexible work; and where the organisation wants to get to with flexible work'.⁶⁹ The goals 'are what an organisation needs to do to achieve flexible work'.⁷⁰

Building on leading practice approaches to flexible work, there are opportunities for Ambulance Victoria to expand upon the limited information publicly available about its approach to flexible work. For instance, it might build on the brief recognition of the importance of flexible work arrangements and work/life balance in its standard position description template by providing supplementary information about its approach on its website or, for example, as part of its recruitment information.

For the Commission's findings and recommendations on flexible work, see Section 11.1.

Removing remaining requirements for manager endorsement

Leading practice approaches emphasise the importance of removing sites for potential discrimination and bias at the gateway to opportunities and instead using transparent and consistently applied, merit-based recruitment and selection processes, supported by appropriate probity checks.⁷¹ Endorsement requirements that oblige candidates to be closely connected to and personally endorsed (or sponsored) by existing members of a closed group are likely to replicate existing power structures within an organisation (due to cognitive and social biases), limiting diversity and maintaining the status quo.⁷²

While managers have important insight into the capabilities and performance of their staff, these insights can be gathered and appropriately considered through standard recruitment practices, such as probity checks and references, and should not be used to exclude candidates from having the opportunity to show why they might be appropriate for a role or program.

As noted above, during the course of this review, Ambulance Victoria removed the endorsement requirements from its MICA recruitment process and started using psychometric testing, clinical examinations and e-portfolios as part of its selection process for the MICA program. This was an important and welcome step given the many participants we heard from who spoke about the significant barrier, harm and mistrust this process has caused. (See Section 6.1.5.) Notably, Ambulance Victoria itself recognised that the endorsement requirements in its MICA program selection process made it an outlier among peer organisations.⁷³

The Commission encourages Ambulance Victoria to build on this work by now removing all remaining endorsement processes that act as a prerequisite or gateway to career development, including from its Recognition and Development Process and the 'fast-track' process for Clinical Instructors. With respect to Ambulance Victoria's Recognition and Development Process and recruitment of its Clinical Instructors, it is the Commission's view that standard recruitment approaches in line with leading practice and relevant guidance are suitably fit for purpose and any concerns about performance or conduct can be addressed through probity checks.⁷⁴

Removing restrictive and inappropriate assessment criteria

In line with its obligations under the Equal Opportunity Act, *Fair Work Act 2009* (Cth) (**Fair Work Act**) and enterprise agreements, Ambulance Victoria must ensure its recruitment and progression processes are free from discrimination, including indirect discrimination (see Section 3.2.). As noted above, restricting consideration of performance to a 12-month period within Ambulance Victoria's Recognition and Development Process, while not directly discriminatory, may operate in practice to disadvantage certain groups on the basis of protected attributes such as pregnancy or parental or carer status, and may be unreasonable if alternatives or adjustments are not considered. Ambulance Victoria should establish exemptions to this rule for employees who have been on parental leave or working flexibly and enable alternative assessment methods that ensure they are not disadvantaged in comparison to their full-time peers, whilst ensuring that these exemptions are applied equitably and are not themselves discriminatory.

Leading practice and key guidance, including the Commission's own, note the importance of avoiding seeking unnecessary or potentially discriminatory information from candidates through the design of selection criteria, which is also a legal obligation pursuant to s 107 of the Equal Opportunity Act.⁷⁵ Ambulance Victoria has been grappling with how to address excessive 'unplanned' personal leave across the organisation⁷⁶ and has included consideration of patterns of sick leave under the leadership assessment criteria when determining eligibility for operational acting and secondment opportunities as outlined above.

While the Commission acknowledges that personal leave creates challenges in Ambulance Victoria's operational cohort and ultimately stands to impact its capacity to deliver essential services to the public, personal leave is an employee entitlement and should be managed through standard management and human resources practices. Where an employee's use of sick leave is not supported by a medical certificate or indicates a performance issue, this can be addressed through performance management and standard probity checks within progression processes; it does not warrant a 'catch all' selection criteria. We therefore urge Ambulance Victoria to remove sick leave as a consideration within its Recognition and Development Process and to conduct a review to ensure it is not being unduly considered in other progression and promotion processes across the organisation.

Embedding performance development

Structured, consistently applied and appropriately resourced professional development is a crucial component of enabling all employees to receive the visibility and tailored support they need to access career advancement opportunities. This is one important step in leveling the playing field for employees – such as women, people working flexibly and employees from

diverse backgrounds – who may otherwise be overlooked for progression and promotion opportunities due to (conscious or unconscious) bias. It also makes managers accountable for supporting and appraising staff in a transparent, fair, inclusive and consistent manner.⁷⁷

In Chapter 12, the Commission recommends that Ambulance Victoria ensures that all managers have performance development plans in place to support their own development, and that these plans incorporate standardised KPIs for workplace equality and people management capabilities. This requires and incentivises managers to prioritise and invest in the professional development of their staff. Coupled with building trust and uplifting people management across the organisation, this should, in turn, increase employee engagement and uptake of Ambulance Victoria's annual performance development plans and enable a broader cross-section of the organisation to be supported to advance in their careers.

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.

10.3 Equal pay

Women and men are entitled to equal pay for work of equal or comparable value⁷⁸ and yet, the gender pay gap is persistent across Australian and Victorian workplaces. As at May 2021, Australia's national gender pay gap – the difference between the full-time average weekly earnings of women and men, expressed as a percentage of men's earnings – was 14.2%, resulting in women earning on average \$261.50 less than men each week.⁷⁹ In Victoria, the gap was slightly lower at 12.2%, although represented an increase of 2.6% since May 2020.⁸⁰

10.3.1 Ambulance Victoria's approach to equal pay

Policy framework

At Ambulance Victoria, the classification of roles and remuneration is guided by the various enterprise agreements, the Health Executive Employment and Remuneration Policy, the Recruitment and Selection Policy and Procedure, the Classification and Remuneration (Management and Administrative Employees) Procedure and various other documents. The Recruitment and Selection Policy, for example, provides that the classification grade of a role guides the offer of remuneration. It further provides that commencement salaries: for management and administrative positions are to be at the base of the grade, in line with the applicable enterprise agreement, unless the required endorsements are obtained; and for operational employees, must align with the enterprise agreement.

Since 2020, Ambulance Victoria relies on a career structure and classification frameworks outlined in relevant industrial agreements to provide transparent, consistent pay across the organisation.⁸¹ Under the relevant classification frameworks, increments in pay for operational staff are linked to years of employment in the organisation (as opposed to performance, save for staff within 'Administrative Bands'),⁸² while pay rates for corporate staff are determined in accordance with a job evaluation system that measures the value (expressed via points) of specific roles based on several key factors.⁸³ The pay rates that align with years of service and work value points, respectively, are clearly set out in detail in the relevant industrial agreements.

Notwithstanding this transparency in relation to pay information, Ambulance Victoria's enterprise agreements and recruitment and selection policies do not explicitly address equal pay – save for a clause in the enterprise agreement covering operational staff, which is designed to ensure parental leave is not a barrier to pay increments based on years of employment.⁸⁴

In a welcome development, Ambulance Victoria's draft Women in Leadership Strategy (dated May 2021) includes a goal to ensure gender pay equality. This is to be advanced by:

- conducting a pay gap analysis to identify and remediate any disparities
- identifying any processes or practices contributing to a gender pay gap and implementing actions to reduce the gap
- providing the workforce with key information about pay equality, insights from the organisation's pay equality data and strategies to reduce identified gender pay gaps.

Employees can request a review of their position description in limited circumstances (for example, when a role has changed significantly) but equal pay is not listed as a reason for reclassification.⁸⁵ If an employee has a concern regarding equal pay, they are directed to the organisation's existing grievance procedure, in which the employee first attempts to resolve the issue informally with their direct manager (see Section 10.2.2. and 7.2.2, Volume I, for further detail on the grievance procedure).

Pay gap analysis

While Ambulance Victoria and the unions and professional associations have taken important steps to increase consistency and transparency around pay through undertaking a consultative, work value review, establishing new classification frameworks and making provisions to avoid disadvantage for operational employees on parental leave (discussed above), Ambulance Victoria has not previously had a process to regularly identify, remedy or report any pay gaps or investigate the causes of any gaps related to its operational workforce. This is despite research showing the increasing use of pay gap analyses to identify and remedy pay disparities.⁸⁶ The organisation did, however, gain important initial insights into the state of pay equality across the organisation through:

- a 2019 (unpublished) Victorian Public Sector Commission report analysing Ambulance Victoria's workforce data from 2013 to 2018 against a comparator group⁸⁷
- its participation in the Gender Equality Act Implementation Pilot (see Section 3.4.1), where in 2020, it completed a pay gap analysis as part of a pilot workplace gender audit
- the completion in 2021 of its first workplace gender audit since the Gender Equality Act commenced,⁸⁸ again including a pay gap analysis.⁸⁹

The new legislative requirements to conduct gender pay gap analyses (as part of workplace gender audits) and prepare a Gender Equality Action Plan every four years⁹⁰ will provide Ambulance Victoria with further and longitudinal insights into its gender pay gap. The organisation's future action plans will also be an important vehicle through which to identify measures to promote equal pay and ensure ongoing accountability for those actions.⁹¹

The Commission is not aware of any steps taken to identify or address pay discrepancies with respect to protected attributes other than gender (for example, on the basis of race or disability), save for the extent that they may have been surfaced through the focus on intersectionality as part of Ambulance Victoria's recent workplace gender audit. We acknowledge that Ambulance Victoria's Diversity and Inclusion Council established a working group to identify actions to improve data reporting but understand that there have only been minimal increases in the voluntary reporting of diversity data at that time.

Other steps

Broader steps taken by Ambulance Victoria to improve workplace equality, including measures to increase the representation of women in leadership roles and introduce more inclusive recruitment practices, are key to achieving equal pay (see across Volume II).

10.3.2 The current state of equal pay in Ambulance Victoria

According to Ambulance Victoria's first workplace gender audit,⁹² conducted as part of its compliance with the Gender Equality Act, Ambulance Victoria has a gender pay gap of 10.8%. This is lower than the national gender pay gap (14.2% in May 2021),⁹³ but consistent with the Victorian public sector gender pay gap (10.7%).⁹⁴

- When considered on an employment-type basis, the gender pay gap ranges between 7.0% at its lowest (for casual staff) to 50.1% at its highest (for part-time permanent/ongoing staff)
- When considered on a reporting level basis, the gender pay gap ranges between 5.2% at its lowest (for Level 7 employees) to 32.1% at its highest (for Level 1 employees).

Ambulance Victoria's published workplace gender audit report does not detail the monetary value represented by these percentages and the Commission did not have access to the underlying data for the audit as this was in progress for most of Phase 1 of the review. The Commission notes that Ambulance Victoria's published workplace gender audit also did not detail intersectional aspects of pay inequality. However, it acknowledged that this may provide additional insights, particularly to identify drivers of the pay gap.

For comparison with the pay gap identified in 2021, according to the Victorian Public Sector Commission's analysis of Ambulance Victoria data, the average pay rate for all staff as at January 2019 was \$109,220.⁹⁵ Men earned more than women on average: \$114,709 compared to \$102,556. This equated to an annual difference of \$12,153 or a gender pay gap of 10.6%;⁹⁶ this was lower than the national gender pay gap (14.0%) in May 2019, but higher than the Victorian gender pay gap (9.6%).⁹⁷

The Victorian Public Sector Commission found that a significantly higher proportion of men than women at Ambulance Victoria earned \$120,000 or more (27.4% compared to 9.2%) as at June 2018. The 18.2% difference between women and men within this salary range was much higher than the 3.9% difference between women and men in this salary range for the 'comparator group' (see Figure 10M). There were also more women than men earning lower salaries between \$40,000 and \$99,999, whereas the proportion of men and women earning between \$100,000 and \$119,999 was roughly equal: – 38.2% and 37.2%, respectively.

Figure 10M – **Salaries as at June 2018 (as a % of headcount)**

Gender	Less than \$40,000	\$40,000–\$59,999	\$60,000–\$79,999	\$80,000–\$99,999	\$100,000–\$119,999	\$120,000+
Ambulance Victoria						
Men	0.0%	0.2%	4.8%	29.4%	38.2%	27.4%
Women	0.0%	0.7%	8.4%	44.5%	37.2%	9.2%
Comparator group						
Men	0.2%	4.8%	27.3%	38.2%	19.0%	10.5%
Women	1.3%	10.7%	39.8%	30.1%	11.5%	6.6%

Source: Victorian Public Sector Commission, *Workforce Data and Comparison Report 2017-2018 (State of Victoria, 2019)*.

The Commission notes that the gender pay analysis undertaken as part of Ambulance Victoria's 2021 workplace gender audit is intended to provide an updated, comprehensive understanding of the state of gender pay equality across the organisation and set the baseline for ongoing monitoring and evaluation. Going forward, Ambulance Victoria will need to conduct workplace gender audits every four years in accordance with the Gender Equality Act.



Findings

- In 2019, Ambulance Victoria had a gender pay gap of 10.6%, with men earning on average \$12,153 more than women each year. This pay gap was lower than the national gender pay gap (14.0%) in May 2019, but higher than the Victorian gender pay gap (9.6%) at that time.
- By 2021, Ambulance Victoria had a gender pay gap of 10.8%. This is lower than the national and Victorian gender pay gaps in May 2021 (14.2% and 12.2% respectively) and consistent with the Victorian public sector gender pay gap (10.7%).
- Ambulance Victoria has taken a number of steps, in consultation with unions and professional associations, to address pay disparity in its workforce. For corporate staff, this includes undertaking a consultative, work value review and industrial negotiation process to establish a new career structure and classification framework for corporate staff. For operational staff this includes seeking to address pay inequality for operational employees who go on parental leave through introducing a clause in the Ambulance Victoria Enterprise Agreement 2020 which provides that progression is not deferred for employees who have been on leave (paid or unpaid) for a period of 12 months or less.
- Ambulance Victoria has not specifically examined or reported on whether it has a pay gap unrelated to gender, except to the extent that aspects may have been surfaced through the requirement in the Gender Equality Act to consider intersectionality when conducting workplace gender audits. Its ability to understand any broader pay gap will be affected by the limited demographic diversity workforce data currently available.

10.3.3 Factors affecting equal pay

The gender pay gap, which exists across Australian and Victoria workplaces, does not result from the individual choices of workers. Rather, it is driven by discrimination and bias in recruitment, including in access to career advancement opportunities. It is also driven by the historical and systemic undervaluing of work traditionally associated with certain groups of people – particularly women and people from diverse backgrounds – as well as widespread industry and occupational segregation, whereby certain groups are concentrated in low-paid jobs.⁹⁸

The Workplace Gender Equality Agency has identified three organisation-specific gender pay gaps – like-for-like, by level and organisation-wide – and their drivers (see Figure 10N).⁹⁹ This refers to the types of gender pay gaps and drivers that operate at the organisational level, as opposed to an industry or occupation level. These types of gender pay gaps and drivers exist, to varying degrees, across a variety of Australian organisations.

Figure 10N – Examples of organisation specific gender pay gaps

Types of gaps	Drivers of gaps
Like-for-like Pay gaps between people of different genders undertaking work of equal or comparable value	Inequality in commencement salaries
	Bias in performance ratings
	Bias in performance management system
	Inequality in access to discretionary pay
	Negative impact when women negotiate
	Cumulative effects of pay inequality
	Impact of long-term leave
	Impact of part-time employment
By-level Pay gaps between people of different genders at the same organisational level	Discrimination (conscious and unconscious)
	Cumulative effects of like-for-like gender pay gaps
	Cumulative effects of pay inequality
	Impact of long-term leave
	Women in support roles and men in operational roles
Organisation-wide The difference between the average remuneration of people of different genders across the whole organisation	Discrimination (conscious and unconscious)
	More men at higher levels and more women at lower levels
	Inequality in promotion rates for women and men
	Limited number of women in leadership pipeline and succession plans
	Limited number of women in career development and leadership programs
	Few women in operational roles
	Limitations on career progression due to lack of flexible work options

Source: Adapted from Workplace Gender Equality Agency, *Guide to gender pay equity: Practical steps to improve pay equity between women and men in your organisation* (Australian Government, undated).

While noting that the Commission did not have access to underlying data from Ambulance Victoria's 2021 gender pay gap analysis, several of the identified drivers of gender pay inequality were raised more broadly during the review; this suggests that they may also warrant attention in the context of equal pay. Among other inequality issues, these include:

- the high rates of discrimination against women reported to the Commission, including discrimination on the basis of sex and related grounds (see Section 5.1.1)
- the over-representation of men in specialist clinical and operational management roles (see Section 10.2.2), including, for example, among MICA and Air Ambulance Victoria Paramedics, who are paid substantially more than Advanced Life Support Paramedics
- cultural attitudes and structural barriers related to flexible work and taking career breaks (for example parental leave), which are impeding women's access to certain progression and promotion opportunities, including access to MICA and operational management roles, among other roles (see Section 10.2.2).

The linkages between equal pay and these other equality-related issues reinforce the need for a holistic approach to equality (as set out in the outcomes framework in Appendix E, Volume I).

More broadly, limited workforce demographic data on attributes other than gender is a barrier to identifying and remedying other potential pay discrepancies.

10.3.4 Achieving equal pay

Achieving equal pay is a critical step in embedding workplace equality and it requires Ambulance Victoria to take proactive steps to address policy, decision-making and practice at each stage of the employment lifecycle.

Ambulance Victoria's industrial structures tying pay to years of service for operational staff and to 'work value points'¹⁰⁰ for corporate roles provide a measure of objectivity and transparency. However, they do not nullify the need for further action. Without proactive and targeted action, Ambulance Victoria will be reliant solely on the passage of time (and the assumption that women will move up in the organisation over time) to close its gender pay gap. As outlined in Section 10.2.3, there are a number of attitudinal and structural barriers that impede women's progression and promotion at Ambulance Victoria, meaning that time alone will not solve the issue of pay inequality.

The commencement in 2021 of the Gender Equality Act has begun to sharpen Ambulance Victoria's focus on equal pay. The pay analysis that requires has provided the organisation with comprehensive baseline data on the current state of its gender pay gap across the organisation as a whole and within each workforce level. The duty to conduct workplace gender audits every four years provides a mechanism for continual monitoring of any gap. In line with the Gender Equality Act, the Commission also encourages Ambulance Victoria to use its Gender Equality Action Plans to identify proactive measures to achieve equal pay, including to reduce the known pay gap and any organisational specific drivers uncovered during its analysis.

Section 10.3.4 identifies steps the organisation should consider when developing its first action plan. Together, the ongoing nature of these obligations and the outcomes framework proposed by the Commission in Appendix E enliven a continual improvement model to support Ambulance Victoria to progress equal pay into the future. The Commission looks forward to working closely with the Commission for Gender Equality in the Public Sector and Ambulance Victoria to advance the goal of equal pay for the organisation.

Develop an equal pay policy

The Commission welcomes the gender pay equality goal in the draft Women in Leadership Strategy and encourages Ambulance Victoria to ensure its inclusion in the final version of the strategy. It should consider how the findings of its recent workplace gender audit and of this review (particularly the broader drivers of gender inequality) can enrich the actions it has identified in the strategy to advance this and related goals.

In line with leading practice¹⁰¹ and noting that unequal pay is not limited to gender, the Commission encourages Ambulance Victoria to supplement this strategy with an equal pay policy (whether stand-alone or as part of broader policies) to guide managers when making decisions that may impact pay (such as appointments for higher duties or progression, approving development opportunities, conducting performance appraisals and negotiating exemptions to the rules about starting salaries for lateral corporate recruits) and informing employees of their rights and entitlements with regard to pay. This policy should be readily accessible and designed in consultation with the relevant unions and professional associations.

Include an equal pay clause in future enterprise agreements

Ambulance Victoria should consider demonstrating its commitment to equal pay through the inclusion of an equal pay clause in its subsequent enterprise agreements.

Victorian Public Service Enterprise Agreement 2020: Gender pay equality principles

Clause 28.1 of the *Victorian Public Service Enterprise Agreement 2020* details '[g]ender pay equity principles' and provides that the agreement is to be interpreted consistently with those principles.

These principles are:

- (a) **Establishing equal pay for work of equal or comparable value:** The phrase 'equal or comparable value' refers to work valued as equal in terms of skill, effort, responsibility and working conditions. This includes work of different types.
- (b) **Freedom from bias and discrimination:** Employment and pay practices are free from the effects of unconscious bias and assumptions based on gender.
- (c) **Transparency and accessibility:** Employment and pay practices, pay rates and systems are transparent. Information is readily accessible and understandable.
- (d) **Relationship between paid and unpaid work:** Employment and pay practices recognise and account for different patterns of labour force participation by workers who undertake unpaid and/ or caring work.
- (e) **Sustainability:** Interventions and solutions are collectively developed and agreed, sustainable and enduring.
- (f) **Participation and engagement:** Workers, unions and employers work collaboratively to achieve mutually agreed outcomes.

Among other clauses, clause 28.3 provides that the employer will work collaboratively with employees and the union to identify and remedy any gender pay gaps.

The *Gender Equality Amendment Regulations 2021 (Vic)*, effective from February 2022, incorporate these principles into the Gender Equality Act. Going forward, defined entities, including Ambulance Victoria, must take these principles into account when preparing a Gender Equality Action Plan (although the requirement does not apply to action plans due in March 2022). Previously, the principles were included in guiding materials as recommended actions for action plans.

Introduce targets and report against them regularly

The gender pay analysis undertaken as part of Ambulance Victoria's first workplace gender audit provides the organisation with a comprehensive baseline for understanding its gender pay gap at any and each level of the organisation. The Commission encourages Ambulance Victoria to use this data to set itself a target for reducing identified pay gaps. Holders of the leading practice Employer of Choice for Gender Equality citation between 2013 and 2018 have ensured that the overall difference between average pay for men and women at each job grade does not exceed 1%.¹⁰²

Using targets as one mechanism to reduce gender pay gaps

The Victorian Government Department of Environment, Land, Water and Planning conducted a gender pay review, as part of its commitment to create a more equal and inclusive department. It found that male employees were paid on average 1.48% more than female employees. However, the variance was greater at different pay levels, including 7.92% at the Executive level and 3.74% at the Senior Technical Specialist level.¹⁰³

The department shared the findings with its staff via a weekly staff message from the then Secretary¹⁰⁴ and via its intranet. The Secretary committed to closing the gender pay gap and the department entered into a partnership with the Victorian Government 'Recruit Smarter' program to address any unconscious bias that may have contributed to the identified pay gaps.¹⁰⁵

Building on these earlier initiatives, the department set a target in its *Diversity and Inclusion Strategy 2019 – 2022* of reducing its gender pay gap by 2.0% at an organisational level, as well as at each VPS classification grade and Senior Executive Service level.¹⁰⁶ In its *Annual Report 2021*, it reported that its gender pay gap had remained under 1.0% since 2018 and at the time of reporting, was 0.4% and less than its 2.0% threshold in VPS classifications.¹⁰⁷

Ambulance Victoria should report publicly and to its workforce on any pay gaps and its progress against defined targets at least annually.¹⁰⁸ While the Gender Equality Act audit and progress reporting requirements fall every two years, greater regularity in reporting and the transparency it affords would enable earlier and more regular intervention to reduce the organisation's pay gap. It would also demonstrate the organisation's commitment to workplace equality. Reflecting on the value of sharing pay equality results with staff, Adam Fennessy, (the former Secretary of the Department of Environment, Land, Water and Planning and current Victorian Public Sector Commissioner), said that:

[i]t was important for [that department's] progress to be transparent and accountable – we had to be open with our people and share the facts about where we were at and what we were going to do about it.¹⁰⁹

Allocate budgets to rectify pay gaps identified through pay gap analyses

To succeed in reducing any pay gaps across the organisation, Ambulance Victoria will need to regularly set aside money to rectify any identified gaps. Subject to the circumstances, unequal pay may be unlawful and needs to be resolved once an organisation becomes aware of it.

Reducing gender pay gaps requires an allocated budget

On average, organisations that received the Employer of Choice for Gender Equality citation¹¹⁰ from the Workplace Gender Equality Agency reduced their full-time total remuneration pay gap faster than non-citation holders between 2013–2014 to 2017–2018: a 9.2% reduction compared to a 3.7% reduction.¹¹¹ Common practices adopted by citation holders to reduce their gender pay gap included: measuring and monitoring gender pay gaps across, between and within position banding; immediately addressing ‘like-for-like’ gender pay gaps when identified; and allocating budget to ameliorate any inequalities identified.¹¹²

Support managers and hold them accountable for achieving equal pay

While managers at Ambulance Victoria do not have discretion to determine their employees’ pay, managers are able to influence their team members’ pay when making decisions about appointments for higher duties or progression opportunities, or when determining training opportunities that may be a precondition for progression. In addition, in the corporate work workforce, managers have influence over the salary at which new lateral transfers commence as noted above. It is therefore important for Ambulance Victoria to incorporate the issue of equal pay into broader training and resources for managers (see Section 12.5.1 and recommendation 36). For example, training for remuneration decision-makers at organisations that held a Leading Employer of Choice for Gender Equality citation between 2013 to 2018 involved participants discussing the kinds of biases that may affect decision-makers when making pay recommendations and challenging recommendations that may have been improperly formed.¹¹³

Ambulance Victoria should also ensure that managers are held accountable for advancing equal pay. At a minimum, this should include oversight of all remuneration decisions and a requirement for managers to demonstrate, as part of their annual performance reviews, how they have sought to ensure pay equality.

Establish processes to raise concerns or make unequal pay complaints

Ambulance Victoria should consider establishing and communicating to its workforce clear processes for raising concerns or making complaints about unequal pay. These processes should be detailed in the organisation's equal pay policy.¹¹⁴

Leading approaches to resolving unequal pay claims

Clause 28.4 of the Victorian Public Service Enterprise Agreement 2020 provides that the union and/or a group of employees can submit written claims to the relevant VPS employer to settle a dispute relating to unequal pay, irrespective of gender. The employer must first meet with the union and/or a group of employees regarding their claim, and then respond in writing within a reasonable time. The employer's written response must include reasons why the claim is accepted or rejected. Unresolved claims can be referred to the Public Sector Gender Equality Commissioner for resolution, who must consider the agreement's Gender Pay Equity Principles. Unresolved matters can be referred to the Fair Work Commission.

In 2020, New Zealand amended its *Equal Pay Act 1972* (NZ) to create a clearer pathway to equal pay for employees in female-dominated occupations. The amended Act details a process for resolving unequal pay issues with an employer where there has been systemic undervaluation of work because of sex discrimination. The intent is to enable pay equality matters to be resolved with employers without having to make a claim in court in the first instance. Later that year, Employment New Zealand released *Pay Equity: Guide to Good Practice*, which provides guidance on making and responding to equal pay claims, as well as on equal pay bargaining.

Target the underlying drivers of unequal pay

The Commission welcomes the commitment from Ambulance Victoria to implement the recommendations in this final report, noting that many of the recommendations address the drivers of unequal pay and will support the organisation's efforts to achieve equal pay. The effectiveness of targeting the underlying drivers of unequal pay – as well as sex and related grounds of discrimination – have been clearly demonstrated by Victoria Police.

Victoria Police continues its success in reducing the organisation's gender pay gap

In 2016, Victoria Police analysed its rates of pay (excluding police recruits, ranks higher than superintendent and VPS levels higher than VPSG6) and identified a gender pay gap of 9.5%, with women and men respectively earning \$78,508 and \$86,734 on average. As part of the *Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police*, the Commission urged Victoria Police to take steps to reduce this pay gap.

In 2021, a workplace gender audit of Victoria Police revealed that its ongoing efforts continue to yield results; while a pay gap remains, there have been further reductions in the pay gap at an organisation level (6.4%) and at most levels (police officers: 3.8%, VPS staff: 5.5% and Protective Services Officers: 3.1%).

Victoria Police's gender pay gap analysis found that the organisation-wide pay gap is mostly due to: the over-representation of men in higher-paid positions; time-in-position; and average length-of-service being greater for men than women. The gender pay gap for VPS staff is influenced by a unique driver: commencement salary, with male VPS staff typically paid more on commencement than their female colleagues upon entry into Victoria Police as a result of higher negotiated salaries from previous employers.

Key steps taken by Victoria Police to reduce its gender pay gap include:

- undertaking a gender pay gap analysis every two years
- expanding its analysis over time to include more senior employees
- implementing benchmarking and reporting on comparative remuneration, including by rank and gender
- reporting on its gender pay gap every two years to the Commission for Gender Equality in the Public Sector
- targeting the broader drivers of gender inequality
- implementing initiatives to promote understanding of the value of recruiting diverse teams and further reduce bias in recruitment processes, resulting in the recruitment of more women in senior positions.

To reduce its pay gap even further, Victoria Police's forthcoming Equal, Safe and Strong Gender Equality Action Plan 2022–2024 includes actions to strengthen flexible work practices, reform the concept of 'merit' used in its promotion and progression processes and develop a systems-approach to improve VPS hiring and salary negotiations to address gender biases.

Expand workforce demographic data to identify other pay gaps

The ability to identify and rectify pay gaps unrelated to gender – or gaps that involve multiple, intersecting attributes – depends on the collection and analysis of data about the diversity of a workforce. Much of the data necessary to complete such analysis within Ambulance Victoria is currently provided on a voluntary basis (like in many other organisations) and is limited.

To progress a broader focus on equal pay and apply an intersectional lens to gender pay gap analyses, Ambulance Victoria should continue its work to expand demographic workforce data. The leadership of the Board in disclosing its demographic diversity will set an important tone from the top of the organisation and hopefully encourage the workforce to similarly disclose information about their diverse backgrounds (see Section 10.2.1). More broadly, efforts should include encouraging the disclosure of more information about diversity and, noting the safety concerns that have been raised and the prohibition against requesting information that could be used as a basis for discrimination in s 107 of the Equal Opportunity Act, explaining how disclosing demographic data can help to improve diversity and support equal employment outcomes, like equal pay.

Recommendation 29

Advancing equal pay

Ambulance Victoria should consider the following actions when developing the organisation's Gender Equality Action Plan under the Gender Equality Act:

- (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 expediting more inclusive recruitment and promotion practices as set out above
- (g) expand workforce demographic data collection and monitoring to identify any other pay gaps.

Notes

1. For more information see Section 10.3 below and Workplace Gender Equality Agency, 'Pay equity', (Webpage) <www.wgea.gov.au/pay-equity>.
2. Australian Human Rights Commission, *Women in Male-Dominated Industries: A Toolkit of Strategies* (2013) 47.
3. Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of effective prevention and response strategies in workplace sexual harassment' (2015) 53 *Asia Pacific Journal of Human Resources* 41, 49–50; Workplace Gender Equality Agency, 'The Gender pay gap' (Webpage, 2018) <<https://www.wgea.gov.au/topics/gender-pay-gap>>.
4. Workplace Gender Equality Agency, *The Business Case for Gender Equality* (November 2018); Gretchen Berlin, Lucia Darino, Megan Greenfield and Irina Starikova, 'Women in the healthcare industry' (McKinsey & Company, 7 June 2019).
5. *Ambulance Services Act 1986* (Vic), s 17(1A).
6. Shortly prior to this report's publication, the Victorian Government released new guidelines on board diversity which provide additional, general advice about board recruitment processes aimed at increasing diversity on Victorian government boards: Victorian Government, *Diversity on Victorian Government Boards: Guidelines on diversity and inclusion in recruitment and appointment processes* (State of Victoria, 2021).
7. Ambulance Victoria has had a male Chair since 1 December 2015, except temporarily between January and April 2020. The current Chair took a leave of absence during this period at the request of the Premier of Victoria to chair Bushfire Recovery Victoria. Prior to the current Chair's appointment, the organisation was overseen briefly by a government appointed administrator and before that by a female Chair for a period of six months.
8. Major public sector boards are the 311 larger public entity boards and exclude: boards with only members who are elected or who are ex officio members (a person who is on a board because of their role); equality portfolio boards; most advisory boards; school councils; small cemetery trusts; small rural hospitals; and small Crown land committees of management. Data related to board demographics is current as at June 2020. (See Victorian Public Sector Commission, 'Board numbers and demographics' (Webpage, 17 December 2021) <<https://vpssc.vic.gov.au/data-and-research/data-facts-visuals-state-of-the-sector/board-numbers-and-demographics/>>).
9. At 30 June 2020, there were 343 Australian Government boards with 2489 filled positions. Women filled 48.5% of all board positions (1206 positions were filled by women). See Department of the Prime Minister and Cabinet, *Gender Balance on Australian Government Boards: Report 2019-20* (Commonwealth of Australia, 2020) 2, 3.
10. Gender representation on ASX 200 boards has now exceeded 30%. See Terry W. Fitzsimmons, Miriam Yates and Victor Callan, *Towards Board Gender Parity: Lessons from the Past – Directions for the Future* (University of Queensland Business School, 2021).
11. The Ambulance Victoria Board's Community Advisory Committee has equal gender representation among the independent, community members on the Committee, in addition to its two female statutory directors. This committee also includes community members from diverse backgrounds.
12. For comparison, recent research into corporate boards suggests that globally women comprise 21% of board committee chairs. Diligent Institute, *A Few Good Women: Gender Inclusion in Public Company Board Leadership* (2020) 4.
13. *Ambulance Services Act 1986* (Vic), s 17(3)(b). The requirement in the Ambulance Services Act that the Minister for Ambulance Services have regard to the adequate representation of women and men when recommending director appointments was first introduced in 2004 by the *Ambulance Services (Amendment) Act 2004* (Vic) s 11(4). It also aligns with the Victorian Government's commitment that women make up 50% of all new appointments.
14. The Hon Daniel Andrews, 'Balanced boards make better decisions', (Media release, Victorian Government, 28 March 2015) <<https://www.premier.vic.gov.au/balanced-boards-make-better-decisions/>>. By contrast, on 1 July 2016, the Australian Government committed to achieving a target of women holding 50% of Australian Government board positions overall, and men and women each holding at least 40% of positions on individual

boards. Department of the Prime Minister and Cabinet, *Gender Balance on Australian Government Boards: Report 2019-20* (Commonwealth of Australia, 2020) 2.

15. The high degree of transparency around the gender composition of Ambulance Victoria's Board has been achieved in part by the administrative requirement to collect, record and publish data about directors' gender and the visibility of the gender composition of the Board in Ambulance Victoria's annual reports and on its website. See Department of Premier and Cabinet, *Ensuring Good Governance and Transparency through Integrity of Data on Victorian Government Appointments and Public Entities*, Administrative Guideline No 2018/01 (Victorian Government, 2018), 5.
16. Following the introduction of the Gender Equality Act in 2020, Ambulance Victoria needs to report every second year on its progress against the Gender Equality Action Plan that the Act requires it to develop. *Gender Equality Act 2020* (Vic) s 19(1). The Act requires that the organisation submit its progress reports to the Public Sector Gender Equality Commissioner and publish the reports on its website. *Gender Equality Act 2020* (Vic), s 20. The Hon Minister Gabrielle Williams MP, second reading speech, Gender Equality Bill 2019, *Hansard*, 4581, 27 November 2019, 4581-86, 4583, 4584. See also Kate Farhall and Niki Vincent, 'Gender inequality laid bare: Transparency as a tool to drive progress, ethical leadership and good governance in Victoria' (2021) 37(2) *Law in Context* 125; Alysia Blackham and Niki Vincent, 'Positive equality duties: The future of equality and transparency' (2021) 37(2) *Law in Context* 98.
17. See, for example, Victorian Government, 'Why board diversity matters', (Webpage, 2 July 2021) <<https://www.boards.vic.gov.au/why-board-diversity-matters>>; Department of Health, 'Applying for board director positions', (Webpage, 3 December 2021) <<https://www.health.vic.gov.au/boards-and-governance/applications-now-open-for-2022-board-director-positions>>.
18. Victorian Government, *Diversity on Victorian Government Boards: Guidelines on diversity and inclusion in recruitment and appointment processes* (State of Victoria, 2021).
19. Victorian Government, *Appointment and Remuneration Guidelines* (effective from 1 July 2021) [5.7].
20. Department of Premier and Cabinet, *Ensuring Good Governance and Transparency through Integrity of Data on Victorian Government Appointments and Public Entities*, Administrative Guideline No 2018/01 (2018).
21. The Government Appointments and Public Entities Database, contributed to by government departments and maintained by the Victorian Public Sector Commission, is the central source of information used to manage, monitor and report on all non-departmental entities and public appointments in Victoria. Some of the information held in the database is also made publicly available via the Public Board Appointments Victoria at <<https://www.publicboards.vic.gov.au/>> and the VPS's State of the Public Sector digital series, see <<https://vpssc.vic.gov.au/data-and-research/data-facts-visuals-state-of-the-sector/>>.
22. Rebecca Cassells, and Alan Duncan, *Gender Equity Insights 2020: Delivering the Business Outcomes* (Report, Bankwest Curtin Economics Centre, Curtin University, June 2020); Vivian Hunt et al., *Delivering Through Diversity* (Report, McKinsey & Company, January 2018); Robert Wood, Building a business case for gender diversity (Report, Centre for Ethical Leadership, Ormond College, University of Melbourne, April 2013). David A Carter, Betty J Simkins and W Gary Simpson, 'Corporate governance, board diversity, and firm value' (2003) 38 *The Financial Review* 33; C.B. Ingley and NT van der Walt, 'Board configuration: Building better boards' (2003) 3(4) *Corporate Governance: An International Review* 5.
23. See, for example, Alireza Vafaei, Kamran Ahmend and Paul Mather, 'Board diversity and financial performance in the top 500 Australian firms' (2015) 25(4) *Australian Accounting Review* 413; Alireza Vafaei et al, 'Board diversity: Female director participation and corporate innovation' (2021) 29(2) *International Journal of Accounting & Information Management* 247; David A.H. Brown, Debra L. Brown and Vanessa Anastasopoulos, *Women on Boards: Not Just the Right Thing...But the "Bright" Thing* (Report, Conference Board of Canada, May 2002); Vivian Hunt, Dennis Layton and Sara Prince, *Diversity Matters* (Report, McKinsey & Company, February 2015).

24. Victoria Rich, 'Advancing diversity leadership in health care' (2013) 37(3) *Nursing Administration Quarterly* 269; Antoinette Hardy-Waller, 'Increasing board diversity: An imperative for success in the next era' (2015) 39(1) *Nursing Administration Quarterly* 23.
25. Alison Cook and Christy Glass, 'The Power of One or Power in Numbers? Analyzing the Effect of Minority Leaders on Diversity Policy and Practice' (2015) 42(1) *Work and Occupations* 204-206.
26. Megan Leonhardt, 'Company Boards are Being Held to Higher Levels of Accountability and Transparency' *Fortune* (Webpage, 12 October 2021) <<https://fortune.com/2021/10/11/company-boards-are-being-held-to-higher-levels-of-accountability-and-transparency/>>.
27. *Gender Equality Act 2020* (Vic), ss 4(c), 6(8), 9(2)(c), 11(2)(c), 11(3)(b).
28. The Commission notes that the Victorian Public Sector Commission holds much of this information (excluding religion and race) for the purpose of providing whole of government reporting on the demographics of boards and for providing data to various initiatives such as Women on Board. This information is owned by the relevant department, with detailed information on appointments only available to the departments themselves, save for in limited circumstances by agreement. Additionally, Ambulance Victoria is prohibited from directly or indirectly disclosing this information to any person (unless necessary for a non-discriminatory purpose) and must destroy or permanently de-identify the information when it is no longer required: *Equal Opportunity Act 2010* (Vic) s 107(3)).
29. Victorian Government, *Diversity on Victorian Government Boards: Guidelines on diversity and inclusion in recruitment and appointment processes* (State of Victoria, 2021), Appendix I.
30. United States Securities and Exchange Commission, Release No 34-92590 'Order Approving Proposed Rule Changes' (SR-NASDAQ-2020-081 and SR-NASDAQ-2020-082) (6 August 2021).
31. Nasdaq, *Board Diversity Matrix Disclosure Requirements and Examples* (Webpage, last updated 8 November 2021), <https://listingcenter.nasdaq.com/assets/Board%20Matrix%20Examples_Website.pdf>; Nasdaq, *Board Diversity Matrix Instructions*, (Webpage) <<https://listingcenter.nasdaq.com/assets/Board%20Diversity%20Disclosure%20Matrix.pdf>>.
32. Nasdaq Rule 5606.
33. London Business School Leadership Institute, SQW and The Financial Reporting Council, *Board Diversity and Effectiveness in FTSE 350 Companies* (The Financial Reporting Council Limited 2021) 10.
34. *Waite Group (Human Rights)* [2016] VCAT 1258.
35. The 2021 Board Diversity Index (BDI) found that the boardrooms of ASX 300 companies continue to be dominated by directors of Anglo-Celtic and European ethnicity (92.5%). The BDI also found that change in board composition on the measure of cultural diversity is moderate at best. The BDI also predicted that based on current progress, it will take 18 years for those boardrooms to reflect Australia's cultural diversity. Watermark Search International and Governance Institute of Australia, *2021 Board Diversity Index* (Report, 2021) 3, 12, 20, <<https://www.watermarksearch.com.au/2021-board-diversity-index>>.
36. Nasdaq Rule 5605(f) provides that '[e]ach Company [unless exempt] must have, or explain why it does not have, at least two members of its board of directors who are Diverse, including (i) at least one Diverse director who self-identifies as Female; and (ii) at least one Diverse director who self-identifies as an Underrepresented Minority or LGBTQ+.'
37. Nasdaq, 'A proposal to advance board diversity and enhance transparency of diversity statistics through new proposed listing requirements', (Webpage, 1 December 2020) 6, <<https://listingcenter.nasdaq.com/assets/RuleBook/Nasdaq/filings/SR-NASDAQ-2020-081.pdf>>.
38. *Women on Boards: An Act to Add Sections 301.3 and 2115.5 to the Corporations Code*, Ch 316, 2018, Cal Stat SB 826.
39. An underrepresented community is defined as 'an individual who self identifies as Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, or Alaska Native, or who self identifies as gay, lesbian, bisexual, or transgender'.

Underrepresented Communities on Boards: An Act to Amend Section 301.3 of, and to Add Sections 301.4 and 2115.6 to the Corporations Code, Ch 316, 2020, Cal Stat AB 979.

40. Sir John Parker, The Parker Review Committee, *A Report into the Ethnic Diversity of UK Boards: Final Report* (Report, 2017), <https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/news/2020/02/ey-parker-review-2017-report-final.pdf>.
41. Sir John Parker, The Parker Review Committee, *A Report into the Ethnic Diversity of UK Boards: Final Report* (Report, 2017), <https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/news/2020/02/ey-parker-review-2017-report-final.pdf> 10 (Recommendation 1.1)>.
42. Annex 1: Parker Review survey results as at 2 November 2020, <https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/news/2021/03/parker-review-appendix.pdf>.
43. The Hon Daniel Andrews, 'Balanced Boards make better decisions', (Media release, Victorian Government, 28 March 2015), <<https://www.premier.vic.gov.au/balanced-boards-make-better-decisions/>>. By contrast, on 1 July 2016, the Australian Government committed to achieving a target of women holding 50% of Australian Government board positions overall, and men and women each holding at least 40% of positions on individual boards: Department of the Prime Minister and Cabinet, *Gender Balance on Australian Government Boards: Report 2019-20* (Report, 2020) 2.
44. For the avoidance of doubt, the recommended changes should supplement existing requirements in the Act relating to gender. For examples of a requirement to consider diversity, see s 12(3) of the *Multicultural Victoria Act 2011* (Vic) and s 2.6A.7(4) of the *Education and Training Reform Act 2006* (Vic) for some examples.
45. *The UK Corporate Governance Code* (United Kingdom), Principle L, 8 <<https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.PDF>>.
46. Sir John Parker, The Parker Review Committee, *Ethnic Diversity Enriching Business Leadership: An update report from The Parker Review(2020)* 48 <https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/news/2020/02/ey-parker-review-2020-report-final.pdf>.
47. Dominique Allen, 'Collecting, Sharing and Utilising Data to Inform Decision-making and Improve Equality' (2021) 37(2) *Law in Context* 88; Australian Human Rights Commission, *Leading for Change: A Blueprint for Cultural Diversity and Inclusive Leadership* (Report, July 2016) 15, 19; Ethnic Communities' Council of Victoria, *Work Solutions: Improving Cultural Diversity and Inclusion in the Workplace* (Discussion Paper, 2014) 19, 26.
48. ASX Corporate Governance Council, *Corporate Governance Principles and Recommendations*, 4th ed (2019), Recommendation 1.5(c).
49. *Ambulance Victoria Enterprise Agreement 2020* (2020), cl 30.
50. Ambulance Victoria considers diversity across the six focus areas outlined in the organisation's 2018-2020 Diversity and Inclusion Strategy. These include: gender; age; cultural and linguistic diversity; LGBTIQ+ identity; and Aboriginal and Torres Strait Islander identity.
51. The six stages were: advertise; apply; online assessment of clinical knowledge and a psychometric assessment; individual interviews and group exercises at assessment centres; probity checks; and job offers.
52. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018—2020*, (2017) 5.
53. *Ibid* 5.
54. Chief Executive Women and Male Champions of Change, *It Starts with Us: The Leadership Shadow* (Report, Australian Human Rights Commission, 2014).
55. The workforce figures used here exclude the Executive Committee and first responders.
56. As per note 55 above.
57. *Ambulance Victoria Enterprise Agreement 2020* (2020), cl 27.
58. Ambulance Victoria, *Recognition and Development Process (RDP): A Guide for Operational Staff and Managers* (February 2020) 8.

