



# 4 Preventing unlawful and harmful conduct

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Chapter 4 maps at a high level the steps that Ambulance Victoria has taken to prevent discrimination, sexual harassment, bullying and victimisation within its workplace and analyses the adequacy of those steps using the Commission's minimum standards for compliance with the positive duty in the Equal Opportunity Act. In doing so, this chapter identifies where the organisation is complying with the Act, as well as areas where the Commission has determined it is not meeting the standards required by the Act. Chapter 4 also details the Commission's findings regarding the extent of discrimination, sexual harassment, bullying and victimisation reported to us, providing context for our findings regarding the adequacy of the preventative measures adopted so far.

## → KEY POINTS

**The Equal Opportunity Act requires Ambulance Victoria to provide a safe work environment in which employees and first responders are free from unlawful conduct**

- Everyone has a right to be safe while working or volunteering for Ambulance Victoria. The positive duty in the Equal Opportunity Act requires Ambulance Victoria to provide a safe working environment by taking reasonable and proportionate measures to prevent discrimination, sexual harassment, bullying and victimisation.

**Ambulance Victoria has implemented some preventative measures, but there are key gaps in its compliance with the positive duty that are undermining workplace safety**

- Ambulance Victoria has developed, communicated and sought to embed clear behavioural expectations via its values. However, there has been a loss of faith and trust in those values in guiding expected behaviour, due to a lack of role modelling by some in the workforce and inconsistent accountability for those who do not adhere to them, among other things.
- The effectiveness of the preventative measures adopted by Ambulance Victoria has been limited by the absence of any prior comprehensive analysis of the key drivers or risk factors for discrimination, sexual harassment, bullying and victimisation. The measures adopted are also not captured in a single prevention plan with measurable outputs or clear accountability for implementation and monitoring. As a result, its preventative measures are not having their intended or maximum effect, as seen in the reported extent of the unlawful or harmful conduct described below.
- Ambulance Victoria has introduced some important initiatives to support leaders and managers/supervisors to build a safe, respectful and inclusive workplace culture. Yet, infrequent training and low attendance are compromising capability to proactively lead the workforce in taking early steps to address unlawful or harmful workplace conduct (in contrast to the evident capability in leading difficult conversations around clinical issues). Capacity to lead these conversations is also limited, particularly for those in operational roles.
- Unlawful conduct has, to varying degrees, been addressed through a risk lens, but it was only after October 2020 that this was elevated as a significant organisational risk. The information and data sources presently relied upon to monitor, identify and assess related risks have resulted in gaps in knowledge that have limited the organisation's ability to intervene early or respond, including due to declining participation rates in the People Matter Survey and notable underreporting. A more comprehensive approach to risk monitoring, supported by rebuilding trust, and fostering of a safe environment to speak up, is needed.

## → KEY POINTS

**The high number of participant reports of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria indicate that its preventative measures are not keeping employees and first responders safe at work and they must be strengthened.**

- The Commission's workforce survey, reinforced by interviews and submissions, shows there is a large number of people who have directly experienced or been a bystander to discrimination, sexual harassment, bullying or victimisation in the organisation:
  - 47.2% of the 1925 people who responded to the survey question told us that they had experienced discrimination at Ambulance Victoria
  - 17.4% of the 1928 people who responded said that they had been sexually harassed
  - 52.4% of the 1886 people who responded said they had been bullied
  - 34.5% of the 232 people who had made a formal complaint of unlawful conduct and answered the question reported being ostracised, victimised or ignored, while 40.5% reported negative career consequences
  - a significant number of participants reported witnessing or later learning of discrimination (47.7% of 1887 survey respondents), sexual harassment (39.3% of 741 respondents) and bullying (66.4% of 1887 respondents).
- The scale of incivility and other everyday forms of disrespect are not only harming employees and first responders but are also creating a permissive environment for more widespread and serious forms of unlawful or harmful conduct.

