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Introduction

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

→ KEY POINTS

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

→ KEY POINTS

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

1.1 About the review

1.1.1 Establishment

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

The organisation's Board³ responded by inviting the Commission to conduct an independent review into workplace equality under section 151 of the Equal Opportunity Act.⁴ Ambulance Victoria Board Chair, Mr Ken Lay AO APM, explained that the Board's decision to request the review was driven by a strong desire to make Ambulance Victoria a safer and more equal and inclusive place to work.

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

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

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

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

Collective sighs of relief circulated among the Australian Paramedic community when the Commission's review of Ambulance Victoria was announced. ... Repeated attempts to internally shift antiquated systems, processes and misdemeanours have proven fruitless. The Commission's externally led review of Ambulance Victoria inspires hope that deconstructing and reframing Australian ambulance services to be safe for employees and the public is possible.

Rasa Elizabeth Piggott, Registered Paramedic, Registered Nurse, Lecturer in Paramedicine⁷

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

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

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

Participant, Interview

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

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

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

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

Danny Hill, Secretary, VAU

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

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

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

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

WorkSafe enquiries into Ambulance Victoria

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

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

1.1.2 Scope

Issues examined

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

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

Figure 1A – **Terms of Reference**

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

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

How we approached bullying during the review

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

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

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

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

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

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

Issues excluded

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

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

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

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

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

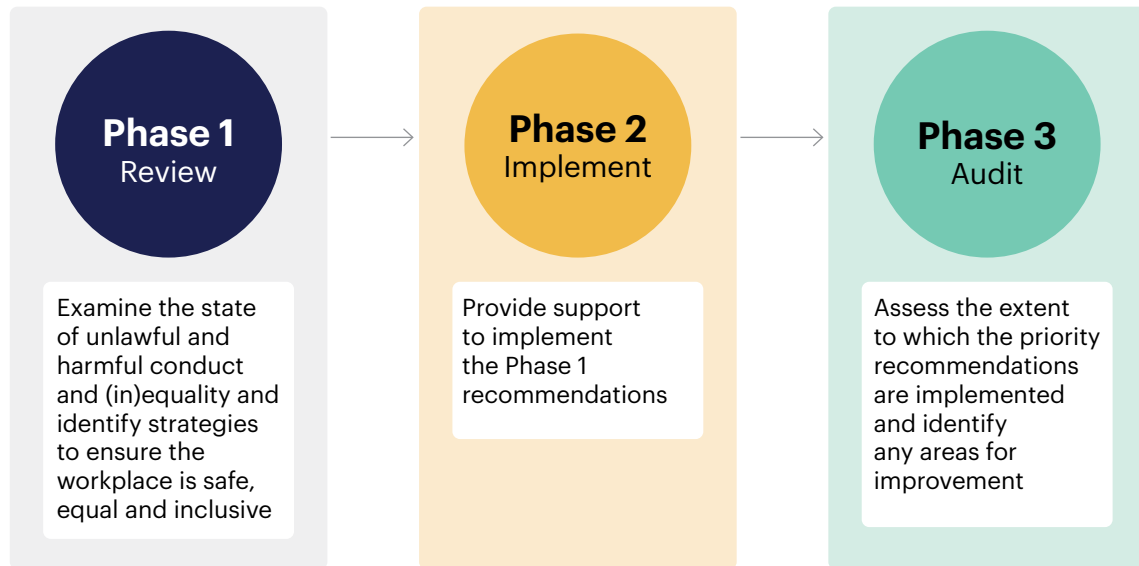
When we describe participants' experiences of unlawful and harmful workplace conduct in this report, they are described as they were told to us. We then share those experiences to illustrate the systemic issues they bring to light.

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

1.1.3 Phases

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

Figure 1B – The three phases of the review



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

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

1.1.4 A holistic approach

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

Figure 1C – A holistic approach to the review

01	Dispute resolution	<ul style="list-style-type: none"> The Commission delivered a tailored, fast-tracked dispute resolution service to current and former employees and first responders who wished to make a complaint against Ambulance Victoria under the Equal Opportunity Act, regardless of their participation in the review. As at 5 November 2021, we had received 39 complaints under this service, with 2 of those complaints resolved through conciliation, 25 in progress and a further 9 withdrawn.
02	Education	<ul style="list-style-type: none"> In September 2021, the Commission facilitated a workshop for all members of the Ambulance Victoria Board on their role and responsibilities in relation to the Equal Opportunity Act. This workshop sought to improve understanding among directors of legal duties imposed on workplaces under the Act and to clarify the role and responsibilities of the Board with respect to preventing and responding to unlawful and harmful workplace conduct and embedding equality. In August 2021, the Commission facilitated a workshop for the Ambulance Victoria Executive Committee on its role under the Equal Opportunity Act. This workshop sought to build the Executive Committee's understanding of their responsibilities under the Act to prevent and respond to unlawful and harmful workplace conduct and inequality. It sought to build the capability of the leadership to acquit their responsibilities under the Act and to implement the recommendations that would arise from Phase 1 of the review.

1.1.5 The impact of COVID-19

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

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

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

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

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

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

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

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

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

1.2 Our approach

1.2.1 Expert Panel

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

Both Commissioners were supported by an Expert Panel comprised of:

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

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

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

1.2.2 Guiding principles

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

Figure 1D – Guiding principles

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

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

1.2.3 Methodology

Conducting research

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

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

The reasons that motivated people to come forward varied greatly.

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

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

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

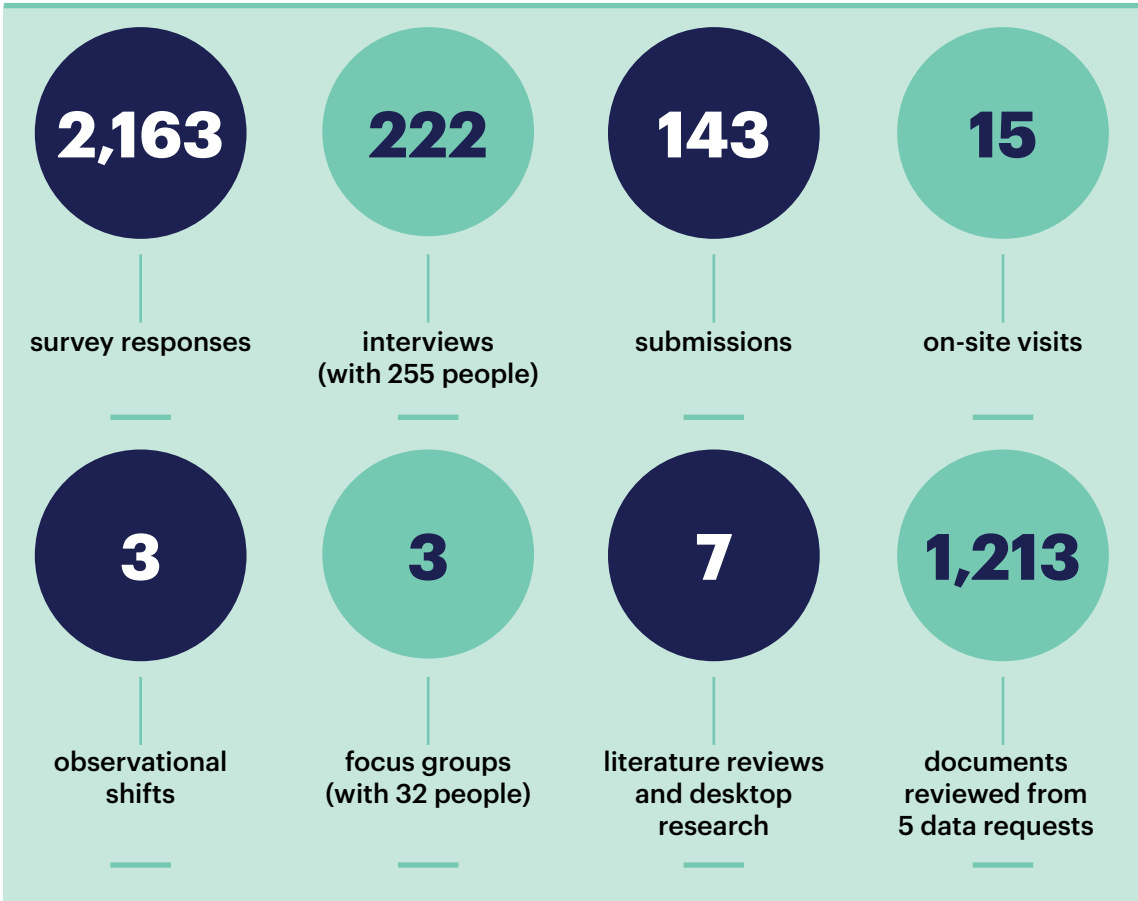
Conducting a review in the middle of a pandemic, including across multiple lockdowns presented unique challenges. We prioritised the health of Ambulance Victoria’s essential workforce – and that of our own – by complying with relevant public health orders and whole-of-government directives, and by opening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

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

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

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

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



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

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

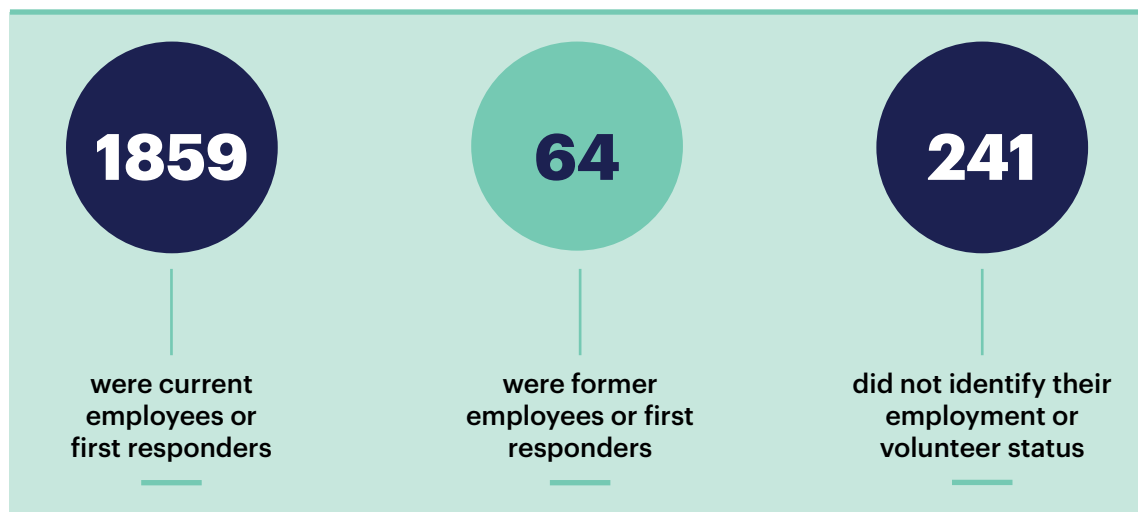
Survey

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

The Commission engaged ORIMA Research to administer the survey on our behalf. ORIMA piloted the survey with 20 volunteers in February 2021. It conducted the survey as a census of all employees and first responders from 3 March 2021 to 7 April 2021.¹⁶ People who had left the organisation were also invited to participate.

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

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



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

We invited 7718 individuals to participate in the survey, of which 7580¹⁷ were current employees or first responders and 138 were former employees or first responders. In total, 2163 individuals completed the survey, an overall response rate of 28.0%. The employment status of the participants is set out in Figure 1F.

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

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

Interpreting the survey results

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

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

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

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

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

Interviews

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

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



Of the 255 participants interviewed:

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

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

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

Submissions

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

In total, we received 143 submissions.

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

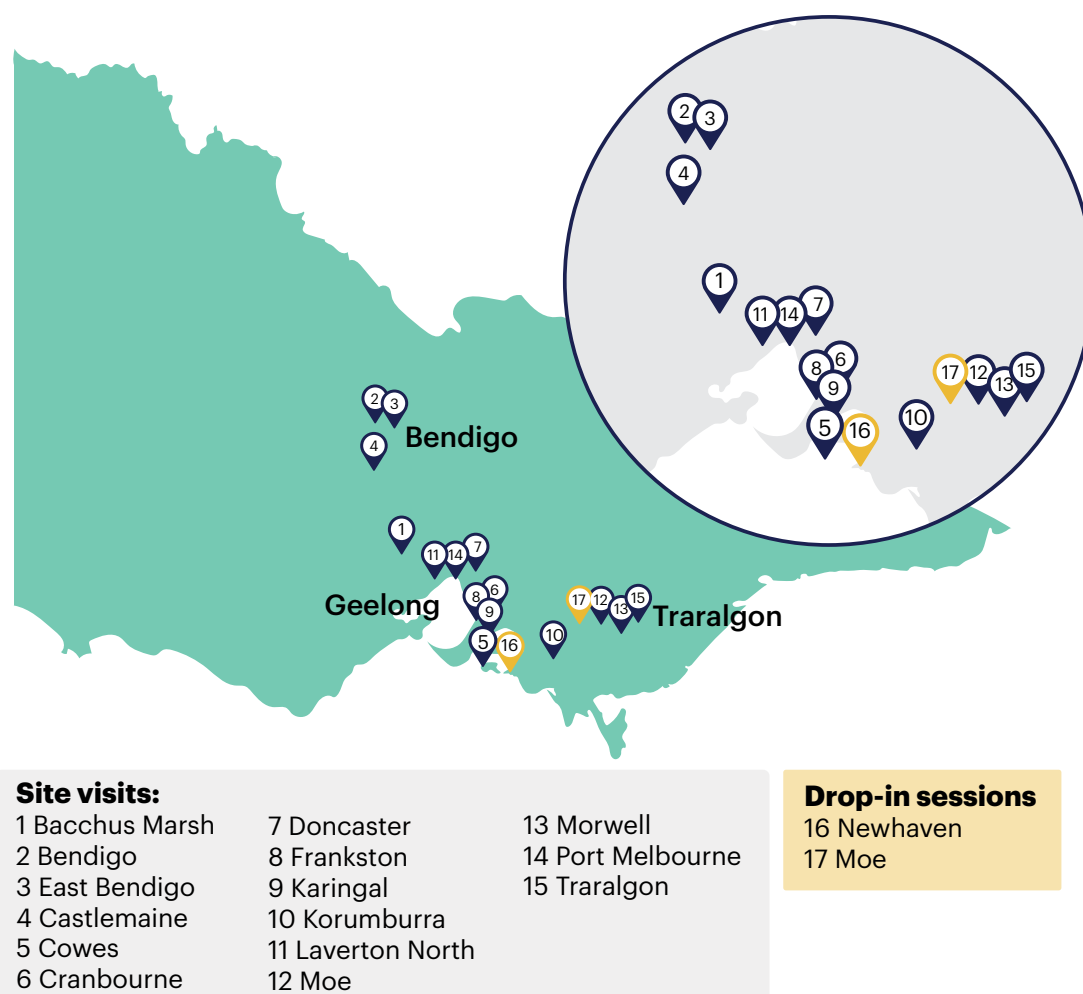
The remaining 140 submissions were provided by individual participants. Of the individual participants who made a submission:

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

On-site visits

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

Figure 1H – Sites visited during Phase 1



Further scheduled visits were initially delayed and then cancelled due to COVID-19.¹⁸

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

Observational shifts

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

Focus groups

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

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

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

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

Literature reviews and desktop research

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

Data requests

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

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

Engaging with key external partners

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

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

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

About the unions and professional associations

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

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

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

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

1.2.4 Assessing compliance

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

To assist Ambulance Victoria and other duty holders to comply with the Equal Opportunity Act, the Commission publishes a digital resource that provides a guide to cases and issues under the Act.²⁰ We also issue 'practice guidelines',²¹ which are authoritative and comprehensive guides to the Act and to leading practice. While not legally binding, a court or the Victorian Civil and Administrative Tribunal can consider whether employers (and other duty holders) have complied with our guidelines when hearing related cases.²² In addition, we have regard to relevant guidelines when we assess compliance with the Act as part of our independent reviews²³ and investigations.²⁴

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

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

1.2.5 Limitations

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

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

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

1.3 Ambulance Victoria's approach

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

Figure 11 – **Measures adopted by Ambulance Victoria to support the review**

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

1.4 This report

1.4.1 Overview

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

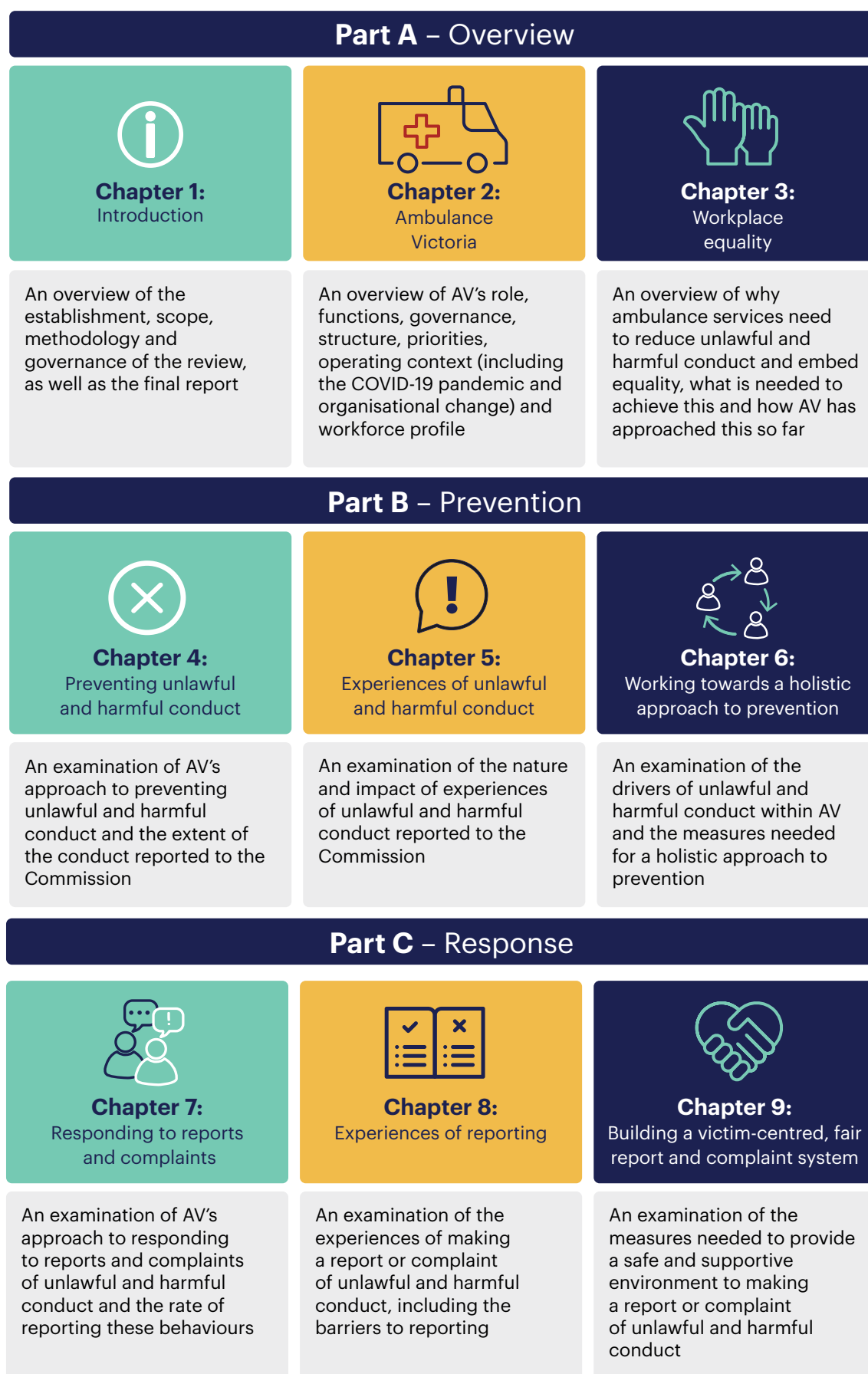
- the state of workplace equality at Ambulance Victoria
- areas where Ambulance Victoria is progressing well in achieving workplace equality
- areas where the Commission has determined it is not-complying with the Equal Opportunity Act
- key changes that are needed to embed equality across Ambulance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