59. Ambulance Victoria, *Recognition and Development Process (RDP): A Guide for Operational Staff and Managers* (February 2020), 7, 11.
60. Ambulance Victoria, *Performance Development Framework – My Performance@AV* (March 2019); Ambulance Victoria, *Performance and Development Policy* (April 2018).
61. See, for example., CIPD, *Could do better? Assessing what works in performance management*, (Research report, 2016), 3-4; Diversity Council of Australia, Merit, (Webpage) <<https://www.dca.org.au/topics/gender/key-issues/merit>>; Chief Executive Women & Male Champions of Change, *In the Eye of the Beholder: Avoiding the Merit Trap*, (Report, 2016) <<https://cew.org.au/wp-content/uploads/2016/08/MCC-CEW-Merit-Paper-FINAL.pdf>>.
62. *Convention on the Elimination of All Forms of Discrimination Against Women*, United Nations, Treaty Series, vol. 1249, (entered into force 18 December 1979), art 2(f), 5.
63. Rebecca J. Cook and Simone Cusack, *Gender Stereotyping: Transnational Legal Perspectives* (University of Philadelphia Press, 2010) 3.
64. Cimon Smith, 'Inclusive recruitment for LGBTQI+ candidates at Coles Group', *LinkedIn*, 6 December 2021.
65. 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) 15; Cedric Herring, 'Does diversity pay? Race, gender and the business case for diversity' (2009) 74 *American Sociological Review* 208; Vivian Hunt, Sara Prince, Sundiatu Dixon-Fyle and Lareina Yee, *Delivering through diversity* (McKinsey & Company, 2018) 1; Workplace Gender Equality Agency, 'Workplace gender equality: The business case' (Webpage, 18 November 2018) <<https://www.wgea.gov.au/publications/gender-equality-business-case>>.
66. The 40:40:20 target is a revision on the traditional 50:50 target, where instead of implementing a goal of achieving equal proportions of men and women within an organisation, the goal is 40% men, 40% women and 20% of either, and/or other genders. This provides a level of flexibility of between 40 – 60% women within an organisation.
67. Victorian Public Sector Commission, *Ways to embed flexible work in the employment lifecycle* (State of Victoria, 2021) <<https://vpssc.vic.gov.au/html-resources/ways-to-embed-flexible-work-in-the-employment-lifecycle>>.
68. Ibid.
69. Ibid.
70. Victorian Public Sector Commission, *How to implement flexible work in your organisation* (State of Victoria, 2021) <<https://vpssc.vic.gov.au/html-resources/how-to-implement-flexible-work-in-your-organisation/>>.
71. Australian Human Rights Commission, *A Step-by-step guide to reducing discrimination in recruitment* (Report, 2014); Victorian Equal Opportunity and Human Rights Commission, *Guideline for the recruitment industry and employers: Complying with the Equal Opportunity Act 2010* (2014).
72. Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020) 10, considering an analogous problem in the Army (Australian Defence Force) where Personnel Advisory Committees were convened to review and recommend officers for promotion or training opportunities, which have historically been male-dominated and internal to the Army. There is also existing research demonstrating that the more discretion there is in a decision, the greater the risk of bias. See, for example, Judge Andrew J Wistrich and Jeffrey J Rachlinski, 'Implicit Bias in Judicial Decision Making: How It Affects Judgment and What Judges Can Do About It' in Sarah E Redfield (ed), *Enhancing Justice Reducing Bias* (American Bar Association, 2017) 111; Submission 110 to the Australian Law Reform Commission, *Pathways to Justice — An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (Australian Law Reform Commission Report 133, 2017). By analogy, the Australian Human Rights Commission notes that "Within certain professions or industries, the pattern of cultural representation may mirror the hierarchy of prestige or power within the field." Australian Human Rights Commission, *Leading for Change: A blueprint for cultural diversity and inclusive leadership revisited* (Report, April 2018).

73. According to an internal briefing note prepared by Ambulance Victoria, other emergency services organisations in Victoria do not include endorsement requirements in their selection processes for specialist roles or training and instead ask candidates to provide evidence that they possess the required capabilities as substantiated through reference checks. Further, as at May 2021, only three out of a total of nine jurisdictional ambulance services across Australia and New Zealand required line manager endorsement for progression to Intensive Care Paramedic (broadly equivalent to a MICA Paramedic) and that process was under review within one of those three services. Ambulance Victoria, 'Review of MICA selection process' (Briefing note, 21 May 2021).
74. See for example, Victorian Public Sector Commission, *Best practice recruitment selection methodology and tools* (State of Victoria, 2007); Australian Human Rights Commission; Victorian Equal Opportunity and Human Rights Commission, *Guideline for the recruitment industry and employers: Complying with the Equal Opportunity Act 2010* (2014).
75. Victorian Equal Opportunity and Human Rights Commission, *Guideline for the recruitment industry and employers: Complying with the Equal Opportunity Act 2010* (2014), 15; Australian Human Rights Commission, *A step-by-step guide to preventing discrimination in recruitment* (November 2014); Diversity Council Australia, *Inclusive Recruitment* (Webpage) <<https://www.dca.org.au/di-planning/inclusive-recruitment#inclusive-language-in-advertising-and-job-descriptions>>.
76. Ambulance Victoria, *Monitoring and Management of Unplanned Leave* (action item response) (Memo to Board of Directors, 25 March 2019).
77. See Jonathan Lewis Gifford, et al. *Could do better? What works in performance management* (Report, Chartered Institute of Personnel and Development, 2016) 3-4.
78. Victorian Equal Opportunity and Human Rights Commission and Industrial Relations Victoria, *Equal pay matters: Achieving gender pay equality in small-to-medium enterprises* (State of Victoria, 2021) 25; Equal Workplaces Advisory Council, *Gender Pay Equity Principles for the Victorian Public Service and Sector* (2018) 2.
79. Workplace Gender Equality Agency, *Australia's Gender Pay Gap Statistics*, (Factsheet, 27 August 2021) <https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_factsheet_august2021.pdf>. The data is drawn from ABS (2021), *Average Weekly Earnings*, May 2021, cat. no. 6302.0, Table 12 A to Table 12, <<https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/average-weekly-earnings-australia/latest-release#data-download>>.
80. 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>.
81. See *Ambulance Victoria Enterprise Agreement 2020*, pt 4, Appendix 1, Appendix 2; *Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020*, schs A, B, C.
82. *Ambulance Victoria Enterprise Agreement 2020*, cl 30, pt 4, Appendix 1, Appendix 2.
83. Ambulance Victoria use the Mercer CED Job Evaluation System (formally known as the Cullen Egan Dell Job Evaluation System).
84. *Ambulance Victoria Enterprise Agreement 2020*, cl 27.5(l).
85. *Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020*, cl 29.2. There is no equivalent provision in the *Ambulance Victoria Enterprise Agreement 2020*. Recruitment and Selection Policy; Classification and Remuneration (Management and Administrative Employees) Procedure, cl 7.
86. Bankwest Curtin Economics Centre and Workplace Gender Equality Agency, *Gender Equity Insights: Inside Australia's Gender Pay Gap*, (Australian Government, 2018), 56.

87. Victorian Public Sector Commission, *Workforce Data and Comparison Report 2017-2018* (State of Victoria, 2019). The comparator group comprised the Country Fire Authority, the Emergency Services Telecommunications Authority, the Metropolitan Fire and Emergency Services Board, Victoria Police (Sworn and Protective Services Officers) and the Victoria State Emergency Service.
88. *Gender Equality Act 2020* (Vic) s 11.
89. Ibid ss 3 ('workplace gender equality indicators'), 11(2).
90. Ibid ss 3, 10.
91. Ibid s 10(1).
92. Ambulance Victoria, *2021 Workplace Gender Audit Results for Consultation* (Report, 2021), 18-21.
93. Workplace Gender Equality Agency, *Australia's Gender Pay Gap Statistics*, (Factsheet, 27 August 2021) <https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_factsheet_august2021.pdf>.
94. 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>.
95. Victorian Public Sector Commission, *Workforce Data and Comparison Report 2017-2018* (Report, State of Victoria, 2019).
96. The Commission has calculated this gender pay gap using the formula adopted by the Workplace Gender Equality Agency: the gap is calculated as the difference between women's and men's average weekly full-time equivalent earnings, expressed as a percentage of men's earnings.

$$\text{GPG}=100\% \frac{\text{Men's Average Earnings} - \text{Women's Average Earnings}}{\text{Men's Average Earnings}}$$

See Workplace Gender Equality Agency, *Australia's Gender Pay Gap statistics* (Factsheet, 27 August 2021) 2.

97. Workplace Gender Equality Agency, *Australia's Gender Pay Gap Statistics* (Factsheet, August 2019); Australian Bureau of Statistics, *Average Weekly Earnings*, 2019, (Catalogue No 6302.0, May 2019).
98. Victorian Equal Opportunity and Human Rights Commission and Industrial Relations Victoria, *Equal pay matters: Achieving gender pay equality in small-to-medium enterprises* (State of Victoria, 2021) 27.
99. In addition to organisation-specific gender pay gaps, there is the national gender pay gap and specific industry or occupation gender pay gaps.
100. Ambulance Victoria use the Mercer CED Job Evaluation System (formally known as the Cullen Egan Dell Job Evaluation System).
101. See, for example, Workplace Gender Equality Agency, *Quick guide to designing an equitable remuneration policy* (Webpage, Australian Government) <<https://www.wgea.gov.au/tools/designing-equitable-remuneration-policy>>.
102. Terrance Fitzsimmons, Miriam Yates and Victor Callan, *Employer of Choice for Gender Equality: Leading Practices in Strategy, Policy and Implementation* (Summary Report, 2020) 109.
103. Male Champions of Change, *Closing the Gender Pay Gap* (Report, 2017) 14.
104. The Commission acknowledges that the then Secretary was Mr Adam Fennessy, a member of the Expert Panel appointed by us to support the conduct of this review into Ambulance Victoria.
105. Male Champions of Change, *Closing the Gender Pay Gap* (Report, 2017) 14.
106. Department of Environment, Land, Water and Planning, *Diversity and Inclusion Strategy 2019-2022* (Victorian Government, 2019) 9.

107. Department of Environment, Land, Water and Planning, *Annual Report 2021* (Annual Report, Victorian Government, 2021) 83.
108. The Workplace Gender Equality Agency recommends that organisations conduct a payroll analysis at least once a year. Leading practice organisations conduct gender pay analyses several times a year to identify and address systemic issues as they arise. See Workplace Gender Equality Agency, *Guide to Gender Pay Equity: Practical Steps to Improve Pay Equity Between Women and Men in your Organisation* (Australian Government 2016) 33. Gender pay equality should also be considered when making remuneration decisions and as part of an organisation's performance and pay review process.
109. Male Champions of Change, *Closing the Gender Pay Gap* (Report, 2017) 14. The Commission acknowledges that the then Secretary was Mr Adam Fennessy, a member of the Expert Panel appointed by us to support the conduct of this review into Ambulance Victoria.
110. The Employer of Choice for Gender Equality citation is a voluntary leading practice recognition program designed by the Workplace Gender Equality Agency to recognise and promote organisations' active commitment to achieve gender equality in the workplace. To be eligible for the citation, organisations must comply with the *Workplace Gender Equality Act 2012* (Cth) and meet assessment criteria spanning seven focus areas, including gender pay equality and other areas that target the drivers of unequal pay.
111. Terrance Fitzsimmons, Miriam Yates and Victor Callan, *Employer of Choice for Gender Equality: Leading Practices in Strategy, Policy and Implementation* (Summary Report, 2020) 7.
112. Ibid 11–12.
113. Ibid 110.
114. See, for example, *Employment New Zealand, Pay Equity – Guide to Good Practice* (Report, 2020).





11

Flexibility and accessibility

Chapter 11 provides an assessment of Ambulance Victoria's approach to flexibility, reasonable adjustments and employees' transition to retirement.

→ KEY POINTS

Workplace flexibility should be normalised and valued at Ambulance Victoria.

- Ambulance Victoria has made positive progress towards improving workplace flexibility, particularly for corporate staff. However, there is a pressing imperative for the organisation to transform its approach to flexibility and embed it into its structure, processes and culture, including in immediate and long-term workforce planning and the entire employment life cycle.
- Flexible work emerged as a key issue during the review. For operational staff, it continues to be perceived as oppositional to Ambulance Victoria's work in providing 24/7 emergency health care to Victorians, whereas corporate staff reported significant gains in accessing flexible working arrangements, particularly over the course of the COVID-19 pandemic.
- Ambulance Victoria has made commendable progress in improving flexibility through its partially implemented Think Flex First framework and People Based Rostering initiative and plans to build on the improved flexibility for corporate staff. These initiatives provide the foundation for future progress and many corporate staff are already enjoying the resulting benefits.
- However, structural barriers, including the shift-weighting calculator, perpetuate harmful attitudes towards flexibility for operational staff and prevent them from enjoying the benefits of the progress described above.
- Operational staff also raised concerns about negative attitudes towards flexible work and, in some cases, not receiving any response to requests to work flexibly. This indicates the need for improved knowledge of Ambulance Victoria's legal obligations and flexible work procedure and processes across the manager cohort, as well as increased involvement and support from the People and Culture division to ensure all requests for flexible working arrangements are considered and responded to appropriately.
- A lack of centrally collected data and monitoring processes prevents Ambulance Victoria from understanding: the nature and scale of the demand for and barriers to flexible work; the effectiveness of initiatives to improve flexibility; and the risk of unlawful practice occurring in the form of failure to respond to an employee who has a right to request a flexible work arrangement (consistent with section 65 of the Fair Work Act), and/or refusing a request for such an employee for reasons other than reasonable business grounds.

→ KEY POINTS

A modern and tailored approach to reasonable adjustments is needed to support and include staff members with a disability.

- The Fitness for Duty process - which is used to assess requests for flexible working arrangements on the basis of disability - is a barrier to eligible staff seeking reasonable adjustments, including in the form of flexible work, due to fear of stigmatisation and loss of job security. This poses a significant risk to the organisation's employees and the Victorian community, whereby injured employees feel compelled to continue working in potentially unsafe circumstances.
- Ambulance Victoria requires a dedicated reasonable adjustments policy and procedure to ensure legal compliance and an inclusive culture for employees with disability.
- Managers require increased knowledge and support to implement the policy and facilitate Ambulance Victoria's aspirations to build a more inclusive workplace culture for current and future employees

Considered transition to retirement must be embedded into workforce planning.

- Inadequate long-term planning for employees' transition to retirement poses an emerging problem for Ambulance Victoria. Over the next 15 years, 28.9% (n=2186) of Ambulance Victoria's workforce will be in an age range where they may consider transitioning to retirement. The Commission heard from older employees about experiences of age discrimination and pressure to retire, resulting in long-standing staff feeling de-valued, disengaged and harmed.
- Ambulance Victoria currently has limited guidance, options, planning and arrangements regarding transition to retirement. To ensure Ambulance Victoria makes older members of its workforce feel valued and continues to benefit from their institutional knowledge and experience, it must develop a more structured and respectful approach to transitioning to retirement planning.

11.1 Flexible work

Ambulance Victoria's mission is to ensure 24/7 coverage of emergency healthcare services, across the entire state of Victoria. Workplace flexibility at Ambulance Victoria must therefore be balanced with the need to meet this priority and mitigate the risk of community members not receiving urgent medical attention in a timely way. At the same time, flexibility has become a minimum prerequisite to attract and retain a diverse, capable and committed workforce for any contemporary workplace, regardless of the sector.¹ This imperative has increased significantly during the COVID-19 pandemic, during which many Victorian workers have enjoyed unprecedented flexibility, primarily those in roles that can be undertaken offsite. For Victorian public service employees, flexibility became the default position.²

Section 11.1 considers present challenges and opportunities to enhance workplace flexibility in the different work and operating contexts of Ambulance Victoria's corporate and operational cohorts. In the case of corporate staff, recommendations build on the significant gains made within Ambulance Victoria during the COVID-19 pandemic. For operational staff, the analysis reveals significant structural barriers, which inform and perpetuate negative cultural attitudes towards workplace flexibility. However, these are not insurmountable and the diverse ways that comparable organisations in Australia and across the world have progressed flexibility for operational staff point to practical and effective change, which underpins the recommendations in this chapter.

11.1.1 Why flexible work matters

Flexible work has evolved significantly since the relevant provisions came into force in the Fair Work Act. Early iterations were largely driven by office-based occupations, where people are able to fulfill the requirements of their role while working from home (or from another suitable offsite location). Workplace flexibility is now widespread across industries and sectors and takes many forms, including (but not limited to) compressed working hours or weeks, part-time work, job-share arrangements, different work locations, earlier or later start and finish times, purchased leave, time off in lieu, flexitime, flexible rostering (such as taking rostered days off as two half days) and gradual increases or decreases in working hours.³ There are also examples of shift roles with access to flexibility in different forms; for example, changes to shift length or self-rostering initiatives (discussed further below).

The importance of flexible work

It is widely accepted that there are significant benefits to flexible work for both employers and employees. For employers this includes improvements in productivity and innovation, employee attraction and retention, employee health, safety and wellbeing, enhanced customer service and reduced absences.⁴ Workplace flexibility can also lead to more strategic and innovative approaches to future capability and workforce planning to support changing service demand and delivery.⁵ Not only does flexible work bring substantive benefits to employers and employees, but many employees have also consistently reported a desire to work in more flexible ways, especially after it has been a feature of their day-to-day lives during the COVID-19 pandemic.⁶ For instance, research conducted by the Commission during this period revealed that workers consider flexibility to be

core to their ability to balance work and carer responsibilities and maintain their own health and wellbeing.⁷ It also found that 85.0% of workers surveyed wanted to access flexible work arrangements in the future.⁸

Critically, workplace flexibility is fundamental to progressing workplace equality. Increasing equal access to, and utilisation of, flexible work throughout a person's employment life cycle can overcome dated and harmful gender stereotypes that have historically limited women's participation and progression in the workforce.⁹ Workplace flexibility has been proven to increase workforce participation among women, people transitioning to retirement, and other diverse groups where employees have the autonomy and flexibility to balance other commitments such as caring for children, people with disabilities, the sick or the elderly.¹⁰

Normalising workplace flexibility to the point where it is common and respected can result in increased trust and job satisfaction for employees and greater and more equal opportunities for progression and promotion for all employees. For an organisation such as Ambulance Victoria that has experienced a 45.6% increase in women employees since 2016, normalising workplace flexibility is imperative to develop, retain and benefit from the capability and institutional knowledge of the existing workforce now and into the future.

Leading practice approaches to flexible work

A contemporary and leading practice approach is for employers to go beyond minimum compliance and embed workplace flexibility into the culture of the organisation. This is critical to providing equal access to employment for potential and current employees. In practice, leading practice employers encourage all employees to consider and request flexible work arrangements to balance their work and personal commitments and maintain their wellbeing, regardless of their personal circumstances or tenure.¹¹ Notwithstanding the fundamentally different operating contexts of Ambulance Victoria's operational and corporate staff, there are some principles that can be applied to both cohorts in the pursuit of innovative, transformative and sustained workplace flexibility.

Chief Executive Women, in collaboration with Bain & Company, in its 2021 *Equitable Flexibility* report, proposes a four-plank framework with practical suggestions for increasing equal access to flexibility while avoiding adverse consequences.¹²

Chief Executive Women and Bain & Company's flexible work framework

Flexibility that advances workplace equality is:

- practised at scale (rather than ad hoc)
- encouraged without pre-conditions or judgement
- adopted by all people of all genders at all levels (especially by men in senior positions)
- without impediments or barriers to progression, training, or participation.

The non-prescriptive nature of these principles make them equally applicable to advancing flexibility for Ambulance Victoria's corporate and operational employees. They are enhanced by other leading practice recommendations, specific to corporate versus operational settings as outlined in Figure 11A.¹³

Figure 11A – **Leading practice flexible work principles**



The COVID-19 pandemic rapidly increased flexibility for many workers out of necessity,¹⁵ with flexible work (particularly working from home) a common feature of Victorians' working lives during the pandemic. According to the Commission's survey of 1504 Victorian workers, 77.0% of women and 72.0% of men worked flexibly during the pandemic.¹⁶ According to the Victorian Public Sector Commission's Guiding Principles of Flexible Work, 'flexible work is the government's default position'¹⁷ (although as a public sector entity, these principles do not apply directly to Ambulance Victoria¹⁸).

To date, most of the literature and practice has been focused on employees who work in more traditional office-based roles.

From the smaller body of research around innovations for employees who work scheduled hours, self-rostering has been shown to improve morale and reduce time spent on rostering for nurses in a ward.¹⁹ Self-rostering has also been combined with annualised hours (a concept that is roughly analogous to Ambulance Victoria's rolled-in rate of pay, discussed below) in the context of consultants in an emergency department.²⁰ Self-rostering is one example that illustrates several leading practice principles related to workplace flexibility that are particularly relevant to operational settings.²¹

11.1.2 How Ambulance Victoria approaches flexible work

As Chapter 3 in Volume 1 explained, a range of state and federal laws support employees to work flexibly. Section 65 of the Fair Work Act provides that certain employees have a legal right to request flexible work, including an employee with 12 months or more of continuous service and who: is the parent, or has responsibility for the care of a child who is of school age or younger; is a carer within the meaning of the *Carer Recognition Act 2010* (Cth); has a disability; is 55 years or older; is experiencing family violence; or is providing care or support to an immediate family member who is experiencing family violence.²²

Under the Equal Opportunity Act, it is unlawful to discriminate against an employee on the basis of protected attributes, several of which may relate to requests for flexible work, including age, disability, parent or carer status, pregnancy or sex.

Industrial framework

The entitlement to request flexible work is incorporated into the various applicable industrial agreements that apply to Ambulance Victoria.²³ In addition to the grounds listed under section 65 of the Fair Work Act above, clause 23.3 of the Ambulance Victoria Enterprise Agreement 2020 also provides for two additional circumstances, where an employee has a medical condition that requires a flexible work arrangement, or is transitioning to retirement in accordance with a documented and agreed retirement plan.

Policy framework

Applying to all staff, Ambulance Victoria's Flexible Working Arrangements Procedure articulates the entitlements described above. Under the procedure, a flexible work arrangement is defined as a 'temporary variation to the original contracted terms and conditions of employment for a defined period of up to twelve (12) months; there is no reference to informal or ad hoc flexibility. A range of flexible working arrangements, including some that are applicable only to operational or corporate staff, are listed in the procedure.

Figure 11B – **Flexible work options currently available at Ambulance Victoria**

Flexible working type examples	Potentially suitable for operational employees	Potentially suitable for management and administrative employees
Reduced hours	Yes	Yes
Individual rostering	Yes	Yes, for employees undertaking shift work
Compressed hours	No	Yes
Phased reduction in hours / graduated return to work	Yes	Yes
Telecommuting	No	Yes
Line sharing	Yes	No
Job sharing	Yes	Yes
Working from home	No	Yes

Source: *Flexible Working Arrangements Procedure*

Managers are responsible for approving and responding to requests for flexible work. The procedure provides that requests can be denied or negotiated on reasonable business grounds but is silent on what constitutes such grounds. Instead, it lists a range of personal and operational factors to be considered when determining if a request is to be denied or approved.²⁴

Notwithstanding this guidance and the range of options listed, two elements of Ambulance Victoria's rostering system determine an operational staff member's access to a flexible work arrangement: the 'rolled-in rate' and the 'shift-weighting calculator'.

Rolled-in rate of pay and shift weighting calculator

- **Rolled-in rate of pay:** The rolled-in rate of pay is a calculation in the Ambulance Victoria Enterprise Agreement 2020 for a rate of pay, which arose in enterprise bargaining negotiations when most employees worked 10/14 rosters. It assumes that everyone works their fair share of 'unsociable hours' (night shifts and weekend shifts) and the penalties for all roster lines are pooled together and divided based on length of shifts, with shifts divided into either 'penalty pool' shifts or 'non-penalty pool' shifts. Most employees are entitled to the rolled-in rate of pay under the Ambulance Victoria Enterprise Agreement 2020.
- **Shift-weighting calculator:** The shift-weighting calculator is a tool that the Rosters Team uses to consider flexible working arrangement requests (incorporated into practice through the Flexible Working Arrangements Procedure). The manager submits the employee's proposed flexible work roster and the tool determines if the proposed roster meets a threshold of 1.3 points per hour worked. The purpose of the shift weighting calculator is to ensure a fair distribution of shifts (including 'unsociable hours') among the workforce to maintain service delivery.

Under the Flexible Working Arrangements Procedure, employees must apply via a Flexible Work Arrangement Form with evidence that their request meets the 1.3-point threshold set out in the shift-weighting calculator.

An employee whose request is refused may make a complaint under the Complaints Procedure if they made the request on the basis of a protected attribute under the Equal Opportunity Act, or under the Grievance Procedure if their request is on the basis of another reason.

In contrast to the Flexible Working Arrangements Procedure's focus on legal compliance and Ambulance Victoria's operational and business needs as a priority,²⁵ the Rosters and Shift Design Manual articulates the important balance between meeting operational demand and the safety, wellbeing and work-life balance of operational staff. This balance is embedded in six principles that are designed to inform shift and roster design.

Rosters and Shift Design Manual's principles to balance operational demand and staff needs and wellbeing

- Meet legislative requirements
- Pro-active fatigue/tiredness management
- Respond to demand
- Work-Life balance through roster flexibility
- Financial sustainability
- Operational staff consultation²⁶

Yet, the holistic nature of these principles is diminished by the absence of any guidance on how to apply them in an operational setting, or direction on how flexibility can be supported and implemented in the rostering process. Similarly, reference to the principles, including how to apply them, is absent in related procedures.²⁷

A number of other policies and guidelines provide for permanent forms of flexible work in Ambulance Victoria. These include the Change of Employment Status Policy and the Part Time Employment Procedure.²⁸

Programs and initiatives

Think Flex First

Ambulance Victoria has a 'Think Flex First' framework that was partially implemented in 2018. The intention of the framework is to improve attitudes towards and access to workplace flexibility, making this a 'business as usual' practice, while also acknowledging that an 'all roles flex' approach is not possible for operational staff. The framework is centred around four key changes:

- building a common understanding of flexible working entitlements
- developing support tools and resources that managers and employees can use to engage in and manage flexible working arrangements
- using flexible work role models among managers and senior leadership members to demonstrate Ambulance Victoria's commitment to and support of flexible work arrangements
- providing a comprehensive set of policies, procedures and guidelines to ensure consistency in decisions and embed flexible work.²⁹

Elements of the framework that have been implemented include briefings to managers by Ambulance Victoria's Senior People Partners and an intranet page hosting fact sheets that explain the rights and responsibilities of managers and employees, and provide guidance on how to prepare and apply for a flexible working arrangement. However other elements that are critical to changing attitudes and culture – such as training, championing success stories, role models, and conversation guides and Q&As that work to debunk negative myths about flexible work – are yet to be implemented.

Although the initial framework reflects a positive and significant development in Ambulance Victoria's language and approach to workplace flexibility, particularly for operational staff, the lived experience of many operational staff, as explored further below, indicates the benefits are yet to be realised.

People Based Rostering

Ambulance Victoria's 'People Based Rostering' project is an ongoing project aimed at reviewing the organisation's current roster requirements and designing new rosters and guidelines. The key objective is to ensure the safety and welfare of paramedics through improving work – life balance and decreasing stress and fatigue, while also ensuring Ambulance Victoria meets operational demands.

The project includes short, medium, and long-term planning solutions. Ambulance Victoria, in designing the project, acknowledges the following issues with the current rostering patterns:

- current rostering patterns impact patient and workforce safety

- changing workforce expectations requires greater flexibility
- historical rostering patterns and industrial instruments create a supply-demand imbalance, which also affects service delivery.

According to Ambulance Victoria's internal projections, it is expected that all pilots will be completed by June 2022, and successful pilots will lead to large scale implementation and rollout across metro and regional areas, subject to funding from the Victorian government.

Raise It! pilot and Upstander program

In early 2020, Ambulance Victoria partnered with the Commission to pilot Raise It!, a holistic program comprising of preparation, education and resources, designed to address gender inequality and improve access to flexible work (see Section 4.2.3).

Employee-driven innovations at Ambulance Victoria

In respect of operational employees at Ambulance Victoria, the Commission heard about innovative, employee-driven solutions to providing flexible work for operational staff, some of which have been tested successfully on a small scale or have yet to be tested due to a lack of support from management. These included stand-alone flexible working arrangement ambulance vehicles with flexible shift lengths that are not part of rosters; access to flexible rosters; and increased consultation with staff and pilots to test innovative approaches to flexibility. The Commission's view is that Ambulance Victoria should continue to encourage employees' ideas and feedback and follow through with operationalisation.

11.1.3 Experiences of flexible work

Formal flexible working arrangements

Available workforce data for the past five years show a yearly increase in the number of Ambulance Victoria employees on approved formal flexible working arrangements. As of 31 March 2021, there were 936 employees on formal flexible working arrangements, representing 12.4% of Ambulance Victoria's total employees (7550). For comparison, in 2015-2016, 497 out of 5770 employees (8.6%) were on formal flexible working arrangements, with a gradual increase each year since then.

Consistent with widespread research into who requires and accesses flexibility across the broader workforce, the March 2021 data show that 14.4% (n=557) of Ambulance Victoria's 3872 women are on flexible working arrangements, compared with 10.3% (n=379) of the 3678 men employed by Ambulance Victoria.

According to the same data:

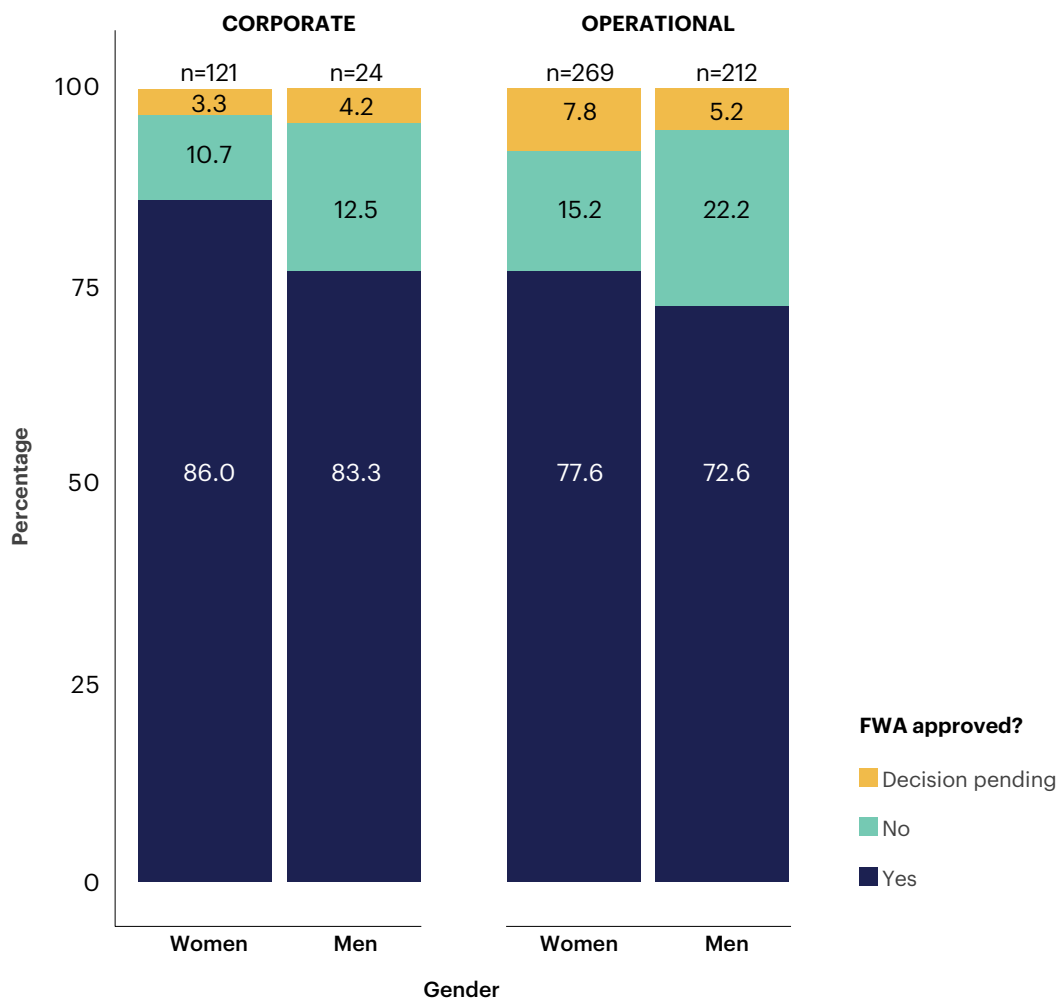
- although women make up 51.3% (n=3872) of AV's overall workforce, 74.7% (n=486) of permanent part-time and 67.3% (n=37) of fixed-term part-time staff are women
- 15.9% (n=663) of employees in the metro region are on flexible work arrangement, compared to 8.1% (n=273) in regional work locations (comprising of Barwon South West, Gippsland, Grampians, Hume and Loddon Mallee regions).

According to Ambulance Victoria's 2021 workplace gender audit report (using data as at 30 June 2021), 15.0% (n=939) of 6257 employees were on a flexible work arrangement, 60.0% (n=563) of whom are women and 40.0% (n=376) of whom are men. The workplace gender audit report does not detail whether these are formal or informal arrangements, and the Commission has not reviewed the underlying data for the audit.

Of the 733 people who responded to the Commission's survey question about their most recent request for a flexible work arrangement, 77.2% (n=566) overall indicated that their request had been approved. Figure 11C below compares approval rates by gender and role type. The data indicates that:

- women are slightly more likely than men to have their request for a flexible working arrangement approved
- corporate employees are more likely than operational employees to have their request for a flexible working arrangement approved.

Figure 11C – **Decisions on requests for flexible work arrangement**



It is important to note that the Commission's survey question did not distinguish between formal or informal flexibility (for example, altered start and finish times and other ad hoc flexibility that would not warrant a change to an employment contract). The survey responses are consistent with what people told the Commission about increased rates of *informal* flexibility experienced by corporate staff during the COVID-19 pandemic:

I tend to prefer, when people need flexibility, if they need to go do something with their kids or they need to go to the dentist or whatever, I just say, 'Fine, of course you can do that'. So it's really more organic than prescribed, is the way that I like to do it... I never say 'no' when someone needs to do something around family or whatever. And I take the view that you get it back in discretionary effort in spades. *Participant, Interview*

Similarly, interview participants told the Commission that increased flexibility for corporate staff, necessitated by the pandemic had shifted some rigid and inaccurate assumptions about the impact of flexible work arrangements on productivity, as explained by one corporate manager.

In the [redacted] team, there [are four individuals] in there... Two of them kept asking if they could work from home, and this is pre-COVID. Small team, they work very closely together, so I have never been very keen on that. I said to them, 'We can't see you. We don't know... We need to make sure we can support you and we are not sure we can do it at home'. So, I had been hesitant to do that in that group. Although there was one person who had a flexible work arrangement because of childcare responsibilities, and that is all fine. COVID came and all these people just became so much more productive, because she was at home and she could work early, she could work late, she could work in between when the kids were doing whatever. I have already said to them that I have had to question what I thought about that... It was a strange dynamic in that team, but I am very pleased to have been proved wrong. *Participant, Interview*

However, some corporate staff raised concerns about workload as a barrier to genuine flexibility.

No, I don't have any experience with flexible work arrangements... I could never even ask that. I would be let go under the guise of something else. So no, I could never raise a flexible work arrangement. I can't even raise a request for overtime, let alone a documented arrangement. *Participant, Interview*

Ambulance Victoria is in the process of building on the flexibility gains experienced by corporate staff via guidance material (currently in draft form and set to be released for consultation with the workforce in the first half of 2022) around hybrid working that provides flexibility related to work location. It is critical that these guidelines acknowledge that working from home, in itself, is not effective flexibility if an employee is working excessively. It is also imperative that the organisation's senior leadership champion the guidelines to ensure dated

assumptions about flexible work and productivity for corporate staff continue to be dismantled.

To a much lesser extent, the COVID-19 pandemic also provided some cohorts of operational staff with increased flexibility, as one senior operational leader explained.

So all of our Area Managers, Regional Directors, Executive, et cetera, had opportunities, all our admin support staff that are in the operational environment... And we did some things differently. So we'd trial our triage practitioners working from home. So, small cohort trials with a view to the future. The technology's not quite there, but we did take opportunities to trial some of those things. So, Team Leaders had the opportunity, so even though – so they're all under normal awards. So, we didn't fix the rules. If they had a day of administration work to do from home, go do it from home, et cetera. The frontline Paramedic though, no. No, that wasn't an option.

Participant, Interview

Applications and refusals

The available data provides encouraging indicators of flexibility at Ambulance Victoria. However, it comes with considerable limitations for operational staff that appear to mask the full extent of people's lived experience. The Commission heard of negative and potentially unlawful practices associated with the process of applying for a flexible working arrangement, and of low confidence to request a flexible work arrangement in the first place, particularly from operational staff. These issues are compounded by the absence of accurate application and refusal data, as set out below.

Of the 733 survey respondents who reported requesting a flexible working arrangement, 17.9% (n=131) did not receive a written response. This is consistent with Ambulance Victoria's own flexible working arrangement audit into people's experiences in applying for flexible work, which revealed that in cases where such arrangements were not agreed to, 80.9% (n=17) were not provided with written reasons or a written response.³⁰ Any indication of this practice is of concern to the Commission because it is unlawful under the Fair Work Act for an employer to fail to provide a written response (within 21 days) to a written request for a flexible working arrangement for any of the reasons set out under s 65 of the Fair Work Act. It is also inconsistent with Ambulance Victoria's own Flexible Working Arrangements Procedure.³¹ It also indicates that dismissive and disrespectful behaviours in response to flexible work requests are normalised in at least some pockets of the organisation.

Among the 127 people who responded to the Commission's survey about the reasons why their flexible work request was refused, the top three reasons given were:

- my manager said there was no flexible work arrangement for my circumstances (35.4%, n=45)
- it wouldn't have been fair to other employees (11.0%, n=14)
- no reason was given (10.2%, n=13).³²

Ambulance Victoria does not currently have central records pertaining to the number of flexible work applications or rejections (with the exception of Barwon South West and Loddon Mallee). Applications are managed and processed locally and most applications are stored in archived emails. The Commission acknowledges Ambulance Victoria's efforts to better understand the current state and experience of flexibility in the workforce via its internal audit. The Commission additionally notes that Ambulance Victoria's workplace gender audit report, completed as part of its compliance with the Gender Equality Act provides some additional data with respect to its employees using formal flexible work arrangements, but we have not reviewed the underlying data for the audit.

However, the current absence of accurate and comprehensive data on requests for flexible working arrangements, associated approvals and refusals (including reasons for refusal) and timeframes for response, prevents Ambulance Victoria (including the Board and the Executive Committee) and external parties from monitoring compliance with the law, particularly with regard to ensuring all requests receive a written response within the prescribed timeframe, and all reasons for refusal are lawful insofar as they are based on reasonable business grounds. It also presents difficulties for impacted employees to challenge or request a review of the decision.

The lack of transparency around applications for flexible working arrangements, options and decisions also renders invisible individual managers' need for improved knowledge and capability and/or bias. In at least some areas of the organisation, there also appears to be an internal culture of secrecy regarding flexibility, as described succinctly by one participant:

[I]t's all very hidden away. I went on a non-work site, and I had to discreetly – you know, 'If anyone has got arrangements with no night shifts can you please send me a private message'. And it was all kind of like a little dark network that we had, because everyone is very protective about their arrangement. They don't want to be exposed, or under the limelight, in case there's focus on them, and then they don't get it anymore, and then they can't manage at home. It's very – that culture of, 'You've got something that works for you, but don't become too – don't tell anyone, because –'
That needs to go. Participant, Interview

Conversely, increased transparency and awareness regarding employee entitlements can help both managers and employees understand that a request for flexible working arrangements can be refused on reasonable business grounds. It will also enable Ambulance Victoria to evaluate the impact of initiatives (such as the Think Flex First Framework) more accurately.



Findings

- Ambulance Victoria's current Flexible Working Arrangements Procedure places a heavy emphasis on meeting compliance and operational need, over the individual needs of employees. Flexibility is defined in formal terms as a change to conditions of employment, and there is no reference to enabling informal flexible working arrangements.
- Managers have full discretion to approve or deny a flexible work request. There appears to be a practice of some managers failing to provide written responses or reasons for refusal, contrary to the requirements in the Fair Work Act. There is no mechanism to ensure legal compliance is met.
- Ambulance Victoria has effectively trialled new ways of working flexibly for both operational and corporate staff during the COVID-19 pandemic, noting there was understandably less flexibility for operational staff. Further exploration and promulgation of effective initiatives is warranted.
- The absence of accurate and comprehensive data capture pertaining to applications for flexible working arrangements, timelines, basis for approvals and refusals, and appeal outcomes prohibits Ambulance Victoria from determining the risk of non-compliance, assessing people's lived experience to the full extent, and evaluating existing and new flexibility strategies.

11.1.4 Barriers to flexible work

The review found that most barriers to flexible work are experienced by operational staff, acknowledging the attitudinal barriers for corporate staff that have been discussed above. For this reason, the following sections on experiences and challenges focus predominantly on this cohort.

Barriers to operational staff accessing flexible work at Ambulance Victoria can be broadly divided into two, interlinked categories; structural and cultural. The data indicate that these barriers are disproportionately encountered by, and impact, women. This is in line with broader research that shows women face disadvantage and penalties in many workplaces for their caring responsibilities or for taking advantage of flexible working options.³³

Structural barriers to flexible work in Ambulance Victoria

Operational and industrial constraints: Rosters, rolled-in rate and shift-weighting calculator

As discussed above, there are unique limitations when considering flexibility for operational employees: they have to work scheduled shifts and work them in person. Most of the shifts for paramedics and operational employees can be broken up into the following roster patterns:

- 10/14 (10-hour day, 10-hour day, 14-hour night, 14-hour night, 4-days off)
- blended (for example, 10-hour day, 10-hour day, 12-hour afternoon, 14-hour night, 4-days off)
- reserve (a Paramedic starts and finishes at different branches)

- spare (a Paramedic is allocated shifts, but those shifts are additional to the required roster 'lines' needed to fill a branch roster, and the Paramedic starts and finishes at their home branch and travels to a different branch during work time).

Ambulance Victoria's Rosters Team undertake two kinds of roster planning:

- long-term planning, involving planning each 28-day roster cycle a few weeks ahead
- daily desk planning, involving filling in vacancies (including on the day of the shifts) that arise after the 28-day roster cycle has been published.