# 4.1 Preventing unlawful conduct at work

## 4.1.1 The importance of preventing unlawful conduct

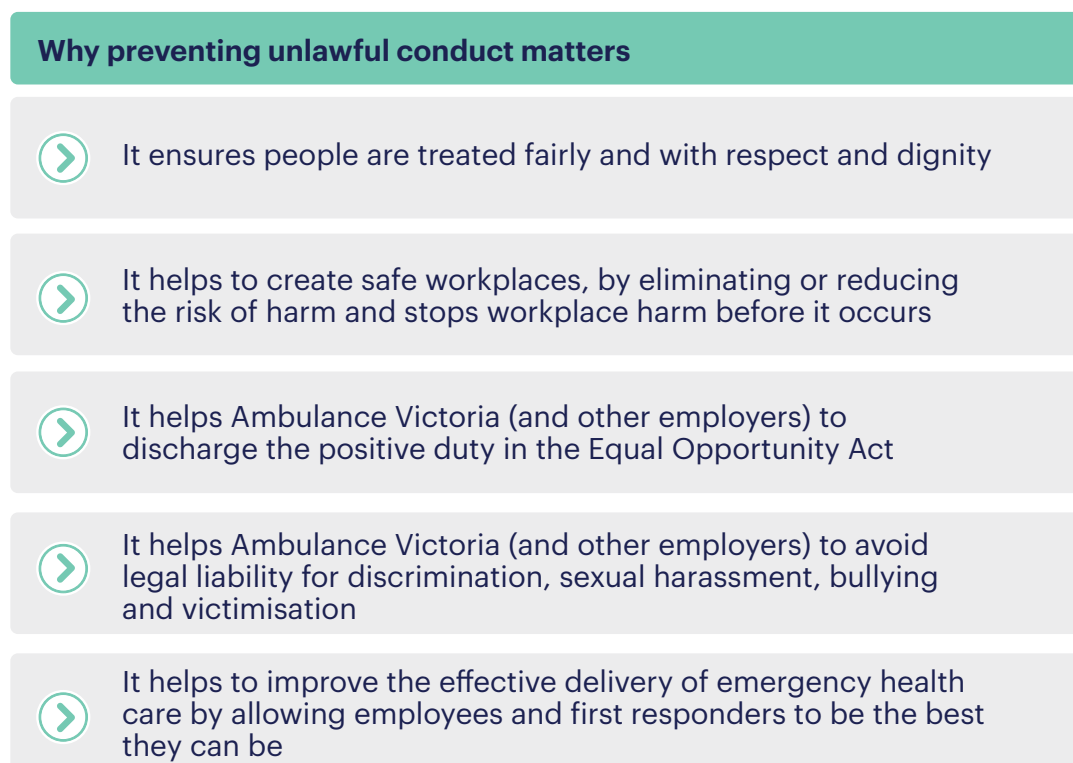
Everyone has a right to be and feel safe at work.

Yet, research shows that people continue to experience discrimination, sexual harassment, bullying and victimisation, as well as other harmful conduct like incivility, while at work. One in three people, for instance, are subjected to sexual harassment at work,<sup>1</sup> while one in 10 experience workplace bullying.<sup>2</sup>

These types of unlawful and harmful workplace conduct routinely cause significant, long-lasting and irreparable harm to individuals and organisations. Inadequate responses by organisations often further and compound the original harm caused. (See Section 5.2.)

Preventing unlawful conduct – or at the very least minimising its occurrence to the greatest extent possible – is essential to avoiding harm at work and ensuring that people are and feel safe to come to work. It is also a foundation of a safe, equal, respectful and inclusive workplace and it offers a range of other benefits (see Figure 4A).

Figure 4A – **Why preventing unlawful conduct matters**



## 4.1.2 Obligations to prevent unlawful conduct

As Chapter 3 explained, the Equal Opportunity Act requires Ambulance Victoria (and other employers) not only to refrain from discrimination, sexual harassment and victimisation in the workplace, but also to identify and take ‘reasonable and proportionate measures’ to eliminate – or prevent – this unlawful conduct.<sup>3</sup>

The steps that an employer must take to comply with the positive duty vary for every organisation, considering factors such as the size, nature, resources and priorities of the business or operations, as well as the practicality and cost of the measures. Yet, to be effective, prevention efforts must target the risk factors and systemic drivers of the conduct, as well as any barriers to reporting or making complaints about unlawful conduct.<sup>4</sup>

## 4.1.3 Leading practice approaches to prevention





The way in which courts and tribunals have interpreted the Equal Opportunity Act and determined and resolved cases provide guidance on the specific measures that employers need to adopt. The Commission’s ‘practice guidelines’, issued under the Act,<sup>5</sup> draw on the courts and tribunals’ interpretation and decisions as well as leading practice research and literature, to also provide critical guidance. Our guideline on preventing and responding to workplace sexual harassment sets out six minimum standards for complying with the positive duty in the Act, with the first four standards focused on prevention (see Figure 4B) and the final two standards focused on response (see chapters 7 to 9).