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

Volume I: Safety, respect and trust

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

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



Volume II: Equality, fairness and inclusion

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

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

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

1.4.2 Who should read this report

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

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

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

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

1.4.3 Documenting personal experiences

Elevating the voices of Ambulance Victoria's workforce

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

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

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

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

Distinguishing between the experiences of different cohorts

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

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

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

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

An intersectional approach

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

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

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

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

1.4.4 Approach to findings and recommendations

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

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

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

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

1.4.5 Reading this report

Key terms

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

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

Bullying	<p>Bullying – when someone uses words or actions against someone else to cause them distress – can constitute discrimination under the Equal Opportunity Act if it is directed at a person because of a protected attribute.²⁶ Bullying can include verbal, physical or written abuse and the behaviour does not need to be repeated. See Section 3.2.</p> <p><i>Examples include (when related to a protected attribute):</i></p> <ul style="list-style-type: none"> • verbal abuse • inappropriate surveillance or monitoring • threatening body language. <p>Bullying that is unrelated to a protected attribute – for example when one person bullies another because they do not like them – is not discriminatory. It is, however, a known source of workplace harm covered by the Occupational Health and Safety Act. Bullying under that Act differs from bullying under the Equal Opportunity Act, in that there must be repeated unreasonable behaviour directed at an employee or group of employees that creates a risk to health and safety.</p> <p>Bullying can also amount to sexual harassment under the Equal Opportunity Act if it is verbal, written or physical abuse of a sexual nature, which could reasonably be expected to make the other person feel offended, humiliated or intimidated.</p>
Discrimination	<p>Discrimination is unfavourable treatment based on a protected attribute (or a characteristic that a person with that attribute generally has).²⁷ All attributes protected under the Equal Opportunity Act (for example, race, disability, sex, age) are directly within the scope of this review.</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • where an employer decides not to hire an applicant based on their sexual orientation or denies a woman a promotion because of her actual or perceived caring responsibilities • workplace policies that fail to consider the needs of older workers, especially as they transition to retirement, or the construction of buildings that fail to provide safe and private spaces for employees to breastfeed or pray.
Incivility	<p>Workplace incivility is generally considered to be behaviour that falls short of bullying in seriousness and intent, yet can still cause considerable harm itself, while also enabling more serious and widespread forms of harm (see chapters 5 and 6).</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • rude behaviour • disrespectful behaviour.²⁸

Sexual harassment	<p>Sexual harassment is unwelcome conduct of a sexual nature, unwelcome sexual advances or unwelcome requests for sexual favours that could be expected to make a reasonable person feel offended, humiliated or intimidated.²⁹</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • <i>comments about a person's private life or the way they look</i> • <i>brushing up against someone, touching or hugging</i> • <i>sexually suggestive comments or jokes</i> • <i>attempted or actual sexual assault or rape.</i> <p>Sexual harassment may also meet the definition of discrimination under the Equal Opportunity Act when it is based on a protected attribute, such as sex. In addition, some forms of sexual harassment may constitute a criminal offence under the <i>Crimes Act 1958</i> (Vic). Examples include attempted or actual sexual assault or rape, stalking and unwanted touching of a sexual nature.</p>
Victimisation	<p>Victimisation occurs when a person punishes or threatens to punish someone because they have asserted their rights under the Equal Opportunity Act by making a complaint (or it is believed they intend to make a complaint); helped someone else to make a complaint; or refused to do something because it would be discrimination, sexual harassment or victimisation.³⁰</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • <i>being denied progression and promotion opportunities</i> • <i>experiencing verbal abuse and bullying</i> • <i>having work and performance subjected to excessive scrutiny.</i>

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

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

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

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

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

Employee	The term 'employee' is used in its broadest sense to cover all permanent, fixed-term and casual employees, as well as contractors, temps and people on WorkCover.
First responder	<p>The term 'first responder' is used to refer to Ambulance Victoria's Community Emergency Response Team volunteers and Ambulance Community Officers.</p> <ul style="list-style-type: none"> • Community Emergency Response Team volunteers are dispatched at the same time as an ambulance to potentially time-critical emergencies in their local community. They are trained in providing basic emergency care services until an ambulance arrives. They respond in locations with limited ambulance coverage. • Ambulance Community Officers, casual employees, provide advanced first aid in remote communities where the local branch is not staffed full-time.

Interpreting the data

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

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

Notes

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

14. Letter from Associate Professor Tony Walker ASM to the Victorian Equal Opportunity and Human Rights Commissioner re: the limited waiver of confidentiality obligations, 8 December 2020; Letter from Mr Mark Rogers ASM to Victorian Equal Opportunity and Human Rights Commissioner re: limited waiver of confidentiality obligations, 1 March 2021.
15. Bellberry Limited is a private not-for-profit organisation providing scientific and ethical review of human research projects across Australia).
16. The survey was initially scheduled to close on 31 March 2021, but the Commission decided to extend the closing date to maximise participation rates.
17. The 7580 individuals referred to includes casuals, contractors, permanent employees, fixed-term employees, temps, volunteers and people on WorkCover. The total workforce number reflects the workforce as of 1 March 2021 when Ambulance Victoria provided contact information to ORIMA Research. It differs to the workforce size referred to in Section 2.3 (n=7550), detailing a snapshot of the workforce, which is current as of 31 March 2021. This difference is due to a small reduction in the Ambulance Victoria workforce during this time.
18. The cancelled site visits were due to take place in Lismore, Mailors Flat, Norlane, Warrnambool and Wesley Court.
19. Additional employee focus groups were initially planned, but these were later combined based on the level of interest expressed by current and former Ambulance Victoria employees and first responders.
20. Victorian Equal Opportunity and Human Rights Commission, Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review (State of Victoria, 2019).
21. *Equal Opportunity Act 2010* (Vic) s 148(1).
22. *Equal Opportunity Act 2010* (Vic) s 149.
23. *Equal Opportunity Act 2010* (Vic) s 151.
24. *Equal Opportunity Act 2010* (Vic) s 127.
25. On the origins of intersectionality and for more information about the Commission's approach to intersectionality, see Kimberlé Crenshaw, 'Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics' (1989) *The University of Chicago Legal Forum* 139; Kimberlé Crenshaw, 'Mapping the margins: Intersectionality, identity politics, and violence against women of color' (1991) 43 *Stanford Law Review* 1241; Mari J. Matsuda, 'Looking to the bottom: Critical legal studies and reparations' (1987) 22 *Harvard Civil Rights-Civil Liberties Law Review* 323; Combahee River Collective, 'A black feminist statement: Combahee river collective' (1979) 9(6) *Off our backs* 6-8; Angela Y Davis, *Women, race and class* (1981); Akasha Gloria Hull, Patricia Bell-Scott, and Barbara Smith, *All the women are white, all the blacks are men, but some of us are brave* (1982); bell hooks, *Ain't I a woman: Black women and feminism* (1981).
26. *Jemal v ISS Facility Services Pty Ltd* (Human Rights) [2015] VCAT 103.
27. *Equal Opportunity Act 2010* (Vic) s 7.
28. Dr Helen Szoke, Review of Sexual Harassment in Victorian Courts and VCAT, Appendix 1: Summary Review of Interventions to Prevent and Respond to Sexual Harassment in Courts (Report, 2021) 21.
29. *Equal Opportunity Act 2010* (Vic) s 92(1).
30. *Equal Opportunity Act 2010* (Vic) s 104
31. Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (Report, 2014) 9.
32. UN Women, What will it take? Promoting cultural change to end sexual harassment (Discussion Paper, September 2019) 29.
33. UN Women's nine core elements of a victim-centred approach to addressing sexual harassment are discussed in Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 679–80.





2 | Ambulance Victoria

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

→ KEY POINTS

Ambulance Victoria operates at the intersection of health and emergency management

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

Ambulance Victoria has experienced significant growth and organisational change since 2015

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

—> KEY POINTS

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

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

2.1 About Ambulance Victoria

2.1.1 Role and functions

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

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

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

Figure 2A – Services provided by Ambulance Victoria



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

Ambulance Victoria operates under the *Ambulance Services Act 1986* (Vic) (**Ambulance Services Act**) and several enterprise agreements.¹ Its mission statement is to provide outstanding emergency health care every time² and its objectives are defined by the Act,³ as set out in Figure 2B.

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

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

2.1.2 Organisational structure

Ambulance Victoria's 7550-strong workforce⁴ is engaged across seven organisational divisions (see Figure 2C), each working to support the organisation to deliver outstanding emergency health care.

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

Figure 2C – **Organisational structure**

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

2.1.3 Values and strategic priorities

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

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

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

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

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

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

The 2019-20 Statement of Priorities urged Ambulance Victoria to actively promote positive workplace behaviours and encourage reporting and action on bullying and harassment. It further called on the organisation to implement the (then) Department of Health and Human Service's framework⁹ and guiding principles¹⁰ for promoting a positive workplace culture (see Section 4.2.3).

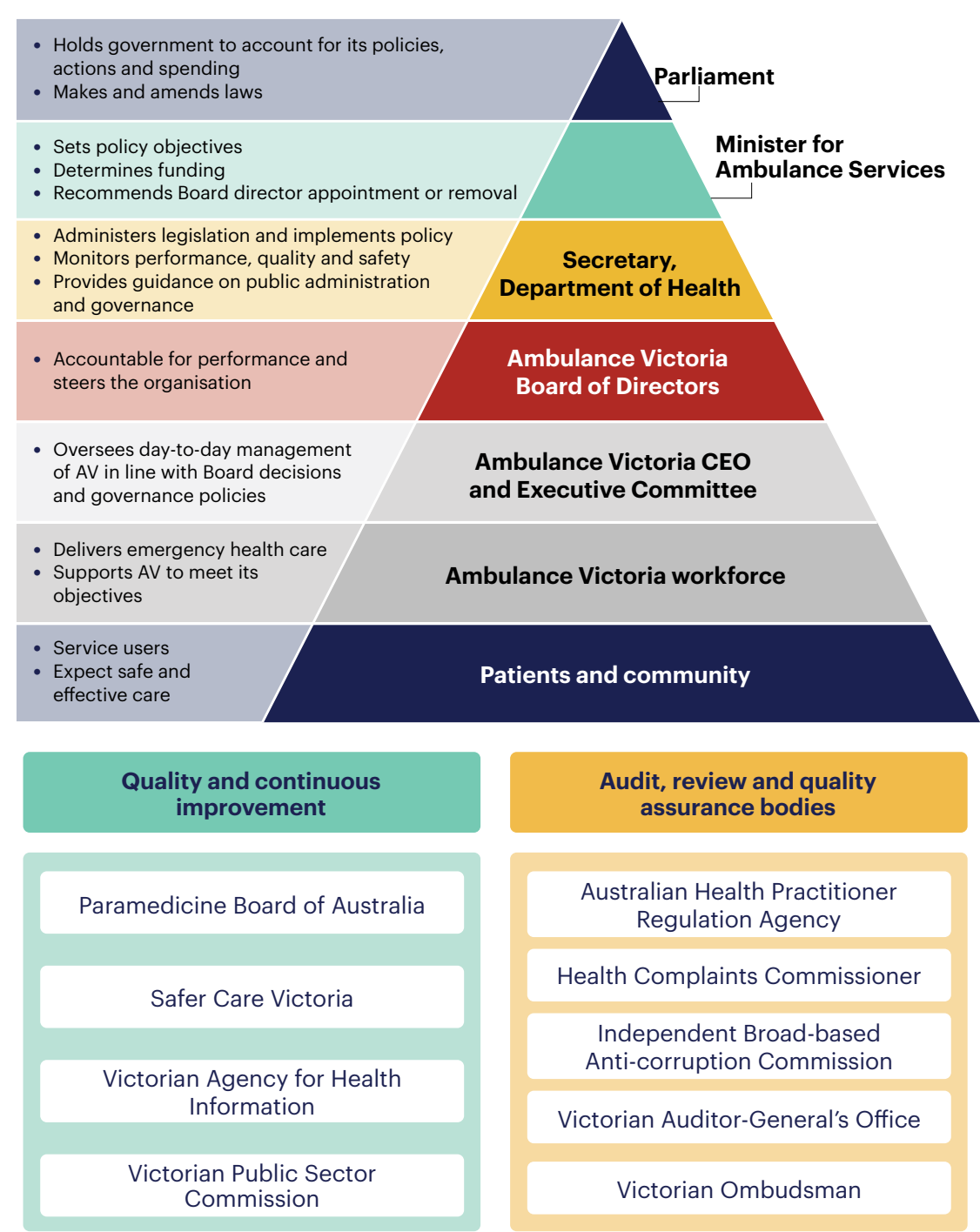
Consistent with the requirement in the Ambulance Services Act, Ambulance Victoria must report annually against the relevant year's Statement of Priorities, including the key performance expectations and targets they set out.

2.1.4 Governance model

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

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

Figure 2D – Ambulance Victoria’s accountability framework



Parliament

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

Minister for Ambulance Services

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

Secretary of the Department of Health

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

Board

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

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

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

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

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

Audit and Risk	Community Advisory	Finance
Supports the Board to fulfill its compliance, control, financial reporting, assurance and risk management responsibilities	Ensures the voices of all Victorian communities are heard, understood and integrated across Ambulance Victoria's work and services	Supports the Board to fulfill its financial responsibilities, including to ensure the organisation's long-term financial viability
People and Culture	Quality and Safety	Remuneration and Nominations
Advises the Board on policies and strategies to improve the health, safety, wellbeing, development and performance of the organisation's employees	Supports the Board to oversee the effectiveness of systems to monitor and improve the quality, safety and effectiveness of services, and to oversee the continuous improvement of services	Advises the Board on matters related to recruitment, remuneration, retention and termination of directors, the CEO and senior executives

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

Ambulance Victoria Chief Executive Officer and Executive Committee

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

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

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

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

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

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

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

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

Ambulance Victoria workforce

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

Patients and community

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

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

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

2.2 Modern operating context

2.2.1 Historical beginnings to modern ambulance service

Establishment of Ambulance Victoria

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

Changing role of ambulance services

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

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

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

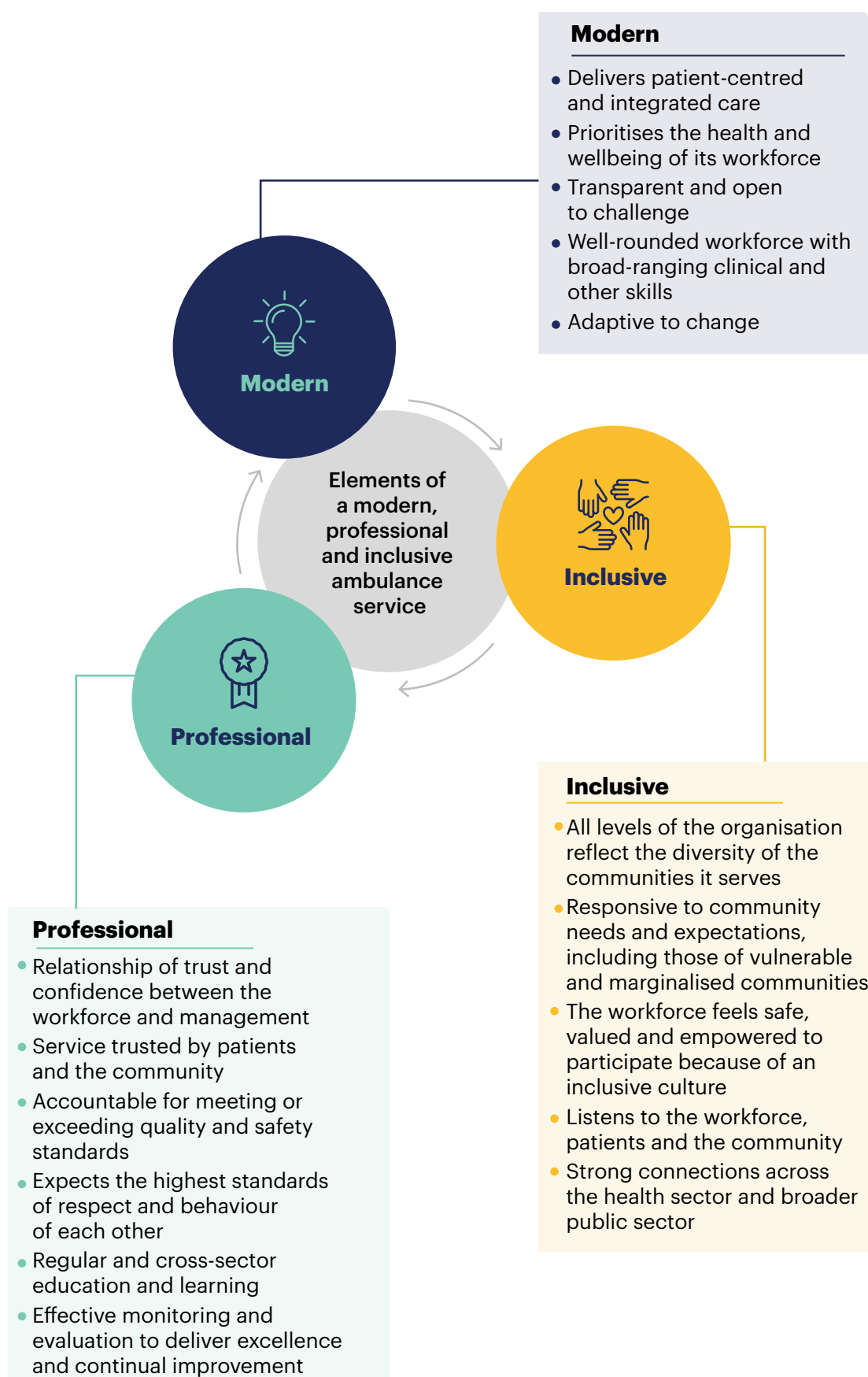
Participant, Focus group

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

Participant, Focus group

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

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



Professionalisation of Paramedicine

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

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

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

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

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

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

Ahpra and National Boards want to remind registered health practitioners about the close link between respectful, professional practice and patient safety. Respect is a cornerstone of good, professional practice and it is fundamental to the Australian community's trust in registered health practitioners. A culture of respect is an important part of our healthcare system that facilitates better patient outcomes.