As explained earlier, the shift weighting calculator is a key determinant in an operational staff member's access to a flexible working arrangement. The Commission considers that the application of a uniform standard to assess all applications for flexibility is counter to the fundamental purpose and premise of flexible work, which is based on the assessment of an individual's circumstances and need for flexibility.³⁴ Consequently, the requirement to meet the shift weighting calculation may result in indirect discrimination, as it particularly impacts certain groups of employees with protected attributes; for example parents, who may find it more difficult to access childcare during shifts deemed to be unsociable. It may also be unreasonable for failing to take into account the cost of alternatives or whether reasonable adjustments could be made to reduce the disadvantage.³⁵

Assessing an individual's request for a flexible working arrangement against 'operational need' in the form of a numerical threshold also establishes a uniform bar that applicants must clear to access such an arrangement. This approach removes the requirement for the organisation to consider a range of other reasonable business grounds in determining if an application can be approved or denied on its individual merits, as required by the Fair Work Act. Additionally, by applying a uniform and inflexible approach without considering an individual's employee's circumstances, Ambulance Victoria may be in breach of section 20 of the Equal Opportunity Act, which requires employers to make reasonable adjustments for employees with a disability (discussed further below in Section 11.2.2).

Sentiments about the inflexible approach to flexible work arising from the rolled-in rate and shift-weighting calculator, and the compliance-based focus of the current procedure, were not limited to employees. As one senior leader said:

I think the rolled-in rate's the biggest impediment to flexibility because if you didn't have the rolled-in rate you could have self-rostering. And if you've got self-rostering people will pick up the Friday, Saturday, Sundays for the pay, and other people who aren't so worried about the money or desperately want the weekend off, then they'll get it off. *Participant, Interview*

The Commission notes that the rolled-in rate is part of the Ambulance Victoria Enterprise Agreement 2020 and is a feature of the roster system that arose during enterprise bargaining negotiations when most paramedics worked a 10/14 roster. As noted above, this rate is calculated by pooling all the penalties attributable to all the shifts required in Ambulance Victoria. While its calculation does not assume that all employees work a 10/14 roster, most employees receive the rolled-in rate on the assumption that everyone works their share of 'unsociable hours' (night

shifts and weekend shifts). Further, there are additional penalties that employees who work 'unsociable shifts' receive under the Ambulance Victoria Enterprise Agreement 2020.³⁶

In contrast to when most paramedics worked a 10/14 roster, according to Ambulance Victoria's internal data, there are 300-400 roster options state-wide (not including individually negotiated rosters under a flexible working arrangement), reflecting the many variations to the four standard roster types described above. Participants themselves noted the potential inconsistencies in rostering arrangements (as outlined above).

I work at a branch where I've got a blended roster, and less than a kilometre down the road, there's a 10/14 branch ... If you start your career ... one at a blended, one at a 10/14, the person at a 10/14 branch will do twice as many night shifts in their 5 years compared to you. That's twice as many 14-hour night shifts. That has a huge effect on mental health, physical health.

Participant, Interview

Members of industrial bodies pointed out that the rolled-in rate may, at least financially, benefit individuals who work flexibly. This is because operational employees who are unable to work the 10/14 roster do not have to deal with a drop in pay. However, in Ambulance Victoria's audit, 18% of participants said that the points system requirements of the shift-weighting calculator were difficult and did not promote flexibility.

Moreover, the barriers produced by the current shift-weighting calculator threshold for operational staff, combined with external pressure – including the need to provide 24/7 emergency services to the entire state (exacerbated by the COVID-19 pandemic) – on the one hand, and the increasing demand by the workforce for flexible work on the other hand, mean that viewing flexibility as a 'trade-off' to service delivery will generate a conflict that is *increasingly irreconcilable*. This perception of 'trade off' not only forecloses innovative solutions around flexibility, but it also perversely positions employees' motivations to join the workforce in the first place (to serve the community), as oppositional to their wellbeing and legal entitlements. Therefore, the Commission considers that perceptions about the universal benefits of the rolled-in rate and shift-weighting calculator should be comprehensively tested with staff, alongside an open invitation for input on how flexibility and operational needs can be better balanced.

Administrative resourcing

The Commission heard repeatedly about the overly stretched administrative and human resource functions at Ambulance Victoria, including around negotiating flexible working arrangements and in implementing roster design.

We just don't have, I mean, they [HR] don't have the time or the staff to be able to manage and support us as best as we need. So, hub four looks after Loddon Mallee and Hume, and so there is four area managers in Loddon Mallee, there's five area managers in Hume, and we're all vying for attention ... but it's almost impossible to get their time. They are overloaded with work. They can't even catch up on the emails they've got and you just keep seeing one HR person leave because they can't deal with it and they put someone else in the role that continually can't deal with it and it's a bit of a revolving process. *Participant, Interview*

I've seen a Team Manager send off a letter for a [flexible working arrangement], for example. It will come back totally incorrectly worded and might have [employee's] name in it instead of [participant's] name in it. It's just they're so under the pump nowadays they just can't do it. *Participant, Interview*

The Rosters Team also make recommendations to managers about roster design, including after proposed flexible working arrangements have been negotiated with employees. Pressure on those in the Rosters Team to fill shifts in the short and long-term and the sheer volume of rosters they are managing can prevent them from considering an individual's personal circumstances.

Cultural barriers

Both Ambulance Victoria's audit and the Commission's review reveal cultural issues around flexible work, namely:

- harmful attitudes and stereotypes held by the workforce around flexible work, which discourage people from applying for flexible work arrangements
- negative experiences of people trying to access flexible work, including the process of negotiating a flexible working arrangement
- lack of information about the flexible work options that are available and/or support from managers.

It is the Commission's expert view that these issues are informed and perpetuated by the structural barriers explored earlier.

Barriers to applying for and accessing flexible work

Among the 257 respondents to the Commission's survey question regarding the reasons why people had not requested flexible working arrangements, the top three responses were:

- I thought my manager or supervisor would refuse (54.9%, n=141)
- I thought it would have a negative impact on my job security (48.6%, n=125)
- I didn't know I had a right to request flexible work (23.3%, n=60).

According to Ambulance Victoria's own audit, 41.0% of respondents did not receive information from their manager to help them understand their flexible work options. Of the respondents who had not requested a flexible working arrangement 32.0% had not done so because of perceived negative impacts and perceptions of flexible work.

There's plenty of people saying there are negative connotations to it from colleagues or Ambulance Victoria.

As a MICA Paramedic I would not receive many MICA shifts and therefore would deskill. This has been the experience of MICA Paramedics in my region.

I interact with a lot of paramedics that speak poorly about operational paramedics who are on FWA's [flexible working arrangements].³⁷

The negative perceptions that prevent people from applying for flexible work are brought to life by those who embark on the application process. Ambulance Victoria's audit found that employees were almost twice as likely to have found negotiating a flexible working arrangement to be a stressful experience (27.0%, n=52), rather than a positive experience (14.0%, n=27), and that 43.7% (n=179) of respondents either somewhat disagreed or disagreed with the statement 'Ambulance Victoria supports and encourages flexible working arrangements'.



In an interview with the Commission, one Paramedic described their experience of going through the process of requesting a flexible working arrangement:

// [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

The Commission also heard about a pervasive and problematic framing of flexible work as being in opposition to working in Ambulance Victoria and essentially, competing against its capacity to provide emergency services. This framing seems to be rooted in flawed assumptions about gender (see also Section 6.1.1).

[W]hen you challenge [the idea that flexible working is only for women] and when you try and explore the background to it, it's because some of the [people who have been here longer] ... cite the time when the flexible work conditions were introduced for returning mothers. Now, that has not been the case since I've worked at AV ... It's in the agreement, it's an option available for anybody, so anyone is able to apply and there's a number of criteria. So anyone can do it for any reason and it's up to us, the organisation, whether or not it's acceptable or not, but anyone can apply and I think the gender label is unhelpful and it's dismissive and it's probably disrespectful to those ... who work in that manner. *Participant, Interview*

The Commission also repeatedly heard from participants who were on flexible working arrangements being referred to formally and informally as a 'spare' or working a 'spare roster'. As noted above, this refers to a Paramedic who is allocated to shifts that are additional to the required roster 'lines' needed to fill a branch roster. Such language can devalue the contribution of employees on flexible working arrangements by demarcating them as superfluous to teams.

PERSONAL STORY

Marina's* story:

How trying to work flexibly impacted Marina and her family

I started in Ambulance Victoria in the metro area, before moving to a regional area. I gave up my place in the Mobile Intensive Care Ambulance (MICA) course after becoming pregnant. When I came back to work, I tried to negotiate sharing a 'line' with a person transitioning to retirement, but management weren't open to the idea, even though I knew that other people had successfully done the same thing. I was told my choices were either to come back full-time or go part-time. I was also told I couldn't do my 'return to work' program [in the local area] and I had to go to Melbourne to do it.

I eventually went on a flexible work arrangement, which I thought would change things, but it hasn't. I kept getting overlooked for training opportunities or skills courses or upward relieving roles. I just stopped putting my hand up after a while. Management just aren't open to giving those opportunities to people on flexible work. I was told 'you really sent ripples through management when your flexible work agreement went through'.

I'm currently on a unique roster, where it's self-managed by people on flexible work agreements. It works really well for us; it's stable. You're not a 'spare' and you're working with people you know. Yet, I get emails from management that there are holes in the roster and that it causes instability, even though those gaps would exist in normal roster lines and people who aren't on flexible working arrangements also take leave and have to have their roster gaps filled.

Every single day I've been on a flexible work agreement I've felt targeted and discriminated against. I constantly fear for the safety of my job. I have to renegotiate my agreement every six to 12 months, and I get comments and threats from my colleagues that my agreement will be taken from me.

Going through this flexible working arrangement process, including putting in a grievance, has destroyed me. I feel humiliated and crushed. I've had lots of medical issues as a result, including sleep issues and irritable bowel syndrome. It's also really affected my family; I feel like I am a bad mum and I haven't been able to be the mother I wanted to be.

I love my job, I love being a Paramedic, I'm a good Paramedic. And my family and I don't deserve the way I get treated.

**Name has been changed to protect privacy.*

Ample research, including Australian Bureau of Statistics data, shows that the majority of primary carers in Australia are women.³⁸ As of March 2021, 61.0% of Ambulance Victoria's women employees were aged between 18 and 39 years, constituting 31.3% of the entire workforce. If Ambulance Victoria is to continue to benefit from the knowledge, capability and commitment of this cohort, it must address the structural barriers to flexible work, which in turn perpetuate the harmful cultural barriers explored further below.

Impact on job security and progression

The review revealed strong perceptions within the workforce that accessing flexibility may negatively impact job security and career progression. According to Ambulance Victoria's internal audit, 66.6% (n=273) agreed or somewhat agreed with the statement that 'a flexible work agreement may have a negative impact on my promotion or career prospects'. According to the Commission's survey, 48.6% (n=125) of respondents reported that the reason they have not requested such an arrangement is because they 'thought it would have a negative impact on [their] job security'.

Furthermore, when asked whether they would ever decide to not apply for a transfer, promotion or different position because they assume their application would be unsuccessful for the specified reasons, 24.3% (n=487) of respondents selected my work pattern (for example, flexible or part-time work). This includes 20.3% (n=148) of the 728 supervisors who responded to the question and 50.2% (n=269) of the 536 people on flexible working arrangements who responded to the question. Women (32.1%, n=303) were twice as likely compared to men to select 'my work pattern' (16.1%, n=140). There was no meaningful difference between corporate and operational employees in this respect.³⁹

The absence of centrally collected data on applications for flexible working arrangements - and the typical practice of negotiating such an arrangement after a person commences in a role - make it difficult to verify or quantify any impacts of flexibility on progression. However, Ambulance Victoria's available data show that only 9.3% of all managers are on such arrangements, compared to 12.7% of non-manager employees. Of the 10 members of the Executive Committee, as at 31 March 2021, only one - the CEO - had a flexible working arrangement in place.

Given the research that demonstrates the importance of senior leaders (especially men in senior positions) taking up flexible work to model behaviour and convince employees that it is viable and encouraged, the lower take-up of flexible work among managers, and the almost complete absence of flexible work among those at the executive level, is concerning.⁴⁰

Returning from parental leave and accessing flexible work

Of the 490 people who responded to the question in the Commission's survey regarding whether the person's manager or supervisor supported them to return to work after parental leave, only half (50.2%, n=246) said they felt supported a lot or a great deal.⁴¹ Given that the majority of employees who take parental leave are women (63.7% of 422 employees in 2020/2021 according to Ambulance Victoria's workforce data), it is concerning that many employees only feel supported a little, or not at all to return to work after parental leave.

It is important to consider this data when exploring people's experiences of accessing flexibility following parental leave. Ambulance Victoria's workforce data for 2020-21 reveals that while 31.9% (n=86) of the 269 women who had taken parental leave also had a flexible working arrangement in place, only 17.7% (n=27) of the 153 men did. On the one hand this may indicate strong support for women accessing flexibility following parental leave. On the other hand, it may indicate particularly negative attitudes towards men seeking flexible work on the basis of parent or carer responsibilities. The Commission also heard reports about negative outcomes for women in operational roles who needed to access workplace flexibility following parental leave:

However, once the Senior [Team Manager] returned, he told me that any career advancement was not open to me. I requested a meeting with him to discuss this, which was attended by another acting [Team Manager] and himself. He told me in no uncertain terms that being on a [flexible working arrangement] means that you are not eligible for career advancement.

Participant, Written Submission

“ On return to work, I had to fight to get part-time shifts, and I was told by a senior manager that I had to choose between being a Paramedic or a mother, I couldn't do both, and I wasn't welcome back.

Participant, Interview

It is also noteworthy that although 35.3% (n=95) of women and 35.9% (n=55) of women who accessed carer's leave were in a regional location, the overwhelming majority of flexible working agreements in place following parental leave were for staff in metro locations (75.6% of women and 81.5% of men). For context, there are roughly equal proportion and numbers of men and women in regional and metro locations: 45.5% (n=1675) of men and 44.0% (n=1702) of women are in regional locations, while 54.5% (n=2003) of men and 56.0% (n=2170) of women are in metro locations. This may indicate increased structural and cultural barriers for parents and carers in regional locations who need to access flexibility.

As illustrated by Candace's story (and **Lucy's story in Section 5.1.5**), the impact of such negative attitudes towards flexible work following parental leave extends beyond the roles and shifts that are deemed viable. There is a genuine risk of harm to an employee's health and wellbeing.

PERSONAL STORY

Candace's* story:**Obstacles to breastfeeding and being a new mother at Ambulance Victoria**

Prior to my having children, I had continuous opportunities to upward relieve and had nothing but positive appraisals from my managers. I tried to negotiate a flexible work arrangement after returning to work from having my second child.

After my request was rejected, I met with [a senior manager] and informed him that I was still breastfeeding and would find it difficult to do 14-hour night shifts. He asked me when I would be 'finished breast-feeding'. I can't tell you the shame and discomfort I was made to feel at that moment. I questioned why I wanted to go back to work in the first place if they were going to treat me this way. Ambulance Victoria made me feel like I couldn't keep up breastfeeding and be a Paramedic at the same time. It made me question both my value as a Paramedic and as a mother.

My faith in the service that I'd worked in for almost two decades was broken. Because my flexible work arrangement wasn't approved, I had to keep doing 12-hour shifts and I was not able to keep breastfeeding. I lost my milk supply and to this day I'm still heartbroken at being kept away from my child for such a long period each day.

**Name has been changed to protect privacy.*

The limited availability of childcare, which is outside of employees' control, is a critical factor driving their need for flexible working arrangements.

It's very hard to find a childcare centre that will accept your child at 6.30am or at 6.00am, giving you half an hour to get to work, to be at work on time. It's very difficult. But it's also very difficult to work ... 10 hours and at the end of the day expect to be finishing at 4.30 and get a late job and not get away till 6 o'clock and then go to the childcare centre to be half an hour late and be charged \$10 a minute childcare fees because you've been late picking your child up. That's also unfair. Participant, Interview

The Commission considers that the treatment of parents returning from parental leave who need to access workplace flexibility is both underpinned by, and reinforces, prejudicial attitudes and biases that they are a burden or an imposition. Based purely on the higher number of women employees who take parental leave, the result is a disproportionately negative impact on women. The impact is further compounded for women in operational roles, who must satisfy the shift-weighting calculation in order to access a flexible working arrangement.

Given that Ambulance Victoria has experienced a significant increase in women employees since 2016, and 53.0% (n=4004) of Ambulance Victoria's entire workforce is aged between 18 and 39 years, the Commission considers it imperative for Ambulance Victoria to improve both the attitudes toward and treatment of parents who need workplace flexibility, particularly those returning from parental leave. Not only does this ensure these employees have equal opportunity to achieve their full potential, but it also enables them to continue delivering benefit to the organisation and the Victorian community through their knowledge and capability.



Findings

- The requirement to meet the shift weighting calculator in order to have a request for a flexible working arrangement approved poses a significant and systemic barrier to flexibility for operational staff. Prioritising the numerical output of the calculation over other considerations results in a failure to adequately assess an individual's need for a flexible working arrangement and may result in indirect discrimination. In addition to negatively impacting current operational staff, this practice will limit Ambulance Victoria's ability to recruit a future workforce that requires and expects greater flexibility.
- Pervasive, negative attitudes towards flexible and part-time work at Ambulance Victoria pose perceived and actual barriers to career progression for operational staff. The impact is disproportionately negative for parents who require flexibility, most of whom are women.
- Managers lack adequate guidance, capacity, knowledge and in some cases, autonomy to enable and support increased flexibility, particularly for operational staff.
- Reports of extreme pressure being placed on the People and Culture division indicate that they lack the time, resources and capacity to provide advice and guidance to managers and employees to facilitate constructive flexible work negotiations.
- The failure to consider the needs and circumstances of individual employees is exacerbated by pressure on the Rosters Team to fill rosters at all costs. People reported that measures include disregarding approved flexible work requests.

11.1.5 Valuing and normalising flexible work

Ultimately, progressing workplace flexibility for all staff at Ambulance Victoria is imperative because it ensures the health, wellbeing and retention of the employees who provide an invaluable emergency health service to the people of Victoria.

Flexibility for corporate staff has progressed significantly during the COVID-19 pandemic, demonstrating a genuine prospect to embed and codify diverse flexible working arrangements at no risk to service delivery. The challenges remain more pronounced for operational staff who for the most part, cannot work from home and have to work specific scheduled shifts. However, these challenges are not insurmountable, and cultural and structural change can address the current perception and risk of flexibility being a trade-off against service delivery.

Embedding flexibility into immediate and long-term workforce planning

The Commission considers long-term planning around roster reform and flexible work is where there exists the most potential for transformative change and for leveraging Ambulance Victoria's existing work and strategy around the People Based Rostering initiative. The changing demographic of the workforce, increased

uptake and demand for flexible working arrangements in Ambulance Victoria, and higher expectations regarding workplace flexibility across society more broadly (including from future candidates), highlights the importance of planning for the future.

Given that rosters and work arrangements are products of intentional design (as evidenced by the policies, guidelines and various employees tasked with shaping and implementing rosters and flexible working arrangements), they should be designed around the current and future workforce and its needs, rather than continuing to best serve employees who have no need for different work arrangements. The principle of increasing equality for the most vulnerable cohorts of a workforce is critical to acknowledging and addressing the compounded disadvantage experienced by people with intersecting attributes (for example single parents with a disability). In addition, designing policies around what will work for the most vulnerable, will improve the situation not just for those vulnerable cohorts, but for everyone.⁴²

Embedding transparency and flexibility into workforce planning at Calderdale and Huddersfield National Health Service Foundation Trust (United Kingdom)⁴³

The Calderdale and Huddersfield National Health Service Foundation Trust is comprised of two main hospitals, community sites, health centres and in-home patient care. Similar to Ambulance Victoria, the Trust's workforce consists of traditional office-based employees, but also includes nurses who cannot work from home, and who work in shifts. In addition to using common flexibility options (e.g. job-share, flexible working hours, flexible days and compressed hours), the Trust has introduced some successful workplace flexibility initiatives as a way to increase recruitment in response to the national nurse shortage.

One initiative recognises that individuals' needs and career aspirations may change over the course of their working life, and allows people to move up and down the 'grading' structure (i.e. the level of seniority and pay). As an example, a nurse may be a ward manager, take parental leave, and choose to return to work for a temporary period of time at a lower level to manage their additional responsibilities at home. The Trust has also put in place a 'retire and return' program, which offers a flexible role to people who are retiring.

The Trust has an e-rostering system that allows all staff members to see each other's roster patterns. The transparency fosters trust and communicates the idea that flexibility is a communal effort, and that staff need to be flexible, as their decisions have a direct impact on other team members' flexible options.

As a result of these and other initiatives, the Trust has seen turnover reduce from 13.6% to 7.6% in two years, sickness absence reduce from 5.2% to 4.1% in two years, as well as an array of other benefits, including increased engagement from employees.

As demonstrated from the case study above, while it is undeniably more challenging to offer flexible working arrangements to shift-based employees and to accommodate all preferences in a shift-based environment, it is not impossible. For Ambulance Victoria, these initiatives may be useful to draw on to increase a shared understanding that flexibility is a communal effort, to address the lack of transparency around flexible work options and decisions for both staff members and managers, and to facilitate increased collaboration on incremental advancements for workplace flexibility.

Critically, this case study demonstrates the value of building flexibility into the full employment lifecycle and workforce planning. This approach acknowledges employees' changing requirements for flexibility throughout their careers, and the barriers posed by rigid and narrow role, roster and shift design.

Ambulance Victoria has taken some positive steps to trial approaches to workplace flexibility, including widespread informal flexibility for corporate staff during the COVID-19 pandemic. These endeavours have negated rigid views about what is or is not possible in Ambulance Victoria's context, and the Commission encourages similar endeavours into the future. This approach is consistent with the leading practice principles of maintaining open minds and conversations about workplace flexibility and evaluating new strategies.

Successful trials of flexible work in the construction industry⁴⁴

Between June 2020 and February 2021 the United Kingdom construction sector and Timewise (a flexible working consultancy firm) launched the 'Construction Pioneers' program. This program consisted of a series of pilot studies with four large construction employers – together employing 13,400 workers, to re-design jobs and shifts in site-based roles in the construction industry. The employers were Bam Construct, Bam Nuttall, Skanska UK and Willmott Dixon. Each of the employers tried different flexible work options:

- a team-based approach to flexible working, which involved a weekly team consultation meeting where site workers discussed the schedule for the week ahead with managers and suggested changes to suit their lifestyle better (while ensuring that the work was delivered on time)
- a flexi-day approach, which allowed workers who had built up overtime to exchange it for a day off (to take into account the large proportion of workers who worked away from their usual place of living, who preferred an extended weekend)
- staggered start and finish times, alternating between teams, so that all workers got their preferred work pattern every other week (noting that most workers preferred to start earlier and finish earlier)
- an output based approach designed to allow workers to start earlier and leave when the day's work was complete, rather than remaining on-site for their contracted hours.

Successful trials of flexible work in the construction industry (continued)

Surveys of the employees after the pilot studies and qualitative interviews highlighted a positive shift in wellbeing, with workers speaking of improvements in family life and their sense of wellbeing. Managers also reported a greater sense of trust and ownership, reflected in the team dynamic and level of engagement. All the four firms reported that introducing these flexible working initiatives had no negative impact on budgets and timeframes, and some reported that the adjustments to working patterns resulted in savings in labour costs due to improved productivity.

Besides the actual flexible work innovations, the Construction Pioneers program shows an overarching approach Ambulance Victoria could take to trialling different flexible work options and evaluating the results. While the operating context of the construction industry is different from that of Ambulance Victoria and its provision of 24/7 emergency healthcare, the key principles or elements of this program provide a helpful guide and starting point for Ambulance Victoria in re-designing its approach to flexibility. Key elements include a co-design approach, whereby teams, as end-users, can develop flexibility options that are tailored and practical for their context and have greater ownership of the innovations and outcomes.

The global mining company, BHP, has also had success with these elements through its 'flexibility of choice' and global flexible working principles, developed to embed flexibility across the organisation, including for operational employees, as discussed below.

Successful trials of flexible work in the mining industry, BHP

BHP is a multinational mining and resources company. In 2016, BHP identified flexible working as key strategy to achieve its goal of gender balance by 2025 and to attract and retain the best talent. Like Ambulance Victoria, BHP has operational employees (80% of its workforce) who work on rostered shifts and cannot work from home, and the business has 24/7 operational needs (e.g. fly-in-fly-out employees working in remote locations). BHP developed a set of global, flexible working principles in consultation with employees, that could be adapted locally. These principles include:

- start from a position of trust
- start from a position that every role is flexible
- flexible work is available to anyone, for any reason.

In line with these flexible working principles, BHP piloted a ‘flexibility of choice’ approach in some sites in Australia, which allowed employees to choose their rostering combinations, for any reason. At these pilot sites, rather than being locked into the 2-weeks on, 1-week off standard roster, employees could choose between 13 different rostering combinations. Wages were adjusted according to the roster options. Employees were also able to adapt their roster choices over time to suit changing life circumstances.

As a result of the ‘flexibility of choice’ pilot and other flexible work strategies, uptake of flexible work arrangements at BHP has increased significantly (to approximately 43% by 2019), such that BHP was able to pivot into flexible work at scale during the COVID-19 pandemic and further embed flexible ways of working for all employees. Since 2016, the proportion of women in BHP’s workforce has increased from 17.6% to over 30%. Flexibility at BHP has continued to result in higher productivity and better safety outcomes, with no obvious business downsides.

BHP has found that empowering local teams to experiment and test solutions in line with the company’s global guiding principles – instead of being overly prescriptive - leads to creative, tailored and effective solutions. It also enhances workplace culture by communicating to employees that BHP trusts them to actively participate in the organisation’s flexible work journey.

For teams to develop and trial new ways of working flexibly at Ambulance Victoria, structural barriers will need to be removed. As discussed in Section 11.1.4, the Commission considers that the impact of the rolled-in rate and the shift weighting calculator need to be carefully considered in order for transformative improvements to workplace flexibility to be achieved.

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 in totality, 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 continue 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.

Committing to continuous improvement to achieve a 'do flex first' culture

The Commission considers that a fundamental re-framing of flexible work at Ambulance Victoria is required, so that it is seen not just as a matter of legal compliance or something to be tolerated, but something that is deeply embedded in the culture of the organisation. Importantly, demonstrable efforts to facilitate and support flexibility across the organisation actively invites a more diverse, inclusive workforce that is representative of the ever-diversifying community it serves. Ambulance Victoria has made some progress towards a similar transition by acknowledging that providing an inclusive and flexible workplace is a key

indicator of its strategic outcome to be '[a] great place to work and volunteer'⁴⁵ and reflecting this objective in the Think Flex First Framework. But this progress must be operationalised in procedures and practice for any benefits to be realised.

Continuous improvement to workplace flexibility at Victoria Police⁴⁶

In 2015, as part of the Commission's *Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police*, we found a lack of workplace flexibility across Victoria Police, driven by: an entrenched perception that 'good cops' work full-time; the absence of a clear organisational policy on flexible work; inadequate guidance for managers in dealing with flexible work requests; stigma around flexibility; and the impact of working flexibly on career progression. Some of these barriers mirror those identified in Ambulance Victoria. We recommended that Victoria Police take steps to foster an organisational culture of flexibility, improve its monitoring and evaluation of flexible arrangements and better support managers.

By 2018, Victoria Police had introduced changes to its approach to workplace flexibility in response to the Commission's findings, enabling more employees to work flexibly (with a 10.7% increase for women and 8.7% increase for men, in the period from 2017 to 2018). However, as noted above, it is important to keep in mind that the rates of employees working flexibly or the approval rates of flexible work applications should not be used as the *sole metric* for determining success in flexible working, as these rates can obscure issues around the process.

Victoria Police has continued its journey to improve workplace flexibility with more guidance from its Human Resources department available to managers and staff who are negotiating a flexible working arrangement, and centrally recording some types of such arrangements. The Victoria Police Workplace Flexibility Manual now provides detailed and practical guidance to employees and managers, including (but not limited to):

- establishing that all roles can have some type of flexibility as a starting point while acknowledging that not all types of flexibility work for every role
- requiring managers to consider requests with an attitude of 'how can we make this work'
- giving managers the responsibility to facilitate flexibility where required, for example by making facilities available for employees who take lactation breaks and ensuring they are not subjected to inappropriate behaviour or attitudes by other employees
- providing guidance on how to enable diverse flexibility options, such as flex-time (for VPS staff) and employees occupying two part-time roles concurrently
- providing consistent and overarching guidance on reasonable business grounds that may constitute the basis for refusing requests for flexible working arrangements, accompanied by tools to allow tailoring to each request

Continuous improvement to workplace flexibility at Victoria Police (continued)

- where a request for flexibility cannot be accommodated, providing for management to consider alternative ways to assist the employee, including a temporary transfer, performing temporary duties in close proximity to the requested work location, alternative flexible rostering arrangements, shift variations as deemed appropriate, or other welfare support.

In 2018, the Commission (as part of our audit of Victoria Police's progress in implementing our earlier recommendations) urged the organisation to encourage more men to work flexibly (and supporting those who do), to ensure managers make consistent, policy-driven decisions regarding flexible work, to invest in technology to make it easier to balance service-delivery and flexibility, to communicate the benefits of flexibility to all employees and to celebrate the benefits and successes of flexible work.

As an organisation, Victoria Police acknowledges its flexibility journey continues to be a learning process and work in progress.

The journey Victoria Police is on to enhance workplace flexibility provides some useful lessons for Ambulance Victoria. One is the importance of redefining genuine negotiation and collaboration between managers and employees, including considering different shifts or roles as alternative solutions. Another is to acknowledge the benefit of additional support for line managers from the People and Culture division around the negotiation process. These practical steps help to shift the framing of flexible work to a default starting point, away from framing flexibility as a competition between operational and individual needs, or between team members. Critically, Victoria Police's experience has demonstrated the need for continuous evaluation and improvement to advance workplace flexibility.

By continuing to view flexibility as the norm, rather than a deviation from the norm, Ambulance Victoria can practise workplace flexibility at scale and shift the conversations that contribute to the attitudinal barriers. It can also ensure that employees who are currently ostracised for needing flexible work – including parents, people with disability and carers – are valued and can actively contribute to, and participate in, the workforce. This culture benefits all staff, including those who need informal and ad-hoc flexibility to balance their commitments.

Special leave provisions used by St John Ambulance Western Australia to enable flexibility

St John Ambulance Western Australia provides a specified number of special leave positions (unplanned emergency leave) in all day and night shifts, excluding public holidays and blackout periods. Operational staff can apply for one of the special leave positions up to three months in advance. They also have the option of drawing on additional time they have accrued in advance by working overtime, capped at 48 hours for metropolitan staff and 96 hours for staff in country locations. Staff who do not have time accrued in advance can still access special leave for up to 48 hours by reaching an agreement in advance, which may include one or any combination of:

- working overtime shifts in addition to their normal roster, at a time after the special leave
- paying an equivalent amount to St John as a cash payment
- having the hours debited against the employee's accrued annual leave entitlement before the employee next proceeds on rostered
- using annual leave.

The special leave positions are approved on a first-come-first-serve basis, so once all positions are filled the next application is denied.

If all special leave positions have been exhausted for a particular shift that an employee needs to take off, they have an alternative option of using their accrued time in advance to provide those hours to a colleague in exchange for them covering the shift (paid exchange of a shift). This is a particularly viable option for employees who need to access special leave at very short notice, or on public holidays or blackout periods. It is mutually beneficial for them and the colleague filling the shift. If the colleague filling the shift does not attend, the hours are transferred to St John and the colleague may find that they may no longer be eligible to take part in exchanges of special leave, creating mutual benefit for staff, the organisation, and the community.

In the months of July to December 2021, workforce data from St John reveal that the number of special leave positions available consistently exceeded demand for and uptake of special leave, indicating the provisions are consistently sufficient to meet employees' needs and operational demand.

Given the most significant structural barriers to workplace flexibility are relevant only to operational staff – evidenced by significant improvements to workplace flexibility enjoyed by corporate staff during the COVID-19 pandemic – an opportunity exists for Ambulance Victoria to formalise flexibility as the norm for corporate staff. This approach includes making a clearer distinction between formal flexible working arrangements and informal flexibility options that enable employees to manage work-life balance without significant impact on productivity or the need for a contractual change.⁴⁷

Recommendation 31

Fully implementing the Think Flex First Framework and tailoring it for corporate and operational staff

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 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 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 (as set out in 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.

There is also a clear need for Ambulance Victoria to collect baseline data and for the Board and the Executive Committee to monitor the rates of uptake for flexible work, the reasons for rejection and disaggregated applicant data by demographic characteristics (for example age, gender and disability). Accurate data capture will enable the Board and the Executive Committee to ensure Ambulance Victoria is complying with its obligations under the Fair Work Act, Equal Opportunity Act and Gender Equality Act.⁴⁸

Moving beyond compliance, data capture is critical to evaluate new flexibility strategies and to assess the real, rather than assumed, impact of flexibility on service delivery in an operational context. Importantly, it enables Ambulance Victoria to apply a leading practice approach to assessing the impact of flexibility on staff health, safety, wellbeing and retention.⁴⁹ The Commission acknowledges Ambulance Victoria's plans to establish a centralised flexible working arrangements register or database to capture details including timeframes, approvals/declines, reviews and appeals.⁵⁰ The Commission also acknowledges that it has not had the benefit of reviewing Ambulance Victoria's underlying data for its workplace gender audit undertaken in compliance with the Gender Equality Act, however, Ambulance Victoria collected data in relation to the utilisation of flexible working arrangements that may be leveraged in implementing Recommendation 32.

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 below).
- (b) Ambulance Victoria should finalise 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.

Building capability and accountability of decision-makers

Ambulance Victoria should ensure that all employees and managers are trained to understand rights and obligations around flexible work and that these rights are not unlimited. In line with the Commission's leading practice outcomes framework (see Appendix E, Volume 1), senior leaders and managers should also promote the benefits of flexible work by actively role modelling it and by leading creative and successful workplace flexibility endeavours in their teams. Expectations and incentives for managers to demonstrate this behaviour should be embedded in performance evaluations and reward or incentive systems.

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 arrangements 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 KPIs 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.

11.2 Reasonable adjustments

Section 11.2 explores the current experiences of people seeking reasonable adjustments at Ambulance Victoria. Reasonable adjustments not only constitute legal compliance, they are also critical mechanisms to enable talented and capable employees with disability to contribute meaningfully and productively to organisations like Ambulance Victoria. This is particularly important for Ambulance Victoria because employees are exposed to particular risks associated with workplace physical and mental injury. Although normally associated with temporary or permanent disability, chronic illnesses or age-related impairments, the need for reasonable adjustments or accommodation may also arise from family responsibilities for children, parents or other dependents and religious requirements.

11.2.1 Why reasonable adjustments matter

Ambulance Victoria's legal obligations to make 'reasonable adjustments' that allow people with disability to work productively and safely are set out in Section 3.2.⁵¹ Moving beyond minimum compliance, reasonable adjustments – such as flexibility in work hours, more breaks during the workday or physical changes to the workplace – enable job applicants and employees with disability to participate in employment and reach their full potential. This is important because people with disability experience higher rates of disadvantage, including in employment and almost one in five Victorians have a disability.⁵² Moreover, to design and deliver public services that are fit for purpose, public sector agencies need workforces that reflect the diversity of the communities they serve.⁵³

The Commission acknowledges Ambulance Victoria's Accessibility Action Plan, which is designed to ensure the organisation better meets the needs of people with disability by working closely with patients, staff and the community who interact with Ambulance Victoria. Providing reasonable adjustments is identified as a strategic priority.⁵⁴

Leading practice principles for implementing reasonable adjustments

The United Kingdom Law Society advises that good practice for implementing reasonable adjustments includes the following recommendations and principles, which are consistent with our recommendations to improve flexibility more broadly:

- an inclusive and supportive culture around disability awareness (including additional training for staff and managers)
- proactive approach (including providing clear and straightforward pathways for employees with disability to request reasonable adjustments, and recognising fears that disclosure can lead to these employees experiencing discrimination)
- regularly reviewing adjustments and having informal check-ins and discussions about whether the support provided is appropriate or needs altering

Leading practice principles for implementing reasonable adjustments (continued)

- monitoring and publicising adjustments that are in place (for example, on the organisation's intranet)
- ensuring there is adequate budget for reasonable adjustments
- using external support and expert advice (including from independent occupational health experts, doctors, psychologists, physiotherapists and organisations that specialise in providing support for people with disability).⁵⁵

There are opportunities to improve Ambulance Victoria's approach to reasonable adjustments through using more creative approaches and by enhancing the capability and autonomy across the manager cohort to design roles for current and potential staff. There are also many resources that Ambulance Victoria can draw on to help improve the workplace for employees with disability.⁵⁶

Reasonable adjustments can include modifying work premises and equipment, changing work schedules and tailoring roles or tasks (and building this into criteria for progression or promotion).⁵⁷ For mental health conditions, reasonable adjustments can also include providing additional supervision or mentoring, dividing pieces of work into smaller tasks, allowing more frequent breaks and helping the employee to prioritise tasks. It may even include changes to regular performance metrics or KPIs.⁵⁸

Embedding a culture of reasonable adjustments through role design

The Australian Human Rights Commission's IncludeAbility resource hub provides practical guidance for employers, including how to tailor roles so they meet both the needs of an employer and the needs of an employee with a disability by:

- undertaking a comprehensive job analysis to determine the activities that are essential to a specific position and those that may be allocated elsewhere if needed
- identifying suitable tasks that exist elsewhere in the organisation
- properly assessing and understanding the skills, goals, experience and ability of an existing or potential employee with a disability
- working with the individual to customise a role that meets their and the organisation's needs
- providing feedback and support to monitor the customisation and ensure the employee continues to enjoy the reasonable adjustments they require to succeed.⁵⁹

We note that it is important that any reasonable adjustments are determined by reference to the individual employee's disability, section 20 of the Equal Opportunity Act, and other relevant factors, rather than a wholesale transplant of the suggestions, tips or examples from these guides into practice at Ambulance Victoria.

11.2.2 How Ambulance Victoria approaches reasonable adjustments

Ambulance Victoria currently has no dedicated policy related to reasonable adjustments and there is no reference to these adjustments in its industrial instruments, including the Ambulance Victoria Enterprise Agreement 2020 or the Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020. This is in contrast to the Victorian Public Service Enterprise Agreement 2020.⁶⁰

Ambulance Victoria's Return to Work Policy applies to staff who are unable or considered to be unable to perform the inherent requirements of their role due to work or non-work related injury. The Return to Work Policy states that Ambulance Victoria will make every reasonable attempt to keep injured employees in the workplace and sets out a collaborative process whereby the Return to Work Advisor, Senior People Partner and Manager work with the employee to plan their return to work.

Ambulance Victoria employees with disability also have a right to request a flexible working arrangement under the Flexible Working Arrangements Procedure. However, as discussed above, the current process positions the request as something Ambulance Victoria may deny if it does not meet the shift-weighting calculator. The Commission considers that this approach may be unlawful under section 20 of the Equal Opportunity Act.

A request for reasonable adjustments places an obligation on Ambulance Victoria, which it *must* accommodate *unless* the adjustment is unreasonable or would be ineffective. Ambulance Victoria, in determining whether an adjustment is reasonable, must consider relevant facts and circumstances, such as the nature of the employee's disability, the nature of their role, and the effect on the workplace of making the adjustment.⁶¹ The fixed cut-off in the shift-weighting calculator does not consider these relevant facts and circumstances, which are *specific* to the employee and the adjustment they are seeking.

Using the shift-weighting calculator as the basis to approve or deny a reasonable adjustment in the form of a flexible working arrangement also focuses only on an individual's *disability*. This is inconsistent with a leading practice approach, which is for an employer to focus on adjustments that can be made to suit an individual's *ability*.

Requests for flexible working arrangements on the basis of medical conditions must also be in accordance with the Fitness for Duty policy and procedure. Under the Fitness for Duty documents,⁶² employees are required to report any medical condition to their manager that may have an adverse effect on their ability to undertake the full inherent requirements of their role, and as soon as a manager becomes aware of an employee with a reported illness or injury that may affect their ability to undertake the inherent requirements of their job, the manager must ask the employee to provide relevant information from their medical practitioner. Following receipt of medical information, the People and Culture Team will provide advice on whether restricted duties may be provided, subject to a number of parameters ranging from budget consideration to the organisation being able to provide 'meaningful work' (which is undefined).

The Commission acknowledges the imperative for Ambulance Victoria to protect both staff and the community from further risk to health and safety, and the importance of a robust Fitness for Duty process to achieve this. However, in the absence of a dedicated reasonable adjustments policy, the process for considering and providing reasonable adjustments is currently articulated under numerous policies and procedures described above. This is likely to be distressing and confusing for some staff and managers at best, or a deterrent to disclosing an injury or disability at worst (as indicated by Rupert's* story below). Furthermore, and of no less importance, the Fitness for Duty policy procedure applies only to existing employees and excludes job applicants for whom Ambulance Victoria also has a legal obligation to provide reasonable adjustments.⁶³

Overall, Ambulance Victoria's current approach to reasonable adjustments reveals a need for the organisation to take more proactive steps to meet its positive duty under the Equal Opportunity Act to take reasonable and proportionate measures to eliminate discrimination for potential and existing employees on the basis of disability.⁶⁴

Current practice at Ambulance Victoria is for reasonable adjustments to be managed locally and there is no mechanism for routine data capture, such as requests for reasonable adjustments, adjustments provided, requests refused, the bases for refusals, and data on applicants for the Personal and Family Circumstances Panel.⁶⁵ This approach prevents the organisation from adequately assessing the volume of need and the basis for reasonable adjustments across the organisation, how or even if requests are met, the degree to which legal compliance is met, and opportunities to develop customised approaches to reasonable adjustments.



Findings

- The absence of a dedicated policy, process and data capture pertaining to reasonable adjustments at Ambulance Victoria is out of step with contemporary and leading practice, and prevents the organisation from: determining if the organisation is acting in compliance with its obligations under the Equal Opportunity Act; and creating a more diverse and inclusive workforce through the tailored recruitment, retention and development of employees with temporary or permanent disabilities.

11.2.3 Experiences of reasonable adjustments

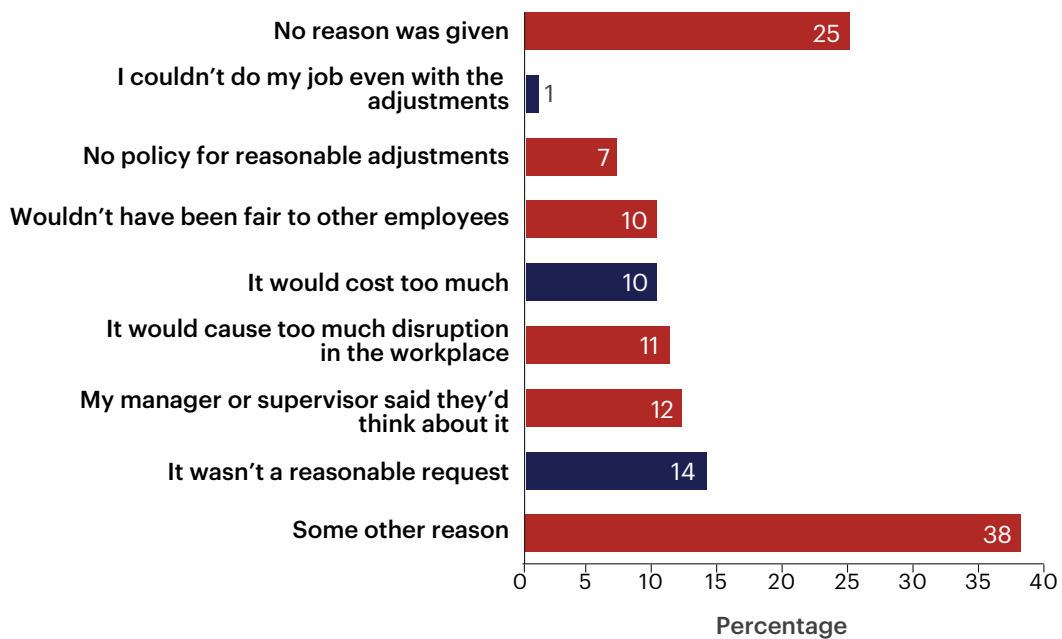
As explored in Volume I, feelings of safety from unlawful conduct at work were comparatively low for employees with disability.