Figure 4B – Minimum standards to comply with the positive duty



Importantly for this review, the minimum standards are broadly applicable to discrimination, bullying and victimisation, in addition to sexual harassment, and have been adapted here when considering prevention, as shown in Figure 4C.

Figure 4C – **Minimum prevention standards**

Standard	Outcomes
 <b>Standard 1:</b> Knowledge  Employers understand their obligations under the Equal Opportunity Act and have up-to-date knowledge about unlawful workplace conduct	<ul style="list-style-type: none"> <li>• Employers understand the law relating to unlawful workplace conduct including their positive duty</li> <li>• Employers understand the drivers and impacts of unlawful workplace conduct</li> <li>• Leaders and supervisors know how to identify and respond to unlawful workplace conduct</li> </ul>
 <b>Standard 2:</b> Prevention Plan  Unlawful workplace conduct is prevented through the development and implementation of an effective prevention plan	<ul style="list-style-type: none"> <li>• Employers have assessed what steps they will take to prevent unlawful workplace conduct, including measures in compliance with these standards, and have documented the plan</li> <li>• Workers and their representatives have an opportunity to contribute to the development or revision of the plan</li> <li>• Workers understand the plan (including relevant policies and procedures) and know where to find it</li> <li>• Leaders have implemented the plan and are accountable for the commitments within it</li> </ul>
 <b>Standard 3:</b> Organisational Capability  Leaders drive a culture of respect by building organisational capability	<ul style="list-style-type: none"> <li>• Expectations of respectful workplace behaviour have been set and clearly communicated to workers</li> <li>• Leaders model respectful workplace behaviour</li> <li>• Employers have taken steps to ensure workers understand that unlawful workplace conduct is against the law and will not be tolerated</li> <li>• Employers encourage and support bystanders to act safely to respond to unlawful workplace conduct</li> </ul>
 <b>Standard 4:</b> Risk Management  Employers have built a culture of safety and address risk regularly	<ul style="list-style-type: none"> <li>• Employers have regularly identified and assessed risk factors for unlawful workplace conduct, including by seeking feedback from workers</li> <li>• Employers have recognised and treated unlawful workplace conduct as a work health and safety risk</li> <li>• Employers have taken steps to minimise and control workplace risk factors</li> <li>• Workers understand and are encouraged to use systems in place to address risk</li> </ul>

Where the Commission has not developed applicable practice guidelines or existing guidelines benefit from comparative approaches, other aligned leading practice guidelines, standards and published materials can also assist Ambulance Victoria (and other employers) to understand what steps to take to prevent unlawful workplace conduct. An example is the 2019 framework, published by the (then called) Victorian Government Department of Health and Human Services, which details principles for preventing bullying, harassment and discrimination and building a positive workplace culture in the health sector<sup>6</sup> The Commission has also considered this framework, alongside its own, when analysing Ambulance Victoria's approach to prevention.

## 4.2 How Ambulance Victoria seeks to prevent unlawful conduct

Ambulance Victoria has adopted a number of measures in an effort to prevent workplace discrimination, sexual harassment, bullying and victimisation. Illustrative examples of these measures are canvassed below, mapped and analysed against each of the minimum prevention standards for complying with the positive duty in the Equal Opportunity Act. The Commission has focused the discussion on critical aspects of each standard, with further detail and examples of Ambulance Victoria's efforts provided in Volume II, where relevant.



### Findings

- Ambulance Victoria has adopted and implemented a range of preventative measures across each of the minimum standards that aim to provide its employees and first responders with a safe working environment that is free from discrimination, sexual harassment, bullying and victimisation, with many of these measures supporting its progress towards compliance with the positive duty.
- When these measures are mapped against the Commission's standards, however, gaps in the organisation's compliance with the positive duty emerge. These gaps are attributable either to the absence of important preventative measures (for example, a comprehensive and evidence-based prevention plan) or the inadequacy of the measures adopted (for example, the over-reliance on People Matter Survey results and complaints data to gain insights into unlawful or harmful workplace conduct and support early intervention).
- The gaps in the organisation's compliance with the positive duty in the Equal Opportunity Act are enabling discrimination, sexual harassment, bullying, victimisation and incivility and are undermining the safety of its employees and first responders, as evidenced by the high rates of unlawful and harmful conduct described to the Commission (outlined in Section 4.3).