Our expectations of practitioner conduct and respectful, professional behaviour, including maintaining appropriate professional boundaries, are set out in National Board codes of conduct (or equivalent).

Practitioners must always treat patients, consumers, students, employees and colleagues with respect. They must always communicate professionally and respectfully with and about others, including when using social media.

There is no place for sexism, sexual harassment or gendered violence in healthcare. Ahpra and National Boards explicitly condemn this behaviour by registered health practitioners.

By speaking up about and addressing disrespectful behaviour and unprofessional conduct, we can all help build a culture of respect in healthcare and contribute to safer care.²⁷

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

Evolving capabilities

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

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

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

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

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

Organisational review and change

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

- replacement of the (then) Ambulance Victoria Board in August 2011, with eight of nine members removed or not reappointed at the end of their term
- resignation of Ambulance Victoria's former CEO in September 2014
- removal of the (then) Board of Directors and appointment of an administrator in December 2014
- establishment by the Victorian Government of the Ambulance Performance and Policy Consultative Committee in January 2015 as part of a series of actions to address the significant issues facing the state's ambulance services at the time, including slow response times, poor workforce morale and culture, and ramping
- appointment of the current Ambulance Victoria Chair in September 2015 (who began his term on 1 December 2015)
- appointment of eight other directors to the Ambulance Victoria Board in December 2015, with the first meeting of the new Board held on 14 December 2015
- publication of the final report of the consultative committee in December 2015³³ that set a clear agenda, priorities and actions for the new Ambulance Victoria Chair and Board and the CEO and which focused on improving ambulance response times, workplace culture and the organisation's interaction with the rest of the health system (for example, priority areas included providing more support for Paramedic mental health and wellbeing, addressing occupational violence towards paramedics, expanding training and development opportunities and improving work-life balance)
- confirmation of (then Associate) Professor Tony Walker as Ambulance Victoria CEO in July 2016, after acting in the role for 18 months
- completion of several reviews and inquiries (see Appendix D), including for example the review of the organisation's operational structure and service delivery model.

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

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

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

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

2.2.2 Current operating context

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

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

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

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

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

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

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

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

2.3 Organisational snapshot

The importance of a diverse workforce is well established.

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

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

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

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

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

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

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

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

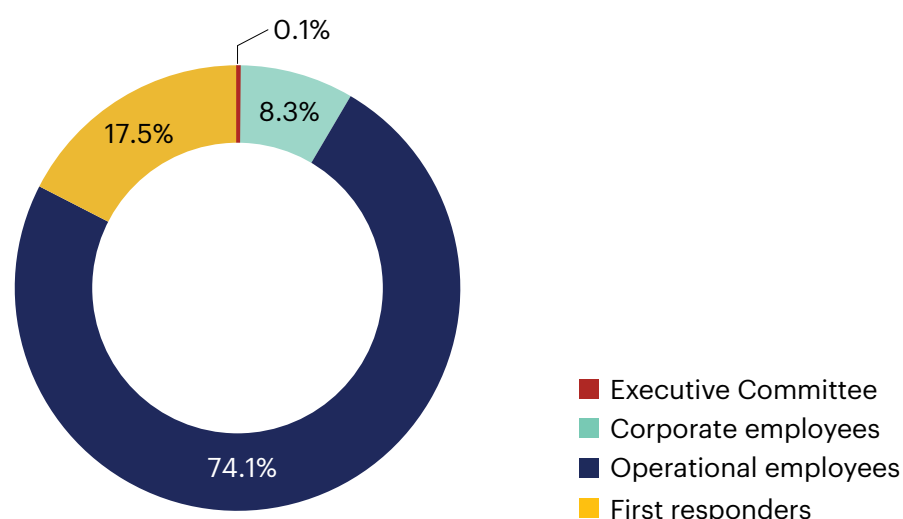
As at 31 March 2021, Ambulance Victoria's workforce included 7550⁴⁹ people from across the state, making it one of Australia's largest ambulance services.⁵⁰ The organisation is comprised of an inter-disciplinary, multi-generational workforce, spread across Victoria. It is a workforce in which paramedics, doctors, nurses, psychologists and other clinical staff work alongside business analysts, rostering experts, lawyers, health and safety practitioners, accountants, project managers, researchers, human resource professionals, data analysts, technology experts, improvement and administrative support staff and others. The data shows that the organisation's demographics have changed rapidly since its establishment. In particular, it has seen a significant growth in the number of women engaged, although they continue to be under-represented in middle management and in certain areas like Air Ambulance and Mobile Intensive Care Ambulance, while broader diversification has been more incremental.

2.3.1 Cohort

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

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

Figure 2H – **Workforce (by cohort)**



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

2.3.2 Role type

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

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

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

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

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

A day in the life of an on-road Paramedic

On any given day, a Paramedic may:

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

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

A day in the life of an Executive Assistant

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

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

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

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

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

2.3.3 Gender

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

A brief history of women in Ambulance Victoria

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

This law was abolished in 1987. After entering the profession, Ms Wyatt went on to become the first MICA female Paramedic in 1993 and the first female clinical support officer in 1995.⁵³ In 2016, her long and distinguished service as a Paramedic was recognised with the Ambulance Service Medal, awarded as part of that year's Australia Day Honours.

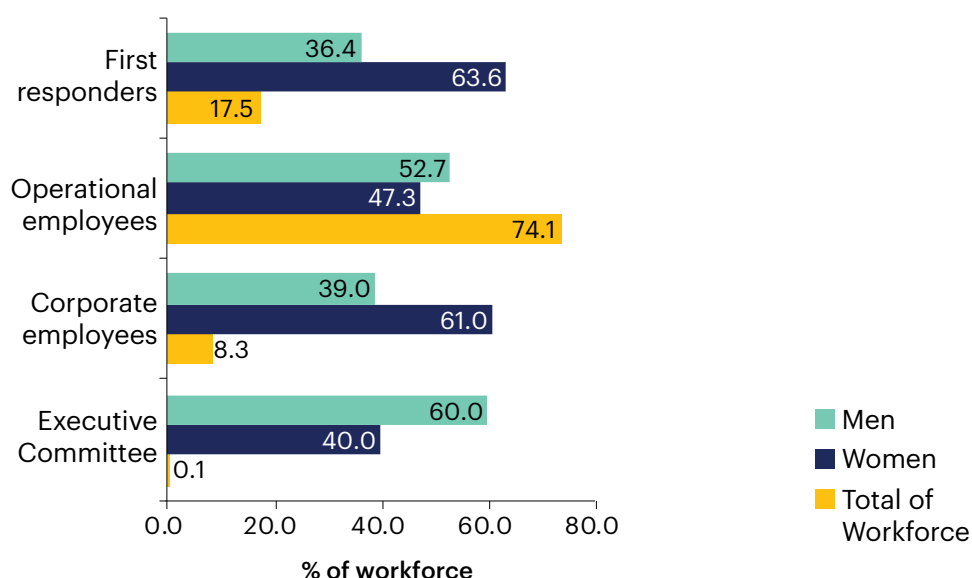
Also in 1987, Ms Melissa Buckingham became Victoria's third female Paramedic and the first regionally-based female Paramedic. Ms Buckingham has since served as a Paramedic for over 33 years and has gone on to become an Operational Community Engagement Liaison Coordinator in the Grampians region. In 2018,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

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

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

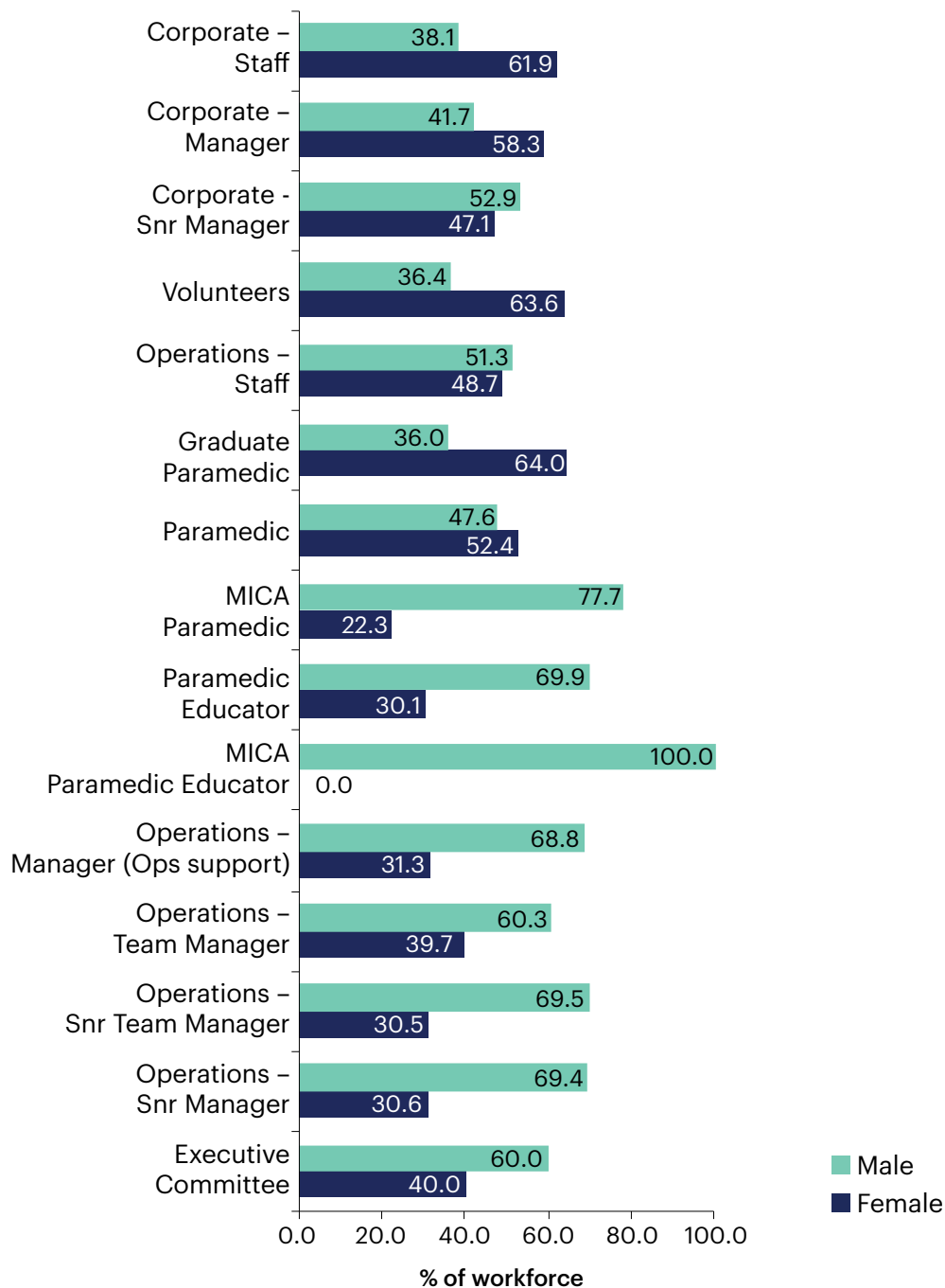
While women now dominate the organisation's corporate and first responder cohorts, men continue to comprise the majority of its Executive Committee and operational cohorts, as shown in Figure 2I.

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



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

Figure 2J – **Role type (by gender)**



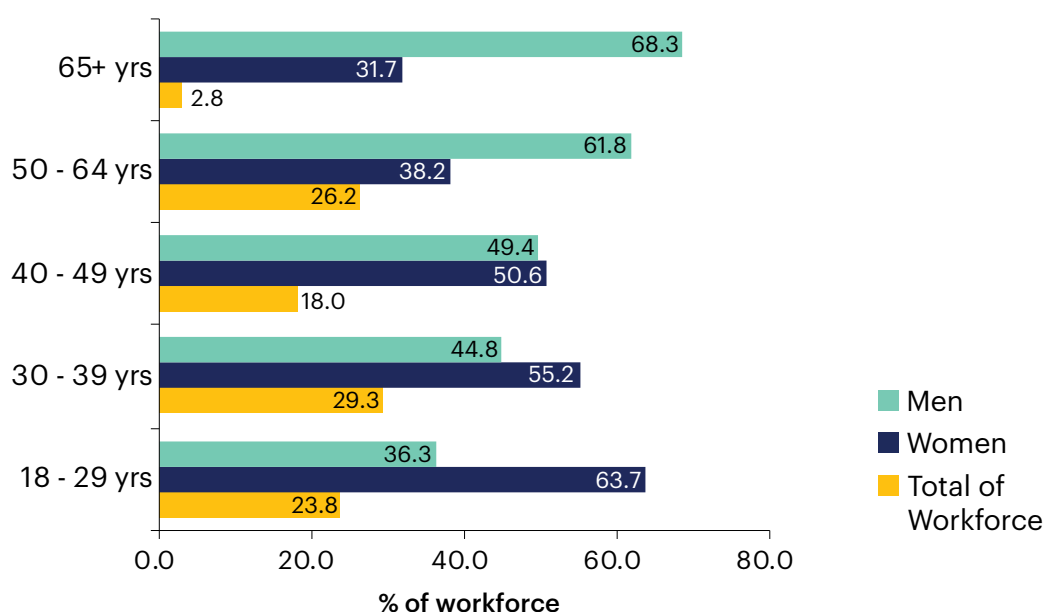
Of Ambulance Victoria's 422 MICA Paramedics, 77.7% (n=328) were men and 22.3% (n=94) were women, while all nine of its MICA Paramedic Educators were men. By contrast, the gender composition of the organisation's Advanced Life Support Paramedics was almost equal, with men and women comprising 47.6% (n=1540)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

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

2.3.4 Age

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

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



2.3.5 Disability

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

2.3.6 LGBTIQ+

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

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

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

2.3.7 Race and cultural and linguistic diversity

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

Despite Victoria being one of the most culturally diverse societies in the world, with 28.4% of Victorians born overseas⁶⁰ only 18 people have self-disclosed a country of origin other than Australia to Ambulance Victoria. By contrast, 213 respondents to the Commission's survey indicated that they come from a culturally, ethnically or linguistically diverse background.

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

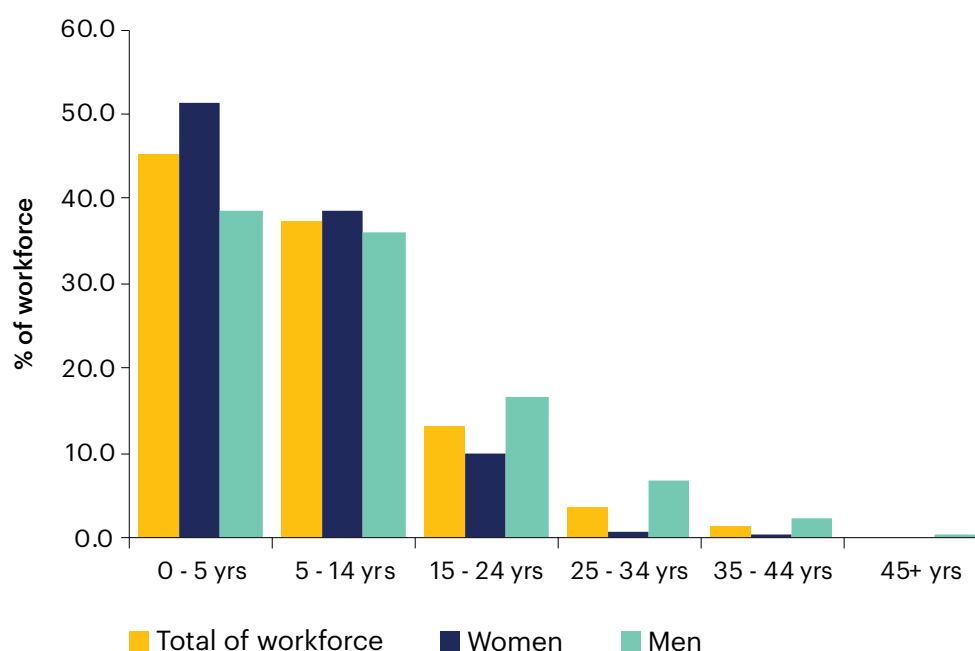
2.3.8 Length of service

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

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

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

Figure 2L – Length of service (by gender)



2.3.9 Employment status

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

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

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

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

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

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

2.3.10 Work location

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

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

Notes

1. *Ambulance Victoria Enterprise Agreement 2020; Ambulance Victoria (Management and Administrative Staff) Enterprise Agreement 2020; Nurses & Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016 – 2020; AMA Victoria – Victorian Public Health Sector – Medical Specialists Enterprise Agreement 2018 – 2021; AMA Victoria – Victorian Public Health Sector – Doctors in Training Enterprise Agreement 2018 – 2021; Victorian Public Health Sector (Medical Scientists, Pharmacists and Psychologists) Single Interest Enterprise Agreement 2017 – 2021.*
2. *Statement of priorities: 2019–20 Agreement between the Minister for Ambulance Services and Ambulance Victoria* (State of Victoria, 2019) 6; *Ambulance Victoria, Strategic Plan 2017–2022* (State of Victoria, 2017).
3. *Ambulance Services Act 1986* (Vic) s 15.
4. Ambulance Victoria's 7550-person workforce (as at 31 March 2021) includes casuals, contractors, employees (permanent, fixed-term and casual), temps, volunteers and employees on WorkCover.
5. This change from Chief Operating Officer to Chief Operations Office took effect as at 23 August 2021.
6. The structure of Communications and Stakeholder Relations changed from 20 April 2021.
7. *Ambulance Victoria, Code of Conduct: Our Way of Working* (State of Victoria, 2017), 8-10.
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9. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019).
10. Department of Health and Human Services, *Workplace culture and bullying, harassment and discrimination training: Guiding principles for Victorian health services* (State of Victoria, 2019).
11. See *Ambulance Services Act 1986* (Vic). Figure 2D draws from: Victorian Public Sector Commission, *Welcome to the Board: Directors' Guide to Public Entity Governance*; Department of Health and Human Services, *The Director's toolkit: A resource for Victorian health service boards* (State of Victoria, 2017) 21-22; Department of Health and Human Services, *Induction training for board directors, Session 1: Introduction to health boards and the Victorian health system*, undated, 6.
12. *Ambulance Services Act 1986* (Vic) ss 17(1A), 17(9).
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14. Department of Health and Human Services, *Policy and funding guidelines 2020-21: Policy guide* (State of Victoria, 2020).
15. *Ambulance Services Act 1986* (Vic) pt 3.
16. *Ambulance Services Act 1986* (Vic) s 17(4).
17. *Ambulance Services Act 1986* (Vic) ss 18(1), 21(1).
18. *Ambulance Services Act 1986* (Vic) s 18(2).
19. *Ambulance Services Act 1986* (Vic) s 21(3).
20. *Ambulance Services Act 1986* (Vic) s 21(4).
21. Ambulance Victoria, *Executive Committee - Terms of Reference*, Document No. GOV/CEO/011 v5.0, approved 20 January 2021, 1.
22. Peter O'Meara, 'Paramedics marching toward professionalism', (2009) 7(1) *Journal of Emergency Primary Health Care* 1, 1 [citations omitted].
23. Peter O'Meara, 'Paramedics marching toward professionalism', (2009) 7(1) *Journal of Emergency Primary Health Care* 1, 1 [citations omitted].
24. Participant, Focus group, 12 July 2021.
25. Stephen Gough, 'Welcoming paramedics into national registration (editorial)', (2018) 15(4) *Australasian Journal of Paramedicine* 1, 1.
26. Ahpra & National Boards, 'No place for sexism, sexual harassment or violence in healthcare', *Position statement*, 30 June 2021, <https://www.ahpra.gov.au/News/2021-06-30-no-place-for-sexism-sexual-harassment-or-violence-in-healthcare.aspx>.