Of the 1889 respondents who answered the Commission's survey question regarding disability, 33.3% (n=629) indicated that they have one or more of the conditions that could qualify as a disability (including a physical disability, intellectual disability, mental illness, injury, illness, or other condition). This is higher than the national average of around 18.0% of the population,⁶⁶ and is more present among operational employees (35.9%, n=494) compared to corporate employees (23.9%, n=84).

Of the 509 people who responded to the survey question regarding their experiences of reasonable adjustments at Ambulance Victoria, 33.2% (n=169) said that they had previously requested reasonable adjustments. Within this group, 43.2% (n=73) reported that their most recent request for reasonable adjustments had been refused.

Figure 11D below sets out the reasons participants were given for their requests for reasonable adjustments being refused, with the lawful reasons for refusal in blue, and the potentially unlawful reasons in red.

Figure 11D – **Reasons given for denying requests for reasonable adjustments**



Ambulance Victoria's data show that of the 88 requests for reasonable adjustments made to the Personal and Family Circumstances Panel in 2020, 42 applications (47.7%) did not meet the criteria. Thirty-two applications (36.4%) met the criteria and were successful in their request, with 14 applications categorised as 'pending further information'.⁶⁷ The main reason that employees requested a transfer was family support or carer responsibilities (47.8%, n=43). When considered holistically, the data in aggregate indicate that a workforce with comparatively high rates of disability experiences pervasive structural barriers to accessing reasonable adjustments.

More broadly, the Commission consistently heard from employees that Ambulance Victoria's culture is not supportive of reasonable adjustments, with a problematic but widely held assumption that reasonable adjustments were inconsistent with the nature of emergency services work.



The issue became, ‘If we have to change our processes to suit your mental health, then you’re not fit to perform your duty.’

Participant, Interview

[B]ecause it’s an emergency service people take the approach that we can’t make reasonable adjustments. *Participant, Interview*

As previously discussed in Section 4.3, this culture and assumption is consistent with the presence of disability discrimination at Ambulance Victoria.

PERSONAL STORY

Duncan’s* story:

Experiencing discrimination because of disability and being unable to apply for flexible work

After I received my diagnosis, I asked Ambulance Victoria if I could work off-road. I wanted a role where I wasn’t interacting with patients face-to-face or going to a hospital where I had increased risks of infection. They told me it was policy that since [my illness] wasn’t a work-related injury, they couldn’t help me.

I was happy to work reduced hours and work in one of the communications teams so I could be productive. Even though I had training in communications, they told me, ‘It just can’t be done ... We can’t do anything.’ I had used up all my sick leave for treatment because I couldn’t work on-road while going through treatment. I was worried about taking care of my children and [my illness] returning, and this process exacerbated my PTSD, which I was already struggling with.

A senior leader later contacted me to apologise and said they should have helped me because it was in the policy, but it was too late at that point. Later, when I applied for a flexible work arrangement, they told me the two reasons were if you’re over 55 or if you have children, so even though I was severely ill, I had to tell them it was because of parental responsibilities.

The whole ordeal was quite traumatic, and I felt frustrated, angry, resentful; it just destroyed my trust in Ambulance Victoria. I just felt unvalued, like I wasn’t important to Ambulance Victoria.

Ambulance Victoria need to recognise there’s a change in the workforce, and a change in culture and society. They need to see employees as more than just a number. They just need to think and care about their workforce, rather than just going back to ‘operational requirements’. They also need to recognise that employees have health concerns and parental responsibilities, and that the work itself (and shift work) is a risk factor for health conditions.

**Name has been changed to protect privacy.*

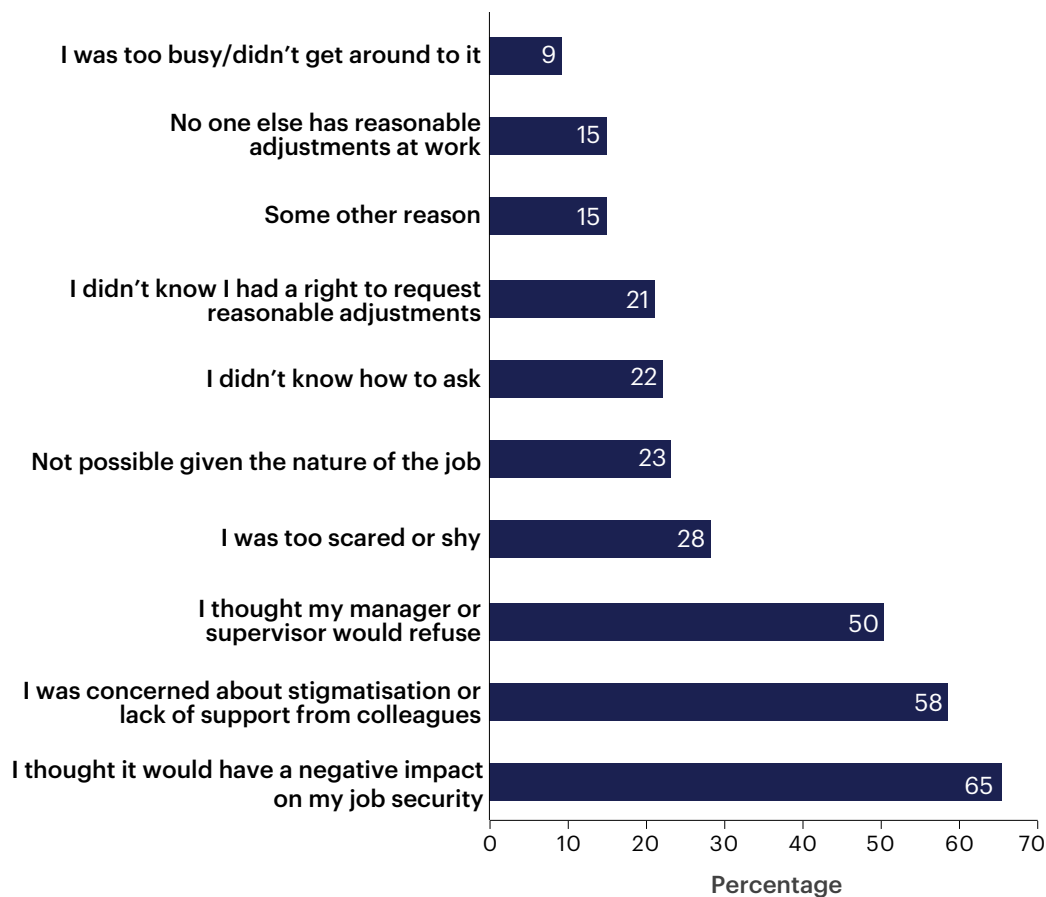
11.2.4 Barriers to reasonable adjustments

Similar to flexible work, the barriers to accessing reasonable adjustments at Ambulance Victoria are structural, in the form of the current Fitness for Duty Process, and cultural in the form of limited, harmful and incorrect assumptions about the value and contribution employees with disability can make to the organisation.

Reasons for not applying

Ninety-two people responded to the survey question ‘What are the main reasons you have not requested reasonable adjustments?’. Their responses are shown in Figure 11E.

Figure 11E – Reasons given for not requesting reasonable adjustments



It is concerning that the most prevalent reasons for not requesting reasonable adjustments are grounded in fear, stigma and assumptions that a request would be refused. The issue here is that a catch-22 exists in Ambulance Victoria: individuals do not access reasonable adjustments – the purpose of which is to minimise or eliminate discrimination – as they believe that having reasonable adjustments (or requesting them) would cause them to experience the very discrimination they are *aiming to avoid*. This data also indicate that employees who require reasonable adjustments due to a physical or mental injury are avoiding requesting or having reasonable adjustments; a practice that puts them, the organisation and the Victorian community at potential risk.

While acknowledging the small sample size, the Commission's view is that it would be a mistake to ignore these experiences and perceptions, and risk further marginalisation of a disadvantaged group purely due to the sample size.

Knowledge around reasonable adjustments

According to the Commission's survey, of the 2015 people who responded to the question about how much they know about Ambulance Victoria's obligations to make reasonable adjustments to allow people with disability to perform their role productively and safely, a concerning 41.5% (n=836) of people said, 'I know nothing at all'.⁶⁸ This rate was higher for operational employees (44.6%, n=654), compared to corporate employees (28.0%, n=104), and far fewer operational employees responded, 'I know a lot about this' (3.7%, n=54) compared to corporate employees (8.3%, n=31). Of the 513 people with disability who responded to this question, 33.9% (n=174) said, 'I know nothing at all about this' and only 8.0% (n=41) said, 'I know a lot about this'.

Concerningly, 30.7% (n=226) of 737 supervisors who responded to the question said, 'I know nothing at all about this'. This may explain why less than half of the 971 people who responded to the question, 'How much has your manager or supervisor supported you to return to work after illness/injury?' answered 'a great deal' or 'a lot' (46.0%, n=447). Concerningly, 16.0% answered 'not at all'.

These results must be viewed in conjunction with the absence of a policy. The Commission considers that the absence of a dedicated, organisation-wide Reasonable Adjustments Policy or framework that educates managers and employees about their rights and obligations, and guides decisions for reasonable adjustments, requires urgent intervention. The absence of a policy not only puts Ambulance Victoria at risk of failing to comply with its legal obligations, it also perpetuates stigma, fear and harmful disadvantage, as illustrated by the data and Duncan's story above.

For the purposes of comparison, the Commission notes that Victoria Police has a specific and comprehensive Reasonable Adjustments Policy, that applies to both current and prospective employees for all Victoria Police roles. This provides guidance to managers and employees on establishing reasonable adjustments as part of an overarching commitment to ensuring all prospective and current employees have reasonable opportunities to achieve their potential and are not treated disadvantageously as a result of disability.⁶⁹

Fitness for duty process

The Commission heard from participants who said they were afraid of being subject to the fitness for duty assessments due to potential stigma and impacts on their career progression opportunities.

PERSONAL STORY

Rupert's* story:

Feeling unable to disclose a health condition or apply for flexible work due to the Fitness For Duty process

The 10/14 roster is the hardest roster to work. It means you are working two 14-hour night shifts in a row. It has a huge effect on your mental and physical health.

When I received my diagnosis and my medication required me to be on a strict circadian rhythm, I asked for a flexible work arrangement without night shifts so I could determine the appropriate drug dosage. My manager asked me and my doctor to fill out a fitness for duty form. As a result, I withdrew my application and I stopped taking the medication. This means I continued at work with my mental health declining.

I know of other people who have also been asked to fill out a fitness for duty form after putting in an application for a flexible work arrangement. Many of these colleagues have also withdrawn their application as a result because of fear.

I feel like this creates a stalemate, because we won't pursue our flexible work arrangements because we don't want anything on file that Ambulance Victoria can use against us at a later date. However, this also means we have to continue working with our mental health declining, which is often due to the night shifts and rosters that we have to work, to the point where a lot of people are broken and are a shell of their former selves.

**Name has been changed to protect privacy.*

The Commission's view is that the current Fitness For Duty Policy and process undermine the protections that the Equal Opportunity Act extends to employees with disabilities. The emphasis is on whether an employee can perform the full inherent requirements of the role, rather than Ambulance Victoria's obligation to provide reasonable adjustments to support employees to adequately (as opposed to perfectly) perform 'the genuine and reasonable requirements of a role'.⁷⁰ The Commission acknowledges that there will be situations in which an employee with a disability will not be able to perform the genuine and reasonable requirements of the role, even after reasonable adjustments have been made. In these circumstances, Ambulance Victoria can rely on the exception in s 23 of the Equal Opportunity Act. However, given that the current approach, which is to rely on the Fitness for Duty process, may disincentivise employees from disclosing their disability or injury and continuing to work with no adjustments, this process exacerbates the problem it is attempting to solve. Further, rather than calling into question the employee's ability as a default or conclusive position, Ambulance Victoria should assess the genuine and reasonable requirements of all roles and explore customisation, where possible.



Findings

- Currently, some Ambulance Victoria employees who have a basis and right to request a reasonable adjustment avoid doing so due to fear of stigmatisation and loss of job security. This poses a significant risk to employees, to the organisation, and to the Victorian community, whereby injured employees feel compelled to continue working in potentially unsafe circumstances.
- Managers are not provided with training or skills to negotiate and design tailored reasonable adjustments for employees who have a temporary or permanent need for such adjustments.
- The Fitness for Duty Policy emphasises the full inherent requirements of a role, rather than designing a role that an employee with a disability could perform on a temporary or permanent basis.

11.2.5 Valuing and normalising reasonable adjustments

A contemporary approach to reasonable adjustments is a critical tenet of improving workplace equality. This is particularly pertinent for Ambulance Victoria, given the mental and physical risks its workforce face. Ensuring injured employees can continue to contribute their knowledge and skills has the dual benefit of retaining valued staff, while supporting their wellbeing and recovery.

For Ambulance Victoria to genuinely normalise reasonable adjustments, it will need to embed them into its recruitment practices and approach. This will ensure the organisation benefits from the contribution of capable and committed people with a disability, and will help to build more inclusive, respectful and informed attitudes towards diversity more broadly.

Building policies, awareness and expertise

The Commission considers that in order to combat bias towards employees with disabilities, and in recognition of the fact that in some instances, workplace harm and the nature of the work in Paramedicine causes or exacerbates conditions that qualify as a disability under the Equal Opportunity Act, Ambulance Victoria should ensure its policies and practices related to fitness for duty assessments give due consideration to reasonable adjustments. The Commission also considers that in order to welcome and adequately support employees with disability – and to address existing attitudes that view providing reasonable adjustments to accommodate employees' disabilities as incompatible with Ambulance Victoria's workplace – it is imperative Ambulance Victoria create specific policies accompanied by tailored training. In keeping with the principles and benefits of consultation, the design of policies, processes and tools should be informed by employees and unions. Ambulance Victoria should also ensure that all its employees are trained to understand employee rights around access to reasonable adjustments. The organisation should also ensure that managers are trained in dealing with flexible work requests and the appropriate situations to

refuse a request on lawful bases. To achieve this, additional capacity and expertise are required in the People and Culture Division:

- provide advice and support to managers and employees dealing with reasonable adjustment applications
- consider the genuine and reasonable requirements and adjustment options for all positions
- collaborate with managers and existing or potential employees with a disability to develop customised roles on a temporary or ongoing basis.

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.

11.3 Transition to retirement

Section 11.3 briefly explores Ambulance Victoria's current approach to supporting employees to transition to retirement, acknowledging this is an important stage of a person's employment life-cycle. Our analysis reveals inadequate long-term planning, which limits Ambulance Victoria's ability to benefit from the significant cohort of the workforce nearing retirement age in the coming decade. This planning is equally important to embed flexibility more broadly across the entire employment lifecycle for the changing demographic of the workforce.

11.3.1 Why transitioning to retirement well matters

An Australian survey published in 2021 found that 59.5% (n=359) of respondents had reported that the departure of older workers caused a loss of key skills or knowledge in the relevant workplace.⁷¹ The risk of skill loss is significant for Ambulance Victoria given that almost one third of the organisation's workforce (2186 individuals) are aged 50 or older. More broadly, there is a strong correlation between workforce participation and health status. Existing research shows that people who stay in the workforce past retirement age tend to have better health outcomes than those who are not working.⁷²

According to a 2021 survey conducted by the Australian Human Resources Institute and the Australian Human Rights Commission, flexible work options are the number one initiative that respondents suggest would encourage them to remain in the workforce for longer (40.2%).⁷³ This is followed by job satisfaction (29.3%) and the option of phased retirement (14.9%).

Survey respondents also reported some of the options to retain older workers in organisations, including flexible work hours, part-time options, continued access to training and development, job-sharing options, role customisation, career planning, grandparental leave and elderly care leave. These responses are consistent with leading practice resources published by the Australian Human Rights Commission.⁷⁴

The research explored above underscores the importance of a tailored approach to transitioning people to retirement, which considers the particular skills, experience, needs and goals of older workers as individuals rather than as part of a cohort. Concurrently, an organisation must have suitable work options that maximise the contribution of workers as they transition towards retirement, while supporting their health and wellbeing.

11.3.2 How Ambulance Victoria approaches transition to retirement

As discussed in Section 3.2, discrimination on the basis of age in the workplace is prohibited by Victorian and federal discrimination laws. Ambulance Victoria's Transition to Retirement Policy stipulates that there is no age at which an employee must retire and describes three pathways for transitioning:

- voluntary retirement
- change in working hours, which includes flexible working arrangements, changes in working hours, part-time employment or a move to casual employment (for which the requirement to meet the shift-weighting calculation applies)
- change in position, which includes applying for a new position, secondments, or retiring and applying for an advertised position.

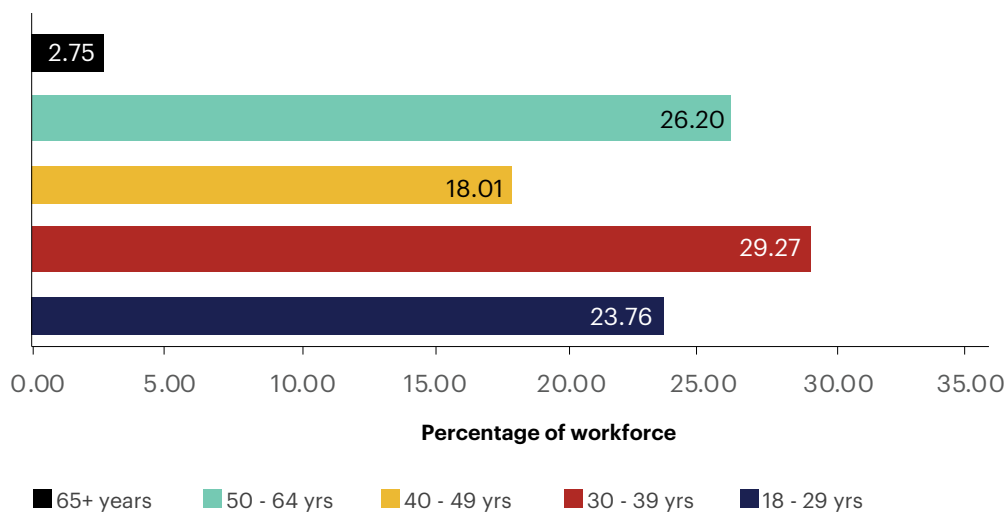
The policy notes that employees can choose to utilise annual or long service leave as part of an agreed transition plan. The policy promotes a transition to retirement intranet site and relevant information including employee and manager toolkits, worksheets and planning for retirement seminars.

As discussed below, participant interviews revealed limited access to these pathways for older workers.

11.3.3 Barriers to transitioning to retirement well

Over the next 15 years, 28.9% (n=2186) of Ambulance Victoria's 7550 employees will be in the age range (over 50 years) where they may be considering transitioning to retirement (see Figure 11F below). This workforce transition will bring with it considerable loss of institutional knowledge.

Figure 11F – **Staff Headcount (%) by Age Bracket**



Age discrimination

Older survey participants revealed various experiences of age discrimination, with 39.1% (n=91) of the 233 respondents aged 50 to 64, and 66.7% (n=10) of the 15 respondents aged over 65, selecting 'age' in response to the question, 'In relation to your most recent experience of discrimination, what do you think were the main reasons for the discrimination?'

The Commission also heard older participants in interviews describe:

- overt age discrimination
- being pressured to transition to retirement before they were willing or ready
- conversations around retirement being handled insensitively or disrespectfully by managers
- being overlooked for career-development opportunities because of their age, and simultaneously, having difficulty accessing adjustments to their work to assist them to transition to retirement (for example, by, working reduced hours or moving to a different role that involves less emergency care)
- being subject to unfair assumptions about their competence or ability because of their age.

After turning 55, the ageism then became more overt. Unlike other employees, every case I attended was closely reviewed by my new manager. Not only was there no positive feedback, but the most minor details were harshly commented on and these negative views were shared to other managers. From being a valued employee, I suddenly felt like a pariah. Unrealistic work demands and performance expectations were now common, and no formal processes were ever communicated to me so I never knew what the expectations were from this manager.

Participant, Written submission

My boss ... kept saying things like, 'You might not be here long,' and I know what that means, retirement age.

Participant, Interview

I know women get asked what their retirement plans are, when are they thinking that they're retiring, 'There's not much point you going for that position because you'll probably retire soon.' I don't know of any men that get asked that, and there's men in their late sixties that are still working for AV and find themselves moving sideways into pretty senior sort of positions.

Participant, Interview

The perceptions and experiences reflected in this data, and those discussed above in Section 5.1.1, are consistent with those reflected throughout this review around the profile of an 'ideal' Paramedic, and this does not appear to include employees over the age of 50. Aside from constituting a significant percentage of the workforce, this cohort has invaluable institutional knowledge, skills and capability. For Ambulance Victoria to continue to harness these benefits, it must build on its existing transition to retirement pathways and develop more diverse options that showcase older workers' expertise and foster respect.

Inadequate planning and process

The Commission heard consistent feedback from Ambulance Victoria employees and leaders that there was inadequate long-term planning for the transition to retirement process, including a lack of options for employees. One senior leader described the approach as 'underdone' and said:

// I'm acutely aware we don't have enough transition to retirement options for people going into the end of their careers, and we'll be working passionately to try and make sure that we have better options. But once again, we can't make 150 education positions across the organisation if we don't need 150 education positions across the organisation, we've got to do it in a way that's sustainable.

Participant, Interview

Another senior employee summarised the importance of having a cohesive and supportive transition to retirement framework so that employees feel valued and supported:

There needs to be a solid transition to retirement strategy, so that as people get towards the end they're not just calling in sick for two years and using all their sick leave, like is happening now; there's an actual clear, solid pathway as to what these people can do to still help the service in some way, and feel like they're a valued member, rather than just using two years of sick leave at the end. *Participant, Interview*

Interview participants also described the direct impact on older workers of inadequate planning for them to retire well:

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*



Findings

- Throughout this review, employees have reported experiencing age discrimination and pressure to retire.
- Over the next 15 years, almost one third of Ambulance Victoria's workforce, will be in the age range where they may be considering transitioning to retirement. However, Ambulance Victoria has limited guidance, options, planning and arrangements regarding transitioning to retirement. These gaps have the potential to make committed employees feel devalued, and limit Ambulance Victoria's ability to capitalise on the institutional knowledge and skills of long-standing employees.

11.3.4 Implementing leading practice approaches to retirement transitions

Some of the alternative transition to retirement options that participants told us about include:

... Ambulance Victoria should look at not only concentrating on the emergency side services, but if they got more involved with non-emergency, a lot of people in my situation could look at retiring in a non-emergency situation, which obviously is a bit less clinical pressure but still giving the opportunity to be able to mentor, still be part of the organisation and still fulfil an important role. *Participant, Interview*

Additionally, participants noted the different ways that these conversations around retirement could be held to focus on supporting the employee through their career goals, rather than making direct or indirect comments regarding retirement.

[S]o I'm over 60 and I've noted that I've started to have this transition to retirement put to me but not put to me directly, it's indirect kind of 'Oh you'll probably want to be doing other things and we're happy to talk to you about what you might want to do in [the] future and transition to retirement' and this kind of stuff and I'm like 'No, first, have a chat to me and go what are your goals in your career, actually, because I might still have one even though I'm [over 60] years old'. *Participant, Interview*

Further, as discussed above, managers need to be trained to have conversations about career and flexible work, and to manage employees in different age groups with the different needs that may be present. An effective way to embed continuous improvement would be for Ambulance Victoria to establish a peer network with other emergency service agencies to share and build on successful approaches to transition to retirement.

Recommendation 35

Improving long-term planning and processes 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, 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.

Notes

1. Research conducted by the Productivity Commission in September 2021 found that most workers now want to work from home at least some of the time and are willing to change jobs and/or accept lower wages to achieve this: Productivity Commission, *Working from home: Research paper* (Australian Government, September 2021).
2. Victorian Public Sector Commission, 'Working flexibly for Victorians' (State of Victoria, Webpage) <<https://vpssc.vic.gov.au/working-flexibly-for-victorians/>>.
3. Fair Work Ombudsman, *Flexible Working Arrangements: Best Practice Guide* (Australian Government, August 2021).
4. Workplace Gender Equality Agency, 'Flexible Work' (Australian Government, Webpage) <<https://www.wgea.gov.au/flexible-work?web=1&wdLOR=c206EDB18-D1BD-43BE-8C37-3251328E409E>>; Public Service Commission, *Make Flexibility Count: Strategic Framework for the NSW Government Sector* (New South Wales Government, November 2020), <<https://www.psc.nsw.gov.au/sites/default/files/2020-11/flexible-working-report-2017%20%283%29.pdf>>; Victorian Government and Nous, *Flexible work, good for business? Modelling the bottom line impact of flexible work for the Office of Prevention and Women's Equality (OPWE)* (March 2018).
5. Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020).
6. See, e.g., Chief Executive Women and Bain & Company, *Equitable Flexibility: Reshaping our Workforce* (2021) 8; Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020).
7. Victorian Equal Opportunity and Human Rights Commission, *Rebuilding flexible workplaces: Lessons for the post-COVID workplace* (State of Victoria, 2021).
8. Ibid.
9. Workplace Gender Equality Agency, 'Flexible Work' (Australian Government, Webpage) <<https://www.wgea.gov.au/flexible-work>>.
10. See, e.g., Chief Executive Women and Bain & Company, *Equitable Flexibility: Reshaping our Workforce* (2021), 8; Melanie Sanders et al, *The Power of Flexibility: A Key Enabler to Boost Gender Parity and Employee Engagement* (Bain & Company, 3 February 2016); Marcie Merriman, 'Next-gen workforce: secret weapon or biggest challenge?' (Webpage, 1 June 2016) <https://www.ey.com/en_au/consumer-products-retail/next-gen-workforce-secret-weapon-or-biggest-challenge>; Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020).
11. Fair Work Ombudsman, *Flexible working arrangements: Best Practice Guide* (Australian Government, August 2021).
12. Chief Executive Women and Bain & Company, *Equitable Flexibility: Reshaping our Workforce* (2021) 8.
13. Fair Work Ombudsman, *Flexible working arrangements: Best Practice Guide* (Australian Government, August 2021); Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020); Workplace Gender Equality Agency, 'Workplace flexibility strategy toolkit' (Australian Government, Webpage) <<https://www.wgea.gov.au/tools/flex-strategy-toolkit>>.
14. Workplace Gender Equality Agency, 'Workplace flexibility strategy toolkit' (Australian Government, Webpage) <<https://www.wgea.gov.au/tools/flex-strategy-toolkit>>.
15. An Australian Bureau of Statistics study revealed that 31% of Australians were working most days at home in September 2020, compared to 12% prior to the COVID-19 pandemic. Australian Bureau of Statistics, 'Household Impacts of COVID-19 Survey', (Australian Government, Webpage) <<https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/sep-2020>>. According to the 2021 People Matters Survey, 34% of public sector employees were working from home as at June 2021: Victorian Public Sector Commission, 'Employee work location' (State of Victoria, Webpage) <<https://vpssc.vic.gov.au/data-and-research/data-facts-visuals-state-of-the-sector/employee-work-location/>>. According to research by the Workplace Gender Equality Agency, during the COVID-19 pandemic, 63% of organisations allowed managers

to enable informal flexibility in their teams, only 2% of organisations did not offer any form of formal or informal flexibility: Workplace Gender Equality Agency, 'Flexible work post-COVID' (Australian Government, Webpage) <<https://www.wgea.gov.au/publications/flexible-work-post-covid>>.

16. Victorian Equal Opportunity and Human Rights Commission, *Rebuilding flexible workplaces: Lessons for the post-COVID workplace* (State of Victoria, 2021).
17. Victorian Public Sector Commission, 'Flexible Work Policy', (State of Victoria, Webpage) <<https://vpssc.vic.gov.au/html-resources/flexible-work-policy/>>.
18. Victorian Public Sector Commission, 'List of public sector agencies' (State of Victoria, Webpage) <<https://vpssc.vic.gov.au/about-public-sector/employer-public-sector-bodies/>>.
19. Catherine Laura Hainey 'Implementation of a ward staff self-rostering system: improving morale and retention' (2021) 28(3) *Nursing Management*, 22-27.
20. Craig Ferguson, 'Self-Rostering and Annualised Hours (or How to Keep Everyone Happy All of the Time)' (St. Emely's Emergency Medicine, Webpage, 10 March 2017) <<https://www.stemlynsblog.org/self-rostering-annualised-hours-keep-everyone-happy-time-st-emlyns/?nowprocket=1>>.
21. Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020).
22. Section 65 of the *Fair Work Act 2009* (Cth) sets out this legal entitlement for permanent or fixed-term employees who have worked with the employer for at least 12 months and regular casual employees who have worked with the employer for at least 12 months and have a reasonable expectation of continuing employment on a regular and systematic basis.
23. *Ambulance Victoria Enterprise Agreement 2020*, cl 23 and 56; *Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020* cl 19. While these enterprise agreements apply to the majority of Ambulance Victoria personnel, there are additional enterprise agreements applicable to other personnel of Ambulance Victoria (such as Adult Retrieval Victoria nurses, consultants and registrars, as well as pharmacists), including *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024*; *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*.
24. Factors to be considered listed in Ambulance Victoria's *Flexible Work Arrangements Procedure* range from an employee's personal circumstances (for example their parental or carer responsibilities and the consequences for the employee of not having the flexible working arrangement) and Ambulance Victoria's operational needs (for example the effect on the workplace, including the financial impact on Ambulance Victoria and the impact of the flexible working arrangements on the work group and the workload of other employees; overtime and shift penalty implications and legal or other constraints such as occupational health and safety laws affecting the feasibility of Ambulance Victoria accommodating the request). A business case is also required if the approval is unbudgeted: Ambulance Victoria, *Flexible Work Arrangements Procedure (PRO/PAC/065)* (State of Victoria, approved 26 February 2021).
25. Ambulance Victoria's *Flexible Work Arrangements Procedure* articulates Ambulance Victoria's commitment 'to providing a work environment that enables employees to optimise their contribution to the organisation. As part of this commitment, Ambulance Victoria recognises the importance of flexible working arrangements and family friendly work practices in maintaining a diverse, adaptive and high performing workforce'. This also states there is no automatic entitlement to flexible working arrangements and reiterates multiple times the need to balance and assess requests against operational and business requirements, including service delivery: Ambulance Victoria, *Flexible Work Arrangements Procedure (PRO/PAC/065)* (State of Victoria, approved 26 February 2021).
26. Ambulance Victoria, *Roster and Shift Design Manual (MAN/OPS/007)* (State of Victoria, approved 20 August 2018).

27. See, e.g., Ambulance Victoria, *Rostering of New Qualified Paramedics (POL/OPS/042)* (State of Victoria, approved 8 July 2016); Ambulance Victoria, *Rosters: Filling Short Term Shift Vacancies Procedure (WIN/OPS/277)* (State of Victoria, approved 10 August 2018); Ambulance Victoria, *Rosters: Shift Swap Procedure (WIN/OPS/220)* (State of Victoria, approved 10 September 2015).
28. Ambulance Victoria, *Flexible Work Arrangement Form (FOR/PAC/116)* (State of Victoria, approved 26 February 2021); Ambulance Victoria, *Part Time Employment Procedure (PRO/PAC/064)* (State of Victoria, approved 11 January 2019); Ambulance Victoria, *Change of Employment Status Policy (POL/PAC/042)* (State of Victoria, approved 5 June 2014).
29. Ambulance Victoria, *Appendix 2: Think Flex First Implement and Engagement Schedule* (State of Victoria, May 2018).
30. Ambulance Victoria conducted a Flexible Work Arrangements Audit between January and March 2021, for which 85.2% (n=375) of respondents were operational and 14.8% (n=65) were corporate: Ambulance Victoria, *Flexible Working Arrangements: Survey and approval process review* (State of Victoria, April 2021).
31. *Fair Work Act 2009* (Cth) s 65(4).
32. This excludes respondents who indicated 'some other reason' (40%, n=51), which was the top reason provided by respondents to this survey question.
33. Shelley J. Correll, Stephen Benard and In Paik, 'Getting a job: Is there a motherhood penalty?,' (2007) 112(5) *American Journal of Sociology*, 1297-1339; Heejung Chung and Tanja van der Lippe, 'Flexible working, work-life balance, and gender equality: Introduction,' (2020) 151 *Social Indicators Research*, 365-381; Victorian Equal Opportunity and Human Rights Commission, *Rebuilding flexible workplaces: Lessons for the post-COVID workplace* (State of Victoria, 2021).
34. The Fair Work Ombudsman explains that best practice is for an employer to have an individual approach to an employee's needs and to make a comprehensive assessment of the impact of a flexible work arrangement when determining reasonable business grounds: Fair Work Ombudsman, *Flexible working arrangements: Best Practice Guide* (Australian Government, August 2021).
35. *Equal Opportunity Act 2010* (Vic) s 9(3).
36. See, for example, *Ambulance Victoria Enterprise Agreement 2020* cl 46, providing for an unsociable shift allowance for employees.
37. These quotes are taken from participants in the audit of flexible work arrangements conducted by Ambulance Victoria in 2021: Ambulance Victoria, *Flexible Working Arrangements: Survey and Approval Process Review* (State of Victoria, April 2021). For the avoidance of doubt, they are not quotes from participants to the Commission as part of the review.
38. Australian Bureau of Statistics, 'Household Impacts of COVID-19 Survey: 12-15 May 2020' (Australian Government, Webpage, 29 May 2020) <www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/12-15-may-2020#household-impacts-visual-summary>; Kelly Hand, Jennifer Baxter, Megan Carroll and Mikayla Budinski, *Families in Australia Survey: Life during COVID-19, Report no. 1: Early Findings* (Australian Institute of Family Studies, July 2020).
39. Corporate: 22.0%, n=79. Operational: 24.9%, n=360.
40. Chief Executive Women and Bain & Company, *Equitable Flexibility: Reshaping our Workforce* (2021); Champions of Change Coalition, *Accelerating Change on Flexible Ways of Working* (July 2020); Rae Cooper and Marian Baird, 'Bringing the "right to request" flexible work arrangements to life: from policies to practices' (2015) 37(5) *Employee Relations*, 568-581.
41. The full range of response options to this question were: Not at all; A little; A moderate amount; A lot; A great deal.
42. Kimberlé Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics' (1989), 1 *University of Chicago Legal Forum* 139, 149.

43. CIPD, *Cross-sector Case Studies and Practice Highlights* (June 2019) 2-10.
44. Timewise, *Making Construction a Great Place to Work: Can Flexible Working Help? Insights from 4 Pilot Studies* (June 2021).
45. Ambulance Victoria, *Annual Report 2020-2021* (State of Victoria, 2021) 2.
46. 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) 11-12, 169-172.
47. For example, Viva Energy's Flexible Working Policy refers to temporary and informal flexible working arrangements as, 'Short term (up to 3 months) changes to work arrangements [that] may be needed from time-to-time to help team members balance work with other priorities. These temporary changes are managed directly between a team member and their Line Manager and can include informal and ad hoc requests such as varying start and finish times, or taking time off in lieu for excessive and sustained work periods that may occur from time to time. Such requests are treated informally and do not require a formal flexible working application.' Viva Energy Australia, *Flexible Working Policy* (undated), 2.
48. Section 3 of the *Gender Equality Act 2020* (Vic) identifies flexible working arrangements as one of the workplace gender equality indicators that duty holders, including Ambulance Victoria, are required to audit and report progress against.
49. The Workplace Gender Equality Agency's *Flexibility Business Case Toolkit* contains helpful measures as a useful starting point: Workplace Gender Equality Agency, *Flexibility Business Case* (Australian Government) <<https://www.wgea.gov.au/sites/default/files/documents/flexibility-business-case%20%281%29.pdf>>; Public Service Commission, *Make Flexibility Count: Strategic Framework for the NSW Government Sector* (New South Wales Government, November 2020), <<https://www.psc.nsw.gov.au/sites/default/files/2020-11/flexible-working-report-2017%20%283%29.pdf>>.
50. As a guide, the Workplace Gender Equality Agency's Employer of Choice for Gender Equality is a citation for leading-practice recognition to recognise an organisation's commitment to achieving gender equality in workplaces. In order to be eligible for this citation, an organisation must (among other things), evaluate its progress against its gender equality strategy, at least every year, by tracking metrics and reporting progress. These metrics include the utilisation of formal flexible working arrangements (including part-time) for women and men, by manager and non-manager categories. See: Workplace Gender Equality Agency, *Employer of Choice for Gender Equality (EOCGE) 2021-23: Criteria summary and checklist* (Australian Government, 2021).
51. *Equal Opportunity Act 2010* (Vic) s 20(2).
52. Department of Families, Fairness and Housing, 'People with a disability in Victoria' (State of Victoria, Webpage) <<https://providers.dffh.vic.gov.au/people-disability-victoria>>.
53. Victorian Public Sector Commission, 'Recruiting People with Disability' (State of Victoria, Webpage) <<https://vpssc.vic.gov.au/html-resources/recruiting-people-with-disability/>>.
54. Ambulance Victoria, 'Accessibility Action Plan' (State of Victoria, Webpage) <<https://www.ambulance.vic.gov.au/community/voices-of-our-community/accessibility-action-plan/>>.
55. The Law Society (UK), *Reasonable adjustments in organisations – guidance for best practice* (September 2021).
56. See, e.g. Australian Government, 'Job Access' (Australian Government, Webpage) <<https://www.jobaccess.gov.au/disability-adjustment>>; International Labour Organisation, *Promoting Diversity and Inclusion Through Workplace Adjustments: A Practical Guide* (International Labour Organisation, 30 November 2016); The Law Society (UK), *Reasonable adjustments in organisations – guidance for best practice* (September 2021). Note that in the United Kingdom, the *Equality Act 2010* (UK) includes a duty on employers to make reasonable adjustments for disabled persons. See also the Australian Human Rights Commission's resources on developing Disability Discrimination Act Plans and guides for employers on disability discrimination and making changes to a workplace to provide adjustments: Australian Human Rights Commission, *Disability Action Plan Guide* (December 2021).

57. The Law Society (UK), *Reasonable adjustments in organisations – guidance for best practice* (September 2021) 40-42.
58. Ibid 42-43.
59. IncludeAbility 'Customising a job for a person with a disability' (Australian Human Rights Commission, Webpage) <<https://includeability.gov.au/resources-employers/customising-job-person-disability>>.
60. Reasonable adjustments are specifically referred to in cl 19 and 51.12, and sch B, s 1.8 of the *Victorian Public Sector Enterprise Agreement 2020*.
61. Equal Opportunity Act 2010 (Vic) s 20(3). See *Dziurbas v Mondelez Australia Pty Ltd* (Human Rights) [2015] VCAT 1432.
62. Ambulance Victoria, *Fitness for Duty Policy* (POL/PAC/075) (State of Victoria, approved 18 September 2018); Ambulance Victoria, *Fitness for Duty Procedure* (PRO/PAC/097) (State of Victoria), approved 18 September 2018).
63. Under s 16 of the *Equal Opportunity Act 2010* (Vic), an employer must not discriminate against job applicants, and under s 20 of the *Equal Opportunity Act 2010* (Vic), an employer must make reasonable adjustments for a person offered employment or an employee with a disability.
64. See Executive Summary (Preventing unlawful conduct) for further discussion regarding the positive duty obligation set out in ss 14 and 15 of the *Equal Opportunity Act 2010* (Vic).
65. The Personal and Family Circumstances Panel is a panel of five people (who are a mix of four internal Ambulance Victoria employees and one external member), who meet monthly to make decisions on applications for requests for a short term or permanent branch transfer resulting from changes in personal or family circumstances: Ambulance Victoria, *Consideration of Personal and Family Circumstances Request Form* (FOR/PAC/117) (State of Victoria, approved 18 August 2020).
66. Based on the Australian Bureau of Statistics' 2018 data on disability: Australian Bureau of Statistics, 'Disability, Ageing and Carers, Australia: Summary of Findings, 2018' (Webpage, 24 October 2019) <<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018>>.
67. The Commission notes that the 88 applications do not correspond to 88 individual employees, as employees are able to apply multiple times and each application is categorised as a separate 'request'.
68. The full range of responses to this question is: I know a lot about this; I know a moderate amount about this; I know a little about this; I know nothing at all.
69. Victoria Police, *Victoria Police Manual: Reasonable workplace adjustment* (State of Victoria).
70. *Davies v State of Victoria (Victoria Police)* [2000] VCAT 819. But see *Kassir v Victoria* [2012] VCAT 1977 where the applicant to Victoria Police disclosed a history of depression, anxiety and post-traumatic stress disorder and VCAT agreed that 'no adjustments ... could be made that would enable Mr Kassir to adequately perform the genuine and reasonable requirements of the employment'. See also *Dzurbias v Mondelez Australia Pty Ltd* [2015] VCAT 1432 [141].
71. Australian Human Resources Institute and Australian Human Rights Commission, *Employing and retaining older workers* (April 2021).
72. Australian Bureau of Statistics, '4837.0.55.001 – Health of Mature Age Workers in Australia: A Snapshot, 2004–05' (Australian Government, Webpage) <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4837.0.55.001>>.
73. Australian Human Resources Institute and Australian Human Rights Commission, *Employing and retaining older workers* (April 2021).
74. See Australian Human Rights Commission, *Willing to Work National Inquiry: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability* (2016).





12

Organisational capability

Chapter 12 examines Ambulance Victoria's organisational capability in relation to workplace equality. It considers whether all employees and first responders understand that discrimination, sexual harassment, bullying and victimisation are unlawful and will not be tolerated. It examines whether leaders and managers understand how to identify and respond to workplace harm and inequality and whether they know how to manage people effectively. Chapter 12 also investigates whether leaders and managers are supported to foster a safe and supportive work environment and whether workplace structures and systems, including the organisation's operating model, allow capabilities to be applied in practice.

→ KEY POINTS

Organisational capability is critical for preventing unlawful conduct and promoting workplace equality

- Organisational capability is essential for Ambulance Victoria to effectively implement the recommendations of this review and advance workplace equality into the future.
- Organisational capability is about readying and equipping the organisation – its systems of work, policies and resources and the knowledge and competencies of its workers and leaders – to embark on a change process and to collectively own workplace equality as a shared priority and responsibility. Without building organisational capability, workplace equality will not progress beyond an expressed aspiration.

There are significant opportunities to improve the workforce's knowledge and capabilities relating to the Equal Opportunity Act

- Ambulance Victoria's equal employment opportunity induction and refresher course is the primary mechanism used to build the workforce's knowledge of and capability to fulfil the legal requirements of the Equal Opportunity Act. Despite evidence that this course has established some awareness and foundational knowledge, the program has not succeeded in developing:
 - an understanding among employees, leaders and managers of the drivers and impacts of unlawful conduct
 - an understanding among employees, leaders and managers of key concepts such as substantive equality, indirect discrimination, and special measures
 - the knowledge and skills that would allow leaders and managers to fulfil their responsibilities under the Equal Opportunity Act, particularly with respect to discharging Ambulance Victoria's positive duty to take reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimisation as far as possible (discussed in Section 4.2.1). In particular, many managers lack the capability to identify and call out unlawful behaviours and to proactively engage with employees and first responders to monitor risks and advance workplace equality.
- There is room to improve employees' and first responders' understanding of Ambulance Victoria's obligations in relation to flexible work and reasonable adjustments for employees with disability, particularly among operational workers. There is a correlating need to build greater knowledge and capability for leaders and managers in: responding to requests for flexible work and reasonable adjustments, complying with legislative requirements, and embedding a culture that embraces workplace flexibility.