## Findings

- The recent period of significant organisational change and the heightened impact of the COVID-19 pandemic on Ambulance Victoria as a frontline service provider have impeded the implementation of some preventative measures.
- Changes to learning management systems may be limiting Ambulance Victoria's ability to understand workforce attendance rates for critical equality training over the past five years. There is also concerning evidence of low attendance for recently introduced mandatory bullying and harassment training for managers.
- The findings in this report regarding the scale and profound impacts of unlawful and harmful conduct in the workplace demonstrate the importance of prioritising efforts to prevent harm before it occurs and to ensure a safe working environment for a workforce already under significant, sustained pressure. A more holistic, integrated approach to prevention will not only help to stop harm to employees and first responders but will also have a positive impact on the organisation's ability to deliver effective services to the community. This is particularly the case as the organisation is delivering services during these unprecedented circumstances and at a time when the impacts of the COVID-19 pandemic on the organisation are expected to worsen due to the projected surge in demand as the state emerges from its most recent lockdown.
- The organisation must balance the peak demands on its services in the coming weeks and months while also managing the critical need to ensure a safe workplace. It can achieve this balance by implementing immediate actions to address critical safety concerns, while developing a longer-term plan to implement the reforms as soon as practicable once the pressures related to the COVID-19 pandemic ease. This balance can also be achieved by taking into consideration the recommendations in Volume II of this report.
- Prioritising the workforce's safety will be a collective endeavour. It will require the commitment and ongoing support of the Ambulance Victoria Board, the CEO and the Executive Committee, the workforce, the Minister for Ambulance Services, the Victorian Government Department of Health and other key partners, particularly the various unions and professional associations, and the broader health system. Everyone in the workforce also has a critical role in prevention – from treating each other fairly and with dignity and respect, to role modelling appropriate behaviour, calling out unlawful or harmful conduct and, for managers and leaders, holding people who behave unlawfully to account, and addressing workplace risk factors and systemic drivers.



## 4.2.1 Knowledge

Building and maintaining a safe workplace culture that is free from discrimination, sexual harassment, bullying and victimisation requires Ambulance Victoria's leaders and managers to understand their obligations under the Equal Opportunity Act. This includes the positive duty. It is also essential that they understand the particular drivers or risks factors and impacts of unlawful workplace conduct and know how to identify and respond to this conduct when it does occur.

### Understanding the law

Ambulance Victoria offers several training courses on appropriate workplace conduct (see Figure 4D). Some of these are open to the entire workforce, including leaders and managers/supervisors. Other courses target leaders and managers/supervisors, with some tailored training recently provided to the Board and the Executive Committee.

Ambulance Victoria monitors completion of these courses through reporting and uses an automated system to notify a staff member and their manager via email if completion of a compulsory program is outstanding. Managers are also able to review the training records for members of their team.

Figure 4D – **Ambulance Victoria’s training courses on appropriate workplace conduct**

<b>Equal employment opportunity induction and refresher course</b>	<p>Since 2013, Ambulance Victoria has required new starters (including first responders, casual Ambulance Community Officers and volunteer Community Emergency Response Teams but excluding contractors and agency casuals) to complete a mandatory course on equal employment opportunity as part of their induction. In 2018 the course was updated as an online e-learning course. This course describes the types of unlawful conduct, individual responsibilities regarding this conduct, and the organisation’s complaints and misconduct processes.</p> <p>Ambulance Victoria also requires staff members (excluding contractors and agency casuals) to complete this course as a refresher program every two years.</p>
<b>Manager training on bullying and harassment</b>	<p>Ambulance Victoria requires managers to undergo mandatory anti-bullying and harassment training. Offered for the first time in 2018-2019 via face-to-face sessions and delivered by Swinburne University, 401 of 1057 managers (37.9%) have completed the course (as at May 2021).</p>
<b>Courageous conversations course</b>	<p>Ambulance Victoria offers an optional training course for staff that provides guidance on how to prepare for, and have, challenging conversations in the workplace in a constructive manner. Leaders, managers and supervisors are particularly encouraged to complete this course, which focuses on early conflict management and provides education on how to address issues fairly and professionally, although it does not directly address unlawful conduct.</p>
<b>Anti-bullying, harassment and discrimination workshop for the AV Board</b>	<p>In May 2018, Swinburne University facilitated a one-off workshop for the Ambulance Victoria Board on ‘Bullying in the boardroom’. This workshop explored the legal implications of workplace bullying, as well as discrimination and sexual harassment, including in the boardroom, and emphasised the Board’s role in creating a respectful and cohesive culture.</p>
<b>Equal Opportunity Act workshop for the AV Board</b>	<p>In September 2021, the Commission facilitated a workshop for all members of the Ambulance Victoria Board on its role and responsibilities in relation to the Equal Opportunity Act. This workshop sought to improve understanding among directors of legal duties imposed on workplaces under the Act and clarify the role and responsibilities of the Board with respect to preventing and responding to unlawful and harmful workplace conduct and embedding equality.</p>
<b>Equal Opportunity Act workshop for the AV Executive Committee</b>	<p>In August 2021, the Commission facilitated a workshop for the Ambulance Victoria Executive Committee on its role under the Equal Opportunity Act. This workshop sought to build the Executive Committee’s understanding of their responsibilities under the Act to prevent and respond to unlawful and harmful workplace conduct and inequality. It sought to build the capability of the leadership team to acquit their responsibilities under the Act and to implement the recommendations that would arise from Phase 1 of the review.</p>