27. Ahpra & National Boards, 'No place for sexism, sexual harassment or violence in healthcare', *Position statement*, 30 June 2021 [citations omitted], <<https://www.ahpra.gov.au/News/2021-06-30-no-place-for-sexism-sexual-harassment-or-violence-in-healthcare.aspx>>.
28. Ahpra & National Boards, 'No place for sexism, sexual harassment or violence in healthcare', *Position statement*, 30 June 2021, <<https://www.ahpra.gov.au/News/2021-06-30-no-place-for-sexism-sexual-harassment-or-violence-in-healthcare.aspx>>.
29. See, for example, Paramedicine Board, Ahpra, *Professional capabilities for registered paramedics*, effective 1 June 2021.
30. Ahpra & National Boards, 'Approved programs of study: Paramedicine', <https://www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.aspx?ref=paramedicine>. See also Peter O'Meara, 'Paramedics marching toward professionalism', (2009 7(1) *Journal of Emergency Primary Health Care* 1, 1 [citations omitted]).
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32. Paramedicine Board, Ahpra, *Professional capabilities for registered paramedics*, effective 1 June 2021.
33. Ambulance Performance and Policy Consultative Committee, *Victoria's Ambulance action plan: Improving services, saving lives; Final report* (State of Victoria, 2015).
34. An independent audit conducted by KPMG in 2017 found that Ambulance Victoria had implemented each of the required actions in the final report of the Ambulance Performance and Policy Consultative Committee.
35. 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).
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43. Dominique Allen, 'Collecting, Sharing and Utilising Data to Inform Decision-making and Improve Equality' (2021) 37(2) *Law in Context* 94-97.
44. Deloitte, 'Only Skin Deep? Re-examining the Business Case for Diversity' (Report, 2011); Darren Fittler, 'Nothing about Us without Us is a Great Battle Cry but Good Governance Must Go Beyond Inclusion' (2015) 24(1) *Human Rights Defender* 22; Kathleen Buse, Ruth Sessler Bernstein and Diana Bilimoria, 'The Influence of Board Diversity, Board Diversity Policies and Practices, and Board Inclusion Behaviours on Nonprofit Governance Practices' (SIAS Faculty Publication No 644, School of Interdisciplinary Arts and Sciences, University of Washington Tacoma, November 2014).

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47. Cristina Ricci, 'Disability Discrimination and Disclosure in Recruitment and Employment' (Conference Paper, HSA Group Professional Conference, 12 September 2008): <<https://humanrights.gov.au/about/news/speeches/site-navigation-64>>.
48. Marlena Raymond et al, 'Improving Access and Inclusion in Employment for People with Disabilities: Implementation of Workplace Adjustment in 'Best-Practice' Organisations' (Research Report, Centre for Workplace Leadership, University of Melbourne, July 2019) 16.
49. Ambulance Victoria's 7550-person workforce includes casuals, contractors, employees (permanent, fixed-term and casual), temps, volunteers and employees on WorkCover.
50. The Productivity Commission's *Report on Government Services* outlines that in 2019-20, Victoria had the second highest number salaried personnel (full-time equivalent) of all ambulance services in Australia – with 5163 staff, as compared to New South Wales, with a total of 5205 salaried personnel. Of all states and territories, the *Report on Government Services* outlines that Victoria has the third highest number of volunteers – with 1033 ambulance operatives and 283 community first responders. Victoria followed South Australia (1680 ambulance operatives, operational and corporate support staff and 53 community first responders) and Western Australia (4287 ambulance operatives, 550 operational and corporate support volunteers) and 4889 community first responders. Productivity Commission, 'Report on Government Services 2021, Part E, Section 11: Ambulance Services' (Web Page) <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/health/ambulance-services#downloads>>.
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3

Workplace equality

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

→ KEY POINTS

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

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

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

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

→ KEY POINTS

Perceptions of safety and respect within Ambulance Victoria are low overall

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

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

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

3.1 Why workplace equality matters

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

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

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

Understanding workplace equality

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

- the freedom from discrimination, sexual harassment, bullying and victimisation at work, referred to collectively in this report as ‘unlawful conduct’, as well as the freedom from other harmful behaviours, like incivility and disrespect
- equality of rights, opportunities and outcomes between persons of different protected attributes (e.g. race, sex/gender).

When referring to Ambulance Victoria’s ‘workplace’, we mean:

- at work, including in branches and office buildings, as well as in other common areas, such as carparks, entrances and reception areas, and bathrooms outside of work premises¹
- at places where work or work-related activities are carried out, including in work vehicles, at field locations and in hospitals
- in online spaces and through technologies and social media platforms where the conduct is in connection with the employment (e.g. during remote work)²
- between people sharing the same workplace (e.g. contractors working alongside employees or first responders).

We also have in mind the ‘employment lifecycle’ at Ambulance Victoria, which begins when a person seeks employment or seeks to volunteer with Ambulance Victoria through to retirement; this includes periods in and out of the organisation’s workforce (e.g. due to injury or parental leave). Key points of the employment lifecycle include recruitment, remuneration, training and development opportunities, career progression, leave and flexible and part-time working arrangements.³

When the Commission refers to ‘equality’ in this report, we refer to it in the sense of ‘substantive equality’.

Understanding *substantive* equality

Substantive equality requires:

- people of different protected attributes to be treated the same because they are equal *and*
- equality of opportunity and results, which sometimes necessitates non-identical treatment to address biological, and socially and culturally constructed differences between people of different protected attributes *and*
- the redistribution of power and resources among people of different protected attributes (e.g. women and men), the transformation of institutions, systems and structures that cause inequality and the modification of harmful norms, prejudices and stereotypes that deny people both their autonomy and agency, as well as the opportunity to develop their abilities, pursue their professional careers and make choices without the limitations they set.⁴

A participant reflected on the meaning of substantive equality in their own words.

To me, [equality in the workplace is] about the distribution of power within a workplace and the equal access to power in a workplace. ... It should be about ... the objective distribution of power based on capability and competence and ability to fulfil the roles [H]ow that could look is that there are requirements for organisations to rebalance power, to have quite deliberate strategies to do that, that might feel forced or less genuine at the outset, to actually be the catalyst to break the patterns that may have us recruit or promote or share power with likeminded individuals or people that we see ourselves in, as opposed to valuing diversity of perspective within the way in which we might share power. *Participant, Interview*

3.1.2 Why workplace equality matters to ambulance services: the case for change

Being treated fairly and equally at work is a basic human right. So is being able to come to work without fearing for your physical or psychological safety.

Work is fundamental to our livelihood and identity and, for many, it is where we put our personal values into action. This is the case for many of the participants the Commission spoke with from Ambulance Victoria. But no person, no matter how skilled or passionate, can be happy or effective when working or volunteering in conditions where unlawful or harmful conduct is allowed to flourish or where there is inequality. Taking action to enhance workplace equality creates safer, fairer workplaces that comply with the law. It is not only the ‘right’ thing to do legally and morally; it also makes good business sense because workers do their

best when they feel safe, valued and respected. The benefits of workplace equality for workers, organisations, patients and service delivery are explored below.

- **Workplace equality benefits workers:** For individual employees and volunteers, workplace equality matters because it increases wellbeing, safety and job satisfaction. Certain groups are disproportionately likely to be targeted by discrimination, sexual harassment, bullying and victimisation.⁵ These groups have an obvious interest in their workplace taking steps to prevent and address these issues through promoting equality and inclusion. However, evidence shows that workplace equality benefits everyone: it increases engagement,⁶ satisfaction,⁷ wellbeing and performance⁸ for workers and volunteers of all backgrounds and identities. Workplace equality also increases trust, morale and collaboration within teams.⁹ The Diversity Council of Australia's annual *Inclusion@Work* survey found that workers from 'inclusive teams' were 'five times more likely to be very satisfied with their job than workers in non-inclusive teams'.¹⁰
- **Workplace equality benefits organisations:** For employers, workplace equality has multiple benefits. It enables employers to create workplaces that are safer, more cohesive and freer from harm. This, in turn, reduces legal, reputational and financial risks and positions organisations to meet an increasing number of statutory obligations, guidelines, standards, accreditation processes and opportunities.¹¹ A demonstrable commitment to equality also allows employers to attract and retain diverse and skilled workers, broaden the talent pool, and position themselves as an employer of choice. Organisations with diverse leaders outperform others in service delivery, productivity, efficiency, profitability and innovation.¹² A study of 3000 Australian workers found that people who think that their workplace has an inclusive organisational culture are five times 'more likely to innovate', three times 'more likely to work extra hard', three times 'more likely to be highly effective' and three times 'more likely to provide excellent customer/client service', compared to people who report that their workplace culture is not inclusive.¹³
- **Workplace equality benefits patients and service delivery more broadly:** For patients, workplace equality is both essential and protective. Workplace bullying and harassment can have 'a potentially catastrophic impact on patient outcomes'.¹⁴ Simulation studies in surgical and neonatal settings have found that even a low level of unprofessionalism is a risk to patient safety.¹⁵ Major healthcare inquiries have found that workplaces that tolerate harassment, bullying and other harmful behaviours contribute to breaches in safety practices and poor patient outcomes.¹⁶ In a healthcare setting marred by discrimination, sexual harassment, bullying and victimisation, workers are more likely to make errors, be reluctant to share information or ask for help, and refrain from questioning or correcting their colleagues or superior's clinical decisions.¹⁷ In addition, a workforce that is more reflective of the community it serves is better able to engender trust and engagement and to bring new perspectives and solutions to challenges.¹⁸

The reasons why workplace equality matters and, in particular, why it matters for ambulance services are further explored in the table on the next page (see Figure 3A).

Figure 3A – Why workplace equality matters

Why workplace equality matters	Why workplace equality matters to ambulance services
People deserve to be respected and treated fairly and with dignity	People who work or volunteer for ambulance services – those who give their time to care for others – deserve to be respected and treated with the same fairness and dignity as others. Ambulance services that treat members of their workforce in this way become known as employers of choice, which helps them to attract and retain diverse and talented staff.
People who feel safe and valued are better able to focus and do a good job	When people feel safe and valued in the workplace, they are free to focus on their work and are more likely to go the extra mile for patients and colleagues. When they fear harmful conduct, they may be more likely to work in an anxious state, operate in silos or be reluctant to ask questions, share information or take initiative. This creates an environment that is not conducive to the excellence, collaboration and flexibility essential for service delivery in a fast-paced and dynamic environment like Ambulance Victoria.
Employers are legally obliged to ensure their organisations are safe and fair	Ambulance Victoria and other ambulance services across Australia must comply with a range of legal obligations that require them to create and maintain safe, equal and inclusive places to work or volunteer. Compliance also helps to meet further legal obligations to ensure patients are safe and receive the best care.
Unlawful and harmful workplace conduct can only be addressed if victim-survivors and others are heard and supported and perpetrators are held to account	People who raise concerns about unlawful and harmful conduct in ambulance services help those services by enabling them to see and understand the conduct and what needs to be done about it. Recent public examples of whistleblowing show the significant legal, financial and reputational repercussions organisations can face if people do not believe the organisation will address harmful behaviour. Where organisations fail to hold perpetrators to account, their behaviour can escalate and also put other employees, first responders and patients at risk.
Organisations with diverse leaders make better decisions and are better able to service the public	Equal representation, diversity and inclusion among organisational leaders contribute to improved financial and operational performance, better decision-making and high levels of innovation. All of these elements also contribute to the more effective delivery of ambulance services for the community.
Organisations that value diversity can deliver more effective services	At a workforce level, diversity and inclusion support the delivery of responsive, sensitive and appropriate services. Diversity and inclusion also improve organisational performance, decision-making and culture, and reduce the risk of unlawful and harmful workplace behaviours, like discrimination, sexual harassment, bullying and victimisation.

Why workplace equality matters	Why workplace equality matters to ambulance services
It is wrong for employers to pay some people less than others for work that is the same or of comparable value	Like others, people who work for ambulance services deserve to receive equal pay for equal work or work of comparable value. Ambulance services that remunerate their employees fairly are likely to attract and retain diverse and talented staff members, comply with their legal obligations, improve morale and productivity among the workforce and reduce risks to reputation and brand.
Flexible work arrangements help nurture and retain quality staff	Flexible work arrangements enable ambulance services to retain diverse and talented staff, including women, people with disability, people with caring responsibilities and older workers. This retention helps to build the pool of talent available for leadership roles – something that is even more important with the current focus on meeting extraordinary levels of demand.
Supporting parents, carers and pregnant workers removes barriers to women's full and equal participation at work	Victoria's population is growing, which means that demand for Ambulance Victoria's services will continue to grow. To meet this demand, Ambulance Victoria must retain skilled staff, increase its workforce and have talented leaders in the pipeline. Ensuring women, parents and carers can contribute and flourish at work is not only the right thing to do, but it will also help Ambulance Victoria maximise its pool of available workers and address the underrepresentation of women in specialist clinical and operational management roles.
Making reasonable adjustments for workers with disability levels the playing field and makes workplaces accessible and welcoming for all	Being an employer of choice for people with disability – including by supporting employment pathways and providing an inclusive culture – enables ambulance services to support the rights of people with disability. In doing so, the organisation also benefits from greater talent, diversity of thinking, perspectives and experiences. A workforce that is inclusive of people with disability also supports ambulance services to better understand and service the needs of individual community members with disability.

3.2 What the law requires

Noting that the purpose of the Commission's independent review is to assess whether Ambulance Victoria's policies and programs comply with the Equal Opportunity Act, Section 3.2 sets out important contextual information regarding the nature and scope of the legal obligations set out in the Equal Opportunity Act and in related laws.

3.2.1 The Equal Opportunity Act

The Equal Opportunity Act aims to eliminate discrimination, sexual harassment and victimisation and to facilitate the progressive realisation of equality. It also aims to eliminate bullying, where that behaviour is based on a protected attribute.

Objectives of the Equal Opportunity Act¹⁹

- Eliminate discrimination, sexual harassment and victimisation, and their systemic causes
- Promote and protect the right to equality, as set out in section 8 of the *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- Promote and facilitate the progressive realisation of equality by acknowledging that:
 - discrimination can cause disadvantage
 - there is not equal access to opportunities
 - equal application of a rule to different groups can have unequal results
 - achieving substantive equality may require reasonable adjustments,²⁰ reasonable accommodation²¹ and special measures²²
- Enable the Commission to encourage best practice and to facilitate compliance with the Equal Opportunity Act through our functions and to resolve disputes concerning unlawful conduct.

The Equal Opportunity Act seeks to achieve these objectives by prohibiting discrimination,²³ sexual harassment²⁴ and victimisation;²⁵ and imposing a positive duty to take reasonable and proportionate measures to eliminate these behaviours.²⁶

The Equal Opportunity Act covers employment²⁷ and certain other areas of public life, such as the provision of goods and services.²⁸ The Act applies to Ambulance Victoria both as an employer and as a provider of services to the Victorian community.

Application of the Equal Opportunity Act to volunteers

The Equal Opportunity Act defines the employment relationship to include a person who performs work for another on a voluntary or unpaid basis for the purposes of the prohibitions against sexual harassment. Therefore, volunteers are protected against sexual harassment while volunteering at Ambulance Victoria. Although volunteers are not protected against discrimination under the parts of the Act that apply to employment,²⁹ they are protected against sexual harassment³⁰ and discrimination when Ambulance Victoria provides goods or services to them.³¹ Case law supports a broad view of 'services'³² which, in the Commission's view, encompasses the professional experience, accreditation, training and other helpful benefits that Ambulance Victoria provides to its volunteers. Accordingly, it is the Commission's view that volunteers at Ambulance Victoria are protected from discrimination under the Act.

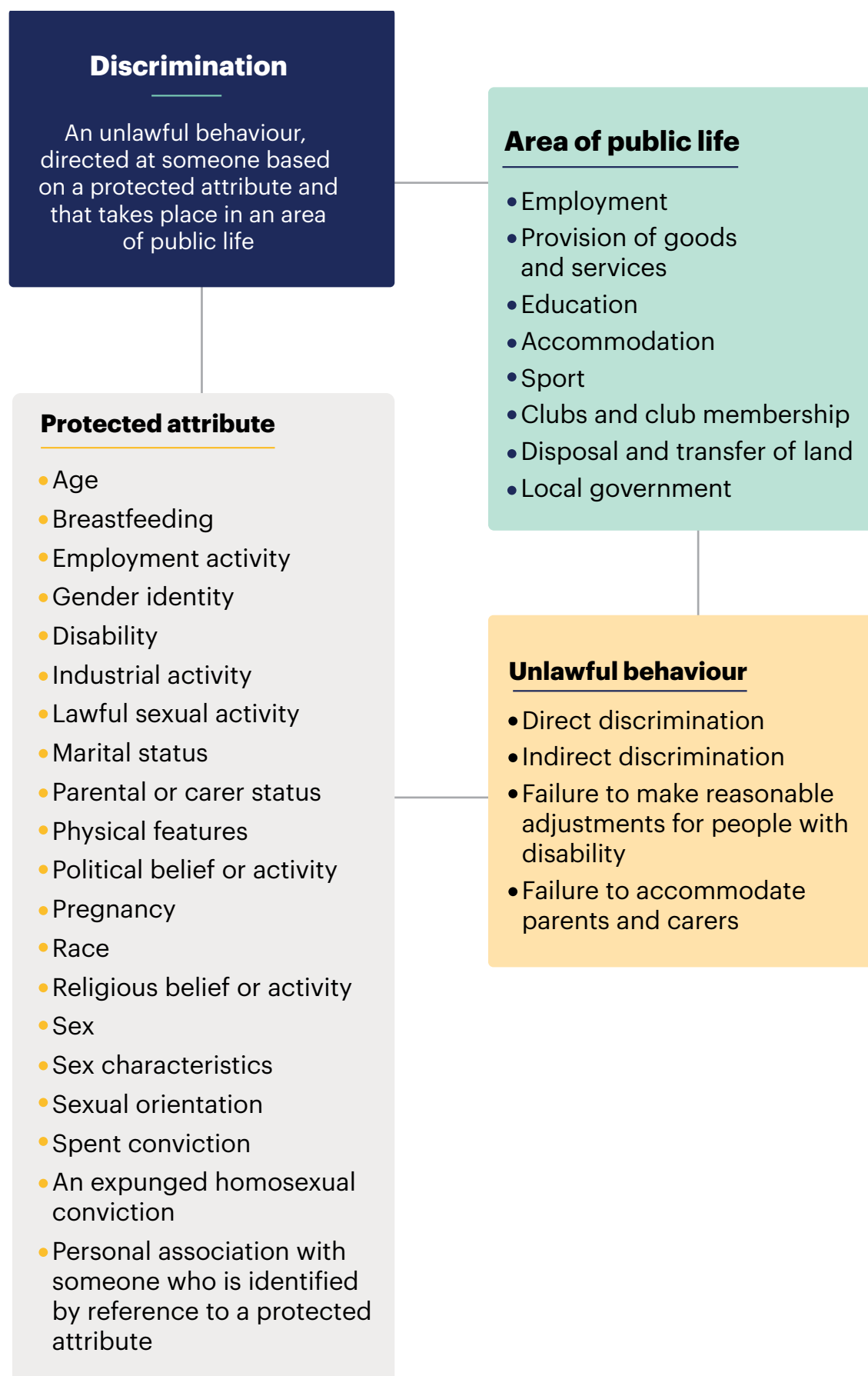
Duty not to discriminate, sexually harass, bully or victimise

Discrimination

The Equal Opportunity Act makes it unlawful to discriminate, which means to treat a person unfavourably (i.e. adversely) based on a protected attribute (or a characteristic that a person with that attribute generally has).³³

As shown in Figure 3B the Act set out 20 protected attributes, including age, breastfeeding, employment activity, gender identity, disability, industrial activity, marital status, parental or carer status, pregnancy, race, sex, sex characteristics and sexual orientation.