→ KEY POINTS

Ambulance Victoria's leadership and people management capability is underdeveloped

- While Ambulance Victoria has begun to invest in promising leadership development frameworks and initiatives in recent years, these have not yet translated into strong leadership and people management capability in practice at Ambulance Victoria.
- There is a pattern of leaders and managers, at various levels, lacking critical leadership capabilities, including strong interpersonal and communication skills, the ability to build inclusive team cultures and relationships of trust with employees and first responders, and the ability to manage conflict constructively and invite feedback. Some managers are also failing to discharge core people management responsibilities, including engaging in regular performance discussions with staff.
- While senior leaders have the capability to set and communicate strategy, leadership and management capability, gaps and poor role modelling with regard to workplace equality are undermining this work and preventing workplace equality strategy from being implemented at all levels.

There are a number of gaps and barriers hindering Ambulance Victoria's attempts to build strong organisational capability

- Ambulance Victoria's equal employment opportunity module is not consistent with best practice standards and is too narrow in its approach, which limits its ability to disrupt behaviours and contribute to cultural change. It does not address the unique role and responsibilities of leaders and managers, nor does it support them to develop the necessary skills to prevent and respond to unlawful conduct and to promote workplace equality.
- Leadership and people management development appears, historically, to have been given limited priority by Ambulance Victoria. While there is evidence that this is shifting, many managers are yet to receive any formal training, with evidence that they are lacking necessary people management and leadership capabilities. Disruptions caused by the COVID-19 pandemic have compounded these capability gaps by delaying leadership development plans.
- Almost one third (29%) of management roles at Ambulance Victoria are filled on an acting (temporary) basis. The reliance on acting managers limits Ambulance Victoria's leadership and management capability. This is because acting managers are insufficiently trained and, due to their short tenure, have limited ability to create stable relationships of trust with their team members. In addition, acting managers may be less inclined to challenge the status quo, lead courageously or intervene in workplace equality problems.
- Operational barriers – including the limited proximity of managers to staff, intense workloads and limited time – are making it difficult for managers to prioritise people management and maintain regular contact with their teams.

→ KEY POINTS

- Ambulance Victoria's primary reliance on internal recruitment to staff its workforce, including leaders and managers, is creating a risk of groupthink and is limiting the positive influence of diverse perspectives, experiences and approaches. This is also creating a heightened risk of inadequate leadership styles and behaviours becoming normalised.

Ambulance Victoria must reset and strengthen its approach to building organisational capability and ensure that it takes a holistic approach

- Ambulance Victoria must re-develop its workplace equality training to comply with best practice standards and complement and reinforce other workplace equality initiatives. Leaders and managers must be supported through advanced, tailored training programs to develop and apply the key skills required to fulfil their obligations under the *Equal Opportunity Act 2010* (Vic), including the positive duty to eliminate sexual harassment, discrimination and victimisation.
- To address ongoing leadership and people management capability gaps, Ambulance Victoria must ensure that the Leading Together Program is delivered as a matter of priority. Ambulance Victoria must also provide opportunities for necessary leadership behaviours to be reinforced and learning sustained outside of formal training.
- Training and development for leaders and managers will be fruitless if the operating environment in which they are working does not support them to apply their learnings or fulfil their responsibilities, including by engaging regularly with their direct reports and team members. Ambulance Victoria must identify the changes to operating and supervisory systems that must occur to support leadership capabilities not just in theory, but in practice.

12.1 Why organisational capability matters

Leading practice recognises that organisational capability¹ – including the design of safe systems of work, policies and resources and the competencies of workers and leaders – is key to preventing and responding to unlawful conduct and embedding equality.²

Organisational capability is essential if Ambulance Victoria is to effectively implement the recommendations of this review and truly transform its workplace culture so that all staff experience a safe, inclusive and respectful working environment. Without ensuring that the workforce – and particularly leaders and managers – has the necessary knowledge and skills to implement and embody necessary changes and is supported by the necessary organisational systems, the commitment to advancing workplace equality will be reduced to rhetoric. Without understanding the day-to-day context in which core capabilities are sought to be applied and seeking to reduce barriers, Ambulance Victoria will continue hitting roadblocks that prevent cultural change from being realised.

Building organisational capability requires a whole-of-organisation approach that considers how people, business practices, systems and knowledge can be leveraged, uplifted or reformed. It is key to turning aspirations into meaningful action and change.

By building organisational capabilities that relate to the Equal Opportunity Act, Ambulance Victoria can ensure that leaders and managers are equipped to prevent unlawful conduct from occurring, take effective steps to discharge the positive duty and proactively advance workplace equality. It will also ensure that every member of the workforce understands how they can contribute to a safe, fair and inclusive workplace. More broadly, by developing a wider set of leadership and management capabilities – and by ensuring the operating environment enables this uplifted capability – Ambulance Victoria can ensure that leaders and managers are equipped to drive and implement cultural change. Building organisational capabilities will also help to ensure that the organisation's work practices and systems create a safe, supportive working environment where employees feel valued, secure and are given every opportunity to succeed.

12.2 Workplace equality capability

Building workplace equality capability means taking ongoing steps to ensure all members of Ambulance Victoria's workforce understand their rights and obligations under the Equal Opportunity Act, know what constitutes acceptable and unacceptable behaviours, can identify the drivers and impacts of unlawful conduct and know what their role is to actively contribute to building a safe, fair and inclusive workplace. Well-developed workplace equality capability also requires leaders and managers to understand not simply their role in preventing unlawful conduct, but how they can advance workplace equality. This means managers are able to constructively and safely address people management issues arising under the Equal Opportunity Act and actively lead and foster a fair and inclusive culture.

12.2.1 How Ambulance Victoria seeks to develop knowledge and capability under the Equal Opportunity Act

Workforce

Education and training are a key way to ensure employees understand their rights and responsibilities under the Equal Opportunity Act, are aware of the standards of behaviour expected of them, and know how they can contribute to a safe, equal and respectful workplace. It is therefore critical that Ambulance Victoria takes steps to ensure its employees and first responders understand:

- that discrimination, sexual harassment, bullying and victimisation are harmful, amount to unlawful conduct and will not be tolerated
- the concept and importance of workplace equality and how it benefits everyone
- organisational policies, procedures and initiatives that put the law into practice and enable employees to be held accountable when they fail to behave appropriately.

As Section 4.2.1 outlines, Ambulance Victoria seeks to meet these aims by providing mandatory equal opportunity courses, as well as other mandatory and optional courses. It also seeks to embed behavioural expectations, mainly through its organisational values.³

In addition to the training courses detailed earlier in Figure 4D (including the equal employment opportunity induction and refresher course and Aboriginal and Torres Strait Islander cultural awareness training), Ambulance Victoria also provides additional workshops and briefings, including:

- **Values workshops and briefings:** These workshops originally occurred in 2013 with the development of Ambulance Victoria's new organisational values. The workshops involved managers speaking directly to their teams to explore how the values translated into day-to-day actions. These workshops are now delivered on an as-needs basis, as requested by teams or to address issues identified by People and Culture.

- **Working with diverse people:** Since 2016, all incoming first responders have had to complete a face-to-face introductory course on working with people from diverse backgrounds. This course describes the skills and knowledge required to work respectfully with people from diverse social and cultural groups and situations, including Aboriginal and Torres Strait Islander peoples.

Ambulance Victoria monitors enrolment and completion for the mandatory courses outlined in Figure 4D and notifies employees and their managers when completion of a course is overdue. In October 2020, Ambulance Victoria introduced a new learning management system. However, owing to the lack of system capability before then to analyse enrolment and completion rates, it is unlikely that Ambulance Victoria has a comprehensive picture of workforce capability, as Section 4.2.1 notes.

The commissioning of this review has also provided an opportunity for Ambulance Victoria's leaders to reiterate expectations regarding workplace behaviour and to support employees to understand their rights and obligations and the significance of workplace equality. The reform journey that will follow the release of this report will provide many more opportunities for this messaging to be reinforced in safe and appropriate forums.

Leaders and managers

A sound knowledge of the Equal Opportunity Act – including the meaning of discrimination, sexual harassment and victimisation – will support managers to identify these behaviours when they arise. However, managers also need specific knowledge and capability to acquit their additional leadership and managerial responsibilities related to workplace equality. At a minimum, they need to: understand the drivers and risk factors for these behaviours so they can take effective preventative action; have the capability to confidently and sensitively address these behaviours when they occur, including by calling out and managing those who enact them, including applying disciplinary action if warranted; and have the capability to provide effective and appropriate support to victim-survivors to report their experiences.⁴ Managers must also understand the rights and obligations relating to flexible work and reasonable adjustments and be able to negotiate these requests respectfully and transparently in line with the law.

It is therefore vital that Ambulance Victoria's managers – who comprise 9.5% (n=723) of the workforce⁵ – receive appropriate education, training and support that encompasses the above content. Managers should also have a clear understanding of the organisation's behavioural and management expectations, with these expectations set and reinforced in key performance criteria and assessment.

Ambulance Victoria's policies and procedures (see Figure 3H) guide managers on critical issues related to unlawful and harmful workplace conduct. Its People Partners also advise and support managers as they carry out their day-to-day managerial responsibilities.

In addition, the organisation requires its leaders and managers to attend the same mandatory training courses as the broader workforce, described above. It also offers several courses that aim to develop skills and knowledge specific to being a leader and/or a manager and that are also relevant to preventing and responding to unlawful conduct and embedding workplace equality. These courses include a Courageous Conversations course and recent Anti-bullying and harassment training.

12.2.2 Current state of workplace equality capability

Rights and responsibilities under the Equal Opportunity Act

As outlined in Sections 4.2.1 and 4.2.3 of Volume I, despite Ambulance Victoria's existing efforts to build the workforce's knowledge of, and capability to meet its legal obligations, under the Equality Opportunity Act – and despite indications that participant knowledge of the Act is reasonably good – there are significant opportunities for improvement.



Volume I, Chapter 4 key findings

Workplace equality capability

- There are significant opportunities to improve the workforce's understanding of the meaning, drivers and impact of workplace discrimination, sexual harassment, bullying and victimisation, including through more frequent, relevant training courses and by strengthening the content of current programs (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.
- 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 both model appropriate conduct and to hold individuals consistently to account for failing to adhere to the expected standards.
- Apart from an equal employment opportunity induction course, leaders and managers are only required to undertake refresher training on equal employment issues every two years. This appears to be impacting the level of understanding of the rights and responsibilities under the Equal Opportunity Act, including leaders' and managers' understanding of key concepts such as 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 by the 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 Sections 6.1.2 and 8.2.2).

As noted in Section 4.2.1, responses to the Commission's survey suggest that knowledge of the rights and responsibilities under the Equal Opportunity Act is fairly high overall, based on respondents' self-assessments. Of the 2054 respondents who rated their awareness of their rights and responsibilities under the Equal Opportunity Act, 41.9% (n=861) said they are either fully familiar with them or are familiar with them and understand most details. In addition, 31.6% (n=649) told us they are familiar with some details about their rights and responsibilities, while 22.3% (n=458) said they are aware of their rights and responsibilities but not the details. Only 4.2% (n=86) of the respondents said they are not aware of their rights and responsibilities. Over three-quarters (76.8%, n=1082) of the 1408 people who responded to the question said the training they received from Ambulance Victoria helped them to understand their rights and responsibilities under the Equal Opportunity Act.

These results align with what the Commission heard in interviews and submissions, with most participants' stories conveying an accurate understanding of treatment that amounts to unlawful conduct. This was particularly the case for direct discrimination and sexual harassment. This may be because participants who had experienced unlawful conduct were more attuned to their rights. Or it may be due to a heightened awareness of these rights and responsibilities arising from the commissioning of this review (although this doesn't bear true for reasonable adjustments, as described below).

However, the Commission's findings on the nature and extent of unlawful conduct and workplace harm at Ambulance Victoria (outlined in Sections 4.3 and 5.1) including instances of unlawful conduct directed from peer-to-peer, suggest that this knowledge of rights and responsibilities under the Equal Opportunity Act is not positively guiding how employees behave in the workplace.

Responses to the Commission's survey suggest that awareness of rights and responsibilities under the Equal Opportunity Act is also fairly high among leaders and managers,⁶ based on respondents' self-assessments. As detailed in Section 4.2.1, among the 742 survey participants who said they supervised others and who 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 and 29.6% (n=220) said they were familiar with some details.

As Section 4.2.1 explains, these results broadly align with responses to the survey question asking people to rate their manager's awareness of their obligations under the Equal Opportunity 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) believe their manager is fully familiar with the Act or understands most of its details, and 22.3% (n=365) believe their manager is familiar with some details of the Act. 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 decent understanding of the Act. Therefore, they may expect that their manager will act in accordance with their obligations under the Act, and uphold employees' rights.

Leaders and managers also reported a high level of awareness of Ambulance Victoria's policies relating to workplace equality (including the Code of Conduct, Professional Conduct Policy and Complaints Procedures). Of the 740 leaders and managers who responded to this question, 17.4% (n=129) said they are fully familiar

with and understand the details, 48.5% (n=359) said they understand most details, and 22.8% (n=169) said they were familiar with some details. A small group of those respondents said they are not at all aware of those policies (1.6%, n=71).

Regardless, as highlighted in Section 4.2.1, the data and information shared with the Commission indicate gaps in knowledge and understanding – both for employees and manager/supervisors – which suggests that both the perceptions of employees and first responders and the self-ratings may overestimate actual knowledge of the Equal Opportunity Act. Concepts such as substantive equality, indirect discrimination and special measures were, for instance, often misunderstood.

Section 4.2.1 highlights that knowledge of the steps needed to implement the positive duty appears to be limited among leaders and managers. We typically learned of leaders and managers reacting to or reports or complaints, rather than reflecting on what those reports may indicate with regard to systemic risks. This meant that complaints of unlawful conduct were not routinely used to inform a preventative response to proactively build and maintain a safe workplace culture free from unlawful or harmful conduct. As Section 8.1.1 notes, the experiences of participants who made reports of unlawful conduct to their manager were also mixed, ranging from positive responses to being actively discouraged by their manager from pursuing their complaint.

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. The knowledge of managers (and their ability to prevent and respond to unlawful conduct and inequality) has also been impacted by the absence of any prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation. Section 6.1.4 identifies how these capability gaps are contributing to the unacceptable rates of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria.

Together these findings point to managers lacking an understanding of the behavioural and people management and development expectations of their role, and lacking the skills required to identify, call out and address unlawful behaviours and to provide a safe reporting environment for victim-survivors. These capability gaps were reported by participants as placing upward pressure on Human Resource personnel, particularly Senior People Partners, who were described as being inadequately resourced to make up for these shortfalls and the level of support required. These capability gaps are also indicative of a wider theme of limitations in the people management and leadership capability and correlating expectations of Ambulance Victoria's leaders and managers, as Section 12.3.2 discusses.

These same capability issues were identified in the 2018 Victorian Auditor-General's Office report exploring bullying and harassment in the health sector.⁷ That report recommended that audited agencies (including Ambulance Victoria) develop and implement mandatory comprehensive training and support mechanisms for managers on preventing and responding to inappropriate behaviour, bullying and harassment.⁸

Flexible work

It is clear that many employees would benefit from increased information and guidance to improve their understanding of their rights and responsibilities under the Equal Opportunity Act in practice.

- Of the 2161 people who responded to the Commission's survey question about Ambulance Victoria's obligations regarding flexible work, less than half said they know a lot (14.9%, n=322) or a moderate amount (31.6%, n=682). By contrast, just over one-half said they know a little bit (42.1%, n=910) or nothing (11.4%, n=247). During interviews and in submissions, participants conveyed an understanding of the right to request flexible work arrangements and Ambulance Victoria's processes for doing so, but without necessarily identifying the related rights or responsibilities (see Section 11.1).
- Of the 742 supervisors who responded to the Commission's survey question about Ambulance Victoria's obligations relating to flexible work, 6.1% (n=51) said 'I know nothing at all'; 30.6% (n=227) said, 'I know a little about this'; and under one-third (27.8%, n=206) said, 'I know a lot about this'. Given that managers are responsible for negotiating, approving or refusing flexible working arrangements with employees, it is concerning that over one-third of supervisors rated their knowledge about Ambulance Victoria's legal obligations in this space as knowing either nothing, or only a little.
- Survey participants working in corporate roles reported a somewhat higher level of knowledge about Ambulance Victoria's obligations regarding flexible work compared to participants working in operational roles: out of the 374 corporate participants who answered this question, only 6.7% (n=25) knew nothing at all, 32.9% (n=123) said they knew a little, 41.4% (n=155) said they knew a moderate amount, and 19.0% (n=71) knew a lot. By comparison, out of the 1472 operational survey participants who answered this question, 12.4% (n=183) knew nothing at all, 43.5% (n=640) said they knew a little, 29.2% (n=430) said they knew a moderate amount, and 14.9% (n=219) said they knew a lot.
- Among the 257 respondents to the Commission's survey question regarding the reasons why people had not requested flexible work arrangements, the third most common response was not knowing they had a right to request flexible work (23.3%, n=60).⁹ Further, as Section 11.1 explains, according to Ambulance Victoria's own audit, 41.0% of respondents did not receive information from their manager to help them understand their flexible work options.

Furthermore, Section 11.1 finds that Ambulance Victoria's managers lack adequate knowledge and guidance to enable and support increased workplace flexibility, particularly for operational staff, and that this is undermining employee's experiences of requesting and negotiating flexible working arrangements. As that section explains, the Commission received reports of managers failing to respond to requests for flexible working arrangements, and failures to respond within legislatively-mandated timeframes, both of which are inconsistent with Ambulance Victoria's own Flexible Working Arrangements Procedure. However, as noted in Section 11.1.5, while Ambulance Victoria needs to ensure it is meeting its legal obligations under the Fair Work Act, it also needs to move beyond viewing flexibility as only a matter of legal compliance or something to be tolerated, but rather, as something to be embedded in the culture of the organisation.

Reasonable adjustments

As Section 11.3 explores, participants' reported knowledge of their rights and responsibilities related to reasonable adjustments was concerningly low.

Of the 2015 participants who responded to the survey question about Ambulance Victoria's obligations to make reasonable adjustments to allow people with disability to perform their role productively and safely, four-fifths said they know only a little bit (38.2%, n=769) or nothing at all (41.5%, n=836) about this. More operational than corporate employees said they know 'nothing at all' about these obligations (operational: 44.6%, n=654, corporate: 28.0%, n=104). Of the 513 people with disability who responded to this question, 33.9% (n=174) said they know 'nothing at all' about these obligations, compared to 44.0% (n=604) of the 1372 people without a disability who responded. Of the 743 supervisors who responded to this question, 38.9% (n=287) said they know a little bit, but 30.7% (n=226) said they know nothing at all.¹⁰

Of the 92 people who answered the Commission's survey question about the main reasons they did not request reasonable adjustments from Ambulance Victoria, 20.7% (n=19) said it was because they did not know they have a right to do so.

There appears to be a correlation between these results and the absence of any reasonable adjustments framework, policy or related training at Ambulance Victoria that educates the workforce on the legal duty to provide reasonable adjustments (unless an employee cannot adequately perform their genuine and reasonable requirements of the employment even after adjustments are made) (see Section 11.3).



Findings

- Ambulance Victoria relies on its equal employment opportunity induction and refresher course as the primary mechanism to build employees', leaders' and managers' understanding of rights and obligations under the Equal Opportunity Act. While this program is building some foundational knowledge of the Act, there are significant opportunities to improve the workforce's understanding, including of the drivers and impacts of unlawful conduct and key concepts such as substantive equality, indirect discrimination, and special measures.
- The equal opportunity induction and refresher course and the handful of other courses targeting leaders and managers are not adequately supporting leaders and managers to develop the knowledge and skills required to fulfil their responsibilities under the Equal Opportunity Act, particularly regarding discharging the positive duty to take reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimisation as far as possible (see Section 4.2.1).
- Some managers were described by participants as unwilling or unable to: identify and call out unlawful behaviours; proactively engage with employees to monitor risks and advance workplace equality; and/or build a safe reporting environment for victim-survivors, including by having challenging conversations.
- While some participants have a reasonable understanding of Ambulance Victoria's obligations regarding flexible work, there is significant room to improve employee's knowledge of, and support for, the rights and obligations relating to flexible work (particularly operational workers). There is also a need to build understanding among leaders and managers of their unique obligations in handling requests for flexible work so they can, at minimum, comply with the legislative requirements. Moving forward, Ambulance Victoria needs to move beyond viewing flexible work as a matter of *minimum legislative compliance*, but rather, see it as something to be embedded across the organisation and embraced in its culture (see Section 11.1.5).
- There are concerning low levels of understanding – among employees, leaders and managers – about Ambulance Victoria's obligation to make reasonable adjustments for employees with disability. There is a notable absence of resources and policy guidance for the workforce that might assist employees to better understand these obligations (discussed in Section 11.3).

12.3 Leadership and people management capability

While knowledge of the Equal Opportunity Act and having the skills to manage issues arising squarely under the Act are minimum capabilities for managers and leaders, progressing workplace equality demands a broader set of capabilities. Managers and leaders also require people management and leadership skills to: build a climate of psychological safety;¹¹ support employee wellbeing, performance and engagement; embrace and support a diverse workforce, including accommodating changing work-life balance needs; guide workers through a change process; and, ultimately, promote inclusion and equal opportunity.

There is broad consensus among experts that well-informed and effective leaders play a critical role in preventing unlawful conduct and promoting workplace equality.¹² Leaders and managers occupy influential positions in workplaces and can 'set the tone' from the top by:

- role modelling and rewarding positive behaviour, challenging and addressing unacceptable behaviour and supporting individuals to report experiences of unlawful conduct
- embodying positive leadership styles and a genuine commitment to workplace equality, both of which enable all staff to feel engaged and valued, feel that it is safe to speak up, and be assured that they will be supported to thrive at work, regardless of their personal attributes.¹³

Research has often identified managers as 'cultural ambassadors',¹⁴ and determinants of the organisational climate.¹⁵ The influential role of middle managers, in particular, arises from their day-to-day interactions with employees and their opportunities to translate policies and strategies into everyday action. It is for these reasons that leadership development is essential for workplace equality.

[P]eople management is probably one of the most time consuming and largest parts of our job, whether it's things that are going well, or things that aren't going well. Staff welfare goes into every aspect of their lives because they come to work and bring whatever is going on at home to work as well and so we are responsible for managing all of that in the context of the workplace. Participant, Interview.

At a minimum, managers require technical skills, people management skills and understanding in order to: navigate rostering requirements, leave requests, manage performance, recruitment and promotion; comply with internal policies and regulatory requirements; and implement a workplace equality strategy at the team level¹⁶ These skills are particularly critical for front-line managers and reflect the day-to-day work of managing a team. These skills are *management* capabilities as distinct from *leadership* capabilities, which require proficiency in 'soft skills', behaviours and mindsets that when combined make up positive leadership styles.¹⁷ This includes interpersonal skills, effective communication and feedback, confidence and self-awareness and the ability to constructively manage conflict.

Leadership skills also include the ability to engage in reflective practice to foster trust, role model empathy and continuous learning and the ability to persuade and motivate employees. These are broader leadership capabilities that all employees, but particularly leaders and managers should possess.

It is particularly critical that leaders and managers are supported to understand the meaning of diversity and inclusion and to reflect on their own identity and that of others. This will support leaders and managers to understand how certain attributes and identities can influence (including advance or prevent) an employee's access to opportunities and resources in the workplace; historic and continuing barriers to inclusion; and how they can seek to address these barriers in their approach to management and leadership.¹⁸

What leadership skills are needed to advance workplace equality?

While there is no unifying model that comprehensively captures the skills and approaches that are necessary to comply with the positive duty under the Equal Opportunity Act and create a safe, fair and inclusive workplace, we can begin to identify what these skills are by drawing together research on leadership models that promote diversity and inclusion and psychologically safe workplaces.¹⁹ These include, but are not limited to:

- open dialogue, communication skills and mindful and active listening
- group dynamic skills (to recognise and respond to inter-personal and group dynamics)
- relationship management skills (to develop effective working relationships within teams)
- conflict resolution skills (to effectively work through and learn from conflict)
- consultation skills
- emotional intelligence
- cultural competency
- reflective practice and situational humility (reinforcing to employees that managers know they do not have all the answers and that other contributions are necessary to achieve organisational goals)²⁰
- sponsorship (enabling others success ahead of one's own).

These leadership skills, while supporting the advancement of workplace equality, also support the realisation of a range of other benefits, including enhanced adaptability and innovation, improved productivity and wellbeing for staff.²¹

In addition to being competent in people management skills and the leadership skills set out above, senior leaders must also be able to drive the organisation's compliance with the positive duty under the Equal Opportunity Act, by setting and communicating strategy and persuasively engaging the workforce to cultivate a fair, inclusive and safe workplace for all staff.

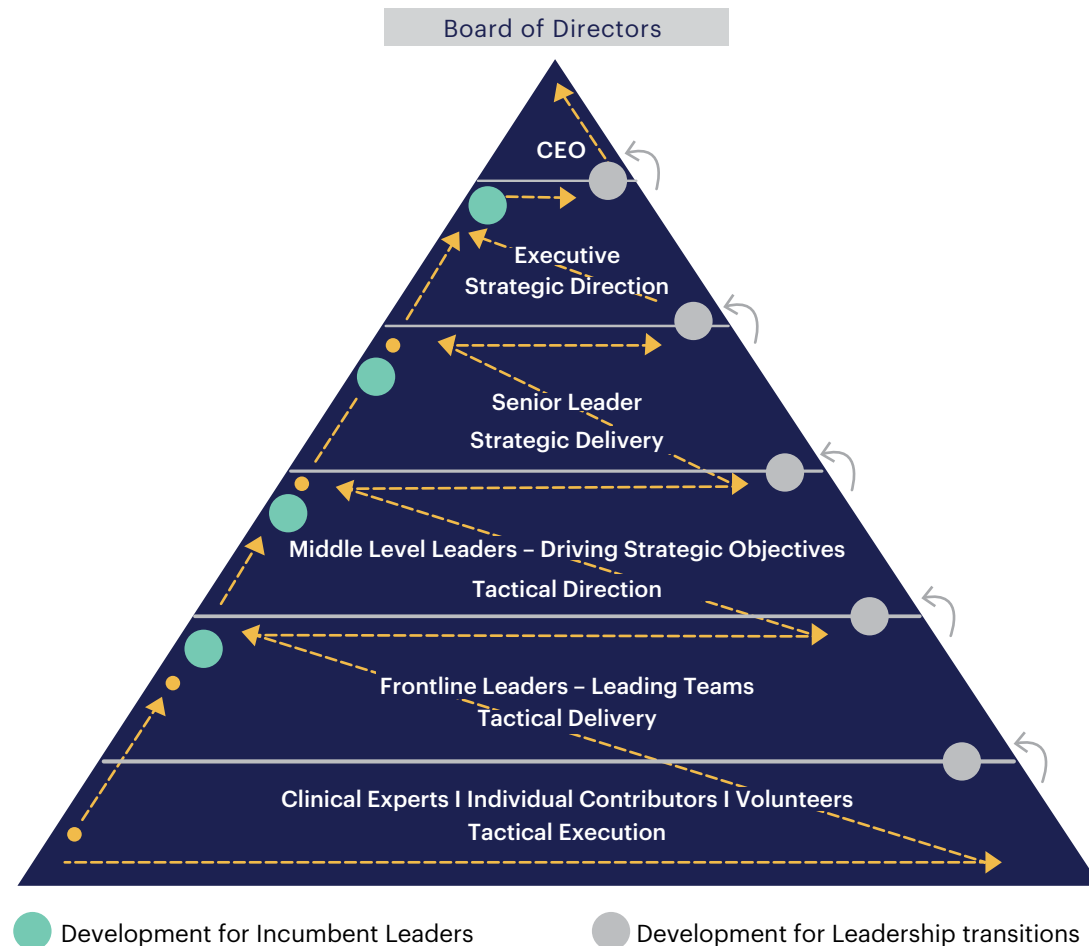
12.3.1 How Ambulance Victoria seeks to develop leadership and people management capability

Ambulance Victoria seeks to support current and future leaders and managers by: mapping and seeking to embed leadership/management capabilities; providing training, development and mentor programs; and offering opportunities to temporarily back-fill management roles and undertake work experience to extend leadership skills.

Leadership Development Framework

Ambulance Victoria's Leadership Development Framework details the organisation's high-level approach to developing current and future leaders and identifies progression pathways and key development points (see Figure 12A below). This framework relies on a blended 70:20:10 learning model that assumes leaders develop the required capabilities through a combination of on-the-job experience, learning through exposure (for example, through relationships, interactions and role modelling from more senior leaders) and formal learning opportunities, respectively.

Figure 12A – Leadership development pathways



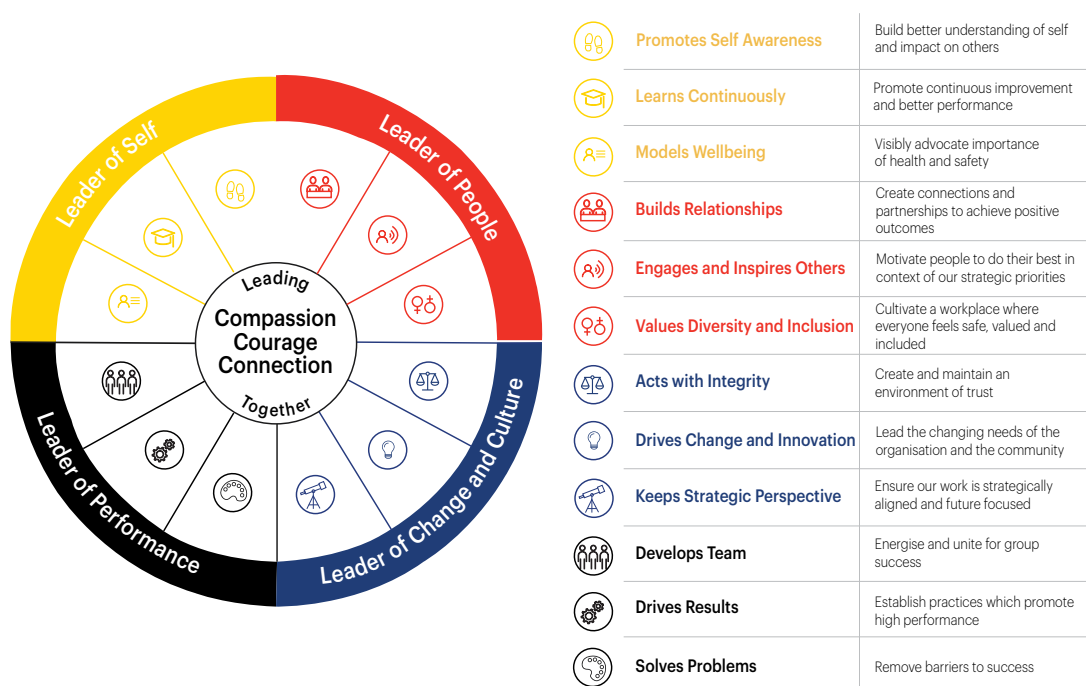
The framework's implementation is underpinned by several guiding principles. These include, among other principles, that: everyone is a leader and future leaders can emerge at all levels of the organisation; leadership diversity drives better outcomes; leadership breadth matters; and current leaders are accountable for the development of future leaders.

The framework is also informed by the Ambulance Victoria Behavioural Capability Framework. This second framework identifies 10 core capabilities critical for everyone's success and differentiates them across work level profiles, growing in complexity across a continuum from 'tactical execution' to 'strategic direction'. Clinical or role specific capabilities are not included. This second framework is used in job design, position descriptions and recruitment and is intended to guide managers and staff members in prioritising development activities.

Leadership Behaviours Framework

In 2018, Ambulance Victoria introduced a Leadership Behaviours Framework to guide expectations of its leaders. The framework describes the positive attributes and behaviours expected of leaders across all roles (see Figure 12B) and includes examples of effective behaviour. Ambulance Victoria's values also form part of the framework (see Figure 4E). It now also includes behaviours to support inclusive leadership and psychological safety.

Figure 12B – Leadership Behaviour Framework



The framework is used in leadership recruitment and selection to assess suitable candidates and as a guiding framework for leadership development programs.

Leadership development programs

Ambulance Victoria currently offers several leadership and mentoring programs for present and emerging leaders (see Figure 12C).

Figure 12C – **Current leadership development programs**

Program	Description
Leaders Mentoring Program	<p>The Leaders Mentoring Program is an optional development program for high- performing or high-potential leaders. The program is delivered in partnership with Rotary Clubs of Victoria, with participants mentored by a Rotary representative. Participants also lead an innovation project, which they present to the Executive Committee, and participate in five leadership workshops facilitated by Ambulance Victoria leaders and experts.</p> <p>Participants are nominated by an executive director and complete an application and an interview. Fifty-eight people have completed the 12-month program since 2018, with an average of 10–20 participants each year.</p>
Leading Together Program	<p>The Leading Together Program aims to connect leaders across different functions and levels to build aligned leadership management behaviour and practice. It comprises five days of face-to-face learning, with sessions facilitated by internal and external leaders, consultants and experts. The program covers a range of management and leadership topics, guided by the Leadership Behaviours Framework and Operational Accountability Framework. Examples include personal leadership, leading teams through change, leading strategic priorities, building a feedback mindset and culture and communicating with influence.</p> <p>The program was first rolled out in July 2019 to 52 area managers and equivalent-level staff members and was mandatory both for incumbents and for those acting up. Ambulance Victoria targeted this cohort with the expectation that it would role model the program and support the delivery of the program to frontline leaders. The course was extended to a second cohort of 42 mid-tier leaders in 2020 with the final workshop due for completion in 2022. This program was delayed due to the COVID-19 pandemic.</p> <p>On completion of the program for incumbent leaders, work will progress to build a development pathway to construct a succession pipeline of future leaders at the area manager and equivalent levels.</p>
Leadership development quarterly forums	<p>Ambulance Victoria convenes quarterly forums for individuals who have completed the Leading Together Program, to connect its leaders and promote peer learning. It delivered the first forum in 2020, which involved a two-part facilitated workshop and was attended by 39 people.</p>
Senior leader forums	<p>Senior leader forums aim to engage and align the Executive Committee and senior leaders in leading strategic and topical organisational priorities. The forums were established in December 2019 and have been delivered quarterly since that time, except when paused between April and August 2021 due to the COVID-19 pandemic. Forty-two leaders attended the September 2021 forum.</p>

Program	Description
Learning calendar	Staff members are eligible to attend optional workshops from the organisation's learning calendar, which include courses such as business writing, courageous conversations and workplace coaching. The courses available have been streamlined and delivered virtually during the COVID-19 pandemic.
'Coach Me' program	The Coach Me program is an optional development pathway to seek out coaching from experienced internal leaders qualified in coaching, typically for 12 months. Seven coaching partnerships were set up for area managers in 2020, after they self-selected a coach from a list of coach profiles.
External leadership programs	Ambulance Victoria sponsors four placements annually for two external leadership programs: Leadership Victoria's Williamson Community Leadership Program; and the Australian School of Government's Executive Masters in Public Administration.

Ambulance Victoria also use several leadership assessment instruments (sometimes referred to as personality tests) to support individuals to identify their leadership preferences, capabilities, characteristics and potential. Ambulance Victoria uses these tools when recruiting and selecting leaders and managers, in development planning, and to support personal reflection and coaching.²²

People management development

Ambulance Victoria also seeks to support people managers to develop the skills and understanding necessary to discharge their core people management responsibilities (including managing leave, performance development and rostering). Ambulance Victoria refers to these as 'transactional' or 'tactical' management skills. The organisation does this through:

- a suite of relevant policies and processes (see Figure 3H)
- the team management development portfolio (a tool that sets out key responsibilities of team managers and is intended to act as a guide and record of skill development)
- locally organised inductions and informal mentoring
- coaching and advice from People and Culture advisors.

Ambulance Victoria also produces resources to support people managers to implement certain organisational strategies at a team level. For example, guides to engaging in respectful conversations about employees taking excessive unplanned leave.

On-the-job development opportunities

Ambulance Victoria encourages leadership and people management capability development through on-the-job opportunities, including by participating in cross-functional projects, inter-agency secondments, and talent rotation opportunities. As Section 10.2.2 discusses, the organisation also facilitates access to internal acting and secondment opportunities (including higher duties) through its Recognition and Development Process. Ambulance Victoria outlines the capabilities for each acting role and provides training where specialist skills are required.

12.3.2 Current state of leadership and people management capability

Leadership capability

Ambulance Victoria's various leadership development initiatives (see above) convey a sophisticated approach that has been shaped by careful consideration of the capabilities needed not just for performance, but also to embed strong leadership that supports fairness, safety and inclusion. Those frameworks also rightly reflect the changing role of ambulance services and the wider set of capabilities needed to fulfil those expectations that go beyond emergency service response (see Section 2.2, Volume I).

The investment in a formal leadership development program for middle and frontline managers is particularly promising. By providing a consistent program across management cohorts, Ambulance Victoria has recognised that positive leadership is about skill development and the reinforcement of key behaviours at all levels of leadership.

I think as we mature as an organisation, we're starting to learn that those two things – there are some transactional, tactical skills that you need, and then there's also the non-technical and people-based leadership skills.

Participant, Interview

Most of this work has occurred over the last three to four years. While acknowledging that the Leading Together Program is still in the process of being rolled out and has been impacted by delays connected to the COVID-19 pandemic – the evidence provided to the Commission strongly points to Ambulance Victoria's various frameworks and programs not yet translating into strong leadership capability in practice.

Although there will of course be positive examples of strong internal leadership, the Commission heard through participant interviews and submissions that a number of leaders and managers, across various levels of Ambulance Victoria, lack the skills that underpin good leadership, such as interpersonal skills, emotional intelligence, and effective conflict resolution skills (or their skills in these areas are limited). Further, as Section 6.1.4 explains, we heard that many managers display behaviours that are indicative of autocratic leadership styles (directive, abusive, and not inviting feedback or disagreement). The Commission also heard that Ambulance Victoria has in the past placed less emphasis on attributes such as empathy, insight and collaboration, which has undermined efforts to promote these as core to professional practice.

The Commission was told often that the organisation has in the past tended to promote operational staff recognised for their clinical excellence into management roles, over employees with proven people management experience (but less clinical expertise). There was a sense from participants that operational staff were promoted because of their clinical proficiency, with less value and weight given to people management skills in recruitment and selection processes, including appointments for acting positions.²³ These reports indicate a possible gap in Ambulance Victoria's practice of embedding and rewarding the leadership behaviours taught and encouraged via their various leadership

development frameworks, into actual promotion outcomes. In turn, this absence of accountability for leadership behaviour may diminish the impact of Ambulance Victoria's leadership development programs. We also heard that the excessive demands on operational managers compounded these issues and resulted in people management matters being deprioritised, dealt with poorly, or passed on for upper levels of management or the People and Culture division to deal with.

[B]ecause they don't know what to do they pass it up to us and we end up managing the staff at the ground level because our [senior team managers] and [team managers] don't know what to do. *Participant, Interview*

[I]t just boggles my mind how these people get in positions of power in the first place. I can't figure it out. I just don't understand how you see good, honest, friendly people miss out on spots and then you find out who the team manager is now and you go, 'He doesn't know how to socialise. He doesn't know how to communicate. He doesn't know how to delegate. He doesn't know how to look after his staff.' *Participant, Interview.*

While internal recruits are clinically excellent, they may not possess other crucial managerial skills that enable managers to prevent and/or appropriately respond to discrimination, sexual harassment and victimisation. These skills include an understanding of how to manage people, including the possession of sophisticated interpersonal skills, negotiate and approach staff in relation to sensitive issues and knowledge of equal opportunity law. Because internal recruits have matured in an operationally driven environment where clinical excellence is the priority, they may not have these necessary skills. *Participant, Written submission*

The evidence that some managers and leaders are lacking leadership skills is not, however, confined to operational managers or junior managers, but applies across the organisation and includes some senior leaders within Ambulance Victoria.

While the annual People Matter Survey does not routinely ask consistent questions that go to the above capabilities, the below table provides a snapshot of relevant survey questions and responses over the last five years.

Figure 12D – **People Matter Survey results: Leadership and management capability**

Question	% of respondents who agreed or strongly agreed				
	2016	2017	2018	2019	2020
Senior leaders/managers²⁴ actively support diversity	53%	60%	62%	70%	Not asked
Seniors leaders demonstrate honesty and integrity	Not asked	Not asked	Not asked	58%	Not asked
My manager/supervisor²⁵ works effectively with people from diverse backgrounds	63%	67%	69%	79%	Not asked
My manager listens to what I have to say	70%	73%	73%	79%	71%
My manager treats employees with dignity and respect	73%	76%	76%	80%	Not asked
My manager provides feedback to me in a way that helps me improve my performance	Not asked	Not asked	Not asked	59%	52%
I would be confident in approaching my manager to discuss concerns and grievances	69%	71%	72%	73%	Not asked

While at first glance, the above results might appear to paint a positive picture of management capability at Ambulance Victoria, they are consistent with participants describing limited capabilities and negative approaches adopted by some leaders and managers. Indeed, the above listed results for the 2019 survey all fell below the average results for the comparator employer group (to varying degrees), indicating that there is room for improvement.²⁶ Caution should also be taken in relying solely on these results to understand the state of leadership capability at Ambulance Victoria given the trend of declining survey participation rates in recent years – for example, in 2020, only 17% (n=1197) of the workforce completed the People Matter Survey.²⁷

As Section 6.1.4 notes, the unlawful behaviour that a substantial portion of survey participants alleged had been perpetrated by leaders and managers - while separately concerning - fails to reflect leaders and managers who are prepared to act as positive role models for their teams and colleagues. As Section 6.1.4 explains:

- of the 885 survey participants who responded to the question 'in relation to your most recent experience of discrimination, who treated you unfairly?' 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
- of the 971 survey participants who responded to the question 'in relation to your most recent experience of bullying, who bullied you?' 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 the 327 participants who responded to the question 'in relation to your most recent experience of sexual harassment, who was/were the harassers?' 27.2% (n=89) said the perpetrator was (or included) a senior managers, direct managers or other manager.

While senior leaders at Ambulance Victoria have shown a capacity to set and communicate workplace equality strategies and initiatives (including those set out in Figure 3H), the conduct described above has undermined the capacity for that leadership work to persuade participants to trust the veracity and strength of stated commitments (discussed in Section 3.4.2).

AV just [give] false promises, "Yes, we will change this, we will implement this, we'll do this, we'll do that." None of it ever actually changes anything.
Participant, Interview

They talk the talk, but they don't necessarily walk it. They spruik all the AV values and that are all against it but when it happened, you don't see it happening to address the issue. ...[T]he main one is about being accountable for your actions and I don't see them being accountable. They spruik them but they never show accountability themselves.
Participant, Interview

The results of this review provide an opportunity for senior leaders to gain in-depth knowledge of the nature of workplace equality at Ambulance Victoria and, in reflecting on these experiences, to galvanise the workforce to support and trust the change process that will follow. However, if the capabilities and correlating performance assessments of middle and front-line managers do not reflect senior leaders' commitment, this will continue to restrict the implementation of necessary reforms.

People management capability

Setting aside the specific management capabilities arising under the Equal Opportunity Act (such as responding to complaints and flexible work and reasonable adjustments requests), as Section 12.2.2 discusses, additional themes that emerged concerning people management capabilities included that:

- there was low compliance with internal performance appraisal processes and managers did not always support the development of their staff through regular feedback and regular one-on-one meetings²⁸ (we understand that Ambulance Victoria does not currently track completion rates or outcomes of performance development processes, as Section 10.2.2 discusses)²⁹
- managers did not always effectively implement workplace equality strategies and priorities at a team level; for instance, by reiterating key messages, engaging workers in conversations about workplace equality, and working to reduce backlash
- some managers, particularly newly appointed or acting managers (managers who are temporarily occupying management roles), struggled to balance their operational responsibilities and people management responsibilities, and often took a reactive approach to the latter
- managers did not always actively consider and promote diversity and inclusion within recruitment (as Chapter 10 discusses).

Managers don't have management capabilities to manage people.