These educational offerings are provided or facilitated in an attempt to ensure (among other things) that the organisation's Board and its senior leaders and managers/supervisors are aware of their responsibilities to create and maintain safe, equal and inclusive places to work.

Although Ambulance Victoria monitors training attendance and completion rates, it has been difficult for the Commission to understand the rates and frequency of completion for all the above programs over the last five years. Ambulance Victoria has advised that in October 2020 a new learning management system was implemented, which provides more sophisticated reporting capability. Prior to the implementation of this system data was contained within a different, more limited system, which meant it was more difficult to capture information including the number of enrolments in courses.

These limitations in available training data collection and analysis systems may have been undermining the visibility of who has completed necessary training and therefore whether leaders, managers and supervisors have the knowledge required to prevent and address unlawful conduct.

The Commission understands that Ambulance Victoria takes some steps to assess whether these courses are achieving their intended outcomes, such as assessing question and answer activities, work-related scenarios or exam type activities embedded in the training material. The use of pre-course and post-course surveys to assess levels of attendees' awareness and understanding are not currently used.

Responses to the Commission's survey suggest that awareness of rights and responsibilities under the Equal Opportunity Act is fairly high overall, based on respondents' self-assessments, including those completed by leaders and managers. Among the 742 survey participants who said they supervised others and responded to the question about their knowledge of the Act, 51.2% (n=380) said they were either fully familiar with or understood most details of the Act. A total of 29.6% (n=220) said they were familiar with some details; while the remaining 19.1% (n=142) of supervisors indicated that they were either unaware of the Act or not familiar with any of its details.

These results broadly align with responses to the survey question asking people to rate their manager's awareness of their obligations under the Act; although, there is a tendency for employees' and first responders' perceptions of their managers' knowledge to be higher than supervisors' self-ratings. Of the 1637 people who provided a rating for their manager's knowledge of the Act:

- 61.6% (n=1009) believed their manager is fully familiar with the Act or understood most of its details
- 22.3% (n=365) believed their manager is familiar with some details of the Act
- 16.1% (n=263) believed their manager is either unaware of the Act or not familiar with any of its details.

These responses provide some insight into people's confidence in management, with the survey indicating that employees and first responders have a reasonable degree of confidence that their managers have a solid understanding of the Act and therefore may expect that their manager will uphold their rights.

However, the Commission observed and heard about lower literacy levels in practice, particularly through the interviews, which suggests that both the perceptions of employees and first responders and the self-ratings may overestimate actual knowledge of the Act. Concepts such as substantive equality, indirect discrimination and special measures were, for instance, oftentimes misunderstood.

[The acting manager] kept repeating the mantra, 'We treat people the same' and they're missing the point of what the Act says which is not that you have to treat people the same, but you have to achieve similar outcomes for people from different backgrounds or of these protected backgrounds. I don't think it's my role as an operational employee to educate senior – even line managers or senior management about what the Equal Opportunity Act says. *Participant, Interview*

I think there is a lack of knowledge within the organisation about what actually constitutes discrimination and how we can avoid it ... the definition of indirect discrimination has been occurring to many people over a long period of time within the organisation and it's accepted and condoned and enforced. *Participant, Interview*

I think in cases where it's obvious, like direct discrimination based on gender or race ... [managers are] very accountable. I think in a situation like mine, where it's not as on the surface – that senior management are just doing their job to the best of their ability. They're just implementing the policies that are in place and they are misinformed. I don't believe it's personal. *Participant, Interview*

In addition, knowledge of the steps needed to implement the positive duty appears to be limited among leaders, managers and supervisors. We typically learned of leaders and managers reacting to concerns or reports or complaints, rather than proactively seeking to build and maintain a safe workplace culture free from unlawful or harmful conduct. This would include proactively discussing with employees and first responders what it means to build such a culture and how people want to work and volunteer together to ensure it is maintained.