Figure 3B – **Discrimination**



The Equal Opportunity Act prohibits both direct and indirect discrimination.³⁴

- *Direct discrimination* occurs when a person treats another person unfavourably because of a protected attribute.³⁵ Examples include where an employer decides not to hire an applicant based on their sexual orientation or denies a woman a promotion because of her actual or perceived caring responsibilities.
- *Indirect discrimination* recognises that treating all people the same, regardless of their differences, may unfairly disadvantage some people. Indirect discrimination occurs when an unreasonable requirement, condition or practice is imposed that has, or is likely to have, the effect of disadvantaging a person because of a protected attribute.³⁶ Examples include workplace policies that fail to consider the needs of older workers, especially as they transition to retirement, or the construction of buildings that fail to provide safe and private spaces for employees to breastfeed or pray.

Both direct and indirect discrimination can be unintentional. For Ambulance Victoria, this means that it does not matter whether the perpetrator of the discrimination was aware they were being discriminatory, or whether they intended to breach the law.³⁷ Similarly, the motive of the perpetrator is irrelevant; an action done with a 'good' intention that discriminates against a person is still discriminatory.³⁸

Sexual harassment

The Equal Opportunity Act makes sexual harassment by Ambulance Victoria and its agents unlawful.³⁹ The Act defines 'sexual harassment' as unwelcome conduct of a sexual nature, unwelcome sexual advances or unwelcome requests for sexual favours that could be expected to make a reasonable person feel offended, humiliated or intimidated.⁴⁰

Figure 3C – **Sexual harassment**



Sexual harassment can be physical, verbal or written⁴¹ and, among other things, can include:

- comments about a person's private life or the way they look
- sexually suggestive behaviour, such as leering or staring
- brushing up against someone, touching or hugging
- sexually suggestive comments or jokes
- displaying offensive screen savers, photos, calendars or objects
- repeated requests to go out on dates
- requests for sex
- sexually explicit emails, text messages or posts on social networking sites.

A single incident is enough to constitute sexual harassment;⁴² the intent of the perpetrator is irrelevant.⁴³

The Equal Opportunity Act covers a broad range of work-related situations. Sexual harassment in the workplace occurs when it happens at work, at work-related events, between people sharing the same workplace and between colleagues outside of work.⁴⁴ It is also unlawful in a 'common workplace'. This means any place a person attends for the purposes of carrying out any functions in relation to their employment, occupation, business, trade or profession: for example, a hospital or other health service worksite.

The duties of an employer in relation to sexual harassment extend to all full-time, part-time and casual workers, agents and contractors, trainees and apprentices, job applicants, volunteers and unpaid workers.⁴⁵

Sexual harassment may also be discriminatory or a criminal offence

Sexual harassment may also meet the definition of discrimination under the Equal Opportunity Act when it is based on a protected attribute, such as sex. In addition, some forms of sexual harassment may constitute a criminal offence under the *Crimes Act 1958* (Vic). Examples include attempted or actual sexual assault or rape, stalking and unwanted touching of a sexual nature.

Bullying

Bullying can constitute discrimination under the Equal Opportunity Act if it is directed at a person because of a protected attribute.⁴⁶ For the purposes of the Act, bullying is when someone uses words or actions against someone else to cause them distress. Bullying can be verbal, physical or written abuse and the behaviour does not need to be repeated (i.e. one incident can be enough to constitute bullying).

Bullying that is unrelated to a protected attribute – for example when one person bullies another simply because they do not like them – is not discriminatory and is therefore not covered by the Equal Opportunity Act. However, bullying is a known source of workplace harm covered by the Occupational Health and Safety Act. In contrast to the Equal Opportunity Act, bullying under the Occupational Health and Safety Act must be *repeated*, unreasonable behaviour directed at an employee or group of employees that creates a risk to health and safety.⁴⁷ As explained in Section 1.1.2, this type of bullying is covered within the scope of the Commission's review into workplace equality in Ambulance Victoria.

The Occupational Health and Safety Act also covers other psychosocial hazards that can overlap with unlawful conduct. Examples include occupational violence, gendered violence (which includes sexual harassment) and poor workplace relationships that lead to stress risk.⁴⁸

Victimisation

Under the Equal Opportunity Act, Ambulance Victoria is responsible for eliminating victimisation in its workplace;⁴⁹ in addition, Ambulance Victoria and its agents must not engage in victimisation.⁵⁰

Victimisation occurs when a person punishes or threatens to punish someone because they have made a complaint under the Equal Opportunity Act, or have helped someone else to make a complaint or have refused to do something because it would constitute unlawful conduct (see Figure 3D).⁵¹ Examples include bullying and intimidating an employee who has made a complaint, demoting or threatening to demote someone because they helped a colleague to make a complaint and moving a worker who has made a complaint to another worksite without first checking if they want to move.

Figure 3D – **Victimisation**

Positive duty

Workplaces and the legal system usually place the burden of identifying and reporting unlawful or harmful workplace conduct on the person who experiences that conduct. Yet, individuals are often deterred from reporting conduct of this nature because of the risk to their personal and professional lives, and to their health, wellbeing and financial security.

That is why the Equal Opportunity Act includes a 'positive duty'.⁵² This duty requires Ambulance Victoria to do much more than just respond to complaints of discrimination (including discrimination amounting to bullying), sexual harassment and victimisation as they arise. The positive duty is about being proactive, identifying problems and taking reasonable and proportionate measures to eliminate the causes of that conduct, as far as possible, that may be part of the systems or culture of the workplace.⁵³

The steps required to comply with the positive duty vary between organisations. The variation is determined by factors such as:

- the size of the organisation
- the nature and circumstances of the organisation or operation
- the organisation's available resources and budget
- organisational and operational priorities
- the practicability and the cost of the measures.

Reasonable accommodation and adjustments

Everyone should feel productive, valued and included in their workplace. Yet, workplaces are often not designed to be inclusive for parents, carers or people with disability. For this reason, the Equal Opportunity Act requires Ambulance Victoria and other employers to take steps to create inclusive workplaces for these groups via 'reasonable accommodation' and 'reasonable adjustments'.

Reasonable accommodation

Under the Equal Opportunity Act, Ambulance Victoria must not unreasonably refuse to accommodate an employee's or a prospective employee's responsibilities as a parent or carer.⁵⁴ Examples of reasonable accommodations include changing a person's hours of work and rescheduling meetings so that people with these responsibilities can participate.

The duty to make reasonable accommodations operates alongside the right to request flexible work under the federal Fair Work Act⁵⁴ and the obligation in the Equal Opportunity Act not to discriminate on the basis of parental or carer status.⁵⁶

What is a reasonable accommodation?

In determining whether an employer has unreasonably refused to accommodate the responsibilities that a person has as a parent or carer, all relevant facts and circumstances must be considered. These include the:

- person's circumstances, including the nature of their parental or carer responsibilities
- nature of the role that is being offered
- nature of the arrangements required to accommodate the person's responsibilities
- financial circumstances of the employer
- size and nature of the workplace and the employer's business
- effect on the workplace and the employer's business of accommodating the person's responsibilities
- consequences for the employer of making such accommodation
- consequences for the person of not making such accommodation.⁵⁷

Reasonable adjustments

The Equal Opportunity Act requires Ambulance Victoria and other employers to make reasonable adjustments – changes to the work environment or workplace conditions – to allow people with disability to work productively and safely. This obligation exists where adjustments are needed to allow an individual to perform the genuine and reasonable requirements of their employment. These adjustments must be made unless the individual could not perform the role even after those adjustments have been made.⁵⁸

The term 'disability' includes: physical, psychological or neurological disease or disorder; illness (temporary or permanent); and injury (including work-related injuries).⁵⁹

Examples of reasonable workplace adjustments include reviewing and, if necessary, adjusting the performance requirements of the job, permitting flexibility in work hours, modifying work instructions or reference manuals and approving more regular breaks for people with chronic pain or fatigue.

The duty to make reasonable adjustments complements the duty in the Equal Opportunity Act not to discriminate on the basis of disability.⁶⁰

What is a reasonable adjustment?

In determining whether an adjustment is reasonable, all the relevant facts and circumstances must be considered. These include the:

- person's or employee's circumstances, including the nature of their disability
- nature of the employee's role or the role that is being offered
- nature of the adjustment required to accommodate the disability
- financial circumstances of the employer
- size and nature of the workplace and the employer's business
- effect on the workplace and the employer's business of making the adjustment including—
 - consequences of making the adjustment for the employer
 - consequences of not making the adjustment for the person or employee
- employer's action plan made under the *Disability Discrimination Act 1992* (Cth) or *Disability Act 2006* (Vic), if required.⁶¹

Special measures

The Equal Opportunity Act permits duty holders to adopt 'special measures', like targets or quotas, to promote substantive equality for disadvantaged groups with a particular attribute.⁶² Special measures are put in place to counteract the impact of past discrimination. They recognise that to achieve substantive equality, certain disadvantaged groups may need special assistance to overcome disadvantage and that being treated the same as others will not achieve this.⁶³

Special measures are lawful and, despite common misconceptions, they do not amount to 'reverse discrimination' provided they are: adopted in good faith to promote or achieve substantive equality; are a reasonably likely and proportionate way to achieve this purpose; and justified because the members of the group have a need for advancement or assistance.⁶⁴

Legal liability

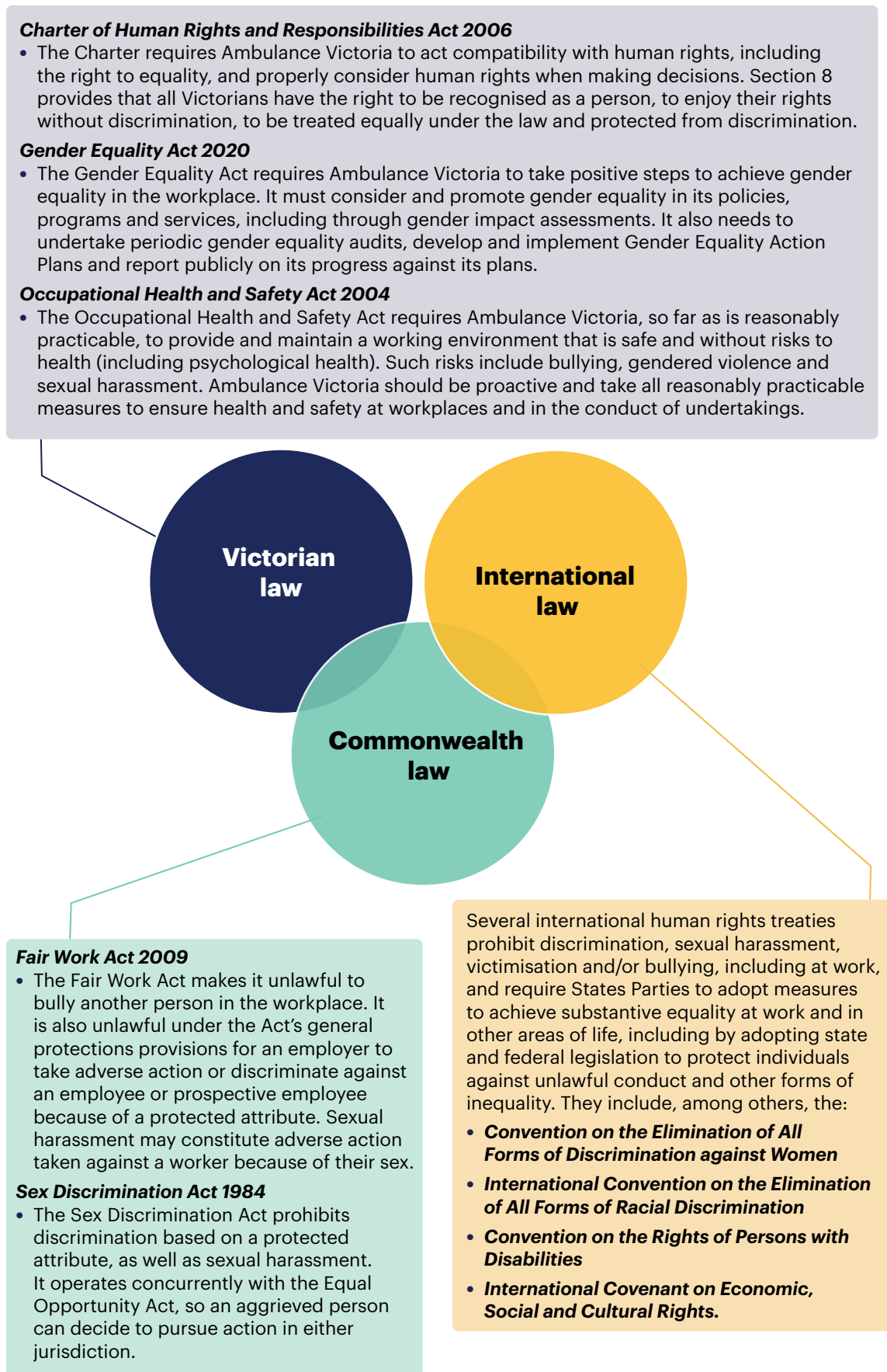
Ambulance Victoria can be held directly liable under the Equal Opportunity Act⁶⁵ for discriminating against,⁶⁶ sexually harassing⁶⁷ or victimising⁶⁸ a person. It can also be held vicariously liable under the Act when an employee or agent engages in these same behaviours during their employment or when acting on the organisation's behalf.⁶⁹ However, Ambulance Victoria will not be liable under the Act if it can prove that it took 'reasonable precautions' to prevent the behaviour, such as systematically investigating complaints and regularly training staff about their obligations under the Act.⁷⁰

Employees and agents of the organisation are also liable for their own behaviour.

3.2.2 Other key laws

A range of other laws are relevant to the review, as shown in Figure 3E. The Commission makes no comment or finding on whether the practices or programs of Ambulance Victoria comply with laws other than the Equal Opportunity Act. However, taking steps to meet obligations under these other laws may support compliance with the Equal Opportunity Act, and vice versa.

Figure 3E – Other key laws relevant to the review



3.3 A framework to address unlawful and harmful workplace conduct and inequality

What is needed to reduce unlawful and harmful workplace conduct, embed workplace equality and comply with the positive duty in the Equal Opportunity Act varies across different workplaces.

- As Section 3.2.1 sets out, the specific measures or actions that an organisation must take to comply with its positive duty change based on the organisational context and what is considered to be reasonable and proportionate in the circumstances, such as the organisation's size, the nature of its operations, available resources and budget, operational priorities and the practicability and the cost of the measures.
- The steps taken must also target the particular drivers of unlawful and harmful workplace conduct and inequality, specific barriers to reporting, and the needs and experiences of different groups of people in that organisation

Therefore, determining the specific measures or actions to take requires both a deep understanding of an organisation and the identification and analysis of the nature, extent, impact and drivers of workplace harm and inequality in that organisation. This is what the Commission's review into Ambulance Victoria does – and it delivers it by way of independent and expert analysis.

Armed with this knowledge – and the Commission's expertise in Victoria's key equality and human rights law and our deep understanding of how to improve workplace equality – we have developed an outcomes framework to guide Ambulance Victoria on the measures to adopt going forward. This framework informed our analysis of what we were told during the review, as well as the development of this final report, although the Commission acknowledges that the framework is a tool that may have broader applicability beyond Ambulance Victoria. In addition, the framework has been designed to set out a clear map for Ambulance Victoria and a baseline to understand the current state of workplace equality and enable the monitoring of its progress going forward.

As summarised in Figure 3F and detailed in Appendix E, the Commission's outcomes framework sets out:

- ten key domains for preventing workplace harm and embedding workplace equality at Ambulance Victoria
- outcomes for each domain that describe what success looks like
- indicators that identify what needs to change in light of what we learned are the drivers of unlawful and harmful workplace conduct and inequality at Ambulance Victoria and the barriers to reporting.

Figure 3F – **Framework to address unlawful and harmful workplace conduct and (in)equality**



The Commission has aligned the framework with the Victorian Government's *Outcomes Reform in Victoria* policy statement,⁷¹ as well as Ambulance Victoria's own mission, strategic priorities and key organisational strategies. The framework also links to:

- existing standards, such as the Commission's own minimum standards for preventing and responding to workplace sexual harassment (see Chapter 4)
- broader frameworks and other key documents, such as the workplace gender equality indicators in the Gender Equality Act and the (then) Department of Health and Human Service's framework⁷² and guiding principles⁷³ for promoting a positive workplace culture by preventing bullying, harassment and discrimination
- the best available international research on what works in reducing workplace harm and embedding equality in workplaces.

In developing the framework, we consulted with Ambulance Victoria, our Expert Panel, the relevant unions and professional associations, the Victorian Government Department of Health, the Public Sector Gender Equality Commissioner and other key workplace equality experts. Testing the framework in this way allowed us to assess whether each domain, outcome and indicator would enable Ambulance Victoria to work towards reducing unlawful and harmful workplace conduct, embed workplace equality and respond to existing and emerging challenges.

The Commission intends to work with Ambulance Victoria over the coming months to identify appropriate metrics to support the measurement of progress towards the desired outcomes in the framework. A critical part of this process will be identifying the relevant data that Ambulance Victoria collects, and the gaps in its available data sources. Until all the supporting data are available, it will not be possible for the organisation to establish a complete baseline of the state of workplace equality at Ambulance Victoria. More information about data and continuous improvement is available in Volume II.