Participant, Interview

A Performance Improvement Plan concept exists only as a document that is ignored by most. As such, there is no regulated, standardised, evidence-based employee appraisal system. Most employees do not have access to any kind of career counselling or performance development process. Additionally, managers are not appropriately trained to undertake employee appraisals. *Participant, Interview*

The Commission understands that Ambulance Victoria previously provided 'management fundamentals' training for operational managers that targeted the development of people management skills, but this is no longer part of the programs on offer.³⁰ Rather, managers are expected to develop skills to acquit their people management responsibilities primarily through on-the-job learning and informal mentoring. The Commission heard that this approach to learning and development was inconsistent, and tools like the team manager development portfolio were often not used in practice.



Findings

- Ambulance Victoria seeks to support employees in leadership and management roles to develop people management and leadership skills by providing a mix of formal training and mentorship programs, embedding a leadership behaviours framework, using leadership assessment tools and providing opportunities for staff to temporarily back-fill higher management roles.
- Ambulance Victoria has recently invested in a mandatory leadership program that was delivered to all area managers in 2019 and equivalent-level managers in 2020; there are plans to cascade the program down to other middle and frontline managers. The training is informed by the Leadership Behaviours Framework and intends to build aligned leadership management behaviour and practice across all levels of leadership. Promisingly, this includes skills and behaviour that are necessary for building workplace equality.
- Ambulance Victoria's leadership development initiatives have not yet translated into strong leadership and people management capability in practice, although it may be too early to observe the positive impact of this work.
- Some leaders and managers – including frontline, middle and senior leaders – are lacking critical capabilities that underpin good leadership. This includes interpersonal skills and the ability to build relationships of trust with employees, manage conflict constructively and invite feedback. These skills and attributes were reported to be given less weight in the selection of leaders and managers, with greater emphasis traditionally placed on clinical proficiency in recruitment processes.
- There is an imbalance in the priority given to operational service delivery and key performance indicators versus prevention and wellbeing (see Section 6.1.3). This imbalance appears to have permitted the work of people management and leadership and the development of necessary skills for leaders and managers to be deprioritised and undervalued.
- While senior leaders have the capability to set and communicate strategy, including workplace equality strategies, leadership capability gaps and poor role modelling are preventing strategies from being implemented at all levels and are undermining the perception of senior leaders' commitment to workplace equality.
- Some managers are not consistently discharging their core people management responsibilities, including by failing to carry out regular performance appraisal discussions with employees and by failing to undertake recruitment in a manner that promotes diversity and inclusion. Ambulance Victoria's approach to supporting managers to develop core management skills is largely ad hoc and inconsistent.

12.4 Gaps and barriers

12.4.1 Limited integration and impact of equality training

Despite Ambulance Victoria mandating that all staff members complete equal opportunity training and making its course highly accessible as an on-demand online module, unlawful conduct is occurring at alarming rates (see Section 4.3). This is despite a large portion of participants – including both employees, leaders and managers – reporting that they have a reasonably good knowledge of their rights and obligations under the Equal Opportunity Act and that they benefited from available training programs. This points to Ambulance Victoria’s training programs raising some awareness and foundational knowledge of the Act but failing to influence how individuals behave in day-to-day practice. Based on the Commission’s assessment of the drivers of unlawful conduct (see Section 6.1), it is clear that training alone is failing to turn the tide of cultural norms that are signalling that these behaviours will be tolerated.

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*

Wider research indicates that one-off training programs that are designed primarily to achieve compliance with legislative obligations and focus on prohibited conduct are usually ineffective in preventing unlawful conduct or achieving broader cultural change.³¹

While Ambulance Victoria’s equal opportunity training is not a one-off – and there are advantages in delivering it as an on-demand online module – research tells us that the impact of this training will be limited because there is no opportunity for shared reflection or discussion between attendees or for different modes of learning, such as role modelling. The significance of active participation in such programs was identified by sexual harassment prevention research conducted by UN Women:

[T]rainees need to be active participants if the issue of concern is complex: here training is less about skills or knowledge and much more about being invited to reflect on and possibly change one’s views, offering insight and creating a community of interest which commits to being part of a process of change.³²

Ambulance Victoria’s equal opportunity training module has also not been embedded as part of a wider organisational commitment to workplace equality and organisational change, which might see workplace equality integrated into broader professional development learning frameworks³³ or accompanied by a suite of prevention measures.³⁴ This narrow approach is not uncommon among employers and has been identified as limiting the impact of training in delivering cultural and behavioural changes.³⁵

At Ambulance Victoria, completion of the equal opportunity training is not, for instance, followed up with on-the-job reinforcement to embed training messages into ways of working; for example, team-level conversations or reflections, or targeted training for managers that supports them to have such conversations and develop skills to address the gaps identified above.³⁵ The Commission has previously identified team-level discussions, reflections on sexual harassment scenarios, and follow-up engagement with workers (in addition to formal training) as critical measures to build workers' understanding of sexual harassment, to normalise open discussions around sexual harassment, and to comply with the positive duty under the Equal Opportunity Act.³⁷ These kinds of workplace discussions have also been recommended as important features of supportive, consultative leadership styles that can promote psychological safety in the workplace.³⁸

This kind of engagement and ongoing learning was identified by some participants as a missing element, in what was often described as a 'tick-the-box' approach to training.

[When I did the training] I got the sense it's a bit of a compliance-driven exercise ... it was ticking a box to some degree whereas I think if this [is] something that we are serious about and I think it should be, it's got to be all staff, it's got to be consistently applied and it's not a box-ticking exercise, it's actually something more akin to what we're looking at as professionals, as reflective practices, understanding that sharing case studies, looking at the impact [and] actually committing to [it] in that whole scope of what we're looking at. *Participant, Interview*

Other participants expressed a view that existing training had also not been sufficiently tailored to the Ambulance Victoria workplace.

[It should be a] data-driven thing to say, 'Well, what are the key issues that have been identified? What's likely to get the biggest bang for our buck? Because, ultimately, we've still got to be accountable for utilising our dollars and spending where we're going to get the best value for money, so to speak. We do that clinically but again we look at where our biggest issues are and we'll target our education accordingly. So, I think this to me should be no different. We've got things that are identified and we've had complaints that have been – and allegations upheld and we know what the issues are, well then we should be targeting some of the particular education accordingly. It would just make obvious sense to me. *Participant, Interview*

It is positive that the equal employment opportunity e-learning module is a core and ongoing learning requirement for the workforce. Yet, the above evidence, indicates that it does not go far enough in its design and integration in the workplace to be able to shift behaviours and drive cultural change.

12.4.2 Limited prioritisation of leadership development

Learning and development for leaders

It is positive that Ambulance Victoria has recently developed a Leadership Behaviours Framework and is in the process of rolling out mandatory training for managers that aligns with the framework (see above). However, qualitative evidence provided to the Commission suggests there has been limited prioritisation of leadership capability development in the past. This has restricted the capability of current managers and presented risks for the broader workforce.

Prior to the development of this new program, Ambulance Victoria did not have a mandatory, comprehensive leadership development program of this nature. While some leadership development programs were available, these appear to have been sporadic and inconsistent.

The Commission's survey results also point to a need for an enhanced focus on training and development for some leaders and managers:

- Of the 1211 survey participants who responded to an open text question about what Ambulance Victoria needs to do to improve workplace equality, 20.5% (n=248) of the comments suggested that improvements to management were necessary. Of those 248 respondents, 77.4% (n=192) suggested that Ambulance Victoria should remove and/or train underqualified managers (including executive and upper management).
- Of the 743 survey participants occupying a supervisor role who responded to the statement 'I have access to the professional training I need for my role at Ambulance Victoria', 8.1% (n=59) said they strongly agreed, 39.6% (n=289) said they agreed, however 21.8% (n=159) said they disagreed and 12.9% (n=94) said they strongly disagreed.³⁹

Consistent with this, the Commission heard in interviews and submissions that, as a result of this historical low prioritisation of development, many leaders and managers had not received any support to develop and apply their people management and leadership skills. In particular, the Commission heard that many managers – both newly appointed and longstanding – had received no or very little formal training in people management and leadership and were left ill-equipped to address issues when they arose.

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*



We have all these managers in our service that actually have no management training at all, no leadership skills and when issues come up, they don't know how to deal with them.

Participant, Interview

I'll give a couple of examples where in the [corporate space there were] ... individuals who were technical people – very capable at that. They were promoted into either a team leader role or a manager's role and in the first three to four years of that role they received no formal supervisory training. They had no preparation training as a supervisor. Basically, 'Here's the job, go and do it.' *Participant, Interview*

[T]here's been far too little work done on leadership development across the organisation. So, there's been work done on people's occupation, specific skills but their broader skills in terms of being team players, team leaders, managers have not been sufficiently developed. You find that again widely in both health and Ambulance because people get promoted because they're good practitioners, not necessarily the skills or the support they need to do that successfully. *Participant, Interview*

These stories suggest the imbalance in the priority given to operational service delivery and key performance indicators versus prevention of harmful behaviours and ensuring staff wellbeing (discussed in detail in Section 6.1.3) has also shaped this outcome. The Commission heard that less value has been placed on the 'soft skills' of leadership, compared to clinical and operational-oriented skill and knowledge development. Not only does this send the message to all staff that leadership behavioural expectations are less important than technical skills for progression within the organisation, it fails to adequately hold to account technical experts who may have perpetrated harmful behaviour. Research confirms that a target-driven culture, where managers are not incentivised to prioritise employee wellbeing, can be a precursor to negative manager behaviours.⁴⁰

Rather than investing in a structured and sustained approach to leadership development that incorporated formal training, we heard that Ambulance Victoria has previously focused predominantly on self-directed, on-the-job learning. This includes shadowing other managers and using tools such as the Team Manager development portfolio.⁴¹ While on-the-job experience is an important learning tool, participants identified that this approach has not resulted in managers developing required competencies. As a result, participants expressed that there was an urgent need for comprehensive formal leadership training and development, particularly for those in lower level and acting management roles.

Given the size of Ambulance Victoria's cohort of leaders and managers (close to 10% or n=713 of the overall workforce as at 31 March 2021), and the need for the organisation to balance time out of the workplace for training with operational demands, it is reasonable for leadership training to be rolled out iteratively. Moreover, beginning with middle managers is also logical and conveys an appreciation of the significant role they play in shaping workplace culture and supporting lower-level managers to develop aligning skills and approaches through mentoring and supervision. The downside of this staggered approach is the delay in delivery. The disruption caused by the COVID-19 pandemic has only compounded this delay. Accordingly, the Leading Together Program commenced in 2019 and is yet to be delivered to other middle and front-line managers.

Combined with the limited prioritisation of leadership training in the past, this means that leadership capability remains critically under-developed at Ambulance Victoria. This will continue to limit Ambulance Victoria's ability to leverage leadership capability as a mechanism for positive change.

Leadership transitions and succession planning

Leadership development is also a key component of succession planning,⁴² which has been identified in earlier reviews as a domain where Ambulance Victoria needs to uplift its capability.⁴³ The Commission understands, in response to this finding, that there has been greater investment in succession planning at the executive level in recent years. However, there appears to have been less emphasis on succession planning and leadership development at all levels, including supporting paramedics to transition to leadership roles.

Leadership development is not only important for senior leaders.⁴⁴ Fostering leadership capabilities early in the employment life cycle can assist to grow an internal talent pool to support succession planning, promote informal and street-level leadership⁴⁵ and prepare employees to transition to management roles.

The Commission heard in participant interviews and submissions that Ambulance Victoria was not providing sufficient training and support to prepare newly appointed operational leaders to transition to management roles and to effectively discharge their people management responsibilities.

We need to address the lack of investment in developing and supporting our frontline managers, I think. And probably that leadership development pathway, to be honest. We sometimes talk about succession planning, but it shouldn't be anointing the next person and then nobody else, because then when things change, that's a real problem. You don't have knowledge of the depth of talent around you. Participant, Interview

A lack of formal training and a feeling of being 'thrown in the deep end' was similarly identified as a barrier making it difficult for Ambulance service managers to transition to these roles in a recent Australian qualitative study.

Equally, there appears to be a lack of programs available to assist employees who are not yet occupying management roles to begin to develop leadership capability and the non-technical skills that are not only integral to clinical and informal leadership but also reflect several minimum standards for paramedic practice. The Commission understands that paramedics currently receive a minimum of

four days of formal training throughout the year, but that these days are usually geared towards clinical skills or work health and safety issues. The lack of focus on leadership capability at all levels limits Ambulance Victoria's leadership pipeline and prevents the establishment of a leadership culture that is defined by the collective actions of informal and formal leaders.

12.4.3 Acting manager arrangements

Ambulance Victoria has a significantly high number of staff members acting in management roles (upward relieving for up to three months) and seconded to management roles (upward relieving for over three months). While acting arrangements provide opportunities for staff to develop their skills and capability through direct experience, the Commission heard evidence that these arrangements create capability gaps that impede workplace equality.

Ambulance Victoria advised the Commission that, as at 31 March 2021:

- almost one-third (29%) (n=206) of its management roles were filled on an acting basis (under three months long) and 8% (n=60) were filled on a secondment basis (over 3 months long)
- the average length of time that management and supervisory positions were filled on an acting basis was 32 days
- there were 182 acting supervisors (n=80) and acting managers (n=102) who reported to another acting manager.

This is largely driven by two factors. Firstly, paramedics have an entitlement to 10 weeks of paid leave annually. While employees are on leave, their positions are routinely filled via acting arrangements. Second, we also heard from participants that Ambulance Victoria's reliance on bulk recruitment processes for Team Manager and Senior Manager roles has led to many of these positions remaining unfilled for extended periods of time.

[T]here's Team Manager vacancies that have been there for two years and with the centralisation of lots of systems within AV, recruitment's now done centrally. [There are] Team Manager vacancies at [several] branches who we would traditionally be able to recruit locally and go through an interview process – advertise across the state and then recruit but because they want to do it centrally those positions remain vacant for two years meaning that I have a – intermittent person in and out of those roles ... *Participant, Interview*

The Commission heard that this high volume of rotating acting managers has created a range of capability issues that impact on workplace equality:

- acting managers and newly minted managers who are placed in positions without receiving leadership training or development – which leave them ill-equipped to address workplace equality issues when they arise – are liable to replicate the poor management behaviour they have observed
- there is an absence of clear structures for handover arrangements to ensure acting managers are supported and to ensure there is a clear line of sight and monitoring of ongoing issues
- there is a lack of strategies to enhance managerial consistency in acting arrangements among regions. For example, where possible, appointing

employees to acting roles within their own branches or having a dedicated local pool of employees who routinely act in positions that become vacant in a defined geographic area

- there is a lack of management stability, which makes it difficult for staff to build trust with their manager and feel safe to approach their manager as a first point of call for sensitive workplace inequality issues
- acting managers are less inclined to lead courageously and intervene in workplace inequality problems (including through performance management) out of fear that a perception they are 'rocking the boat' during their short tenure may detrimentally impact their prospects for future appointments.

[A]t the moment... we have got so many people acting in up and relieving roles, that is quite a challenging task to do because you've got senior team managers and team managers who have never been in the role or in acting positions, who may have never done it before, and because these positions haven't been filled for some time you're getting new people in regularly. So, it's not even though you are training up one person and you know they're there, it's the next month or the next month after that, you've got someone else in that role. So, I think that is also an ongoing challenge for us.

Participant, Interview

Numerous acting Team Managers regularly float through branches, they are powerless and unable to advocate for their team due to the threat of not being offered an acting Team Manager position again.

Participant, Submission

This data is consistent with the findings of the Victorian Public Sector Commission's 2016 *Organisational Capability Review: Ambulance Victoria*, which found that as at August 2016, 38% of Ambulance Victoria's directors and managers were acting and/or did not permanently hold their positions. The review similarly identified that these staff members did not always have the right skills for these positions or the requisite training to support them to transition into these jobs. Accordingly, that review stressed that Ambulance Victoria needed to implement sustainable practices for managing acting and leave arrangements in the future. Since this review, Ambulance Victoria has invested more in leadership frameworks and capabilities, including developing the Leading Together Program (outlined above).

12.4.4 Operational and structural barriers

Physical proximity, time and resourcing

A 2019 study of three Australian ambulance services identified several workplace features that prevented frontline managers from providing supportive supervision to paramedics. These barriers included a lack of physical proximity, time restrictions and workload restraints. These features impeded contact with staff members and therefore limited managers' ability to build positive team and supervisory relationships.

While the study explored these barriers in the context of wellbeing and operational workers' need for management support in high-trauma workplaces, they are equally salient for workplace equality.

Additional research has similarly identified the challenges of embedding positive leadership styles in practice within ambulance service environments:

[I]t is all too easy for top management to claim that their organisation and their leadership cultures are compassionate, ethical, authentic and empathic. It is much harder to actually demonstrate this in everyday practice when resources are so constrained, where morale is low, where there are stretching targets to hit. *Participant, Interview*

A large group of participants of this review mentioned similar barriers and identified the limited opportunities for managers to meet face-to-face with their teams and individual staff members as inhibiting the work that managers need to undertake to prevent unlawful conduct and progress workplace equality.

Spending quality time and engaging with staff members are critical if managers are to provide inclusive leadership and to build a safe and inclusive workplace; this is because these are achieved through:

- building relationships of trust and confidence that reiterate the value of individual employees to the organisation, and that support employees to raise concerns, including reports of unlawful conduct and workplace harm
- uplifting the knowledge and capability of staff members by discussing workplace equality issues, and by modelling and reinforcing expected standards of behaviour
- respectfully inviting and negotiating staff members' needs for flexible work, parental leave, reasonable adjustments or support to transition to retirement
- consulting with staff members and seeking feedback on key issues and decisions
- providing feedback on performance and developing staff members professionally
- monitoring and managing risks of unlawful behaviour
- proactively intervening in instances of workplace incivility or behaviour that conflicts with organisational values and counselling staff members as required.

The above are features of leadership styles that have been found to flatten power imbalances between managers and staff members and promote psychological

safety. This is relevant for Ambulance Victoria in light of the finding that such power imbalances are driving unlawful conduct and workplace harm and creating barriers for reporting (see Sections 6.1.1 and 8.2.3).

I think, it's [about managers developing] interpersonal skills and encouraging that, which can really only be done by trying to promote [managers] getting out and actually talking with the troops sometimes in a less formal way, but it's just having that contact, which I think would build the confidence if people had issues, that they can maybe talk a bit more freely. *Participant, Interview*

Yet we often heard that managers were not engaging and spending time with operational workers. Physical proximity and the isolated nature of operational work was raised as a factor by several participants.

... Ambulance Officers, or paramedics, work pretty much solo, like jump in the front of your truck with you and your partner, and off you go. You actually don't need to see anyone other than your patients for the entirety of your shift. And so, it is difficult to manage performance, behaviour, those sorts of things. *Participant, Focus group*

“ [Y]ou have to grapple with how do you lead [in] this organisation, when [your staff are] hidden from you in some ways. As long as they turn up to their job, and they turn up in a timely manner, then it's almost a tick in the box. So, there are behaviours that occur out there, that are somewhat hidden.

Participant, Focus group

In Volume I, the Commission identifies the isolated nature of operational work as creating a heightened risk of unlawful conduct. It is also a factor impeding management oversight and relationship building.

CASE STUDY

The impact of management contact on patient safety

A 2015 cultural review of the United Kingdom's National Health Service found that regular contact between leaders and staff members was critical to patient safety and to supporting an open reporting culture because it:

- provided a source of information about patient safety, and allowed leaders to deal with informal reports swiftly
- provided a channel for feedback to staff members about the concerns they raised
- actively demonstrated that leaders see staff members' concerns as a vital source of information about patient safety; this helped to normalise it and promote a no-blame or 'just' culture.

These factors, while not directly related to the subject of this review, are also broadly analogous and equally reflect the significance of management contact supporting a reporting environment that protects employee wellbeing and safety.

Many other participants raised the problem of frontline managers not providing supportive supervision to paramedics as a resourcing issue; that is, that excessive workloads (including managers having very high numbers of direct reports) and associated time restrictions for managers prevented regular engagement. These factors are not uncommon challenges in Ambulance services. While Ambulance Victoria sought to improve supervision ratios by creating additional Team Manager and Senior Team Manager roles in 2019, this does not appear to have solved this issue.

[Y]ou'll have team leaders or Team Managers that have got 50 staff – 40 to 50 staff. Your opportunity to manage those people effectively is almost non-existent. They may not see people for weeks on end. They'll have people – if you think about all our flexible workers, by and large they work out of their teams, so they never see their manager unless they're coincidentally rostered to that place for a day. And that's a group of people who obviously are particularly vulnerable in the workplace. There is the – watching someone in their natural habitat as a Paramedic doing their work and how they behave during that time is quite different to seeing someone function at work in the social environment at work... So, it's not a very good system to that extent, for providing that level of supervision and guidance.' *Participant, Interview*

[O]ur managers, especially the lower-level managers are overwhelmed with a lot of administrative tasks, so a lot of auditing, a lot of ordering, a lot of things that could possibly be done by an admin person, and they then don't have the time to go and spend with the staff, so doing ride-alongs in the car and welfare, dealing with students who are struggling, because they're caught up in all the admin type work. *Participant, Interview*

There was also a sense that the workplace was lacking fit-for-purpose structures and sufficient resourcing to enable managers to engage with staff on a day-to-day basis.

And that's something we have to own ... in how we allocate funding. Engagement is the key. And it's a hard thing to do in this organisation. I'm a nurse by background and we used to have [a] handover period and there was a time when you could both hand over but also develop – you know bite sized learning or you'd be able to communicate if there were changes in this or that. Or check in or those kinds of things. And I think that's so much harder for our people. One, the team manager spread is too [thin] – they've got too many people still, because we haven't been able to fill those positions. So, they've got too many staff, but also we don't have the structures around how do you do a daily check-in, for instance. Or do you have five minutes where ... you do a team check-in ... where you can say X, Y, Z, these are the things you've got to know today. *Participant, Interview*

Best practice literature identifies that setting protocols for regular team contact is a key measure for managing a dispersed team where visibility is limited, along with a culture of support from the top, as demonstrated through policies and necessary resourcing. Yet, such protocols and structures of support appear to be missing at Ambulance Victoria.

Organisational insularity

We heard from many participants that leadership pathways at Ambulance Victoria tended to rely predominantly on internal recruitment, with paramedics often working their way up the ranks from operational roles to executive or senior leadership positions and often staying with the organisation for the duration of their careers. Ambulance Victoria's own Leadership Development Framework (set out above) reflects these well-traversed leadership paths.

This reliance on internal recruitment has previously been recognised as an issue impacting organisational capability. This reliance is the result of several factors, including the emphasis placed on clinical and operating knowledge for leaders, and the fact that there are no other state-based employers for paramedics, so there are limited opportunities for lateral movement. Some frontline leadership roles will of course require clinical competencies and institutional knowledge that can usually only be found with internal recruits; however, this is not the case for all leadership positions.

[T]here is a preference for internal recruitment to senior operational positions. This preference manifests in either, positions only being open to internal applicants or a requirement that an applicant have experience in the ambulance industry, with AV being the only emergency ambulance industry employer in Victoria. *Participant, Written submission*

While there is wider evidence indicating that internally recruited managers can out-perform external hires, the stories shared by participants in interviews and submissions identified that Ambulance Victoria's reliance on internal recruitment and the limited lateral entry opportunities, have contributed to an insular culture.

This culture, in turn, creates barriers to Ambulance Victoria developing and sustaining organisational capability to embed workplace equality. In such an insular culture, the Commission identified that there is:

- a propensity for unlawful conduct and/or poor leadership behaviours and approaches to become entrenched because they have been adopted by leaders and role modelled (see Section 6.1.4)
- an environment where candidates are selected based on their clinical performance, with less emphasis on aligned values, people management and leadership skills
- the presence of ‘group-think’ and a dearth of differing, innovative perspectives
- a tendency for leaders to favour the preservation of the status quo.

There needs to be externally led leadership training. Many managers wouldn’t know what transformational leadership is. Everyone continues to take an outdated authoritarian approach, only because that’s what they’ve seen from their seniors and that’s what Ambulance Victoria has always been.
Participant, Interview

Research confirms that overreliance on internal recruitment encourages homogeneous management teams, and also that it may produce unfair or discriminatory outcomes by perpetuating existing workforce demographics and reinforcing existing inequalities. (See Chapter 10 for a discussion of the impacts of internal recruitment on diversity.) Research has also identified some of these issues – including a heightened risk of unlawful conduct, ‘group-think’ and entrenched cultural issues – arising in other emergency service and military organisations as a result of reliance on internal recruitment, or their otherwise cloistered or closed-off environments. This risk may also perpetuate impunity for harmful behaviour.

Participants were often of the view that because of this organisational insularity, internally recruited leaders were unlikely to have the perspective and capability to disrupt old ways of working and make the changes that were needed to embed workplace equality.

A lack of external recruitment means new voices and diverse opinions do not enter the organisation and can contribute to the perpetuation of the current status quo approach to decision-making which internal employees have had instilled into them. *Participant, Written submission*

I think for a lot of leadership here, they’ve never worked anywhere else. They have no frame of reference for how this is done in a modern organisation. [It is] very, very difficult to get them to change. And I think that yeah, they just don’t know another way, to be honest. *Participant, Interview*

[T]he biggest challenge is the historical approach to things. [T]he most common statement is, ‘That’s not how it’s been done. That’s not what I understand it to be. That’s not what it was when I did that.’ So, it’s almost like Ambulance [Victoria] is frozen in time, that when people progress to a certain phase of –that’s how in their mind, it will forever be and should be, because that’s what they did. *Participant, Interview*

Other participants expressed the view that internal recruits who had come from an operational background had rarely been supported to develop necessary people management and leadership skills. External recruitment was raised as a possible solution to address these capability gaps.

Get some outside blood and get some people with management knowledge and experience. *Participant, Interview*

[Some individuals] can make wonderful paramedics, but they're not necessarily good managers. So, I often think that perhaps you need people from the outside as managers. They still need an understanding of it. We often think that you need people in charge that understand what it's like out there on the battlefield, that have faced the issues that we face. Sometimes I think promoting people from in the field is not necessarily the best thing, because you're just taking somebody whose thinking is – They've had no management experience. They've not run enterprises. You're taking people, you're giving them high management positions and they couldn't even run a milk bar. Because they never had that experience. They've never had employees, they've never had to run a business and have accountability.

Participant, Interview

We don't need people who are clinical – we don't need clinical experts. We need people managers. And our paramedics often respect people who have been really good clinicians out on the road – they don't always respect people that have, 'oh, you've not been in the ambulance service, what could you possibly do?' So, we've got to change our mindset around having good people leaders. It's irrelevant whether they've worked on an ambulance before – they need to be good people leaders, and respected, valued, trusted. *Participant, Focus group*

While there are positive examples of Ambulance Victoria recently appointing senior leaders from external organisations, these appear to be an exception to the rule, particularly for middle manager roles.

Recruiting people with different skills and experience is, however, just one way to address skill-gaps and the insularity described above (see also Section 10.2.4). Providing existing staff with opportunities to gain exposure to multi-disciplinary networks and leadership approaches can also support their professional development and new ways of working. This may include providing more opportunities for externally facilitated training and coaching, cross-disciplinary networks and symposiums, job rotations and external secondments. By providing these diverse development opportunities that are immersive and engaging, Ambulance Victoria can support leaders and managers to shift their underlying assumptions and bring about enduring improvements in leadership approaches.



Findings

- Ambulance Victoria's equal opportunity e-learning module is not consistent with best-practice standards and is too narrow in its approach. In particular:
 - the online module format limits opportunities for interactive, shared learning and reflection
 - the learning objectives are not supported by a suite of measures or integrated into a broader strategy that might collectively work to shift behaviour and promote cultural change
 - the module does not adequately address the unique role and responsibilities of leaders and managers, including their obligations to comply with the positive duty under the Equal Opportunity Act to take reasonable steps to prevent unlawful conduct.
- There is limited targeted training that might assist leaders and managers to develop skills that are critical to fulfilling these responsibilities, including how to identify and respond to unlawful conduct, handle reports in a victim-centred way and manage requests for flexible work or reasonable adjustments.
- Leadership and people management development have previously been areas of low-priority. Many managers are yet to receive any formal training, with evidence that they are lacking necessary people management and leadership capabilities.
- Ambulance Victoria has taken substantial steps in recent years to invest in leadership development, and the organisation has ongoing plans to provide formal development to middle and frontline managers. These initiatives are crucial and may begin to address the lack of leadership capability by supporting leaders to develop and display the leadership skills, behaviour and mindsets that are integral to advancing workplace equality.
- Ambulance Victoria must guard against leadership development being deprioritised once the Leading Together program has been rolled-out to all management cohorts. It is important that leadership development continues to be seen as an ongoing and continuous process and priority for the organisation.
- Ambulance Victoria's reliance on temporary acting management arrangements is preventing strong, consistent management and leadership capability from being maintained. Acting managers are insufficiently equipped to take on leadership and people management responsibilities and are deterred from leading courageously because of their temporary tenure. These short-term arrangements prevent staff from forming the relationships of trust with their managers that are key to ensuring there is a safe reporting environment.



Findings

- Operational barriers – including managers having limited proximity to staff members, and having large workloads and limited time – are making it difficult for managers to prioritise people management and to maintain regular contact with members of their teams.
- Ambulance Victoria’s primary reliance on internal recruitment is contributing to an insular culture where there are limited opportunities for diverse perspectives, experiences and approaches to disrupt old ways of working. This insular culture is creating a heightened risk of poor leadership styles and behaviours being role modelled, normalised and becoming entrenched.

12.5 Strengthening and realising organisational capability

12.5.1 Strengthening capability to embed workplace equality

Universal, leading practice workplace equality training

Ambulance Victoria’s approach to building workplace equality capability through mandatory training appears to have succeeded in imparting some foundational knowledge of the Equal Opportunity Act to the workforce, as evidenced by the data outlined above. However, participants also identified critical gaps in workforce knowledge about substantive equality and what it means in practice.

Ambulance Victoria needs to address these knowledge gaps and optimise its training to support cultural and behavioural change. This includes preventing all forms of unlawful conduct and workplace harm, by embedding clear behavioural standards. The limitations of the current online e-learning module, as outlined above, include its narrow focus and limited reinforcement of key learnings. While formal training alone cannot be expected to provide sweeping cultural changes, there are recognised best-practice training features that can complement holistic workplace equality strategies.

Looking forward, Ambulance Victoria requires updated mandatory training for its workforce that is carefully and expertly tailored to the workplace and the issues and drivers identified through this review. The current program must be updated in line with leading practice approaches, including those significant features outlined in Figure 12E. In doing so, Ambulance Victoria will be supporting the workforce’s shared learning and ensuring that training is one component of a holistic, broader set of mutually reinforcing workplace equality initiatives.

Figure 12E – A snapshot of some best practice features of equality training

Training component	Best practice features
Context	<p>Training must not be stand-alone, but rather form part of a holistic effort to prevent unlawful conduct and promote workplace equality.⁷² The training should be framed as an internally driven measure to assist members of the workforce to develop skills and knowledge to allow them to contribute to organisational change and not as a compliance-driven exercise.⁷³</p>
Content	<p>In addition to setting out clear definitions and practical examples of unlawful conduct, and providing guidance on how to report (including new reporting pathways)⁷⁴ or respond if a person experiences or witnesses unlawful conduct, the training should:</p> <ul style="list-style-type: none"> • incorporate standards of acceptable workplace behaviour, that align with Ambulance Victoria's new organisational values⁷⁵ • outline Ambulance Victoria's positive duty under the Equal Opportunity Act and frame unlawful conduct and workplace harm as an organisational priority and not simply an interpersonal issue⁷⁶ • include content tailored to the workforce and issues identified by this review including: <ul style="list-style-type: none"> – knowledge gaps related to the concepts of substantive equality, indirect discrimination, reasonable adjustments and special measures – the drivers, risk factors and impacts of unlawful conduct at Ambulance Victoria (including the potential impact on patient outcomes) – how Ambulance Victoria will guard against victimisation and ensure reports of unlawful conduct are handled in a victim-centric manner⁷⁷ – why the prevention of unlawful and harmful conduct and the promotion of workplace equality are important to Ambulance Victoria • use relevant and tailored case studies.⁷⁸
Delivery	<p>The training should be:</p> <ul style="list-style-type: none"> • delivered universally and annually to all employees at all levels of the organisation and retained as a component of induction for new starters⁷⁹ • delivered live, either in-person or virtually, by experts with in-depth knowledge of workplace equality, including legislative frameworks and leading practice • interactive and incorporate multiple modes of learning to support different learning styles, such as role-play and case studies, and provide time for group discussion⁸⁰ • followed up by safe, informal team-level conversations and reiteration of key lessons by managers.⁸¹
Evaluation and improvement	<p>The training should be evaluated routinely,⁸² including by using participant feedback to identify the impact of the training and relying on multiple data points to understand evolving issues confronting the workplace, with future iterations tailored accordingly.⁸³</p>

Targeted workplace equality training for managers

To effectively advance workplace equality, managers need specific knowledge and capabilities over and above those required of members of the workforce in general.⁸⁴ While Ambulance Victoria has provided some training in the past that targeted specific skills for managers – including the courageous conversations course and the recent anti-bullying and harassment training – there has been limited attention given to skills and knowledge required to advance workplace equality. The current universal e-learning module does not target these skills nor address the role and responsibilities of the organisation's leaders, and for this reason, there is a need for targeted, specific training that communicates clear expectations of the role and responsibilities of managers and leaders.

There is an opportunity for Ambulance Victoria to build on the content of the courageous conversations course and integrate this course into a learning framework that is tailored to the issues and drivers identified through this review. Going forward, iterative training that upskills managers in core competencies identified in this chapter will be essential to complement the universal workplace equality training provided to the workforce.

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, particularly in relation to the positive duty, 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.

12.5.2 Sustained and holistic leadership development

While Ambulance Victoria has recently re-invested in leadership development for leaders and managers, with welcome plans to deliver training to different cohorts, it is too early to observe the impacts of this work. What has been observed by the Commission is the critical leadership capability gaps that have arisen from the historically low priority given to leadership development and the damaging impact those gaps are having on workplace equality.

In Section 6.1.1 and 6.1.4, the Commission identifies how leadership behaviours are driving current rates of unlawful and harmful workplace conduct, or otherwise failing to adequately prevent and respond to this conduct. This chapter has further identified how leadership capability gaps are preventing workplace equality from being advanced. Those impacts and the findings of this report emphasise that Ambulance Victoria's leadership development work must be sustained and built upon as a matter of priority, including by:

- ensuring formal training programs are delivered within a reasonable timeframe
- ensuring that leadership development programs are not a one-off, but are followed through with sustained efforts to develop, assess and monitor capability and prioritise ongoing investment in leadership capability across all levels of the workforce
- taking an iterative and continual improvement approach to rolling out programs and facilitating meaningful opportunities for constructive feedback from participants and learnings from external expertise and leading practice
- properly integrating learning objectives into the workplace to support everyday learning and development outside of formal training, and to ensure leaders and managers are accountable for applying learnings
- taking immediate action to address critical capability gaps for acting managers, while training is being iteratively delivered to different manager cohorts.

The significance of having a capable cohort of managers for the delivery of this review's recommendations and for lasting organisational change cannot be overstated; by supporting current and future leaders to develop and apply people management skills, and recognising and rewarding those capabilities, Ambulance Victoria will be taking significant steps to prevent unlawful conduct and workplace harm from occurring. More than this, leadership development can support Ambulance Victoria to embed inclusive and safe leadership behaviours that advance workplace equality and relieve pressures on human resource personnel. This will not occur by accident. It will require a shift in mindset for Ambulance Victoria that recognises strong leadership as a critical priority that is just as vital as clinical excellence and a capability that must be developed continuously over time.

Leadership capabilities may be given greater organisational prominence if ongoing development initiatives are overseen at Ambulance Victoria via a centralised, properly resourced leadership hub or academy. A leadership excellence hub or academy would help cement and sustain Ambulance Victoria's recent investment in leadership capabilities and signal to all employees that strong, courageous leadership that prioritises workplace equality and the safety of employees is a source of pride for Ambulance Victoria. The precise details of such a model should be considered in consultation with the Commission in Phase 2 of the review.

Supporting sustained learning and development

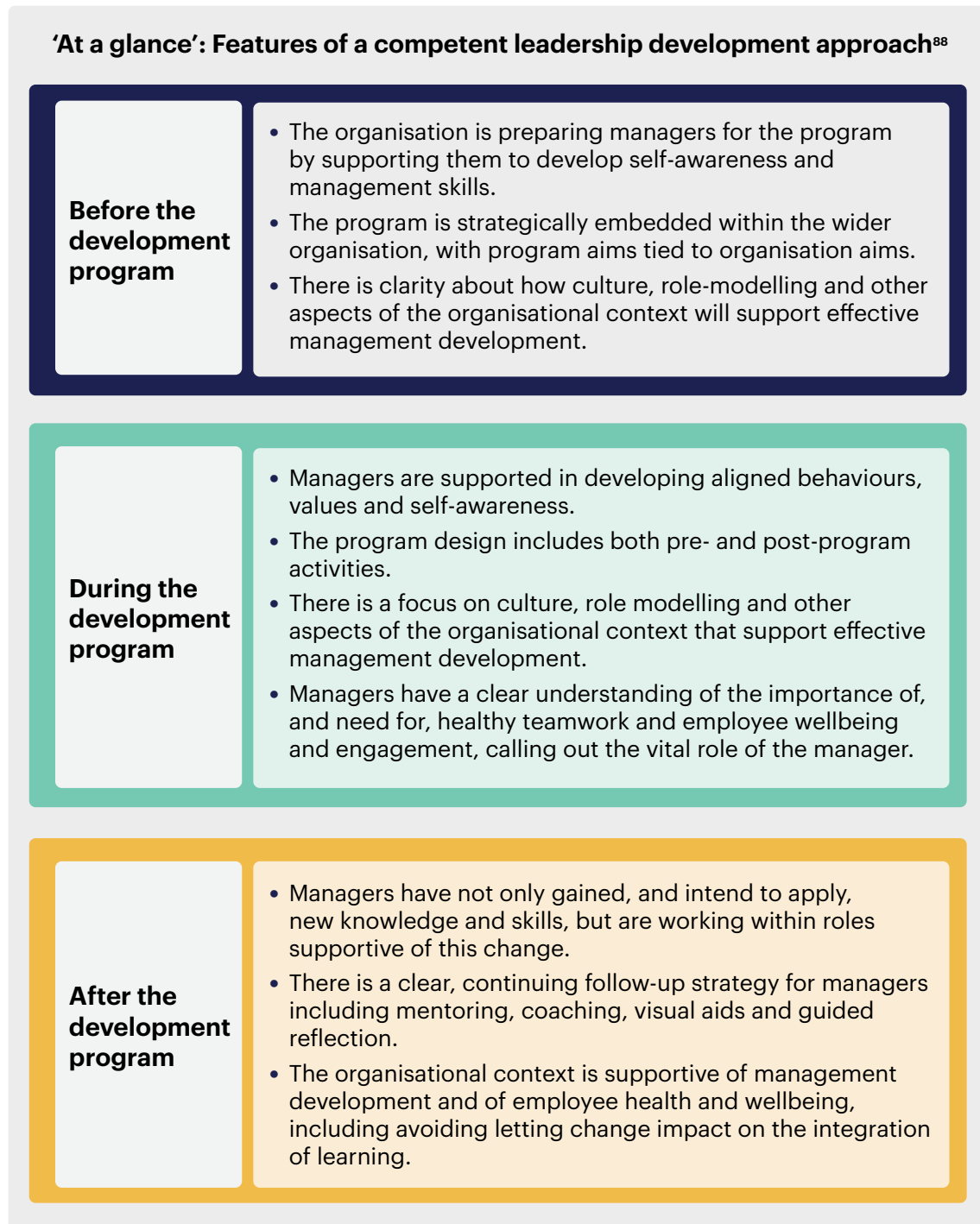
Ambulance Victoria's ongoing leadership development plans convey a promising approach, which may begin to address the capability gaps flowing from the previously low priority given to developing leadership capability. The Leadership Behaviours Framework and the Leading Together Program each encompass behaviours and approaches that are broadly consistent with inclusive leadership and that promote psychological safety.⁸⁵ Yet, there are additional steps Ambulance Victoria can take to ensure that expectations of leadership behaviours are reinforced and learning and development is sustained outside of formal training programs.

Research conducted in the United Kingdom into the effectiveness of different management development approaches confirms that such an approach is necessary.⁸⁶ That research identified that effective leadership development requires much more than selecting a desired model of leadership and delivering training.

[D]eveloping manager skills and identity is a process that evolves over time and requires a range of elements/activities; applying and sustaining newly learned behaviour in the workplace is not easy, so needs support; and the context in which managers work will have a major impact on how they actually behave.⁸⁷

That initial research has been used to develop a maturity model and correlating checklists that allows organisations to identify how effective their current approach is and where there are opportunities for improvement. Figure 12F provides a summary of the features of a 'competent' model of leadership development.

Figure 12F– Leadership development maturity model (excerpt)



This research highlights how important it is that Ambulance Victoria integrate the objectives of its learning development into everyday practices to support sustained improvements in leadership behaviour. This is also echoed in development literature:

Formal learning and skill development serve as springboards in the context of real work; the most successful learning journeys account for the rich learning that happens in day-to-day work and interactions.⁸⁹

The Commission understands that the Leading Together Program is 'leader led', meaning it has the support of senior leaders, who also participate in the training. There is also an expectation that participants' managers will monitor their practical application of the knowledge and skills gained in the course, with a structured 90-day follow-up plan. It is important that there are ongoing opportunities for managers to continue to learn and apply their skills, as well as being assessed on their development. Ongoing learning may, for instance, be facilitated by:

- providing practical resources for managers and establishing local communities of practice
- supplementing and diversifying knowledge and skills by engaging with external peers and providing external secondment or education opportunities
- providing opportunities for managers to report back or share their learnings with others.⁹⁰

Ambulance Victoria must also embed ongoing, regular leadership development programs and supports once the Leading Together Program has been delivered, to normalise leadership development as a continuous process and organisational commitment. This will be particularly critical to ensure that the organisation does not revert back to old ways of working that undervalued leadership development. Part of this process will be carefully evaluating the Leading Together Program to identifying leadership capability gaps that can be targeted in future iterations of training.

Using performance appraisals to support development and accountability

Integrating and sustaining leadership development will also require learning objectives to be reflected in managers' performance development plans and to be routinely evaluated as part of regular performance appraisals. The Commission understands that Ambulance Victoria will be deploying a new online performance development system in the near future that will provide this capability.

Performance management can drive management accountability, as well as supporting managers to improve and develop their skills.⁹¹ There is an opportunity as part of this new system upgrade for Ambulance Victoria to reset its approach to performance development for managers and include KPIs that reflect core people management skills and desired leadership behaviours.⁹²

Regular performance discussions provide an opportunity for managers to build self-awareness and continue to develop critical skills through feedback from their direct managers. While People Matter Survey results are one source of data that may assist in performance assessment and ongoing development, they would be complemented by feedback from direct reports via a 360-degree (or multi-source) feedback process.

Three hundred and sixty degree feedback has long been recognised as a key element in leadership development programs and is increasingly used in systems for performance appraisal and promotion, including in Ambulance services.⁹³ Such tools require high levels of trust and confidence and organisations must ensure training for all participants, data confidentiality and reviewer anonymity.⁹⁴

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.

12.5.3 Realising organisational capability

Research confirms that the organisational context in which leadership development occurs, is highly relevant to whether those capabilities can be realised.⁹⁵ Managers must be working within roles and work systems that allow them to dedicate time to formal leadership development, as well as supporting them to adopt the desired change in leadership approach and behaviours.⁹⁶

Conflicting priorities, limited time, high workloads and related stress on managers, have been identified as factors that inhibit managers being able to take a supportive and proactive approach to people management.⁹⁷ Section 12.4.4 notes, these are all factors that the Commission has identified as pressure points for managers at Ambulance Victoria that were preventing them from dedicating time and consideration to workplace equality and people management responsibilities. A predominance of acting manager arrangements is also inhibiting stable relationships of trust to be formed between managers and employees. These

factors compound the impact of limited management proximity to operational team members, by further inhibiting regular face-to-face contact with team members and the myriad benefits that flow from those interactions (as Section 12.4.4 discusses).