In a further illustration, we observed and heard of limited capacity (particularly among operational managers) and capability to proactively lead the workforce in sensitive and challenging conversations about unlawful or harmful workplace conduct, in contrast to the evident capability around how to lead difficult conversations about clinical issues.

I think that's one of the things that we really need to train our [Senior Team Managers] and [Team Managers] on. They get operational stuff really, really well, but it's the difficult conversations ... I think that's one of the key things that was missing in the [Senior Team Manager and Team Manager] space and they are requesting this training. *Participant, Interview*

**[T]hey're terrified to have a conversation with their staff because they don't know how to do it. And it's not that they don't have the capability; they've just never done it before. *Participant, Interview***

**[T]here needs to be that ongoing challenge to inappropriate behaviours ... I sadly think ... service wide ... [there is a] low appetite to have challenging conversations and a low appetite for managers to follow through and feel that they've got senior managers back by having hard and challenging conversations with staff and holding them accountable.**

*Participant, Interview*

The Commission is concerned that mandatory bullying and harassment training for managers has had low completion rates and that Ambulance Victoria otherwise does not appear to have a clear picture of the completion rates for other critical training modules for managers, including courageous conversations and equal opportunity refresher training. Having the knowledge, skills and confidence to have courageous conversations about inappropriate conduct is a critical way for managers to intervene early and to prevent behaviour escalating to unlawful conduct. This underscores the importance of increasing attendance at these courses and carefully monitoring completion rates. The Equal Opportunity Act workshop attended by all members of the Executive Committee in 2021 is an important step in supporting these conversations, but it is important that these types of conversations continue and are extended to a broader audience within the organisation. A critical forthcoming conversation that will be needed concerns the findings and recommendations in this report and what they mean, both in terms of reflective practice but also going forward.

The findings in Section 4.3 and Chapter 5 regarding the nature, extent and impacts of unlawful and harmful workplace conduct within Ambulance Victoria, underscore the urgency of adopting a more structured and outcomes-focused approach to ensuring Ambulance Victoria's leaders and managers have access to the necessary training and are supported to undertake it. After all, safety at work – including freedom from discrimination, sexual harassment, bullying and victimisation – is not negotiable.

See Chapter 12, Volume II for a detailed discussion of strengthening organisational capability.

## **Understanding the drivers and being able to identify and respond to unlawful workplace conduct**

When the Commission began this review, Ambulance Victoria had undertaken some work to identify and understand the drivers of discrimination, sexual harassment, bullying and victimisation within its workplace. For example, in 2019, Ambulance Victoria developed a workplace behaviour risk profile, in which it allocated a behavioural risk rating to individual branches based on People Matter Survey results, complaints and other relevant data (see Section 4.2.4). This culminated in the anti-bullying and harassment training for managers being adapted and delivered to employees in 2021, as described above. It also led to some analysis of the data and efforts to distil the underlying drivers and risk factors, including consideration of management styles and the stability of work teams.

Efforts like these have provided the organisation with important insights into the drivers and risk factors behind discrimination, sexual harassment, bullying and victimisation. Yet, a more broad-ranging assessment of these drivers or risk factors – and the steps needed to prevent this conduct from occurring – was lacking. This is partly due to limited capability arising from the data systems currently available to Ambulance Victoria (discussed at Section 9.5). There also appears to have been limited discussion or analysis of the individual, team and wider organisational impacts of these behaviours, outside of the training described above. As a result, understanding of the drivers or risk factors and serious impacts appears to be low within Ambulance Victoria; this impression was borne out in interviews, focus groups and submissions.

The process of conducting this review – including the conversations that it has prioritised and brought into focus and the significant volume of data and experiences that have been shared that have enabled the drivers, risk factors and impacts to be mapped – has already helped to improve awareness and understanding of these drivers and risk factors. The Board is to be commended for requesting the review and, through this process, enabling this information to surface for the benefit of the organisation. Throughout the review, the Commission has also observed a keen desire by the Ambulance Victoria Board and the organisation's Executive Committee to better understand and take practical steps to address these drivers and risk factors.

Going forward, a critical initial education piece for the organisation will be to engage its leaders and managers/supervisors in critical conversations about the drivers, risk factors and impacts that have been identified in this final report and how they have manifested within Ambulance Victoria. What are the drivers and risk factors? How might have past practice and systems contributed to or enabled those drivers or risk factors to materialise? Why is it important to address them? What are the roles and responsibilities of leaders and managers/supervisors to address drivers and risk factors? How should leaders and managers/supervisors talk to their divisions and teams about them? How should they seek to tackle drivers and risk factors?