We also intend for the framework to be read alongside the recommendations in this final report. While the framework provides an overall roadmap going forward and a means for the organisation to measure and understand its progress as it implements the program of reforms, the recommendations identify specific actions or measures to take to progress towards the desired outcomes.

3.4 Ambulance Victoria's current approach

Having set out why workplace equality matters, what the law requires and a leading practice framework for preventing unlawful and harmful workplace conduct and embedding workplace equality, it is appropriate to now turn to Ambulance Victoria's current approach to workplace equality. This section details the:

- approach adopted by the organisation at the time that the review was conducted (while acknowledging that its approach has changed over time and that different approaches informed the experiences of those participants who came forward during the review)
- extent to which Ambulance Victoria's workforce believes that the Board, the executive⁷⁴ and managers promote and prioritise workplace equality, finding mixed views across the organisation
- extent to which the workforce feels safe and respected while working or volunteering for Ambulance Victoria, finding that perceptions of safety and respect with Ambulance Victoria are low overall
- level of support for reforms to embed workplace equality within Ambulance Victoria, finding that there is broad recognition that changes are needed.

3.4.1 Approach to unlawful and harmful workplace conduct and workplace (in)equality

At the time of writing, Ambulance Victoria's approach to unlawful and harmful workplace conduct and workplace (in)equality is guided at the highest level by its organisational values – being respectful, working together, being accountable, openly communicating and driving innovation – that detail the acceptable and unacceptable standards of behaviour for how members of the organisation interact with each other (see Section 4.2.3).

Ambulance Victoria's current approach is further guided by its strategic priority to provide '[a] great place to work and volunteer' and the related goals of:

- keeping its people safe and physically and psychologically well
- providing an inclusive and flexible workplace
- developing a culture of continual learning and development
- embedding an ethical, just and respectful culture.⁷⁵

This strategic priority was given effect in the *Ambulance Victoria Diversity and Inclusion Strategy 2018–2020*. While now outdated, the strategy acknowledges that to give effect to the organisation's vision of being a great place to work and volunteer, it needs 'a mindset which values and fosters inclusiveness and removes barriers to make sure everyone can safely and fully participate in the workplace and have equal access to opportunities'.⁷⁶

The strategy describes the organisation's related challenges and barriers as being:

- an ad hoc and reactive approach to diversity and inclusion
- limited understanding of how to engage with people from different cultural backgrounds
- under-representation of women in leadership
- limited application of flexible work practices
- talent management policies that do not promote diversity across roles.⁷⁷

In response, the strategy set four clear goals for the organisation, each with its own initiatives and indicators of success:

- be a leader in diversity and inclusion
- have a safe and inclusive culture
- have a diverse workforce
- be a flexible and supportive workplace.⁷⁸

The strategy also identified several priority population groups (women, people from culturally and linguistically diverse backgrounds, people who identify as LGBTIQ+, Aboriginal and/or Torres Strait Islander peoples, people with disability and intergenerational teams) for its work across three horizons (see Figure 3G).

Figure 3G – **Three horizons of the Ambulance Victoria Diversity and Inclusion Strategy**

Horizon	Outcomes
Foundations 2018-19	<ul style="list-style-type: none"> • Raise awareness of Ambulance Victoria's commitment to diversity and inclusion • Raise the understanding and capability of our people to work inclusively and support diversity • Refine Ambulance Victoria's policies, processes and systems to build a diverse and inclusive workplace
Integration 2019-20	<ul style="list-style-type: none"> • Deepen the understanding and capability of our people to work inclusively and support diversity • Continue the alignment of Ambulance Victoria's policies, systems and process to diversity and inclusion outcomes
Embedding 2020	<ul style="list-style-type: none"> • Embed diversity and inclusion into day-to-day workplace practices, systems and processes.

Among other initiatives, the strategy established the organisation's Diversity and Inclusion Council, chaired by the CEO and with representative champions from each diversity group.

The Commission understands that Ambulance Victoria intends to develop a new strategy following its review of this report and the completion of its Gender Equality Action Plan, as required by the Gender Equality Act (see below).

Beyond the existing strategy, Ambulance Victoria's approach to unlawful and harmful workplace conduct and workplace (in)equality is comprised of a mixture of different frameworks, strategies, policies, procedures, programs and the like, as well as various forums, training, pathways and other options for support. As Figure 3H maps at a high level and as subsequent chapters explore, these can be grouped broadly as:

- policies, procedures and processes and other initiatives related to appropriate workplace conduct, including the organisation's values and those dealing with complaints, grievances and investigations
- pathways and supports for people who have experienced workplace harm and to support members of the workforce more broadly
- policies, procedures, processes and other initiatives related to individual performance
- initiatives to strengthen capability, such as policies and procedures related to professional development and training and other resources on workplace harm and (in)equality
- policies, programs and forums designed to increase representation and elevate the voices of different groups across the organisation, as well as foster an inclusive culture where people feel included and that they belong
- policies and procedures that target different issues related to workplace equality or specific points in the employment lifecycle (e.g. parental leave)
- frameworks that govern the organisation's approach to risk management.

Figure 3H – **How Ambulance Victoria has sought to address unlawful and harmful workplace conduct and (in)equality**

Frameworks and agreements	Key strategies, plans and frameworks		Key policies and procedure	
Various enterprise agreements	Code of conduct: Our way of working	Mental Health and Wellbeing Action Plan 2019-2022	Misconduct Policy	Cultural and Ceremonial Leave Policy and Procedure
Statement of Priorities	Strategic Plan 2017-2022	Health and Safety Action Plan 2019-2022	Grievance Procedure	Return to Work Procedure
Ambulance Victoria values	Strategic Plan 2017-2022	Cultural Safety and Equity Action Plan	Professional Conduct Policy and Procedure	Recruitment and Selection Policy and Procedure
Victorian Public Service values	Ambulance Victoria Diversity and Inclusion Strategy 2018-2020 (now outdated)	Gender Equality Action Plan (in development)	Complaint Policy and Procedure	Classification and Remuneration (Management and Administrative Employees) Procedure
Ambulance Victoria Enterprise Risk Management Framework 2020-21	Professional and Ethical Standards Code Leadership Behaviours Framework	Accessibility Action Plan 2020-2022	Investigations Procedure	Operations Review Recruitment Process
Integrity framework	Reconciliation Action Plan	Statement of Commitment to Reconciliation	Temporary Leave Arrangement Procedure	My Performance Plan – Future Opportunities
			Suspension from the Workplace Procedure	Individual Development Policy and Procedure
			Flexible Working Arrangement Procedure	Recognition and Development Process
			Parental Leave Procedure	Transfer and Allocation Policy and Process
			Personal and Family Circumstances Panel	Exit survey review
			Consultation Procedure (in development)	Transition to Retirement Policy
			Health and Safety Policy	Lactation Breaks Policy
			Performance and Development Policy and Performance Improvement Procedure	Wellbeing and Support Services Policy

Frameworks and agreements	Consultation and engagement	Capability, education and training	Pathways	Support
Multicultural Employment Program	Consultative Committee	Equal employment opportunity induction course	Professional Conduct Unit	Safe Space
People Based Rostering (forthcoming)	Diversity and Inclusion Council	Equal employment opportunity refresher course	Workplace Relations Unit	Wellbeing and Support Services
	Workforce Advisory Committee	Bullying and harassment course for managers and employees	Health and Safety Unit	
	Safeguarding Working Group	Courageous conversations course	Specialist Support Unit	
	Psychological Health and Wellbeing Consultative Committee	Aboriginal and Torres Strait Islander cultural awareness course	Organisational Development	
	Psychosocial surveys			
	People Matter Surveys			
	Gender Equality Working Group			
	Reconciliation Working Group			
	Integrity Community of Practice			

Much of Ambulance Victoria's early and continued focus on addressing unlawful and harmful workplace behaviour and inequality has centred on women's experiences. For example, the organisation recently:

- developed a proposed strategy to support women's access to leadership opportunities, which aims to increase the representation of women in leadership to 50% by 2025 (see Figure 10G, Volume II)
- began work to comply with the new Gender Equality Act.

Ambulance Victoria working towards compliance with the Gender Equality Act

From March 2021, Ambulance Victoria has been required to comply with the Gender Equality Act. Under the Act, the organisation must promote gender equality in the workplace and consider gender equality when developing policies and programs and delivering services to the public.

Ambulance Victoria has set up an internal working group to inform the development of processes and resources necessary to undertake gender impact assessments and workplace gender audits and prepare gender equality action plans, as required by the Act.

- *Gender impact assessments:* The working group identified an initial list of programs that required gender impact assessments to be undertaken, which was then refined and settled by the organisation. Ambulance Victoria has since completed several assessments, with some pending executive sign-off.
- *Workplace gender audit:* At the time of the review, Ambulance Victoria had completed its first workplace gender audit under the Gender Equality Act to assess the state and nature of gender equality in its workplace. It had shared the preliminary audit results with the Executive Committee and was preparing to share the results with the workforce as part of the consultation phase of the project.
- *Gender equality action plan:* Ambulance Victoria plans to draw on the results of its workplace gender audit, as well as research undertaken by its working group and internal stakeholder engagement, when developing its Gender Equality Action Plan. At the time of writing, Ambulance Victoria planned to consult with its governing body, employees and employee representatives, as required under the Gender Equality Act. The Executive Committee and then the Board will review the action plan.

In 2019-20, prior to the Act's commencement, Ambulance Victoria participated in the Gender Equality Act Implementation Pilot. During this time Ambulance Victoria completed a pilot gender impact assessment of its bulk recruitment process for Senior Team Managers. The organisation's participation in the pilot provided valuable learnings to the Commission for Gender Equality in the Public Sector, which informed the relevant guidance materials published for all defined entities.

Following its participation in the pilot, Ambulance Victoria joined the Commission's Practice Leaders Group, an informal group of organisations with obligations under the Gender Equality Act brought together to provide input and advice on the Act's implementation. Through this group, Ambulance Victoria continues to provide input into the development of guidance materials, to ensure they are fit-for-purpose.

Ambulance Victoria's focus has broadened in more recent years. The organisation has tried to address the low workforce representation of people from minority backgrounds. This has included introducing programs, plans and other initiatives to improve employment pathways and opportunities for a more diverse range of people.

Aboriginal cadetship and employment plan

In 2017, Ambulance Victoria introduced a Paramedic cadetship program to help increase the number of First Nations people among its Paramedic ranks. The program provided Aboriginal and/or Torres Strait Islander students of Paramedicine with an opportunity to participate in a paid work placement at Ambulance Victoria and gain first-hand experience of working in Paramedicine, complementing their university studies. Of the seven people who participated in the program, three completed the cadetship and all three were later offered placements as part of Ambulance Victoria's Graduate Ambulance Paramedic program.

In addition, Ambulance Victoria adopted an *Aboriginal Employment Plan 2017-2019*, which sought to increase employment opportunities for, and retain, Aboriginal and/or Torres Strait Islander people and to build the organisation's cultural capability through training, awareness activities and partnering. This plan has since been superseded by Ambulance Victoria's draft Reconciliation Action Plan, which is presently with Reconciliation Australia for approval. Among other things, this plan continues the organisation's focus on increasing the number of First Nations people it engages as employees and first responders.

Multicultural Employment Program

In July 2019, Ambulance Victoria and Lifesaving Victoria jointly launched a program to provide opportunities for refugees who are already qualified as lifeguards to train as Ambulance Community Officers.⁷⁹ In addition to providing employment pathways into Ambulance Victoria for refugees, the program aims to bring greater diversity to the organisation's workforce and helps to foster a stronger understanding among the workforce of people from culturally and linguistically diverse backgrounds.

Since 2019, Ambulance Victoria has enrolled 14 candidates in the program. Of these candidates, six were employed by Ambulance Victoria following completion of the program, spread across five different branches throughout four different regions.

In July 2021, Ambulance Victoria completed an internal stakeholder survey in an effort to evaluate the effectiveness of the program and identify opportunities to enhance its design and the supports available to program participants. The final results of the survey were still to be collated at the time of writing.

Ambulance Victoria has also introduced initiatives designed to create an inclusive culture for people of diverse backgrounds, such as its compelling 'Pride along', Ramadan and 'On reconciliation, racism and pride' videos, created and shared with the workforce and with the broader public via the organisation's social media channels (see following page). A further example is the organisation's participation in the Midsumma Pride March.

Communications supporting an inclusive culture

'On reconciliation, racism and pride'⁸⁰

In 2021, Ambulance Victoria produced a short film, in two parts, to inform conversations about reconciliation as part of National Reconciliation Week. Using the format of ABC TV's *You Can't Ask That* program, Ambulance Victoria's workforce was shown candid interviews from Aboriginal and Torres Strait Islander colleagues who reflected on what reconciliation means to them. The film aimed to strengthen cultural safety within Ambulance Victoria and equal, appropriate care for its patients.

'You can ask me that: Ramadan'

Ambulance Victoria has acknowledged and celebrated Ramadan for some time, beginning as an initiative of Ambulance Victoria Board Chair, Mr Ken Lay AO APM, in partnership with the Australian Intercultural Society. Acknowledging and celebrating Ramadan is part of the organisation's commitment to proactively connect and engage with diverse communities.

Ambulance Victoria usually hosts an annual Iftar dinner with the Australian Intercultural Society. The yearly dinners provide an opportunity for Ambulance Victoria's workforce to engage with the broader community and develop its understanding of the cultural diversity that exists across Victoria. It also allows the organisation to reconnect with and support and empower its Muslim workforce, to share their spiritual journey.

During the COVID-19 pandemic, Ambulance Victoria undertook a digital engagement campaign, comprising a video, entitled 'You can ask me that: Ramadan'. This video similarly used the format of ABC TV's *You Can't Ask That* program and featured candid interviews with Muslim staff and a Muslim Board member.

In a further example, the Commission acknowledges the development of Ambulance Victoria's *Accessibility Action Plan 2020-2022*, which aims to improve access to services and inclusion for everyone. The development of this plan involved an extensive co-design process with members of the community with lived experiences of disability and others, including advocates, carers, support services and the organisation's Community Advisory Committee. The plan also signalled an important change in how the organisation engages with both staff and the community on issues of accessibility.

Ambulance Victoria's broadened focus has also seen it prioritise efforts to create a modern and inclusive operating environment that reflects today's workplaces. The organisation has made efforts to accommodate people's increasing need and desire to be able to work and volunteer while also balancing their personal goals

and responsibilities. These efforts include the ‘Think Flex First’ and ‘People Based Rostering’ initiatives (see Section 11.1.2, Volume II).

Ambulance Victoria has also invested heavily in strengthening mental health supports for members of its workforce, including initiatives like the *Mental Health and Wellbeing Action Plan 2019–2022*. Among other things, this plan aims to build the workforce’s resilience, and to prevent and intervene early to treat concerns related to people’s mental health (see Section 4.2.2).

As chapters 7 to 9 explore in detail, Ambulance Victoria has also recognised the need to improve its report and complaints system, implementing significant changes since 2017. At the heart of these changes is the newly established professional conduct framework and the centralisation of complaint handling in the Professional Conduct Unit.

However, across all areas, Ambulance Victoria’s approach is still maturing and, as this final report explores in detail, there remain significant gaps in how it seeks to prevent and respond to unlawful and harmful workplace conduct and embed equality. By way of illustration:

- there are low perceptions of safety and respect among the participants who came forward during the review (see Section 3.4.2) and high rates of unlawful and harmful workplace conduct (see Chapter 4); this tells us that the organisation’s approach to prevention – which does not currently effectively target the specific drivers of this conduct in the organisation – is not working
- there are low rates of reporting of all forms of unlawful conduct, which shows that the workforce does not feel safe and supported to make complaints; those who have engaged with the organisation’s report and complaints system overwhelmingly reported profound dissatisfaction; this is clear evidence that there is a need to strengthen and refocus the system (despite earlier reforms) (see chapters 7 to 9).

Notwithstanding these challenges, the road map set out in the Commission’s outcomes framework, together with the recommendations in this final report, provide a clear path forward for the organisation. Both identify significant opportunities to align Ambulance Victoria’s approach with leading practice and the requirements of the Equal Opportunity Act.



Findings

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

3.4.2 Attitudes towards equality, safety and respect



Findings

- Fewer than two in seven survey respondents said they feel ‘very safe’ or ‘completely safe’ from unlawful conduct. Feelings of safety are being undermined by unlawful and harmful workplace conduct. Perceptions of safety are comparatively low among women and minority groups and among those in male-dominated teams.
- Over one-third of survey respondents reported feeling ‘not at all’ or ‘only slightly’ respected at work. Disrespectful behaviour appears to be normalised; this is further evidenced by extensive reports of disrespectful behaviour and of actual and perceived inaction by leaders and managers in interviews and submissions.
- Of the 2163 people who responded to the relevant survey question, 84.2% (n=1657) either agreed or strongly agreed that reforms are needed to improve equality at Ambulance Victoria. Support for reform was also strong in interviews and in submissions.

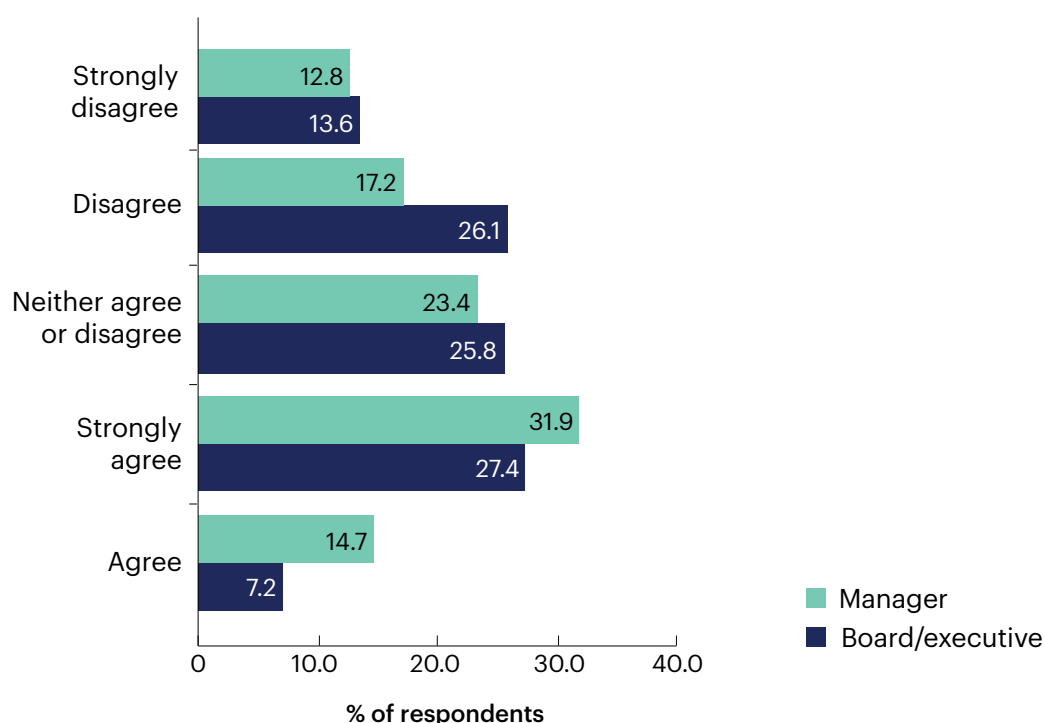
Perceptions of commitment to workplace equality

It takes leadership, governance, resources and sustained commitment to embed equality in workplaces. Research tells us that without these elements, discrimination, sexual harassment, bullying and victimisation, as well as incivility and disrespect – and the significant harm they cause – are unlikely to be prevented.⁸¹

The Commission’s survey asked whether the Ambulance Victoria Board/executive⁸² and managers proactively promote and prioritise workplace equality. We heard mixed responses to these questions, as shown in Figure 31.