At a minimum, managers must be able to:

- engage in regular face-to-face or virtual one-on-one meetings with direct reports (either fortnightly or monthly depending on the level of supervision and support required)
- conduct regular team meetings
- have opportunities for incidental contact (virtual, digital or face-to-face) and opportunistic learning and role-modelling with team members
- dedicate a sufficient portion of their time to their own leadership development, their people management responsibilities and their core workplace equality responsibilities.

To realise the benefits of renewed investment in leadership capability, Ambulance Victoria must critically examine the structural changes that are needed for these capabilities to be applied in practice, including how supervision ratios, rostering and current operating models need to change to permit these minimum requirements. Ambulance Victoria should also reflect on how relationships of trust with managers and employees can be maintained in the context of high reliance on acting manager arrangements.

The Commission acknowledges that this will be a significant and challenging adjustment for Ambulance Victoria and will have implications for funding and the operation of systems traditionally geared to maintaining efficient response times, in a time when Ambulance Victoria faces unprecedented demands. While recognising this reality, the above requirements are essential for Ambulance Victoria to satisfy the positive duty under the Equal Opportunity Act and are non-negotiable terms for delivering a fair, inclusive workplace. In the long-term, an enabling operating environment that provides the scaffolding for proactive, supportive leadership will ensure Ambulance Victoria is equipped to navigate the challenges that lay ahead.

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.

Notes

1. Organisational capability broadly refers to the skills and resources that an organisation has at its disposal to meet an objective, such as prevention of unlawful conduct and workplace harm, and progressing workplace equality: Victorian Public Sector Commission (State of Victoria), *Serving Victoria: A Guide for Public Sector CEOs* (Resource, 11 June 2015).
2. Victorian Equal Opportunity and Human Rights Commission, *Positive duty* (Website) <<https://www.humanrights.vic.gov.au/for-organisations/positive-duty/>>; Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 56–61; Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019); Our Watch, *Workplace Equality and Respect Standards* (Our Watch, 2018) 33–34; Michelle R Tuckey et al (2019) 'Prevention of workplace bullying through work and organizational design' in Premilla D'Cruz et al (eds), *Dignity and inclusion at Work* (Springer, 2021) 1–30.
3. Section 4.2.3 outlines the Commission's finding that there has been a loss of faith in these values and that as a result, they were not working to set standards of behaviour. Section 6.2.3 includes the Commission's recommendation that a new set of values be co-designed with the workforce.
4. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 14.
5. As at 31 March 2021. This cohort includes managers and senior Managers (corporate), operation support managers, team managers and senior team managers (operational), senior operations managers and members of the Executive Committee. Of the figure stated, 29% (n=206) of roles were being filled on a temporary acting basis.
6. The workforce survey asked participants to identify if they supervise other staff members in their day-to-day role. Therefore, this group is likely to include other staff members who are not occupying a formal management or leadership role but who are supervising employees; for example, clinical educators.
7. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2018) 26, 33.
8. Ibid 21.
9. The top two responses to this question were: I thought my manager or supervisor would refuse (54.9%, n=141); and I thought it would have a negative impact on my job security (48.6%, n=125).
10. A further 7.7% (n=57) said they knew a lot about this, and 22.7% (n=167) said they knew a moderate amount.
11. 'Psychological safety' refers to the belief that one is safe at work to express themselves without fear of negative consequences (Sarah Walker et al, 'Reporting sexual harassment: The role of psychological safety climate' (2019) 12 *Industrial and Organizational Psychology* 106, 107, citing AW Kahn, 'Psychological conditions of personal engagement and disengagement at work' (1990) 33 *Academy of Management Journal* 692–724).
12. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 58; Diversity Council Australia, *Building Inclusion: An Evidence-based Model of Inclusive Leadership* (Report, 2015) 7; Australian Human Rights Commission, *Willing to work: National Inquiry into Employment Discrimination against Older Australians and Australians with Disability – Good Practice Examples: A Resource for Employers* (Report, 2016) 2 ,9–10; Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 623–27; Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018) 40; United States Equal Employment Opportunity Commission, *Select Taskforce on the Study on Harassment in the Workplace: Report of Co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 31–34; Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing*

bullying, harassment and discrimination (State of Victoria, 2019); Our Watch, *Workplace Equality and Respect Standards* (2018) 26.

13. Aaron de Smet et al 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021); Roisin O'Donovan and Eilish McAuliffe, 'A systemic review of factors that enable psychological safety in healthcare teams' (2020) 32(4) *International Journal for Quality in Health Care* 240, 240.
14. Elizabeth Broderick et al, *Review into the NSW Police Force Promotion System* (Report, 2019) 77. See also Elizabeth Broderick et al, *A Review of Culture at Air Services Australia* (Report, 2020) 15.
15. Dr Helen Szoke, 'Appendix 1: Summary review of interventions to prevent and respond to sexual harassment in courts' in *Review of Sexual Harassment in Victorian Courts and VCAT* (Report, 2021) 16, citing Jonny Gifford et al, *Rotten Apples, Bad Barrels and Sticky Situations: An Evidence Review of Unethical Workplace Behaviour* (Report, April 2019) 16.
16. Australian Human Rights Commission, *Setting the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* (Report, 2021) 155.
17. This distinction is made for the purpose of the Commission's analysis and recommendations. The Commission acknowledges that leadership and management are terms that are often used interchangeably.
18. Diversity Council of Australia, *Building Inclusion: An Evidence-based Model of Inclusive Leadership* (Report, 2015) 17.
19. Ibid; Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021); Australian Human Rights Commission, *Setting the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* (Report, 2021) 156–58.
20. Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021); Becca Carnahan, 'How to create a psychologically safe workplace', *Harvard Business School – Insights & Advice* (Web page, 8 Dec 2020) <<https://www.hbs.edu/recruiting/insights-and-advice/blog/post/how-to-create-a-psychologically-safe-workplace>>.
21. Diversity Council of Australia, *Building Inclusion: An Evidence-based Model of Inclusive Leadership* (Report, 2015) 12–13; Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021).
22. The tools Ambulance Victoria use include the Saville WAVE Leadership Preference Tool mapped to Ambulance Victoria's Leadership Behaviours Framework, the Herman Brain Dominance Instrument (HBDI) and the DiSC Tool.
23. The Commission understands that in 2021, changes were made to some recruitment practices to address this.
24. Depending on the year, sometimes the People Matter Survey uses 'senior leaders' or 'senior managers'.
25. Depending on the year, sometimes the People Matter Survey uses 'supervisor' or 'manager'.
26. In 2019, the People Matter Survey results were presented in comparison to the average results for a 'comparator group'. For Ambulance Victoria, this included a number of Victorian health sector employers. Comparator results for 2019 were as follows:
 - Senior leaders/managers actively support diversity: 71%
 - Senior leaders demonstrate honesty and integrity: 63%
 - My manager/supervisor works effectively with people from diverse backgrounds: 85%
 - My manager listens to what I have to say: 82%
 - My manager treats employees with dignity and respect: 82%
 - My manager provides feedback to me in a way that helps me improve my performance: 67%
 - I would be confident in approaching my manager to discuss concerns and grievances: 75%.
27. In 2020, only 17% (n=1197) of the workforce completed the survey, compared to 50% (n=3318) in 2019. The low 2020 participation figures are also likely due to the disruption caused by the COVID-19 pandemic.

28. The ad hoc, infrequent and unstructured approach to performance discussions were also identified in the first-year review of Ambulance Victoria's Professional Conduct Unit (Peter Bull, *Ambulance Victoria Professional Conduct Unit – First Year Review (2017-2018)* (Report, 2019) 31).
29. In the 2018 People Matter Survey, 36% of respondents (n=587) agreed that they had received formal feedback on individual performance (down from 50% or n=818 in 2017); In recent internal interviews conducted with Ambulance Victoria employees for the purpose of designing a new online performance development system, only 25-30% of those interviewed (n=5) reported having participated in the performance development process.
30. Ambulance Victoria previously offered an optional 'leading in operations fundamentals' course that covered topics including risk management, psychological first aid and performance and development.
31. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 34; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 662-63, 676.
32. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 35.
33. Global Coalition for Human Rights Education, *Human Rights Education Indicator Framework: Key indicators to Monitor and Assess the Implementation of Human Rights Education* (Resource, 2015) 25–26.
34. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 676
35. Ibid 6.
36. Ibid.
37. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 56.
38. Australian Human Rights Commission, *Setting the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* (Report, 2021) 158; Aaron de Smet et al 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021) <<https://www.mckinsey.com/business-functions/organization/our-insights/psychological-safety-and-the-critical-role-of-leadership-development>>.
39. 17.7% (n=129) of supervisors that responded to this question indicated that they neither agreed nor disagreed.
40. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being* (2014) 32, citing The Work Foundation, *Quality People Management for Quality Outcomes* (Report, 2009).
41. This is an optional tool for team managers to use to understand key management responsibilities and to document their skill development.
42. Jay A Conger and Robert M Fulmer, 'Developing your leadership pipeline' (December 2003) *Harvard Business Review* 76.
43. Victorian Public Sector Commission, *Organisational Capability Review – Ambulance Victoria* (State of Victoria, 2016) 33.
44. Mihnea Moldoveanu and Das Narayandas, 'The future of leadership development' (2019) (March-April) *Harvard Business Review* 4.
45. L McCann and E Granter, "'Beyond blue-collar professionalism': Continuity and change in the professionalization of uniformed emergency services work' (2019) 6(2) *Journal of Professions and Organization* 213-232, 221; William Pasmore, *Developing a Leadership Strategy: A Critical Ingredient for Organizational Success* (Centre for Creative Leadership, 2015) 2.

46. Jay A Conger and Robert M Fulmer, 'Developing your leadership pipeline' (December 2003) *Harvard Business Review* 76; Victorian State Services Authority, *Designing a targeted development program: a strategy for mitigating succession risk* (Resource, 2010) 2;
47. Karen Stewart, Vicki Cope and Melanie Murray, 'The transition from clinician to manager: the paramedic experience' (2021) 18 *Australasian Journal of Paramedicine* 1, 3.
48. James Taylor, 'Leadership within the ambulance service: Rhetoric or reality?' (8 October 2012) *Journal of Paramedic Practice*.
49. In 2021, the Paramedicine Board published a statement of capabilities for registered paramedics. This statement sets out the minimum knowledge, skills and professional attributes necessary for practice. Among other capabilities, these include consultation and communication skills, mentoring and developing others, as well displaying leadership and role modelling of culturally safe practices.
50. William Pasmore, *Developing a Leadership Strategy: A Critical Ingredient for Organizational Success* (Centre for Creative Leadership, 2015) 2.
51. Victorian Public Sector Commission, *Organisational Capability Review – Ambulance Victoria* (State of Victoria, 2016) 34.
52. AK Kellner et al, 'Barriers to frontline manager support for high-trauma workers', (2019) 48(6) *Personnel Review* 1394, 1399-1404.
53. L McCann and E Granter, "'Beyond blue-collar professionalism": Continuity and change in the professionalization of uniformed emergency services work' (2019) 6(2) *Journal of Professions and Organization* 213-232, 221.
54. Chartered Institute of Personnel and Development, *Managing for Sustainable Employee Engagement; Guidance for Employers and Managers* (Resource, 2012) 5; Rebecca Knight, 'How to make your one-on-ones with employees more productive' (online, 8 August 2016) *Harvard Business Review* <<https://hbr.org/2016/08/how-to-make-your-one-on-ones-with-employees-more-productive>>.
55. Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, 11 February 2021); Roisin O'Donovan and Eilish McAuliffe, 'A systemic review of factors that enable psychological safety in healthcare teams' (2020) 32(4) *International Journal for Quality in Health Care* 240-50, 243; Lisa Tang, 'Perceived power hierarchy and psychological safety on team effectiveness', *Deloitte* (blog post, 2019) <<https://www2.deloitte.com/au/en/blog/diversity-inclusion-blog/2019/perceived-power-hierarchy-psychological-safety-on-team-effectiveness.html>>.
56. Sir Robert Francis QC, *Freedom to Speak Up: An Independent Review into Creating an Open and Honest Reporting Culture in NHS* (final report, 2015) 111.
57. See, for example, National Health Service Ambulance Chief Executive Group, *Future Leaders Study: The Leadership Capabilities and Capacities of Ambulance Trusts in England* (Report, 2009) 4.
58. State Services Authority, *Managing a Dispersed Team in the Victoria Public Sector* (Resource, 2013) 8, 14.
59. Victorian Public Sector Commission, *Organisational Capability Review – Ambulance Victoria* (State of Victoria, 2016) 33.
60. For example, team managers are currently required to spend half of their time performing 'on-road' paramedic duties and the other half carrying out their management responsibilities.
61. PS DeOrtentiis et al, 'Build or buy? The individual and unit-level performance of internally versus externally selected managers over time' (2018) 103(8) *Journal of Applied Psychology* 916-28.
62. In addition to internal recruitment practices, these barriers are contributed to and compounded by other cultural and structural factors at Ambulance Victoria, including the emphasis on meeting operational KPIs and the reliance on command-and-control management practices that deter productive disagreement and feedback (Section 6.1, Volume 1).

63. Susan E Jackson et al, 'Some differences make a difference: Individual dissimilarity and group heterogeneity as correlates of recruitment, promotions and turnover' (1991) 76(5) *Journal of Applied Psychology* 687.
64. Sue Newell, 'Recruitment and selection' in Stephen Bach (ed), *Managing Human Resources: Personnel Management in Transition* (Blackwell Publishing, 4th ed, 2005) 122.
65. Samantha Cromptvoets, *Blood Lust, Trust & Blame* (Monash University Publishing, 2021) 42-43; Roger Z George and Harvey Rishikof, *The National Security Enterprise: Navigating the Labyrinth* (Georgetown University Press, 2nd ed, 2017) 148; Home Office (United Kingdom), *Independent Review of Police Officer and Staff Remuneration and Conditions* (CM.8325-1, 2012) 114; L McCann and E Granter, "'Beyond blue-collar professionalism': Continuity and change in the professionalization of uniformed emergency services work' (2019) 6(2) *Journal of Professions and Organization* 213-232, 219.
66. Victorian Public Sector Commission, *Organisational Capability Review – Ambulance Victoria* (State of Victoria, 2016) 33.
67. Victorian State Services Authority, *Designing a Targeted Development Program: A Strategy for Mitigating Succession Risk* (Resource, 2010) 4.
68. Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', *Mckinsey & Company* (Web Page, February 11 2021).
69. United States Equal Employment Opportunity Commission, *Select Taskforce on the Study on Harassment in the Workplace: Report of Co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 45; VicHealth, *Submission to the Australian Human Rights Commission National Inquiry into Sexual Harassment in Australian Workplaces* (VicHealth, December 2018) 16; VicHealth, *(En)countering resistance: Strategies to Respond to Resistance to Gender Equality Initiatives* (Resource, 2018) 10.
70. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 35.
71. For a full list of best-practice approaches to training see, Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 36-40 and Department of Health and Human Services, *Workplace Culture and Bullying, Harassment and Discrimination Training – Guiding Principles for Victorian Health Services* (Resource, 2017).
72. United States Equal Employment Opportunity Commission, *Select taskforce on the Study on Harassment in the Workplace: Report of Co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 45; Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018) 52; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 663.
73. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 665, citing Frank Dobbin and Alexandra Kalev, 'Why doesn't diversity training work?', *Anthropology Now* (Blog Post, 27 October 2018).
74. In Volume I (Chapter 9), the Commission made a number of recommendations for the reform of Ambulance Victoria's complaint processes, including developing additional informal and anonymous reporting pathways.
75. Department of Health and Human Services, *Workplace Culture and Bullying, Harassment and Discrimination Training – Guiding Principles for Victorian Health Services* (Resource, 2017) 3; Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 39-40.
76. Australian Human Rights Commission, *Setting the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* (Report, 2021) 202.
77. For a description of the features of victim-centric responses, see Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 39 and Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 70.

78. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 38; Australian Human Rights Commission, *Setting the standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* (Report, 2021) 202.
79. Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018) 53–4; Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 59-60.
80. CM Hunt et al, 'Reviewing sexual harassment in the workplace – an intervention model', (2010) 39(5) *Personnel Review* 655–73, 663; Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 38; Department of Health and Human Services, *Workplace Culture and Bullying, Harassment and Discrimination Training – Guiding Principles for Victorian Health Services* (Resource, 2017) 4; United States Equal Employment Opportunity Commission, *Select taskforce on the study on harassment in the workplace: report of co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 52.
81. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 6; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 668; London Ambulance Service Trust, *Learning and Education Strategy* (2019) 24.
82. United States Equal Employment Opportunity Commission, *Select Taskforce on the Study on Harassment in the Workplace: Report of Co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 54.
83. Purna Sen et al, *What Will It Take? Promoting Cultural Change to End Sexual Harassment* (UN Women, September 2019) 38.
84. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 666; Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 45-46. Department of Health and Human Services, *Workplace Culture and Bullying, Harassment and Discrimination Training – Guiding Principles for Victorian Health Services* (Resource, 2017) 6-7; Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018) 53; United States Equal Employment Opportunity Commission, *Select Taskforce on the Study on Harassment in the Workplace: Report of Co-chairs Chai R Feldblum and Victoria A Lipnic* (Report, June 2016) 51.
85. Diversity Council Australia, *Building Inclusion: An Evidence-based Model of Inclusive Leadership* (Report, 2015); Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', McKinsey & Company (Web Page, 11 February 2021);
86. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being* (Report, 2014). While the focus of that research concerned leadership development for employee engagement and wellbeing, the findings on what factors will enhance the effectiveness of leadership development are widely applicable.
87. Ibid 8.
88. This is an excerpt. The complete maturity model can be found in Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being – Phase 2* (Report, 2017) 13.
89. Aaron de Smet et al, 'Psychological safety and the critical role of leadership development', McKinsey & Company (Web Page, 11 February 2021).
90. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being – Phase 2* (Report, 2017) 10
91. S Creary, N Rothbard and J Scruggs, *Improving Workplace Culture through Evidence-based Diversity, Equity and Inclusion Practice* (University of Pennsylvania, 2021) 37.

92. The Commission understands that the Leadership Behaviours Framework does not comprise part of Ambulance Victoria's performance management processes and Ambulance Victoria currently does not include specific workplace equality indicators in existing performance management processes for managers.
93. National Health Service Ambulance Chief Executive Group, *Future Leaders Study: The Leadership Capabilities and Capacities of Ambulance Trusts in England* (Report, 2009) 30.
94. David Antonioni, 'Designing an effective 360-degree appraisal feedback process' (1996) 25(2) *Organizational Dynamics* 24, 28–29; Emily D Campion, Michael C Campion and Michael A Campion, 'Best Practices when using 360 feedback for performance appraisal' in Allan Church et al, (eds), *Handbook of Strategic 360 Feedback* (Oxford University Press, 2019) 29–30, 52–3.
95. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being* (2014) 8, 32; Michael Beer, Magnus Finnstrom and Derek Schrader, 'Why leadership training fails – and what to do about it' (Online, October 2016) *Harvard Business Review* <<https://hbr.org/2016/10/why-leadership-training-fails-and-what-to-do-about-it>>.
96. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being – Phase 2* (Report, 2017) 13.
97. Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being* (2014) 35; Chartered Institute of Personnel and Development, *Developing Managers to Manage Sustainable Employee Engagement, Health and Well-being – Phase 2* (Report, 2017)10; AK Kellner et al, 'Barriers to frontline manager support for high-trauma workers', (2019) 48(6) *Personnel Review* 1394-1409.





13

Oversight, accountability and continual improvement

Chapter 13 builds on findings and recommendations from Volume I that centre on Ambulance Victoria's approach to governance, oversight, accountability, and monitoring and evaluation. It contextualises Ambulance Victoria's recent approach against research and leading practice approaches to culture change and organisational healing. It also proposes recommendations to enable clear oversight, transparency and continual improvement of Ambulance Victoria's organisational culture related to workplace equality.

→ KEY POINTS

- Ambulance Victoria has a professional, modern and functioning governance system, led by the Board, supported by the Executive Committee. There is evidence of sophisticated practice by the Board and the Executive Committee, as well as deep expertise and experience, and strong, robust relationships between both the Chair and the CEO, and the Board and Executive Committee.
- Ambulance Victoria's Board and Executive Committee have driven substantial reforms since 2015. These include reforms involving cultural change and focus on some aspects of the safety and wellbeing of Ambulance Victoria's people.
- However, despite the strategies, plans and policies in place, 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 systematically address the substantial and unacceptable unlawful and harmful workplace conduct identified by the Commission in this independent review.
- 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.
- The Board and its various committees did not effectively harness established risk management and 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 including leadership team dynamics including biases and the inherent difficulties of long-term cultural change. Contributing factors 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
 - organisation's primary focus on operational outcomes
 - increasing demands accelerated by the COVID-19 pandemic.
- This has resulted in 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.

→ KEY POINTS

- To strengthen governance on workplace equality and safety, the Commission recommends Ambulance Victoria adopt integrated approaches to the review's recommendations, guided by the recommended prevention plan and 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
 - develop a structured cross-organisation program to reflect on the findings of this review, including the key drivers, to support long-term organisational healing and culture change
 - develop a holistic and evidence-based information and data plan and communications strategy.
- Ambulance Victoria's sound governance systems, developing leadership capability and commitment to change bode well for implementation of the recommendations of this review. Ambulance Victoria has begun to adopt leading practice for building a safe, respectful and equal workplace that delivers great emergency healthcare.

13.1 Good governance and oversight requirements

Corporate governance is the rules, systems and processes put in place to control and monitor an organisation. Good governance enables an organisation to deliver its objectives while being accountable to its stakeholders including its workforce.

Board corporate governance models are increasingly common in government. Public sector boards adopt many of the evolving governance systems and practices developed in the private sector but have additional and complex responsibilities including accountability to elected governments, specific requirements set out in statute and responsibility to act in the public interest. As a public entity, Ambulance Victoria is ultimately accountable to the people of Victoria through the State Government.

Health services, including Ambulance Victoria, cannot operate safely without good governance; that is, when:

policies and processes positively support effective decision-making, transparency, strategy, accountability and performance, each of which is critical to ensuring the ongoing viability of the health service.¹

The Australian Institute of Company Directors provides a useful set of 10 principles of good governance. These include that boards should:

- set the vision, purpose and strategies of an organisation
- set the cultural and ethical tone
- provide independent oversight of an organisation's management
- represent diverse skills and experiences
- have a system of risk oversight and internal controls in place.²

Critically, boards appoint the CEO, oversee their performance and delegate delivery functions to management.

The Victorian Public Sector Commission (VPSC) provides sound guidance for public sector boards which must act within the *Financial Management Act 1994* (Vic) (**Financial Management Act**), the Public Administration Act, the Charter and associated requirements. For example, the VPSC emphasises that boards of entities like Ambulance Victoria must operate within their statutory powers and manage their stakeholders.

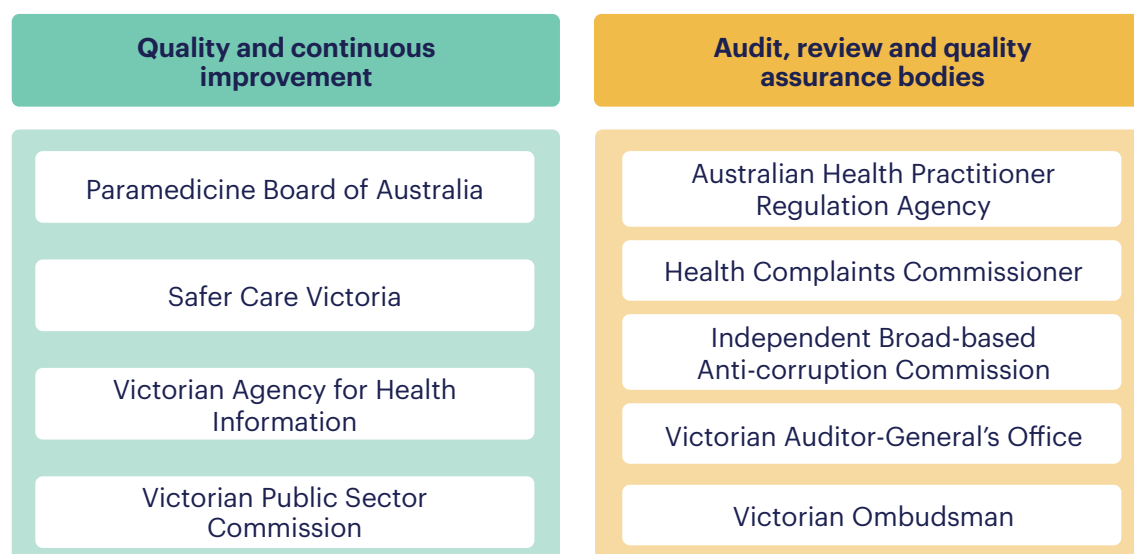
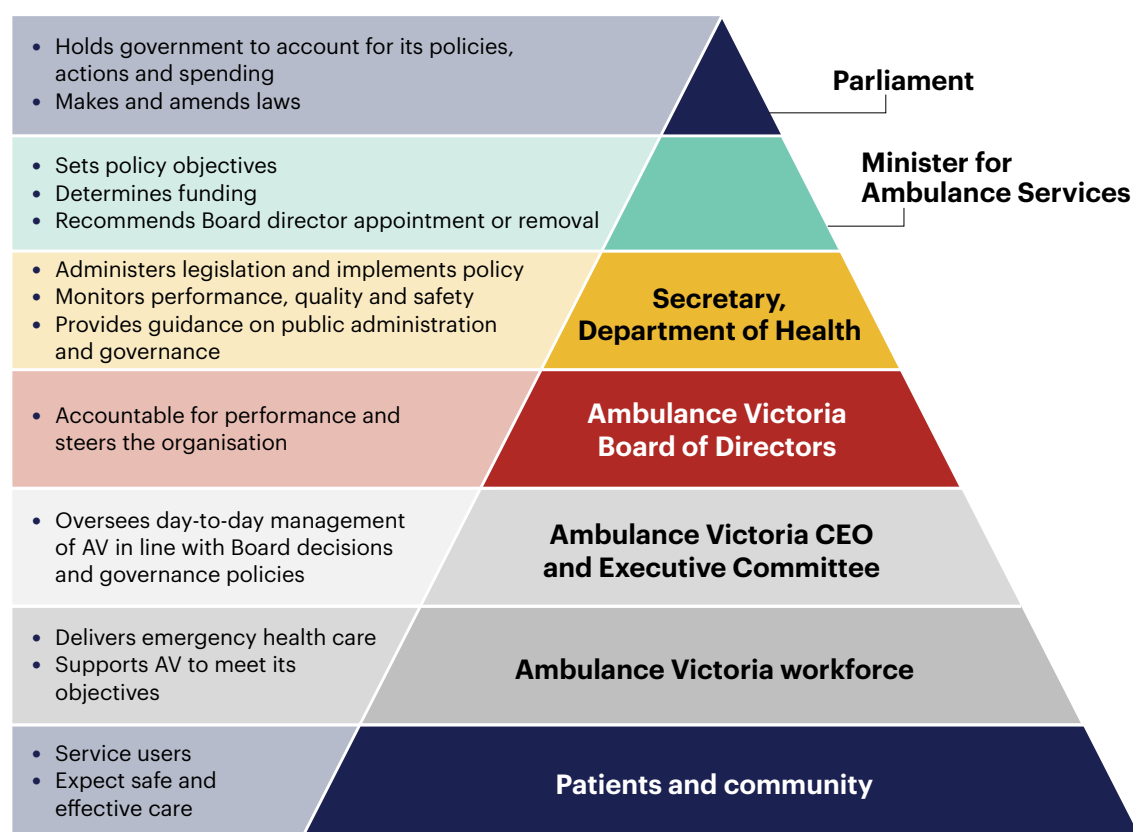
Governance systems and practices and the duties of board directors are regulated by a range of legislation at the Commonwealth and State level. This includes growing requirements to manage risks and to foster and protect workplace equality and safety. See Figure 3E in Volume I for key laws relevant to this review.

Ultimately, good governance enables Ambulance Victoria – with annual cashflow of over \$1.2 billion³ and 7550 employees – to deliver a complex and changing set of world class emergency healthcare for Victorians.

13.2 Ambulance Victoria's governance model

Volume I sets out the background, objectives and current governance and operating model for Ambulance Victoria.⁴ Figure 13A (also contained in Section 2.1.4) summarises Ambulance Victoria's accountability framework.

Figure 13A – **Ambulance Victoria's accountability framework**



13.2.1 Key elements of Ambulance Victoria's Governance

The Board

Boards are established to bring diverse, external, expert skills and experience to the governance and oversight of government entities. As with other statutory entities in the health sector, the Ambulance Victoria Board is recruited through the Victorian Department of Health, working with the Board's Chair. The department makes recommendations regarding the appointment of individual directors to the Minister for Ambulance Services who, in turn, makes recommendations to the Governor in Council (see Section 10.2).

The Ambulance Services Act defines the functions of the Board, which include to:

- ensure that the organisation meets its objectives
- develop statements of priorities and strategic plans and monitor compliance with them
- develop financial and business plans and ensure their delivery
- establish and maintain effective systems to ensure the organisation's services meet community needs and reflect user views
- ensure effective and accountable risk management systems are in place
- appoint and monitor the performance of the CEO
- establish the organisational structure including the management structure
- 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.⁵

The Act emphasises the need for the Board to use its resources efficiently and effectively and to respond to the needs and views of patients.

Figure 13B (also contained in Section 2.1.4) summarises the current Board committee structure which helps the Board to fulfil its duties. Importantly for the current discussion, these include standard Audit and Risk and People and Culture committees.

Figure 13B – 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

The Ambulance Victoria Board is accountable to the Minister for Ambulance Services who, under the Ambulance Services Act, may provide guidance and direction to the Board.⁶ Ambulance Victoria has a five-year strategic plan, and is guided by an annual Statement of Priorities agreed with the Minister for Ambulance Services.⁷

Chief Executive Officer and Executive Committee

The Board appoints the CEO of Ambulance Victoria, whose responsibilities are prescribed by the Ambulance Services Act. These include to ensure the Board's decisions are implemented effectively and efficiently and inform the Board, the Secretary and the Minister of significant issues and risks.⁸

As outlined in Volume I, Ambulance Victoria has established an Executive Committee, led by the CEO, consisting of the Chief Operating Officer and Executive Directors of each organisational division.⁹ Notably, Ambulance Victoria has an Operations Executive consisting of key operational leaders which reports through the Executive Committee with responsibility for:

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

In line with modern government practice, the Board and, where authorised, the CEO approve formal, standard financial and human resource delegations in line with Ambulance Victoria's Financial Delegations and Authorities Framework.

In general, Ambulance Victoria adopts a hierarchical organisational structure with cascading responsibilities, standard team structures and annual performance development and review systems for state-wide, corporate and specialist operations.

External review bodies

As outlined in Figure 13A and canvassed throughout this review, Ambulance Victoria is subject to government oversight, audit and review bodies. These include parliamentary committees, the Victorian Public Sector Commission, the Independent Broad-based Anti-corruption Commission, the Victorian Auditor-General's Office and the Victorian Ombudsman.

As Ambulance Victoria is part of the broader health sector, it also works with the Australian Health Practitioner Regulation Agency, the Paramedicine Board of Australia, Safer Care Victoria, the Victorian Agency for Health Information and others, to ensure quality and continual improvement.

Furthermore, Ambulance Victoria works as part of the State's integrated emergency management system which also involves a range of audit, review and continuous improvement mechanisms.

13.2.2 Public sector governance requirements

Ambulance Victoria adopts and is guided by a range of public sector governance requirements, particularly those in the Financial Management Act and the Public Administration Act. For example, it:

- produces an annual report, which is tabled in the Victorian Parliament and includes audited financial accounts
- complies with the Victorian Government Risk Management Framework, including by developing risk systems and conducting an internal audit program
- participates in the annual People Matter Survey conducted by the Victorian Public Sector Commission.¹⁰

Detailed assessment of these practices is beyond the scope of this review. It is notable that in a number of cases, Ambulance Victoria has the discretion to meet minimal standards or strive for leading governance practices.

It should also be noted that the body and range of requirements for public sector boards is extensive and growing, and at times exceeds requirements for private sector governance. For example, the Gender Equality Act places specific requirements on public sector entities to consider and promote gender equality.

13.3 The effectiveness of Ambulance Victoria's oversight



Findings

- Ambulance Victoria generally has a professional, modern and functioning governance system, led by the Board which is supported by the Executive Committee.
- 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.
- There is a functioning Executive Committee, with an established CEO, and a mix of new and established leaders bringing both longstanding experience in Ambulance Victoria and Paramedicine, as well as executive experience in other organisations.
- There is evidence of sophisticated practice by the Board and the Executive Committee, for example in its risk system.
- Notably, the Board and the Executive Committee have driven a significant, ongoing program of reforms, which has required strong leadership and drive from the top, and which include elements of major cultural change and focus on some aspects of the safety and wellbeing of its workforce.
- However, despite the strategies, plans and policies in place, 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 systematically address the substantial and unacceptable, unlawful and harmful workplace conduct identified by the Commission in this independent review.
- This has resulted in 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.



Findings

- A number of factors contributed to the limited understanding, focus and action on the unlawful and harmful conduct identified in this review including:
 - limited understanding of, and steps taken to address, the underlying drivers of discrimination, sexual harassment, bullying, victimisation and other forms of inequality
 - overreliance on, and limited analysis of, available data and information
 - not fully harnessing established risk management and occupational health and safety systems
 - other context for Ambulance Victoria, including a sustained reform program and growing demand accelerated by the COVID-19 pandemic.
- Many of these factors are shared across organisations and institutions currently grappling with workplace safety and equality issues including:
 - leadership team dynamics, including biases
 - the inherently challenging and long-term nature of cultural change.
- The review has identified the need for a more integrated, holistic approach to prevention of unlawful harm and conduct and monitoring of outcomes for employees and first responders across Ambulance Victoria.

13.3.1 An established governance model

As well as the evidence canvassed in Volume I, the findings in this chapter are informed by interviews with Ambulance Victoria's Chair, Board directors, CEO and members of the Executive Committee as well as papers and minutes from meetings of these groups over the last five years.

The Commission used research and evidence-based approaches to develop its recommendations, ran a focus group with governance experts on the role of boards in promoting and prioritising workplace equality, and also consulted its Expert Panel.

The Commission acknowledges that the participant survey asked questions relating to the Board/Executive. This served to conflate their distinct roles and responsibilities and was, in hindsight, an error. It should be noted that the analysis in this chapter does not draw directly on those survey results.

The evidence provided to the Commission and consideration of relevant benchmarks¹¹ – including the VPSC guidance materials for board¹² – demonstrates Ambulance Victoria has a professional, modern, functioning governance system led by the Board. Examples are Ambulance Victoria's well established risk management system and annual Board self-assessment processes.

CASE STUDY

Ambulance Victoria's approach to risk management

The Victorian Government Risk Management Framework sets out how public entities should effectively manage risk. It includes mandatory requirements, including compliance with the relevant international standard, and optional guidance on leading practice. Under Standing Direction 3.7.1 issued under the Financial Management Act, the Ambulance Victoria Board is responsible for compliance with the mandatory requirements of the framework.

As outlined in Section 4.2.3 of this report, 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, which are updated and reviewed regularly. The Board approves the Enterprise Risk Register 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. Aspects of Ambulance Victoria's risk management system appear sophisticated e.g. conducting regular risk maturity reviews, a detailed risk appetite statement with indicators for measuring approved tolerance levels.

The Ambulance Victoria Board has members with deep expertise and experience who have worked together effectively to lead the delivery of a major program of performance improvement and reform since 2015.

As detailed in Chapter 10, there has been some focus on renewal and increasing diversity, primarily with respect to gender, across the Board's directors. The Board has benefited from additional expertise and fresh perspectives from newer directors, including experience in addressing workplace equality. However, as Section 10.2.1 outlines, there are important opportunities for further diversification.

The Board appears to operate on the basis of consensus and trust. Importantly, there was evidence that the Chair not only welcomes, but also actively encourages discussion, challenge and debate at the Board level and with management.

The Chair is inclusive ... he encourages the board to challenge the thinking. It is my experience he is very accessible to the Board and the organisation. The different experiences of the Board members are welcome in the room. There are divergent views on issues from time to time, including interpretation of a particular challenges of the organisation. This is a strength of the board to hear those views. *Participant, interview*

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.

As outlined, the roles and responsibilities of Board directors and the CEO are set out in the Ambulance Victoria Act and are exercised in line with good governance practice. For the purposes of this chapter and its recommendations,

the roles and responsibilities of the Board can be characterised as operating primarily at the strategic and systems level, with the Executive Committee having delegated responsibility for operations and program delivery within this strategy, including agreed budgets and risk parameters. All boards and management navigate the inherent tension and boundaries between their respective roles and responsibilities, particularly in response to crisis. Evidence from interviews with Board directors and the Executive Committee indicates productive, typical ongoing consideration of:

- boundaries between the role and responsibilities of the Board and the Executive Committee
- the Board's prerogative to 'deep dive', especially where there are identified problems, and the need for the Board to 'step back' when remedial systems and plans are in place
- Board directors' desire for the Executive Committee to bring 'the good and the bad' to the Board for constructive analysis and action
- the need to structure meeting agendas and business (which are inherently extensive and complex) to enable time for exploration, discussion, strategy and analysis i.e. 'the story behind the data'
- specialist ('siloes') versus integrated, consensus Board director and Executive Committee member dynamics
- the at times limited understanding among the workforce and stakeholders of the relative roles and responsibilities of the Board and the Executive Committee.

We can always improve. And the area of improvement would be spending time on the most contemporary aspects of cultural development, equal opportunity and just exploring what does best practice look like in 2021.

Participant, Interview

The information available to the Commission also indicates a functioning Executive Committee, with an established CEO, and a mix of new and established leaders bringing both longstanding experience in Ambulance Victoria and Paramedicine, as well as executive experience in other organisations.

There is evidence of sophisticated practice at the Board and the Executive Committee. For example, the Executive Committee has 'paper free meetings' and 'off site meetings'¹³ and the Board has undertaken 'deep dives' into some material people matters and explored some trends in lead and lag indicators for high and critical risks.

Notably, the Board and Executive Committee of Ambulance Victoria have driven a significant, ongoing program of reforms which have required strong leadership and drive from the top, and which include elements of major cultural change and focus on some aspects of the safety and wellbeing of its workforce. These include the ongoing challenges of:

- positioning Ambulance Victoria as part of, and better integrated into, Victoria's health system
- supporting the mental health and wellbeing of its workforce, particularly as it relates to stress and trauma inherent to Paramedicine

- developing and embedding a 'Best Care' framework that transforms the response to clinical incidents from a disciplinary to a learning model (see Section 4.2.3)
- proactively seeking feedback from patients and working with partner agencies to understand and improve patient experiences¹⁴
- preventing workforce drug use and associated corrupt conduct following a 2017 Independent Broad-based Anti-corruption Commission inquiry.¹⁵

Ambulance Victoria can be characterised as having a command and hierarchy-focused culture, influenced by working both as part of emergency service and health systems. This hierarchy operates even outside of emergency response situations and functions.¹⁶ Ambulance Victoria also has a history of using data and analytics to monitor and drive continual improvement of performance, particularly for patient care.

Ambulance Victoria did take some steps to address some workplace safety and equality issues. Volume I provides extensive analysis of Ambulance Victoria's existing approach to addressing unlawful and harmful workplace conduct and (in) equality issues, starting with its statement of values and priorities.

[T]he Board was very clear about our responsibility in terms of leading culture and about what sort of culture we expected and wanted which was one of equality and justice across the workforce of respect, of appropriate behaviours and equal opportunity for people, not just in terms of gender but rural versus urban... So all of those things were very much on the Board's agenda. Participant, interview

Volume I identifies a substantial number of corporate frameworks, strategies, plans, policies and procedures that seek to address aspects of workplace harm, including unlawful conduct and inequality (see the summary Figure 3H in Volume I). For example, Ambulance Victoria has a 2018 Diversity and Inclusion Strategy, and 'action plans' around mental health and wellbeing, health and safety, gender equality and Aboriginal reconciliation. However, ultimately these do not demonstrate a holistic, systematic preventative approach to unlawful conduct and harm.

13.3.2 Limited focus on workplace safety and equality

Despite the sound fundamentals of good governance and the stated values and priorities in place at Ambulance Victoria, the Commission found significant, evidence of ongoing discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, as well as an entrenched culture of 'everyday incivility' (see Chapter 5). As Section 5.2 highlights, this unlawful and harmful workplace conduct has had substantial, unacceptable individual, team and organisational impacts.

While the Commission did not hear evidence that unlawful conduct and harm led to specific clinical errors or poor patient experiences, it can be presumed that the poor culture and morale identified in this review has an impact on the efficiency and effectiveness of all organisational outputs and outcomes, including patient

care. More concerningly, an organisational culture of fear and victimisation is unlikely to support healthy, open, robust discussions on clinical practice and improvement.

I mean the work that I've done, both ambulance and more broadly, absolutely demonstrates the link between culture and patient safety. So if you have a culture where people are not respected and heard then that will flow to poorer patient outcomes. *Participant, Interview*

Despite the governance systems in place, including the priority commitment 'to be a great place to work and volunteer,' the Ambulance Victoria Board and Executive Committee appear in the main to have been genuinely surprised by the media reports of October 2020 and the testimony and responses of over 2000 participants to this review.

There was fundamentally a substantial, unrecognised gap between the espoused values and priorities of Ambulance Victoria at the top, and the experience of much of its workforce on the ground. Participants told us that this has eroded trust and confidence in Ambulance Victoria's leadership.

So the fact that it came out of nowhere was a surprise to me and the fact that neither the Chair nor the CEO seemed to appreciate the scale of the issue was of concern to me. *Participant, Interview*

We thought we had covered it off. We were alert to the issues. We asked all the right questions. We got all the right answers. I don't think management had any sense. *Participant, Interview*

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*

A number of Ambulance Victoria's Board directors and Executive Committee members – key leaders – do not themselves have lived experience of the issues raised in this review. Some key leaders have a long history in the organisation and hold senior positions that may make perspective more difficult. Tellingly, it was more likely to be new members of the Board or Executive Committee and women who were unsurprised by the allegations and the Commission's subsequent findings.

Ambulance Victoria's governance system clearly sets out the Board and Executive Committee's relative responsibilities to lead and shape culture and prioritise the safety and wellbeing of the organisation's workforce. This is an accountability the Board evidently understands and accepts. The Board has led significant improvements in matters such as protecting employees and volunteers from occupational violence, such as assault by patients, and supporting employee and first responder mental health.

However, despite the strategies, plans and policies in place (see Figure 3H in Volume I), as well as previous audits, reviews (see Appendix D) and the data available, the Board and the Executive Committee ultimately did not fully anticipate, recognise, analyse and systematically address the substantial and unacceptable, unlawful and harmful workplace conduct identified by the Commission through this independent review.

13.3.3 Contributing factors

A number of factors are likely to have contributed to the limited focus on and understanding of Ambulance Victoria's Board, CEO and Executive Committee of the extent and nature of unlawful conduct, harm, inequality and incivility identified in this review. These factors include:

- limited understanding of, and steps taken to address, the underlying drivers of discrimination, sexual harassment, bullying, victimisation and other forms of inequality
- overreliance on, and limited analysis of, available data and information
- other context for Ambulance Victoria including a sustained reform program and growing demand accelerated by the COVID-19 pandemic.

Limited understanding of, and steps to address, underlying drivers

Volume I of the report identifies drivers, including systemic, structural and cultural issues, underlying unlawful conduct and harm and inequality at Ambulance Victoria. As Section 4.2.1 explains, the Board and the Executive Committee have not, until commissioning this review, fully understood, explored or addressed these underlying drivers identified in Section 6.1 and summarised below in Figure 13C.