Engaging in such conversations will, in turn, help and support the leaders and managers/supervisors to engage the workforce in similar conversations. Furthermore, as the drivers and risk factors will not necessarily remain static over time, it will be important that the organisation revisits this assessment on a regular basis.





## Findings

- Apart from an equal employment opportunity induction course, leaders, managers and supervisors are only required to undertake refresher training on equal employment issues every two years, which appears to be impacting the level of understanding of rights and responsibilities under the Equal Opportunity Act, including key concepts like substantive equality, indirect discrimination, and special measures.
- While some additional, targeted educational courses have been developed on bullying and harassment, and on how to have difficult conversations in the workplace, the potential of these courses has been severely constrained by the low attendance rates and limitations in the systems designed to monitor attendance and completion rates.
- Prior to the Commission's independent review, understanding of the drivers of unlawful and harmful workplace conduct within Ambulance Victoria was low. Even where individuals knew how to identify and respond to such conduct when it occurred, organisational tolerance of the conduct and a resulting culture of silence prevented people from speaking up (see Section 6.1).

## 4.2.2 Prevention plan

Ambulance Victoria has not previously mapped in a single, integrated prevention plan, the proactive steps it is already taking, or plans to take, to prevent this conduct from occurring. The organisation has also not identified in such a plan the measurable outputs of its prevention efforts or assigned accountability for driving the implementation and monitoring of these efforts.

Rather, Ambulance Victoria's approach so far has involved integrating several measures designed to prevent discrimination, sexual harassment, bullying and victimisation across a range of the organisation's programs and practices.

For example, the *Mental Health and Wellbeing Strategy 2016-2019* (now superseded) identified a reduction in the incidence of bullying and harassment as being critical for delivering comprehensive mental health interventions and training throughout the employee lifecycle (although this was omitted in the current iteration of the strategy). The organisation's *Mental Health and Wellbeing Action Plan 2019-2022* includes a commitment to protect mental health and wellbeing by modifying risk and protective factors. It also acknowledges a link to the *Diversity and Inclusion Strategy 2019-2022*. While this link is not drawn out in detail, it may be a useful step towards recognising that unlawful and harmful workplace conduct and inequality can lead to poor mental health and wellbeing, and vice versa.

By way of a further example, Ambulance Victoria's *Aboriginal Employment Plan 2016-2019* includes a commitment to providing cultural training to employees. This commitment resulted in a 30-minute cultural awareness e-learning module being launched in 2017; as at 21 October 2021, this has been completed by 92.25% of staff members, including first responders, casual Ambulance Community Officers and volunteer Community Emergency Response Teams (but excluding contractors and agency casuals). The Aboriginal Employment Plan also includes a commitment to developing a Cultural Safety Framework that seeks to address unconscious bias.



The Ambulance Victoria *Diversity and Inclusion Strategy 2018-2020* is one of the primary strategies in the organisation's approach to prevention. As Section 3.4.1 explained, the strategy sets four clear goals for the organisation, each with its own initiatives and indicators of success: a leader in diversity and inclusion; a safe and inclusive culture; a diverse workforce; and a flexible and supportive workplace.<sup>8</sup>

The strategy lists several initiatives under the goal of '[a] safe and inclusive culture':

- ensure our people understand their contribution to fostering an inclusive and safe workplace through training, effective performance development and reward mechanisms
- implement targeted leadership programs to accelerate the diversity of Ambulance Victoria's leadership at all levels of the organisation
- implement mentoring programs to support employees within identified groups
- celebrate and participate in recognised days of significance such as Harmony Day, International Women's Day, Midsumma Pride March, International Day Against Homophobia, Biphobia and Transphobia
- implement the professional conduct model to protect the safety of Ambulance Victoria employees and provide support to those who experience workplace bullying, harassment or discrimination.<sup>9</sup>

The measures highlighted above, and the other preventative measures adopted by the organisation are important steps towards providing its employees and first responders with a safe working environment. Many of these measures also support the organisation's progress towards compliance with the positive duty. For example, the Commission was often told about the organisation's sustained focus on improving the mental health and wellbeing of its workforce over recent years; although, we heard a sense that some of the successes in the space have been tempered by the heightened and sustained stresses of providing emergency care during a pandemic.