- Just over one third (34.6% or n=638) of the 1846 respondents ‘strongly agreed’ or ‘agreed’ that the Board/executive proactively promote and prioritise workplace equality. However, a larger proportion (39.7% of n=732) ‘strongly disagreed’ or ‘disagreed’.
- Comparatively more people indicated a belief that their manager promotes and prioritises workplace equality, with just under one-half (46.6% or n=921) of the 1977 respondents ‘strongly agreeing’ or ‘agreeing’, decreasing to 30.0% (n=593) of people who strongly ‘disagreed’ or ‘disagreed’.

Figure 3I – **Promotion and prioritisation of workplace equality by the Board/executive and managers**



The mixed views that emerged from the survey were echoed in interviews and in submissions, where participants did not draw any clear distinctions between the Ambulance Victoria Board or executive when discussing whether each proactively promote and prioritise workplace equality.

Some participants told us they believed the Board, the executive and managers do promote and prioritise workplace equality. Some participants had a sense that this commitment is increasing now that the organisation has stabilised following an earlier period of significant change in its leadership, organisational administration and service delivery model. To support this view, participants pointed to several initiatives described in Section 3.4.1, including the *Ambulance Victoria Diversity and Inclusion Strategy 2018–2020*.

We've had some successful cadet programs ... and a partnership with Lifesaving Victoria in getting representatives from refugee communities embedded in Community Emergency Response Teams And that's seen people from different faiths and backgrounds participating ... they talk about "you can't be what you can't see", and I think there is a level of cultural safety people feel if they can see themselves represented in the people who come to see them that is really powerful. *Participant, Interview*

We're trying to encourage more women to undertake management positions ... spending a lot more time mentoring them about their CVs and applying for positions and coaching them in those sorts of areas as well, because if we're going to see change it's not going to happen overnight but we need to assist and empower people so that they will be successful in applying for positions and things like that. *Participant, Interview*

We also heard that there is a sense of hope within the organisation that is emanating from the seriousness with which both the Board and the Executive Committee are taking this independent review. Some participants were optimistic in response to the willingness of the Board, the Executive Committee and other senior leaders to take the appropriate steps to prioritise and promote workplace equality, and to make changes going forward.

I'm really optimistic with what you guys are putting together, I think that all of these recommendations that you guys make, I reckon they'll – I would be very surprised if they didn't implement all of them ... [senior leaders] are very proactive. *Participant, Interview*

Yet, equally, we heard from a great number of participants who believe that legitimate organisational commitment to workplace equality is low.

We call for help again and again and again and yet nothing changes. *Participant, Written submission*

Some people we heard from were so sceptical that the the Board, the Executive Committee and other senior leaders will act on the recommendations arising from the review that they withdrew as participants from the review, concerned that they would be wasting their own time by sharing their experiences and views. Senior leaders, we were told by some participants, are seen to 'talk the talk' but not to follow through with genuine action. Examples regularly cited for this view were several workplace surveys, reviews and inquiries where it is believed that recommendations have not been implemented or, at the very least, actions taken in response have not been communicated or communicated well to the workforce.

A view was shared with us repeatedly that the lack of genuine action is due to the prioritisation of operational KPIs over employee safety and wellbeing. The lack of action was also perceived to be due to the external political pressure applied to and scrutiny of the organisation's response times. This view also came through in the 2020 People Matter Survey, in which less than half of the respondents (44% or n=527) agreed that senior leaders within Ambulance Victoria consider employee's psychological health to be as important as productivity. It was also a view echoed strongly during interviews.

Key performance indicators suddenly became a driver that was important at a ... political level, and it just filtered down to this organisation and kind of wiped everything in its path. *Participant, Interview*

They're not serious about the wellbeing. They just want response times met. *Participant, Interview*

Participants also reflected that rather than being seen as a whole-of-organisation or joint executive commitment or responsibility, workplace equality can be siloed within the organisation and is often viewed as the sole responsibility of the People and Culture division.

People Matters may be seen by some as a People and Culture responsibility, when actually we all own the outcomes of People Matters. Just as we all own patient outcomes and performance because you can't achieve positive outcomes in one without the other. And yet, I think that when [the Executive Committee] restructured there was a strong view of ensuring a single point of accountability. ... Of course, we should be accountable for the things that we're responsible for, but that idea of a single point of accountability can feel like a silo when we need to work together to achieve the best outcomes. And as an executive member, I should be responsible and accountable to the broader health of the organisation as well... *Participant, Interview*

[I]t does feel like at the board meetings, that some Executive members predominately talk about their own patch and their performance within their own patch and do not have an eye to ... their interdependencies in creating those bridges and connections. *Participant, Interview*

I think ... as an executive we don't operate the enterprise collectively. So, when we as an [executive] should collectively own the outcomes of the organisation, and then we have our divisional responsibilities as secondary, we come with our divisions as a group of individuals. ... [T]he silos, right? ... I think the opportunity for us is how we can, as an executive operate collectively. And I do think that this goes to how the Board interacts with us as well. I mean when we are having the performance issues ..., the Board calls in the 'blue shirts', and has a one-on-one conversation The rest of us don't know what's been said. And so, it creates right from the top, it creates this sense that you're responsible for performance and ... it flows all the way through. *Participant, Interview*

So, I think we tend to compartmentalise actions and change. Because this is a change to the way we're going to be. Workplace equality is every day. Workplace diversity is every decision, every day. *Participant, Interview*

The Commission's conversations with numerous operational employees and first responders left us to believe that the often-limited face-to-face time between managers and their team members is one reason affecting whether operational managers are able to promote and prioritise workplace equality effectively or at least the perception of whether they are. Some participants reflected that they could complete entire shifts without having contact with their managers. They attributed this to the isolated nature of Paramedic work and to the impacts of the current rostering system. Others reflected on the impact of recent changes in supervision ratios, the lack of time physically present in branches (exacerbated by ramping issues at hospitals) and routine changes in people's managers, in large part due to operational staff being entitled to ten weeks of annual leave.

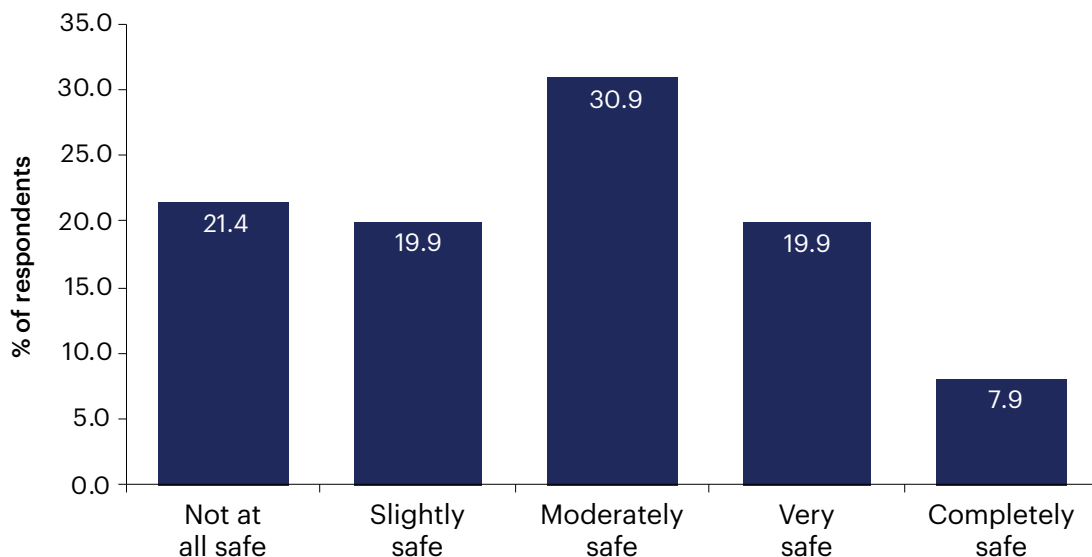
A lot of it has to do with visibility. So, the managers are far removed physically from where we are and because we are a reactive workforce in terms of the pager goes off, you've got to go, so you could be interrupted if say a manager drops into a branch. Managers used to get around to all the branches quite a lot and check up on welfare and engage with their staff. They just haven't got the time to do that anymore. *Participant, Interview*

Feelings of safety

To prevent and respond effectively to unlawful and harmful workplace conduct and embed workplace equality, an organisation's leaders⁸³ and its values⁸⁴ need to foster a safe and respectful culture. Therefore, it is concerning that among those people who shared their experiences with the Commission, perceptions of safety and respect with Ambulance Victoria were low overall.

The Commission's survey asked how safe people feel from discrimination, sexual harassment, bullying and victimisation in their Ambulance Victoria workplace. Among the 2043 people who answered the question, fewer than two in seven people told us that they feel 'completely' or 'very safe' from these types of unlawful conduct (7.9% or n=162 and 19.9% or n=406, respectively) (see Figure 3J). By contrast, 21.4% (n=437) said they 'do not feel safe at all', 19.9% (n=406) reported feeling 'only slightly safe' and a further 30.9% (n=632) indicated that they feel 'moderately safe' from these types of unlawful conduct at work.

Figure 3J – **Feelings of safety from unlawful conduct**



Those participants who during interviews and in submissions conveyed a strong sense of safety tended to fit the archetype of a Paramedic: white, male, of able-body and mind, confident and stoic. In addition, many of the participants who reported feeling safe highlighted the organisation's recent focus on manual handling and mental health and wellbeing, which has been driven by the current CEO, although the recent pressures on the workforce arising from the COVID-19 pandemic tempered these views somewhat.

I feel like they've been really focused on our safety say for the last five years from a manual handling perspective and a psychological safety and welfare [perspective]. *Participant, Interview*

It was in interviews and in submissions, however, that concerns about a lack of safety were put most strongly to the Commission.

Everyone has the right to feel safe at work and right now not many people do, corporate or paramedics. It's for different reasons, but AV is failing its employees time and time again. *Participant, Written submission*

This organisation's culture is unsafe for people who are not white males. *Participant, Interview*

I don't feel like it's a safe place, especially for someone who was an immigrant that now works for us. Someone who's transitioning ... I think it is unsafe. *Participant, Interview*

Some participants, particularly male participants, reflected on their own sense of safety, while also acknowledging that this same sense wasn't always shared by their colleagues.

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

Feelings of safety at work are being undermined by unlawful and harmful conduct

Feelings of safety were strikingly low among survey participants who reported personal experiences of discrimination, sexual harassment, bullying and victimisation. Feelings of safety were also low (although not as low) among those who had witnessed these types of workplace harm. These findings, reflected starkly during interviews and in submissions, are significant given the extent of unlawful and harmful workplace conduct reported to the Commission during the review.

These findings align with broader research into the chilling effects of these types of harm occurring within a workplace, especially when they are allowed to continue without consequence and over a period of time. Going forward, these findings underscore the importance of addressing unlawful conduct to improve how safe employees and first responders feel within their Ambulance Victoria workplace.

Feelings of safety are lower among women than men

Women were less likely than men to say that they felt 'completely safe' from unlawful conduct; the option was selected by only 5.8% (n=56) of the 959 women who responded to the question about safety, compared to 10.2% (n=90) of the 879 men who responded.

Feelings of safety were particularly low for women who reported experiencing sexual harassment. Of the 277 women and 44 men who reported that they had experienced sexual harassment, only 0.7% (n=2) of these women felt completely safe compared to 4.7% (n=2) of the men. Participants identified the extent of sexual harassment within Ambulance Victoria as a factor that had contributed to them feeling unsafe.

Speaking to some of the other women at branch, they've all – it seems like they've all experienced something, whether it's someone saying something about how tight their [pants are] – like how good their ass looks in those pants or something. *Participant, Interview*

Sexual harassment has been identified as a significant factor in workplace safety and needs to be prioritised by Ambulance Victoria to improve levels of safety for women in the organisation.

Feelings of safety are comparatively low in male-dominated teams

Among those who told us that they feel completely safe, the gender composition of their team appears to have influenced their sense of safety.

Consistent with broader research,⁸⁵ participants from male-dominated teams (27.4% or n=98) were more likely to report via the survey that they 'do not feel safe at all', compared to those from teams with roughly equal representation (20.0% or n=211) or mainly women (19.1% or n=71). By contrast, participants from teams comprised of mainly women (i.e. two-thirds or more) (10.2% or n=38) or roughly equal numbers of women and men (7.9% or n=83) were more likely to say that they felt 'completely safe' in their Ambulance Victoria workplace, than those from teams made up of mainly men (6.1% or n=22).

The connection between the gender composition of a participant's team and their sense of safety at work was also reflected in what the Commission heard during interviews and in submissions, particularly in relation to male-dominated operational teams.

The male dominance is ever-present. It has been there from day one of Ambulance Victoria's first female paramedics commencing employment in 1987. Gendered comments, poor treatment stemming from a resistance to allow females to work with Ambulance Victoria at all, and an agenda to make the lives of those women impossible. *Participant, Written submission*

It became very clear to me early on that if I was to survive at MICA [deleted branch number], then I had to put up with this 'boys' club' That is what the culture was like and it is an unspoken rule. "Jump on board or the train will leave without you". *Participant, Written submission*

A number of participants reflected thoughtfully on the entry of women into roles that were traditionally held by men or that continue to be male-dominated, with a number commenting on the implications for the respect for, and safety of, women.

I'm more worried about can we support and protect them because you want to bring on a diverse workforce, but you want to also make sure that you've got the right supports in place, that they'll be going into parts of the organisation that are not that diverse, that have a history of being – I was going to say misogynistic, but that's maybe a little bit strong. *Participant, Interview*

“ I am so scared to submit this information. AV can be a terrible place if you’re seen to be stepping out of your lane.

Participant, Focus group

Given the low levels of representation of women in certain areas of Ambulance Victoria – for instance, in Air Ambulance and MICA – it will be important that efforts to ensure more equal gender representation are prioritised (see Chapter 10, Volume II).

Feelings of safety are comparatively low among certain minority groups

Across the survey, interviews and submissions, the Commission learned of comparatively low perceptions of safety among participants who identify as LGBTIQ+, have a disability and/or are from a racial minority.

In that meeting he acknowledged that he didn’t like the fact that I was gay; he didn’t think he should have to work with me; he didn’t think he should have to change. *Participant, Interview*

As evidenced in some of the quotes earlier in this chapter, participants repeatedly expressed the view that Ambulance Victoria is a safe place if you are a white male, but much less so for those who are not. We heard that many people who identify as LGBTIQ+, have a disability and/or are from a racial or other minority group are fearful to be seen as being ‘out of place’ or as ‘going against the grain’.

I felt ostracised, but I also felt like I couldn’t actually talk about the elephant in the room. Because I didn’t feel like I would be believed. And people might go, “Racism – she’s using that card”. *Participant, Interview*

And I have this thought where, I’m reluctant to fill out surveys when they ask about nationality, or what region you’re from, because it’s just me. *Participant, Interview*

Given these findings, it is important for Ambulance Victoria to prioritise efforts to diversify its workforce and foster a culture in which everyone feels safe and that they belong, no matter their cultural identity, sexual orientation, disability or any other personal characteristics.

Feelings of respect

The Commission learned of a deeply held sense of a lack of respect within Ambulance Victoria. So extensive were the reports made to us regarding disrespectful behaviour – and of actual and perceived inaction by leaders and managers – that it is clear to us that disrespect is normalised and tolerated within the organisation.

You know, it's a real challenge I think in the organisation. Kindness and respect is something that I don't think we've had enough emphasis on I expect that ... when [the Commission] delve[s] around in all of this, you'll find a lot of incivility. *Participant, Interview*

They haven't come into the twenty-first century in terms of a respectful workplace. And it's one of the five AV values. It's on ... every email; respect and leadership, and it's just not at AV. It's lip service. *Participant, Interview*

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

Of the 2031 participants who responded to the survey question 'How respected do you feel in your workplace?', only 5.6% (n=113) reported feeling 'completely respected', while more than twice this number (12.0% or n=243) said they 'do not feel respected at all'. A further 22.8% (n=463) told us that they feel 'only slightly respected'. While levels of respect were particularly low for some groups of employees and first responders, we heard from participants all over the organisation who noted it as an area of concern.

Feelings of respect at work are being undermined by unlawful conduct

Similar to feelings of safety, feelings of respect were significantly low for participants who reported experiencing discrimination, sexual harassment, bullying and victimisation, both across the survey and in interviews and submissions. Participants were left feeling little respect for alleged perpetrators and for an organisation that, in their experiences, did not protect its employees.

I was just absolutely humiliated and crushed mentally. I just felt like again, I followed your procedures. I voiced concerns over safety. I found out that you weren't abiding by your contract and I spoke up and I did the right things. And you've come back and attacked me. *Participant, Interview*

Feelings of respect are comparatively low for participants in operational roles

Participants who work in operational roles were slightly more likely than their corporate colleagues to report low levels of respect. That is, they were more likely to say that they felt 'not at all' or only 'slightly' respected in their workplace. Of the 311 corporate participants who responded to the question, 28.4% gave one of these answers. This compared to 36.1% of the 1379 operational participants who responded.

This disparity was stated more strongly in interviews. Many of the on-road staff we heard from described a culture of bravado and egotism among staff members,

which is underpinned by disrespect of others. This was notably high among MICA Paramedics. During the review, this area of the organisation became synonymous with low levels of respect both among the paramedics and towards other staff members.

Now it is quite accepted that MICA would treat road staff like pieces of sh*t ... again this comes back to disrespect, there is a lack of respect within the organisation between colleagues. *Participant, Interview*

[In MICA] I'd never experienced such a high level of disrespect. But the way the culture pumped them up – it really did encourage and foster that sort of response. *Participant, Interview*

Participants noted how the hierarchal structures of the organisation – which place MICA and Air Ambulance paramedics at the pinnacle of clinical training – have enabled a culture of disrespect, superiority, elitism and heavy competition between staff members.

I heard a Paramedic say – I asked him whether he would ever do MICA, because he was an amazing Paramedic. And he said, “I’m not interested in getting into the culture where it’s dog eat dog, where they eat their young”. *Participant, Interview*

Working within a team of senior MICA Paramedics, we sit in a clinically quite senior and respected level. This gradient of clinical seniority gives people the opportunity of power and some use this to treat other paramedics quite poorly, this had been a routine and accepted culture within MICA for many years and still exists. *Participant, Interview*

Section 6.1 considers this driver of workplace harm in detail and the urgency of disrupting this culture of disrespect and incivility among these cohorts.