Figure 13C – **Drivers of unlawful and harmful conduct at Ambulance Victoria**

Drivers of unlawful and harmful conduct at Ambulance Victoria		
Power imbalances	Organisational tolerance and culture of silence	Leadership and management gaps
<ul style="list-style-type: none"> • The abuse of formal and informal power • Hierarchical command and control structures • Gender inequality 	<ul style="list-style-type: none"> • A permissive environment • The threat of victimisation • Lack of perpetrator accountability 	<ul style="list-style-type: none"> • Inadequate role modelling • Autocratic leadership styles • Management capability gaps
Disproportionate focus on operational KPIs	Structural barriers	Work-related risk factors
<ul style="list-style-type: none"> • An imbalance of priorities • Corporate and operational divide 	<ul style="list-style-type: none"> • Endorsement requirement for progression and promotion • Systems unsupportive of flexible work 	<ul style="list-style-type: none"> • Isolated or remote work • Organisational change • High stress environment

For example, it is telling that there is no mention of discrimination, sexual harassment, bullying or unlawful behaviour in the Mental Health Deep Dive paper presented to the Board in October 2019.¹⁷ Furthermore, a Board-initiated workshop held that same year to enable deeper discussions of organisational culture appears to have been driven by the findings of the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry,¹⁸ rather than the cultural issues raised in this review. Similarly, issues around harassment, bullying and other related unlawful behaviour were not canvassed in a mental health update on staff suicide in February 2020.¹⁹

A board is inherently established to: bring diverse skills and experience to oversight; provide critical strategic analysis; consider external environmental factors; and to identify emerging risks beyond that which management – focused on day-to-day delivery in a complex, high-pressure organisation – can provide.

However, the Ambulance Victoria Board appears to have taken a largely reactive and compliance-based approach to the limited indicators of unlawful conduct and harm presented by management, rather than fully embracing the positive duty in the Equal Opportunity Act to proactively explore and address key risks to workplace equality and safety. This contrasts with leading practice approaches, which suggest that directors have an obligation to cultivate ‘an awareness of the organisation’s working environment to determine whether there is a bullying culture that underlies it or the risk of one developing’.²⁰

Critically, the Board and the Executive Committee did not perceive a pervasive workplace culture that works to keep unlawful and harmful behaviour and

its impacts internal and hidden, including through power imbalances and victimisation. This further limited the value of the data such as complaints which were provided to the Board.

One of the risk factors for sexual harassment in an organisation is that leaders, including senior leaders and board directors, have a poor understanding of sexual harassment.²¹ As discussion at one expert forum expressed, 'In this age of #MeToo ...directors have every reason to worry about whether they're asking the right questions about culture and getting the full picture. Boards need to be very clear about what they want to know.'²²

An example of a missed opportunity to take a more proactive approach to workplace equality and safety is in the recruitment of women into what was a largely male-dominated organisation. There has been a sustained and successful focus on recruiting women into all levels of Ambulance Victoria, with the CEO regularly reporting on workforce gender metrics to the Board. However, there does not appear to have been proactive analysis, forward planning and monitoring of the potential risks and likely needs of those women to ensure their safety and inclusion in the workplace. Much of the harm demonstrated through the review could arguably have been anticipated as risks, for example, when recruiting young women into the base of a hierarchical organisation made up of a largely older, more senior men.

The Board's commissioning of this review is to be commended and is a critical step in helping to understand and surface drivers of workplace harm and inequality at an organisational, team and individual level. Ongoing attention to drivers is essential to addressing root causes, rebuilding trust and ensuring sustained and continual improvement in safety and equality in Ambulance Victoria.²³

Laws and policies, such as the Sex Discrimination Act or the *Occupational Health and Safety Act 2004* (Vic) (**Occupational Health and Safety Act**), have for decades made equality and safety matters legal requirements. However, such laws are evidently not in themselves sufficient for many organisations to achieve meaningful workplace equality and safety.²⁴

In 1984, the Australian Government introduced the Sex Discrimination Act, which specifically prohibited sexual harassment at work ... However, over 35 years on, the rate of change has been disappointingly slow. Australia now lags behind other countries in preventing and responding to sexual harassment. – Kate Jenkins, Australian Sex Discrimination Commissioner

Ambulance Victoria's leadership is not alone in having a limited focus on and understanding of workplace equality and safety issues considered in this review. The rise of the #MeToo movement, ongoing public testimony by courageous whistle-blowers and subsequent public revelations of workplace discrimination and harm, have precipitated a growing number of reviews, including those outlined in Figure 13D. This culminated in the Australian Human Rights Commission (AHRC) conducting a national inquiry into sexual harassment in Australian workplaces, releasing their report, *Respect@Work in 2020*.²⁵ The AHRC followed this in 2021 with *Equality Across the Board*, focusing on the actions required of senior leaders.²⁶

Many private and public companies and institutions are reckoning with longstanding, cultural, systemic and often hidden issues of discrimination, bullying and harassment, including at the highest levels of leadership. This demonstrates the breadth and shared societal and sectoral challenges Ambulance Victoria faces in seeking to implement the recommendations of this review.

Achieving Ambulance Victoria's espoused values and aspirations for its employees and first responders will require a sustained effort to understand and shift drivers and improve its lived culture. Thought leaders like the Champions of Change Coalition suggest that incremental change is not enough; leaders must take a clear stance, take disruptive action and provide tools and resources that empower people to support the organisation's goals.²⁷

Open discussion of culture should form part of an organisation's reflection on drivers and enable expression of peoples' varied experiences and values, including positive experiences and pride in the vital services Ambulance Victoria has and continues to deliver to the Victorian community. Fundamentally, there is a need to recognise factors summarised in Figure 13C, including:

- Ambulance Victoria's origins as a paramilitary organisation that works as part of the emergency management system and the health system, with their attendant cultures
- Ambulance Victoria's historical workforce of white men, bringing stoic masculine traditions that have both strengths and weaknesses, such as enduring incivility as part of their job
- pride in the work of paramedics and peer support sometimes developing into a destructive sense of 'exceptionalism,' with the belief that ordinary standards of courtesy and respect do not apply to them because of the importance of their work (see Section 6.1.2)
- risks exacerbated by structural factors, such as being a largely monopoly employer and a permissive working environment for harm, characterised by resource shortages, long hours and stress.²⁸

Ambulance Victoria shares a number of the workplace characteristics identified as high risk for sexual harassment including being male-dominated, involving high contact with clients or patients as part of the health-care industry, hierarchical workplace structures and rural and regional work.²⁹ These risks are shared by other organisations including those in the health-care sector³⁰ other ambulance services³¹ and similar hierarchical and paramilitary public entities.³² There is a significant opportunity for Ambulance Victoria and such organisations to share learning and practice including on the underlying drivers and the challenges of achieving sustained cultural change (see Figure 13D).

Figure 13D – **Unlawful and harmful conduct and inequality in paramilitary public entities**

 <p>Police services</p>	<p>Victoria Police, the New South Wales Police Force, and the Australian Federal Police have all been subject to reviews on various forms of gender inequality, with a range of solutions proposed. For example:</p> <ul style="list-style-type: none"> • In our <i>Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police</i>, conducted in 2015, the Commission concluded that it was imperative that initiatives to achieve gender equality are derived from an understanding of the drivers of sex discrimination and sexual harassment.³³ • A 2019 review into the New South Wales Police Force recommended that leaders should engage with their teams to understand how the issues identified in the review had emerged.³⁴ • A 2017 review of the Australian Federal Police highlighted how strong and courageous leadership is an essential ingredient of cultural change and urged leaders to understand the drivers of culture by listening deeply to the experiences of its employees.³⁵
 <p>Military</p>	<p>Military institutions have been traditionally developed to accommodate men's experiences and norms; however, this has flow-on effects for the experience of women in these workplaces.</p> <p>As outlined in Section 6.2.7, there have been a series of reviews into the culture of the Australian Defence Force, highlighting how a holistic approach is required to transform structures and policies, rather than delivering piecemeal interventions.</p> <p>Resulting strategies and plans recognise that understanding concerns and experiences of women and men is an essential starting point in designing, implementing, monitoring and evaluating policies and programs that allow both groups to participate and benefit equally.³⁶</p>
 <p>Fire services</p>	<p>The Country Fire Authority and Melbourne Fire Brigade have faced public allegations of discrimination, sexual harassment and victimisation.³⁷ In response, the Champions of Change Fire & Emergency Group was established in 2017 to advance gender equality, women in leadership, and professional, respectful and inclusive workplaces across the sector.³⁷ The group has released a report to build a case for change and shares progress and outcomes on an annual basis.³⁸</p>

Overreliance on, and limited analysis of, available information

Volume I provides extensive analysis of existing data and information available to monitor workplace equality at Ambulance Victoria. For example, Section 4.2.4 notes that key data sources include complaints data, annual People Matter Surveys, periodic mental health surveys, exit interviews, ad hoc reviews (see Appendix D) and staff representative fora.

Evidence demonstrates that the Ambulance Victoria Board has relied primarily upon the People Matter Survey and complaints data from the Professional Conduct Unit as their main sources of data and information related to workplace equality (see Section 4.2.4), with consideration primarily through the People and Culture Committee. Analysis of Board papers over the past five years demonstrates that unlawful and harmful workplace conduct was not considered as a significant organisational risk requiring close monitoring.⁴⁰ This contrasts with leading practice which calls for boards to consider issues such as sexual harassment as a significant non-financial risk to their organisations.⁴¹

Board and Executive Committee interviews indicate a generally reactive, compliance-focused approach and some concern that data presented by management and associated analysis was inadequate or that it was difficult to obtain information on workplace equality and cultural issues.

I don't think we knew that it was happening to the degree it was. Having said that, we were looking at all the metrics we thought we could look at, and we were doing all the things we thought we could do.

Participant, Interview

[T]he data that's presented to the Ambulance Victoria Board is as good as anything that you see anywhere else but it's still not enough.

Participant, interview

The Board's getting data, they're not getting insight. *Participant, Interview*

Leading practice suggests that boards should look beyond incident reports and interrogate a broad range of data sources and information to obtain a fuller view of what is going on in the organisation.⁴² As the Australian Institute of Company Directors counsels, 'interpreting trends in reports or complaints of sexual harassment is a complex and nuanced task'; it is a challenge for boards to synthesise the wealth of information and form an overall assessment of organisational culture.⁴³

In Chapter 9, the Commission analyses data and monitoring, particularly the limitations of Ambulance Victoria's existing reporting and complaints system and the potential to develop an improved complaints system. Nonetheless, it can be argued that even with the data available, there was a culture of accepting and not sufficiently interrogating information presented, some of which should have raised more Board concern. In particular, the Commission generally found:

- over-reliance on complaints data, without understanding its limitations, particularly that employees and first responders didn't feel safe to make complaints or believe complaints would result in action

- an assumption that risks to the mental health of employees and first responders primarily relates to trauma they experience on the job (e.g. occupational violence) versus in the job (e.g. bullying)
- some complacency about People Matter Survey results and other surveys with tacit acceptance of indicators of low engagement and relatively high harm
- focus on numbers of women recruited with insufficient consideration of the experiences and needs of those women, such as flexible work, and their career trajectories⁴⁴
- limited focus on the number and experiences of people from diverse backgrounds
- focus on outputs (e.g. development of strategies and plans) versus outcomes (e.g. their delivery and their impact).

For example, the 2019 the People Matter Survey had a 50% participation rate and reported significant rates of discrimination (10%), sexual harassment (12%) and bullying (16%). By 2020, the People Matter Survey participation rate had deteriorated to 17%, with bullying rates up to 25%. This echoes a 22% bullying rate in the organisation's 2019 Psychosocial Health and Wellbeing Survey.⁴⁵ As noted in Section 4.2.4, Ambulance Victoria instituted some promising initiatives such as behavioural risk rating and remediation for individual branches in response to such information. However, indicators that one in five employees are experiencing bullying alone should have triggered further investigation and culture review, including to identify the extent and key drivers of harm. Moreover, while acknowledging the operational pressure Ambulance Victoria was under in 2020, comparator groups under similar pressure did not experience a deterioration in staff participation in the People Matter Survey. This low participation as well as being in itself an indicator of low staff trust and engagement, may mean the results do not accurately reflect the full extent of unlawful conduct and harm staff experienced.

There is also a need for Board directors and the Executive Committee to recognise that the positional power they hold will influence the information they receive, particularly from direct employee and first responder contacts, networks and site visits. This is exacerbated in low trust cultures characterised by victimisation of complainants.

I was blindsided by [the information we received and how it went public in October 2020]... I'm reasonably connected to the workforce, I get people quite happy [sic] to raise issues with me where they feel either frustrated by a process, don't feel they've been treated fairly... I'd not heard the stories that found their way into the media. I'd not heard the stories of sexual harassment. *Participant, Interview*

Other contributing factors and context

There are other notable findings of the review that contribute to understanding the limited Ambulance Victoria understanding of and therefore response to significant workplace harm and inequality. For example, as detailed in Section 3.4.2, the Commission heard that workplace equality has been viewed as primarily the responsibility of the People and Culture Division, with oversight by the Board's People and Culture Committee. In practice, achieving workplace equality requires

the combined accountability, focus and effort of all of Ambulance Victoria, including the whole of the Board and the Executive Committee.

A related factor is that the established risk management and occupational health and safety systems were not used fully and effectively to recognise and address the issues identified in this review and to drive continual improvement. Fundamentally, the risk management and health and safety processes in place did not adequately identify and therefore treat the significant and realised risks of harm to employees and first responders confirmed through this review.

In Section 4.2.4, the Commission noted that unlawful and harmful workplace conduct had not been considered to be a significant, explicit organisational 'enterprise level' risk. Nor was unlawful and harmful workplace conduct included as a significant risk in the 2019-2022 Health and Safety Action Plan, despite WorkSafe Victoria's guidance on compliance with the Occupational Health and Safety Act including advice on addressing psychosocial hazards, such as gendered violence, including sexual harassment and poor workplace relationships.⁴⁶

Also relevant is that the Board and the Executive Committee continue to deliver a large and sustained reform agenda. This makes time and perspective for strategic risk analysis and effective evaluation of the effectiveness of reform strategies, initiatives and plans more challenging. This reflects the history of the formation of Ambulance Victoria in 2008, the establishment of the Ambulance Performance and Policy Consultative Committee and the appointment of the current Chair and reinstatement of the Board in 2015 (see Section 2.2.1). The final report of the Consultative Committee set a clear agenda, priorities and actions for the new Chair, Board and CEO. This substantial program of work and reform has continued to evolve with further reviews (see Appendix D) and increasing service demands.

Since 2020, Ambulance Victoria has had the additional major challenge of its frontline response role in the continuing, unprecedented global COVID-19 pandemic. Sustained high operational demands on Ambulance Victoria appear to have slowed implementation of some reforms such as learning and development programs. However, the need to ensure a safe, inclusive and respectful working environment is arguably even more vital in times of stress.

As has been detailed in the review, there has rightly been a strong, ongoing focus on patient care and operational metrics, such as ambulance response times for Ambulance Victoria. However, in Recommendation 10, the Commission urges the Ambulance Victoria Board to ensure future priorities for the organisation better reflect the importance of the health, safety and wellbeing of the workforce that ultimately underpin and support patient care and operational outcomes – caring for those who care for us.⁴⁷

[W]e construe governance in terms of the strategy of the organisation, meeting goals, improving performance, and we forget that actually making sure that people are healthy is a core element of governance of any situation. And, a lot of the time, organisations perceive achieving goals and wellbeing in competition. And that's a problem. So, they are not in competition. You need one to achieve the other, and again, in the way that we define the roles of boards and what governance is, we need to make sure that protecting the wellbeing of the employees is there front and centre as a core goal. Participant, Focus Group

Another factor to consider from a governance perspective is the dynamics within and between the Board and the Executive Committee. As outlined above, these generally appear to be professional and collegiate. However, it is important that the Board and the Executive Committee consider how some of the drivers identified in this report play out within and between their teams e.g. power imbalances and organisational tolerances. Research has shown that collegiate board and executive groups, particularly those who have worked together through stressful situations, can fall into 'group think' and need to have a strong awareness of personal and team biases.⁴⁸ A useful model relevant to Ambulance Victoria suggests considering authority bias, groupthink, status quo bias and confirmation bias.⁴⁹ As outlined in Section 10.2.1, realising the value of an increasingly diverse Board and Executive Committee also requires developing and modelling strong mutual respect and trust which enables robust discussion, challenge and debate.⁵⁰

Finally, it should be recognised that fundamental and long-term culture change of the kind required to acknowledge and address the issues raised in this review is hard. It requires a sustained commitment to learning and continual improvement and strong leadership and oversight.

[N]early all of the employers of choice have grassroots organisations within their organisation that represent women, minorities, etc, and they have direct access to the Board ... so what's happening on the ground with policies etc. gets tested by those groups ... and then fed back. And the idea is that it's not a sprint. It's a marathon. And that you're constantly being reflexive and taking that input and then tweaking policies and adjusting policies. Participant, Focus Group

13.4 Strengthening governance and oversight

13.4.1 Harnessing Ambulance Victoria's governance system

Ambulance Victoria has in place the fundamentals of good governance, and a Board and Executive Committee willing to take their relative responsibilities and lead change. These fundamentals must now be fully applied to addressing the unlawful and harmful workplace conduct and inequality identified through this review. Since courageous whistle-blowers came forward in October 2020, the Board and Executive Committee have not looked away. Through the public apologies of the Chair and the CEO, commissioning this review and committing to implement its recommendations, they have accepted accountability and committed to the hard path of cultural change and continual improvement. Significant changes recommended by the review have already been initiated.

Ambulance Victoria has a track record of implementing significant reforms requiring strong leadership and drive from the top, elements of major cultural change, a commitment to continual feedback and improvement in patient care and a focus, albeit limited, on the workforce's safety and wellbeing. This holds promise for implementing the recommendations of this review. If Ambulance Victoria can focus on how its people care for, and support, each other as much as they care for and support patients, there is every hope it can bridge the gap between its espoused values and priorities and the lived experience of its workforce.

Ambulance Victoria has sound, modern governance systems that it must now fully harness to comprehensively address the workplace harms and inequalities identified in this review and to drive continual improvement. Section 6.2.7 describes the accountability for embedding and improving workplace equality as 'organisational' and shared by every part of Ambulance Victoria, with a clear oversight role for the Board (see Figure 13A). In addition, several Volume I recommendations provide for additions or changes to governance systems and practice to drive a more preventative, holistic, focused and accountable approach (see Figure 13E).

Figure 13E – Governance reforms from Volume I

Specific governance reforms from Volume I	
Recommendation 3	Develop a holistic, evidence-based prevention plan that addresses the identified drivers and risk factors
Recommendation 11	Establish a dedicated division to drive and coordinate reform reporting through the CEO
Recommendation 12	Establish a Steering Committee to monitor and oversee the reform process
Recommendation 23	Provide an Expert Advisory Group to support delivery of a new reporting and complaint system
Recommendation 24	Strengthen the Professional Conduct Committee's monitoring, analysis and accountability
Appendix E	Consider a new integrated outcomes framework focused on unlawful and harmful workplace conduct and inequality

As well as developing new frameworks, programs and oversight mechanisms, there is a need to embed workplace equality requirements more consistently and clearly across governance systems and management tools. This includes within Ambulance Victoria's risk management and health and safety systems, as well as programs related to mental health and wellbeing, diversity and inclusion and ethics and integrity (see Figure 3H in Volume I). Workplace equality matters should be built into the agendas and considerations of the Board and its committees and the Executive Committee and its committees, particularly the Operations Executive Committee.⁵¹

Embedding workplace equality more fully in Ambulance Victoria's risk management systems would include:

- ensuring the drivers and practice of unlawful conduct and harm identified in this review is an explicit enterprise-level risk with ownership by the CEO
- reviewing and clearly communicating the Board's risk appetite and associated indicators relating to workplace safety and equality
- further considering compliance with the August 2020 Victorian Government Risk Management Framework, including its optional guidance
- making wider internal and external consultation a regular part of developing its risk management systems
- considering relevant external reports from accountability and governance bodies in developing its risk management system
- using the risk system, including divisional risk registers and treatment plans, as a key tool to support cultural change and improve monitoring for safety and equality outcomes
- ensuring risk treatment plans reflect, not duplicate, and build on programs and measures recommended by this review including the new prevention plan.

The Equal Opportunity Act establishes a positive duty to prevent discrimination, sexual harassment and victimisation. The Occupational Health and Safety Act also creates a positive duty for employers to 'be proactive, and take all reasonable practicable measures, to ensure health and safety at workplaces'.⁵² Issues like sexual harassment and bullying have only relatively recently been recognised as matters of workplace safety that should be addressed using health and safety systems first established to address physical risks.⁵³ WorkSafe Victoria is continuing to develop programs to address these forms of workplace harm across industries. This holds significant promise to help surface and shift entrenched forms of discrimination and psychosocial harm. It is notable that Ambulance Victoria's 2016-2019 Health and Safety Strategy recognises primarily structural factors inherent to practicing Paramedicine.⁵⁴ The 2019-2022 Health and Safety Action Plan focuses on occupational violence and stressors and does not explicitly recognise or acknowledge harm caused by poor workplace behaviour and culture.⁵⁵

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.

A challenge will be to ensure an integrated, mutually reinforcing approach to workplace safety and equality, driven by the new prevention plan and outcomes framework, that enables continual improvement, while avoiding duplication and excessive administrative and reporting requirements.

As further explored in earlier chapters, Ambulance Victoria should continue to develop, communicate and embed leading practice approaches to workplace equality and safety across Ambulance Victoria's existing governance and oversight mechanisms with priority given to:

- recruiting a diverse Board, Executive Committee and workforce that reflect the community Ambulance Victoria serves – across all dimensions of diversity (see Recommendation 25, 26 and 27)
- reviewing recognition, reward and performance management systems – including KPIs including for Board directors and the CEO⁵⁶ – in light of this review's findings, to ensure strong, consistent statements and metrics on shared responsibility for ensuring workplace equality (see Recommendation 7(e))
- ensuring strong induction programs across all levels and providing ongoing learning opportunities on workplace equality and safety requirements (see Recommendation 36)

- building workplace equality understanding and capability into management training and development with a priority on middle management (see Recommendations 36 and 37).

Renewed corporate documentation should more consistently and clearly communicate Ambulance Victoria's commitment to workplace safety and equality with language that aligns with and reinforces new values developed under Recommendation 7 and the new outcomes framework. This work should be guided by models of minimum and mature policy and process enhancements to drive organisational system change for workplace safety and equality.⁵⁷

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 Ambulance Victoria's new Strategic Plan and future annual reports.

13.4.2 Reflecting on drivers of harm and inequality

Volume I identified that the effectiveness of the preventative measures adopted by Ambulance Victoria has been limited by the absence of prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation.

Recommendation 1 in Volume I calls on Ambulance Victoria's CEO to lead the Executive Committee in a facilitated reflective practice workshop on the findings of this review, and that the Executive Committee should develop a program for leaders and managers to engage in such reflective practice discussion with their teams. It is equally important for the Board to undertake such reflective practice, and for any program of reflective practice across the organisation to include discussions of the drivers of workplace harm and inequality, including systemic, cultural and structural factors and how these operate at an individual, team and organisational level.

[Another participant mentioned] being concerned about the depth of understanding of many board members on structure and systemic drivers of gender and equality, and I just really think that's quite a big issue.

Participant, Focus group

There is a risk, including following this review, that Ambulance Victoria focuses on solutions without sufficient reflection on cultural drivers, particularly where this necessitates uncomfortable reflection and analysis at an individual and group level.

I think it's critical for boards to understand the root causes of gender inequality. You have to have a fundamental understanding of what are the causes you are looking at versus the symptoms. And I see a lot of organisations treating symptoms and not tackling causes, and that comes to understanding what this is all about. *Participant, Focus group*

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 2 in Volume I focuses on bearing witness, learning through listening and acknowledging through restorative justice, which is vitally important for individual victim-survivors. This review also demonstrates the need to rebuild trust in leadership and respect across Ambulance Victoria to enable a safe, fair, equal and inclusive workplace. The reflections at the Board and Executive Committee level and the victim-centred restorative justice processes should be complemented by reflective and healing processes at the team and ultimately organisational level. Such processes require care in their design and implementation, informed by the findings of this review, noting, for example, the widespread power imbalances and abuses and victimisation that play out at the team level.

Research and models around healing in an organisational context refer to the work of repairing and mending the collective social fabric of an organisation after experiencing a threat or shock to its system.⁵⁸ One example is the Sanctuary Model.⁵⁹ The literature suggests that healing should involve all levels of an organisation, and should be seen as a continual, multidimensional process that reflects an ongoing organisational commitment to healing, rather than a set of discrete outcomes or an end state.⁶⁰ This begins with an organisation's recognition of the harm and public acknowledgement of the organisation's accountability.⁶¹ It is hoped this review and the public apology by the Chair and the CEO have started the healing process at Ambulance Victoria.

Healing means wholeness. Wholeness means you don't see your enterprise as separate from the lives of the people who are working in it. It's the stakeholder model, but everyone is a stakeholder... If you had to pick a stakeholder to prioritize, it has to be employees.⁶²

It is important to recognise that resistance, extending to covert and active backlash, will be part of any major change program.⁶³ The drivers and culture identified in this review heighten the risks of such backlash at Ambulance Victoria. Ambulance Victoria should anticipate, seek to understand and address such resistance in developing new plans and strategies for workplace equality and safety including its program of reflective practice.⁶⁴ For example, VicHealth provides a practical guide to help understand and respond to resistance to gender equality initiatives with one suggestion being to:

[c]reate spaces for diverse views and experiences to be expressed. When people can have their say and talk about their own beliefs (and biases and fears) without being shut down, they are more likely to be open to other messages.⁶⁵

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 and the CEO's commitment to change to address the review's findings and to implement the review's recommendations.

Board directors' participation in workforce engagement and reflection programs should be developed and agreed with the CEO to ensure they reflect and communicate the differing Board and management roles and responsibilities. Appropriate Board director participation in such fora would help to lift the Board's profile, demonstrate the Board taking responsibility and learning from the review, and provide an opportunity for directors to hear first-hand employee and first responder experiences and views.

Following a period of consideration of the review's findings, it is vital that there is ongoing regular communication, reflection and discussion to enable healing, deep cultural change and continual improvement. Ambulance Victoria's leaders must continue to listen carefully to the voices of employees and first responders in the years ahead to rebuild respect and trust. One model Ambulance Victoria could consider is making each Board director the champion of a given region, with responsibility to contribute at least annually to reporting progress and continual improvement from a Board perspective to that region.⁶⁶

13.4.3 Building trust and driving accountability and continual improvement

The Commission identified the need to better harness Ambulance Victoria's governance system to address substantial harm to employees and first responders and the systemic, structural and cultural factors driving this harm. The gap between the espoused values and priorities of the organisation and many people's lived reality has led to a profound loss of trust in leadership (see Section 5.2.2).

While Ambulance Victoria's leaders had access to a range of data, the Board has relied primarily upon the People Matter Survey and complaints data with consideration primarily through the People and Culture Committee. Volume I provides detailed analysis and recommendations on improving reporting and complaints information to support oversight (see Recommendation 24) to ensure:

- a unified approach to data collection and analysis of reports and complaints
- regular reviews of complaints data to identify patterns, trends, systemic issues and measures to continually improve efforts to prevent and respond to unlawful conduct
- the performance of the report and complaints system is monitored against a range of benchmarks.⁶⁷

Ambulance Victoria needs to plan for, collect, analyse, report and respond holistically to improved data and information for workplace equality as a key part of its new prevention plan. Ambulance Victoria's data and information approach should include:

- not just output, but outcome measures against the new outcomes framework
- lead, lag and trend indicators against agreed baselines and relevant benchmarks
- measures related to the root cause analysis and drivers identified in this review
- ways of including the voices and stories of employees and first responders
- integrated metrics for related compliance requirements (e.g. under the Gender Equality Act)
- the information and analysis that the Board should receive and review, including through its People and Culture Committee and Audit and Risk Committee.

This will require building capability within Ambulance Victoria to develop, integrate and interpret complex metrics and qualitative information.

In implementing the recommendations of this review, the Commission urges Ambulance Victoria to adopt an approach of 'radical transparency' – seeking wherever possible and by default to share information, data and analysis on how Ambulance Victoria is continuously improving workplace safety and equality at an individual, team and organisational level.

I didn't have any visibility... I think there's a way of operating that actually shrouded a lot of this stuff in secrecy under the guise of legal obligations around confidentiality et cetera. And if I can compare the way people safety isn't, or wasn't, talked about and surfaced, against how we deal with patient safety, they're absolutely chalk and cheese. Participant, Interview

While due process, fairness and individual confidentiality must be considered and respected, these should not be used as a default to obscure information. For example, Recommendation 19 focuses on supporting transparency and developing learning tools such as case studies. Aggregate, de-identified information and case studies can be used where appropriate. However, practices that serve to mask pervasive harm, such as the routine use of non-disclosure agreements to silence complainants are increasingly being challenged.⁶⁸ For example, the Champions of Change Coalition has committed to adopting new principles on confidentiality and transparency for high-profile sexual harassment cases.⁶⁹

Ambulance Victoria's commitment to full transparency should include consistent:

- annual Board and Executive Committee communication on 'what we heard', 'our response', and 'our commitment to you' following the People Matter Survey and other key surveys or reviews
- publicly reporting on key workplace equality indicators and actions in the annual report, including measures of Board, employee and first responder diversity (see Recommendation 25)
- reporting regularly to the workplace and publicly on the number, nature and resolution of complaints (see Recommendation 19(b)), including against agreed quality benchmarks, (see Recommendation 20)
- understanding and communication that an increase in negative indicators – such as complaints – in the short term may be a positive sign of establishing a safe, trusted complaints system
- attempts to analyse and integrate disparate data and information to 'tell a story' about the evolving culture of Ambulance Victoria.

The information and data plan should include measures of direct and indirect indicators of growth in workforce engagement and rebuilding of trust, such as:

- employee and volunteer willingness to self-report on diversity metrics
- participation levels in the People Matter Survey and other surveys or studies
- willingness to make and address complaints through the new system.

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:

- information and data plan for workplace safety and equality
- communications strategy for workplace safety and equality

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

To help communicate this information and drive accountability and continual improvement, Ambulance Victoria would benefit from a holistic, planned communications approach for workplace safety and equality that:

- includes clear respective roles and accountabilities for the Board and the Executive Committee to communicate the findings of this review, shared accountability and continual improvement
- harnesses informal (e.g. opinion leaders) and formal Ambulance Victoria communications channels
- aligns with and integrates other relevant communication plans, such as those developed under Recommendation 7(d) to communicate new organisational values and proactive communication on prevention (see Recommendation 4).

Enabled by the courageous testimony and participation of more than 2000 Ambulance Victoria employees, first responders and stakeholders, including Ambulance Victoria's Board and Executive Committee, this review provides a transparent, public and rigorous exploration of unacknowledged and silenced issues of unlawful workplace conduct and harm. The 43 recommendations of the review provide a comprehensive set of reforms that seek to address these issues and build a culture of respect that will benefit everyone at Ambulance Victoria and the vital services it delivers.

The services Ambulance Victoria delivers to the community and the nature of its workforce and governance systems will continue to evolve. Ultimately, Ambulance Victoria must foster continuous improvement in workplace safety and equality as well as issues of patient care. As one researcher into continual improvement processes puts it:

[c]ontinuous improvement of processes requires appropriate thinking, teamwork, support from the managers and an organisational culture which values seeking the opportunities to introduce changes, while finding the problem should be a reason for celebration by itself.⁷⁰

Notes

1. Department of Health, *Director's toolkit: chapter 1* (State of Victoria, 2020) 11.
2. Australian Institute of Company Directors, *Guiding principles of good governance* (Report, 2017) <<http://www.companydirectors.com.au/~media/resources/director-resource-centre/governance-and-director-issues/guiding-principles-of-good-corporate-governance.ashx?la=en>>.
3. Ambulance Victoria, *Annual Report 2020/21* (State of Victoria, 2021) 99.
4. See Section 2.1.4 on Ambulance Victoria's governance model.
5. *Ambulance Services Act 1986* (Vic) s 18.
6. Ibid s 19A, 34B.
7. Ibid s 22F.
8. Ibid s 21(3).
9. See Section 2.1.4 on Ambulance Victoria's governance model.
10. Victorian Public Sector Commission, *Results Report, People Matter Survey 2021, Ambulance Victoria* (State of Victoria, 2021).
11. Victorian Public Sector Commission, *Welcome to the Board: Directors' Guide to Public Entity Governance* (Webpage, 2015) <<https://vpssc.vic.gov.au/html-resources/welcome-to-the-board/>>.
12. Ibid.
13. Ambulance Victoria, 'Executive Committee – Terms of Reference' (January 2021).
14. Safer Care Victoria, *Experiences of ambulance care* (Webpage, 2019) <<https://www.betttersafercare.vic.gov.au/publications/adult-experiences-of-emergency-care-in-victoria-2018-19/experiences-of-ambulance-care>>.
15. Independent Broad-based Anti-corruption Commission, *Operation Tone: Special report concerning drug use and associated corrupt conduct involving Ambulance Victoria paramedics* (State of Victoria, 2017).
16. See Section 6.1.1, Volume I on power imbalances.
17. Ambulance Victoria, 'Board minutes' (October 2019).
18. *Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry* (Final report, 4 February 2019).
19. Ambulance Victoria, 'Board minutes' (February 2020).
20. Australian Institute of Company Directors, *Your obligations to stop bullying* (Web page, 2021), <<http://www.companydirectors.com.au/director-resource-centre/publications/the-boardroom-report/back-volumes/volume-12-2014/volume-12-issue-5/your-obligations-to-stop-bullying>>.
21. Australian Institute of Company Directors, *A director's guide to preventing and responding to sexual harassment at work* (Report, 2021) 5.
22. Laurie Hays 'The board, CEO misconduct and corporate culture', *Harvard Law School Forum on Corporate Governance*, 12 January 2019, <<https://corpgov.law.harvard.edu/2019/01/12/the-board-ceo-misconduct-and-corporate-culture>>.
23. This reiterates analysis in Section 3.3, which explains that an organisation must first identify and analyse the nature, extent, impact and drivers of workplace harm and inequality in order to determine specific measures or actions to take.
24. Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 471.
25. Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020).
26. Australian Human Rights Commission, *Equality across the board: Investing in workplaces that work for everyone* (Report, 2021).

27. Champions of Change Coalition, *Disrupting the System: Preventing and responding to sexual harassment in the workplace*, (Report, 2021) 10.
28. Tine Köhler et al, 'Who is the wolf and who is the sheep? Toward a more nuanced understanding of workplace incivility' (2018) 11(1) *Industrial and Organizational Psychology: Perspectives on Science and Practice* 122, 126.
29. Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 218, 219.
30. Ibid.
31. ACT Ambulance Service, *A Literature Review of the Ambulance Industry* (Australian Capital Territory, 2014) <<https://esa.act.gov.au/sites/default/files/wp-content/uploads/Appendix-1-ACTAS-Literature-Review.pdf>>; Senate Community Affairs References, Medical complaints process in Australia (Commonwealth of Australia, 2016) <https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MedicalComplaints45/Report_Committee>; Wendy Crebbin et al. 'Prevalence of bullying, discrimination and sexual harassment in surgery in Australasia', (2015) 85(12) *ANZ Journal of Surgery* 905.; Pareshe Wankhade, 'Cultural change and perpetuation in organisations: evidence from an English emergency ambulance service', *Public Management Review* (2015) 85(12) *ANZ Journal of Surgery* 905-948.
32. See Section 6.1.1 on Ambulance Victoria's organisational hierarchy and command and control structures. See also case studies in Section 6.2.7 on embedding cultural reform in the Australian Defence Force and at Victoria Police.
33. 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) 52.
34. Elizabeth Broderick & Co., *Review into the NSW Police Force Promotions System* (Report, 2019) 15.
35. Elizabeth Broderick & Co., *Cultural Change: Gender Diversity and Inclusion in the Australian Federal Police* (Report, 2017) 7.
36. Department of Defence, *Pathway to Change: Evolving Defence Culture* (Report, 2012); Australian Human Rights Commission, Chapter 3: *Women at the Australian Defence Force Academy: measures to promote gender equality and assessment of their adequacy* (Report, 2011).
37. Nick McKenzie, 'Stripper club culture': Senior firefighter calls out the sexual harassment she's endured', *The Age* (6 September 2021); Matilda Marozzi, 'CFA staff share alleged bullying, discrimination experiences at Victoria's fire services', *The Age* (12 December 2018); Department of Justice and Regulation, *Report of the Victorian fire services review: drawing a line, building stronger services* (State of Victoria, 2015).
38. Champions of Change Coalition, *Champions of Change Fire and Emergency* (Web page, 2021) <<https://championsofchangecoalition.org/groups/male-champions-change-fire-emergency>>.
39. Champions of Change Fire and Emergency, *Gender balance in fire and emergency: going beyond 'it's the right thing to do'* (Report, 2020); Champions of Change Fire and Emergency, *Progress Report 2019-2020* (Report, 2020).
40. Papers submitted to the Board by the Audit and Risk Committee indicate that workplace inequality, wellbeing and diversity are not key issues that fall within the Committee's current responsibilities. In 2019, the Executive Committee recommended that 'Organisational Culture' be retired as a risk on the Enterprise Risk Register. See also Section 4.2.4 on risk management.
41. For example, the Australian Human Rights Commission's Respect@Work report called for boards to consider sexual harassment as a non-financial risk to their organisations.
42. Australian Institute of Company Directors, *A director's guide to preventing and responding to sexual harassment at work* (Report, 2021); Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016); Australian Institute of Company Directors & Australian Council of Superannuation Investors, *Governing corporate culture:*

insights from Australian directors (Web page, 2020) <<https://aicd.companydirectors.com.au/-/media/cd2/resources/about/pdf/aicdaci-governing-company-culture-reportdec20>>.

43. Australian Institute of Company Directors, *A director's guide to preventing and responding to sexual harassment at work* (Report, 2021) 8.
44. For example, the CEO has Board-approved monthly KPIs around women's participation in the workforce (target = 50 per cent) and women's leadership in the workforce (target = 32 per cent).
45. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 2.
46. WorkSafe, *Psychosocial hazards contributing to work-related stress* (Web page, 11 October 2021) <<https://www.worksafe.vic.gov.au/psychosocial-hazards-contributing-work-related-stress>>.
47. Section 6.1.3 outlines how Ambulance Victoria's focus on operational performance has given rise to unintended negative consequences for the safety and wellbeing of its workforce. Section 3.4.2 on attitudes towards equality, safety and respect also touches on the prioritisation of operational KPIs over employee safety and wellbeing. Section 4.2.3 on organisational capability underlines how some participants suggest that organisational values are discarded or minimised when they seem to obstruct operational KPIs.
48. Irving Janis pioneered the initial research on groupthink theory through the publication of his book, *Victims of Groupthink* (1972); Lisa J Sundean, Jacqueline Fawcett, Lawrence D Prybil, 'Board Culture and the Role of Interpersonal Relations', (2021) 39(4) *Nursing Economics*, 161.
49. Price Waterhouse Coopers, *Unpacking board culture: how behavioural psychology might explain what's holding boards back* (Report, 2021).
50. Governance Institute of Australia, *Future of the board: more accountable, transparent and strategic: meet the board of the future* (Report, 2021); Akshaya Kamalnath, 'Gender diversity as the antidote to 'groupthink' on corporate boards (2017) 22 *Deakin Law Review* 85; Australian Institute of Company Directors, *Avoiding groupthink and improving board performance* (Web page, 2015) <<https://aicd.companydirectors.com.au/advocacy/governance-leadership-centre/governance-driving-performance/avoiding-groupthink-and-improving-board-performance>>; Australian Institute of Company Directors, *How to reduce decision-making bias on boards* (Web page, 2017) <<https://aicd.companydirectors.com.au/advocacy/governance-leadership-centre/practice-of-governance/how-to-reduce-decision-making-bias-on-boards>>.
51. Australian Institute of Company Directors, *A director's guide to preventing and responding to sexual harassment at work*, Australian Institute of Company Directors (Report, 2021) , 6 <<https://aicd.companydirectors.com.au/-/media/cd2/resources/membership/membership-update/2021/mar/pdf/08074-3-1-2-comms-organisation-sexual-harassment-director-tool-2021-a4-13pp-v2b.ashx>>.
52. *Occupational Health and Safety Act 2004* (Vic) s 4(3).
53. Champions of Change Coalition, *Disrupting the System: Preventing and responding to sexual harassment in the workplace* (Report, 2021) 64; Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 538.
54. Ambulance Victoria, *Health and Safety Strategy 2016-2019* (State of Victoria, 2016) 10.
55. Ambulance Victoria, *Health and Safety Action Plan 2019-2022* (State of Victoria, 2019).
56. Laurie Hays, 'The board, CEO misconduct and corporate culture', *Harvard Law School Forum on Corporate Governance*, 12 January 2021, <<https://corpgov.law.harvard.edu/2019/01/12/the-board-ceo-misconduct-and-corporate-culture/>>.
57. Champions of Change Coalition, *Disrupting the System: Preventing and responding to sexual harassment in the workplace*, (Report, 2021) 141.

58. Reut Livne-Tarandach et al, 'Cultivating organizations as healing spaces: a typology for responding to suffering and advancing social justice' (2021) 6 *Humanist Management Journal* 373; Edward Powley, 'The process and mechanisms of organizational healing' (2013) 49(1) *The Journal of Applied Behavioural Science* 42..
59. The Sanctuary Institute, *The Sanctuary Model* (Web page, 2017) <<https://www.thesanctuaryinstitute.org/about-us/the-sanctuary-model/>>.
60. Raj Sisodia and Michael Gelb, *The Healing Organization: Awakening the Conscience of Business to Help Save the World* (2019).
61. An organisation's recognition of harm and public acknowledgement of accountability could take the form of a public apology, coupled with symbolic and substantive action to repair the damage and meaningfully address the causes of harm.
62. Vanessa Childers, 'How to transform your business into a place of healing: Authors share how business can alleviate suffering and elevate joy – starting with their workers', *Conscious Company*, 17 September 2019, <<https://bthechange.com/how-to-transform-your-business-into-a-place-of-healing-189bd222e918>>.
63. Michael Flood, Molly Dragiewicz and Bob Pease, *Resistance and backlash to gender equality: An evidence review* (Report, 2018) <<https://eprints.qut.edu.au/215489/>>.
64. European Institute for Gender Equality, *Institutional Transformation: Dealing with resistance* (Web page, 2022) <<https://eige.europa.eu/gender-mainstreaming/toolkits/gender-institutional-transformation/dealing-resistance>>.
65. VicHealth, *(En)countering resistance: Strategies to respond to resistance to gender equality initiatives* (Report, 2018) <<https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/PVAW/Encountering-Resistance-Gender-Equality.pdf>>.
66. Champions advocate and publicly promote an organisation's commitment to certain issues, such as workplace equality, wellbeing and diversity.
67. See Section 9.5.2 on improving data collection and capability, which demonstrates how Ambulance Victoria should address key data gaps and information technology limitations to better identify systemic issues and trends.
68. Sumeyya Illanbey, 'It's all secret and silent': Confidentiality agreements that silence victims to be investigated', *The Age*, 7 June 2021, <<https://www.theage.com.au/politics/victoria/its-all-secret-and-silent-confidentiality-agreements-that-silence-victims-to-be-investigated-20210530-p57wer.html>>; Vasundhara Prasad, 'If anyone is listening, #MeToo: Breaking the culture of silence around sexual abuse through regulating non-disclosure agreements and secret settlements', 9.
69. Champions of Change Coalition, *Disrupting the System: Preventing and responding to sexual harassment in the workplace*, (Report, 2021) 23.
70. Renata Brajer-Marczak, 'Employee engagement in continuous improvement of processes', *Management* (2014) 18(2) *Management* 88.





Contact us

Enquiry Line	1300 292 153
NRS Voice Relay	1300 555 727 then use 1300 292 153
Interpreters	1300 152 494
Email	enquiries@veohrc.vic.gov.au
Website	www.humanrights.vic.gov.au