Low levels of respect are fuelling incivility in the workplace

The Commission heard how this disrespect has contributed to the daily poor treatment of individuals within the workforce, to an underlying and pernicious culture of incivility and a permissive environment for more serious forms of workplace harm (see Section 6.1).

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

There’s a lot of issues in AV around some of the behaviours that we consider are okay towards each other. Whether they’re bullying or harassment, or they’re just broadly disrespectful. Neither is a good thing. It all contributes to toxicity, and then that toxicity festers. *Participant, Interview*

To implement lasting reforms, Ambulance Victoria must address the low levels of respect throughout the organisation.

Support for workplace equality reforms

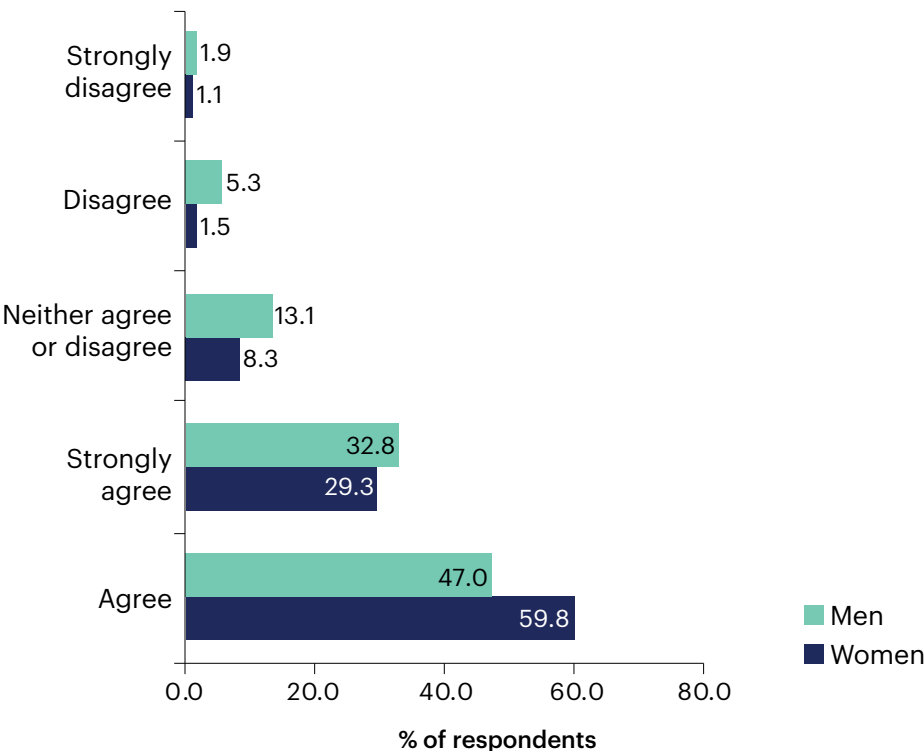
There is broad recognition that changes are needed to address workplace harm and embed workplace equality.

Of the 2163 people who responded when asked in the survey whether reforms are needed to improve equality at Ambulance Victoria, 84.2% (n=1657) either ‘agreed’ or ‘strongly agreed’. As set out in Figure 3K, support for reforms was strong among both women and men, although:

- more women than men ‘agreed’ or ‘strongly agreed’ that reform is needed (89.1% or n=828, compared to 79.8% or n=683)
- more men than women ‘strongly disagreed’ or ‘disagreed’ (7.1% or n=61, compared to 2.6% or n=24).

Support for workplace equality reforms was broadly comparable across the corporate and operational cohorts, as well as among metro and regional and rural employees and first responders, with no meaningful differences between them.

Figure 3K – **Need for reforms to improve workplace equality in Ambulance Victoria**



In line with the survey results, the Commission learned of widespread support for workplace equality reforms during interviews and in written submissions.

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

There's always been a really bizarre, borderline toxic culture and I just felt that it's really good that AV was putting a mirror to itself with your assistance ... real change needs to happen. *Participant, Interview*

The level of recognition of the need for reforms points to inadequate steps being taken in the past by Ambulance Victoria to embed workplace equality. Yet, positively and importantly, it does mean that a significant number of people accept that change is needed. This provides a strong foundation upon which the organisation can build and move forward as it implements the changes recommended in this report. The Commission encourages Ambulance Victoria to harness and build upon this broad support for reform.

We note, however, that we did hear from some participants, particularly long-term male employees, who believe that they have begun to miss out on opportunities and experience 'reverse discrimination' and therefore are not or are less inclined to support reform.

I feel that's almost gone full circle, and it's almost reverse discrimination against males, or people who don't identify with any gender. *Participant, Interview*

You want to see the best person for the job or the person who needs that opportunity, or who's gone through the process or whatever it might be. You don't put them in there because they're a chick and they want chicks in there, because I don't think that helps the problem. *Participant, Interview*

While acknowledging the perception of these participants, the Commission did not find any evidence to support these claims of reverse discrimination within Ambulance Victoria (see Section 4.3.1).

The Commission encourages the organisation to see resistance and backlash as a normal and expected product of transformative organisational change.⁸⁶ While their existence is not inherently problematic,⁸⁷ it is critical that Ambulance Victoria ensures careful and evidence-based communication as well as genuine consultation with the workforce about why the reforms are essential.⁸⁸

Notes

1. *Ewin v Vergara* (No 3) [2013] FCA 1311 [43].
2. *Bowker and Others v DP World Melbourne Limited T/A DP World and Others* [2014] FWCFB 9227 (Ross J, Hatcher VP, Gostencnik DP, Hampton C, Johns C, 19 December 2014).
3. This definition is adapted from the use of the term in Victorian Equal Opportunity and Human Rights Commission, *Equal pay matters: Achieving gender pay equality in small-to-medium enterprises* (State of Victoria, 2021).
4. This definition is adapted from the interpretation of the term 'substantive equality' adopted by the UN Committee on the Elimination of Discrimination against Women. See *Report of the Committee on the Elimination of Discrimination against Women: Thirtieth Session; Thirty-first Session*, UN GAOR, 59th sess, Supp No 38, UN Doc A/59/38 (2004) annex 1 ('General Recommendation No 25, on Article 4, Paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, *On Temporary Special Measures*') [3]-[14]; Committee on the Elimination of Discrimination against Women, *General Recommendation No 28 on the core obligations of states parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, 47th sess, UN Doc CEDAW/C/GC/28 (2010).
5. Research by McKinsey & Company found that '[w]orkplace diversity increases job and life satisfaction for women and members of minority groups provided the workforce is diverse enough. For minority workers, for example, the boost in satisfaction kicks in when representation exceeds 15 percent of the workforce. Where diversity recruitment is a token effort, psychological outcomes are poorer.' Vivian Hunt, Dennis Layton and Sara Prince, *Diversity matters* (McKinsey & Company, 2015), 11.
6. Gallup's annual global poll of employees has repeatedly found that diversity drives employee engagement (and other benefits). For example, in the 2013 poll, the management behaviour most likely to affect engagement was "demonstrates strong commitment to diversity". Gallup, *State of the global workplace* (Gallup Inc, 2013) 14. See also James K Hartner et al, *The relationship between engagement at work and organizational outcomes - 2020 meta-analysis: 10th edition* (Gallup, October 2020); Stephanie N. Downey et al, 'The role of diversity practices and inclusion in promoting trust and employee engagement' (2015) 45(1) *Journal of Applied Social Psychology* 35-44.
7. In a representative sample of 3,000 Australian workers, the Diversity Council of Australia found that organisations who take action to create a more diverse and inclusive workplace, have staff who report feeling significantly more satisfied at work compared with staff of organisations who are not actively pursuing diversity and inclusion strategies (52% versus 25%). These staff also report feeling more accepted at work (41% versus 31%) and that they have the same opportunities for progression compared with their colleagues (31% versus 20%). J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019-2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019), 14. See also: David M. Kaplan, Jack W. Wiley, and Carl P. Maertz Jr., "The role of calculative attachment in the relationship between diversity climate and retention" (2011) 50(2) *Human Resource Management* 271.
8. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019-2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019) 7.
9. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019-2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019), 16; Elizabeth Kelan, Andrea Voigt, Lamia Walker et al, *Innovative potential: Men and women in teams* (Report, 2007), 3-7; Credit Suisse, *Gender diversity and corporate performance* (Credit Suisse Research Institute, 2012).
10. J O'Leary and R D'Almada-Remedios, *Inclusion@Work Index 2019-2020: Mapping the state of inclusion in the Australian workforce* (Diversity Council Australia, 2019) 16.
11. See, eg *Equal Opportunity Act 2010* (Vic); *Occupational Health and Safety Act 2004* (Vic), *Gender Equality Act 2020* (Vic).
12. Vivian Hunt, Sara Prince, Sundiatu Dixon-Fyle, Lareina Yee, *Delivering through diversity* (McKinsey & Company, 2018) 1; Vivian Hunt, Dennis Layton and Sara Prince, *Diversity*

- matters (McKinsey & Company, 2015), 11; Workplace Gender Equality Agency, 'Workplace gender equality: The business case' (Webpage, 18 November 2018) , <www.wgea.gov.au/publications/gender-equality-business-case>; Marcus Noland, Tyler Moran and Barbara Kotschwar 'Is gender diversity profitable? Evidence from a global survey' (Working paper series 16-3, Peterson Institute for International Economics, February 2016); Elizabeth Kelan, Andrea Voigt, Lamia Walker et al, *Innovative potential: Men and women in teams* (Report, 2007); Credit Suisse, *Gender diversity and corporate performance*, (Report, 2012); Cedric Herring, 'Does diversity pay? Race, gender and the business case for diversity' (2009) 74 *American Sociological Review* 208.
13. J. O'Leary and R. D'Almada-Remedios, *Inclusion@Work Index 2019–2020: Mapping the state of inclusion in the Australian workforce*, (2019, Diversity Council Australia) 15.
 14. Clara E. Munro and Alexander W. Phillips, 'Bullying in the workplace' (2020) 38(10) *Surgery* (Oxford) 653.
 15. Arie Riskin et al, 'The impact of rudeness on medical team performance: a randomized trial' (2015) 136(3) *Pediatrics* 487-495; Arie Riskin et al, 'Rudeness and medical team performance' (2017) *Pediatrics* 139; Daniel Katz et al, 'Exposure to incivility hinders clinical performance in a simulated operative crisis' (2019) 28(9) *British Medical Journal - Quality and Safety* 750-757.
 16. The Mid Staffordshire NHS Foundation Trust Inquiry, Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust (Final Report, 2010) vol I.
 17. Matthew Grissinger, 'Disrespectful Behavior in Health Care Its Impact, Why It Arises and Persists, And How to Address It—Part 2' (2017) *Pharmacy and Therapeutics* 42(2) 74, 77; Johanna Westbrook et al, 'The prevalence and impact of unprofessional behaviour among hospital workers: a survey in seven Australian hospitals' (2021) *Medical Journal of Australia* 214(1) 31.
 18. See Gallup, *Three Requirements of a Diverse and Inclusive Culture — and Why They Matter for Your Organization* (Report, Gallup, 2018), 5-6; Rocío Lorenzo et al, 'The mix that matters: Innovation through diversity' (26 April 2017) <<https://www.bcg.com/de-de/publications/2017/people-organization-leadership-talent-innovation-through-diversity-mixthat-matters.aspx>>; Vivian Hunt, Dennis Layton and Sara Prince, *Diversity matters* (McKinsey & Company, 2015), 13-14.
 19. *Equal Opportunity Act 2010* (Vic) s 3.
 20. The term 'reasonable adjustment' is not defined in the Equal Opportunity Act. However, the Act states that in the area of employment, in order to comply, an employer must do what a person with disability requires 'in order to [adequately] perform the genuine and reasonable requirements' of that employment: *Equal Opportunity Act 2010* (Vic) ss 20(1)(b), 33(2), 33(1)(b) and 33(2).
 21. The term 'accommodation' is not defined in the Equal Opportunity Act. However, in the context of employers' duties, the term is used alongside the term 'adjustment' to describe what steps an employer must take to comply with *Equal Opportunity Act 2010* (Vic) ss 20(1)(b), 33(2), 33(1)(b) and 33(2); see also Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).
 22. *Equal Opportunity Act 2010* (Vic) s 12(1).
 23. *Equal Opportunity Act 2010* (Vic) pt 4.
 24. *Equal Opportunity Act 2010* (Vic) pt 6.
 25. *Equal Opportunity Act 2010* (Vic) s 103.
 26. *Equal Opportunity Act 2010* (Vic) s 15.
 27. *Equal Opportunity Act 2010* (Vic) ss 13-37.
 28. *Equal Opportunity Act 2010* (Vic) ss 44-51.
 29. *Equal Opportunity Act 2010* (Vic) s 4.
 30. *Equal Opportunity Act 2010* (Vic) pt 6, s 4.
 31. *Equal Opportunity Act 2010* (Vic) s 44.
 32. See *IW v City of Perth* [1997] HCA 30; [1997] HCA 30; (1997) 191 CLR 1; *Falun Dafa v Melbourne CC* [2003] VCAT 1955.

33. Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).
34. *Equal Opportunity Act 2010* (Vic) s 7(1)(a).
35. *Equal Opportunity Act 2010* (Vic) s 8(1).
36. *Equal Opportunity Act 2010* (Vic) ss 9(1)-(2).
37. *Equal Opportunity Act 2010* (Vic) s 8(2)(a).
38. *Equal Opportunity Act 2010* (Vic) s 10.
39. *Equal Opportunity Act 2010* (Vic) s 93
40. *Equal Opportunity Act 2010* (Vic) s 9(2)1.
41. *Equal Opportunity Act 2010* (Vic) s 92(2).
42. *Hall v A. & A Sheiban Pty Ltd* [1989] FCA 74 [40,43].
43. *Frith v The Exchange Hotel* [2005] FMCA 402.
44. *Equal Opportunity Act 2010* (Vic) s 94(3). The workplace 'is not confined to the physical location used by the employees. It also extends to common areas such as lifts, entrances, reception areas, corridors, kitchens and toilets of the premises: see *Ewin v Vergara* [No 3] [2013] FCA 1311 [43].
45. *Equal Opportunity Act 2010* (Vic) s 4.
46. *Jemal v ISS Facility Services Pty Ltd* (Human Rights) [2015] VCAT 103.
47. WorkSafe Victoria, Preventing and Managing Work-related Stress: A Guide for Employers (State of Victoria, 2021).
48. *Occupational Health and Safety Act 2004* (Vic), ss 20, 21, 22 for the relevant duties on employers. Section 5 of the *Occupational Health and Safety Act 2004* defines 'health' to include psychological health. See also *venting and Managing Work-related Stress: A Guide for Employers* (State of Victoria, 2021).
49. *Equal Opportunity Act 2010* (Vic) s 15.
50. *Equal Opportunity Act 2010* (Vic) s 103.
51. *Equal Opportunity Act 2010* (Vic) s 104.
52. *Equal Opportunity Act 2010* (Vic) s 15.
53. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 36-37.
54. *Equal Opportunity Act 2010* (Vic) s 17.
55. *Fair Work Act 2009* (Cth) s 65.
56. *Equal Opportunity Act 2010* (Vic) s 6(i).
57. *Equal Opportunity Act 2010* (Vic) s 17(2).
58. *Equal Opportunity Act 2010* (Vic) ss 20(1)-20(2).
59. *Equal Opportunity Act 2010* (Vic) s 4(1).
60. *Equal Opportunity Act 2010* (Vic) s 6(e).
61. *Equal Opportunity Act 2010* (Vic) s 20(3).
62. *Equal Opportunity Act 2010* (Vic) s 12.
63. Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).
64. *Equal Opportunity Act 2010* (Vic) s 12.
65. *Equal Opportunity Act 2010* (Vic) ss 13, 109.
66. *Equal Opportunity Act 2010* (Vic) ss 16-18, 105.
67. *Equal Opportunity Act 2010* (Vic) ss 93, 95.
68. *Equal Opportunity Act 2010* (Vic) s 103.
69. *Equal Opportunity Act 2010* (Vic) s 109.
70. *Equal Opportunity Act 2010* (Vic) ss 109-110.

71. Department of Premier and Cabinet, *Outcomes reform in Victoria* (State of Victoria, undated).
72. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019).
73. Department of Health and Human Services, *Workplace culture and bullying, harassment and discrimination training: Guiding principles for Victorian health services* (State of Victoria, 2019).
74. The Commission notes that the term 'executive' as used in this section does not refer exclusively to members of the Executive Committee. The Commission's survey asked participants to rate their level of agreement or disagreement with several statements (on a scale of strongly agree to don't know / unsure), including: "The Ambulance Victoria Executive / Board of Directors proactively promote and prioritise workplace equality"; and "The Ambulance Victoria Executive / Board of Directors are accountable for unlawful conduct and workplace inequality".
75. Ambulance Victoria, *Strategic Plan 2017-2022* (State of Victoria) 7.
76. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 9.
77. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 8.
78. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 9.
79. Ambulance Victoria, 'Ambulance Victoria and Life Saving Victoria Strengthening Cultural Diversity', YouTube, 22 July 2019, <https://www.youtube.com/watch?v=EXcp5ZQ3kpU>.
80. Ambulance Victoria, 'On reconciliation, racism and pride', Part 1, YouTube, 4 July 2021, <https://www.youtube.com/watch?v=O1fG6F1-NSA>; Ambulance Victoria, 'On reconciliation, racism and pride', Part 2, YouTube, 4 July 2021, <https://www.youtube.com/watch?v=Zkqw2-DPQno>.
81. Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch, 2015); 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* 122.
82. See *supra* n (74) and accompanying text, explaining the use of the term 'executive'.
83. 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) 6, citing Angela L. Workman-Stark, *Inclusive Policing from the Inside Out* (Springer, 2017) 170.
84. 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) 8, citing Hillary Odiakaose, 'Organisational Culture and Dynamics' (2018) *Global Journal of Management and Business Research* 18, 23-25; Angela L. Workman-Stark, *Inclusive Policing from the Inside Out* (Springer, 2017) 19.
85. Australian Human Rights Commission, *Respect@Work: National inquiry into sexual harassment in Australian workplaces* (Report, 2020) 877; Australian Human Rights Commission, *Women in male-dominated industries: A toolkit of strategies* (Australian Human Rights Commission, 2013).
86. Michael Flood, Molly Dragiewicz and Bob Pease, *Resistance and backlash to gender equality: An evidence review* (Crime and Justice Research Centre, Queensland University of Technology, 2018) 5-6.
87. Abby McLeod and Victoria Herrington, 'Valuing different shades of blue: From diversity to inclusion and the challenge of harnessing difference' (2017) 6 *International Journal of Emergency Services* 177, 181.
88. Michael Flood, Molly Dragiewicz and Bob Pease, *Resistance and backlash to gender equality: An evidence review* (Crime and Justice Research Centre, Queensland University of Technology, 2018) 6-7.

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