[I]n the last five years ... there's been a significant recognition of the impact of mental health and wellbeing, the type of work that we do, and the desire to really care for our people ... we saw a significant investment as I said in the independent reviews, the restructuring, the appointment of key roles, which is something that we hadn't had before ... So that sort of whole shift around thinking, stigma, investment of resources, restructuring of the team has all kind of coincided over the last five years or so. *Participant, Interview*

There is a significant focus on the health and wellbeing of the workforce, broadly, particularly in acknowledgement of the demand and pressures, the rise in mental health concerns, the rise in WorkCover claims and length of time of people being on WorkCover. There is a very genuine and deep care and consideration for the workforce. *Participant, Interview*

Yet, owing to the past failure to comprehensively identify and assess the particular drivers or risks factors of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria, the measures outlined above, and the others adopted but that space prevents us from detailing, are not comprehensive or necessarily evidence-based.

Furthermore, as Section 4.3 below shows, in many cases, the measures do not appear to be having their intended effect of preventing unlawful or harmful conduct, which is evidenced by the extent of the conduct reported to the Commission throughout the review.

The absence of a comprehensive, integrated prevention plan within Ambulance Victoria has in part contributed to missed opportunities to:

- clearly demonstrate the seriousness with which it views workplace discrimination, sexual harassment, bullying and victimisation
- reiterate its commitment to preventing unlawful and harmful conduct and providing a safe working environment
- reiterate the standards of behaviour to which all members of the workforce are expected to adhere
- improve understanding of workplace discrimination, sexual harassment, bullying and victimisation, by giving greater visibility to the meaning of this conduct and providing practical and relevant examples of how they manifest in the workplace (this is critical information that can be applied in all relevant educational material and training)
- acknowledge the particular drivers of unlawful and harmful conduct within Ambulance Victoria, including the shared drivers and interconnections between forms of unlawful conduct and workplace harms (for example, sex/gender discrimination and sexual harassment)
- recognise the individual and organisational impacts when unlawful or harmful workplace conduct does occur
- affirm that workplace discrimination (including bullying based on a protected attribute), sexual harassment and victimisation are unlawful under the Equal Opportunity Act, contrary to the organisation's values and code of conduct, and unacceptable
- confirm Ambulance Victoria's legal obligation to eliminate discrimination, sexual harassment and victimisation (i.e. the positive duty)
- understand which initiatives are working to prevent unlawful conduct in the workplace.

The absence of a comprehensive prevention plan has led to further missed opportunities to clarify that *everyone* in the workforce has a role to play in preventing unlawful and harmful conduct (for example, treating each other fairly and with dignity and respect, role modelling appropriate behaviour, calling out unlawful or harmful conduct and, for managers and leaders, holding people who behave unlawfully to account and addressing workplace risk factors and systemic drivers). The absence of a comprehensive prevention plan has also meant there have been missed opportunities to engage and educate the workforce, including leadership, in the importance of prevention and the actions it is prioritising to tackle unlawful and harmful conduct.

Furthermore, the lack of a comprehensive prevention plan has resulted in the limited identification and visibility of prevention activities and outputs (and why they are needed), the individuals responsible for overseeing them, or their outcomes. Accountability for implementation and monitoring of prevention efforts – for example, through KPIs in individual performance plans, has also suffered.

As a result of taking the step of engaging the Commission to conduct this independent review, Ambulance Victoria now has an evidence-based

understanding of the specific drivers and risk factors contributing to discrimination, sexual harassment, bullying and victimisation in its workplace. The information in this report – particularly the discussion of drivers in Section 6.1 – means that the organisation is now well positioned to co-design a prevention plan with the workforce in which it sets out all the proactive steps it is already taking and will take to prevent or reduce unlawful and harmful conduct from occurring in the workplace.



## Findings

- Ambulance Victoria has taken a number of important steps and established initiatives that are working towards providing employees and first responders with a safe working environment. For example, the (now superseded) *Mental Health and Wellbeing Strategy 2016-2019* specifically identified reducing bullying and harassment as vital to delivering a comprehensive approach to mental health throughout an employee's time with Ambulance Victoria. The *Diversity and Inclusion Strategy 2019-2022* has similarly guided the delivery of a number of key initiatives designed to foster a safe and inclusive workplace.
- The effectiveness of Ambulance Victoria's preventative measures has been limited by the absence of any prior comprehensive analysis of the key drivers of, or risk factors for, discrimination, sexual harassment, bullying and victimisation. The measures adopted are also not captured in a single prevention plan with measurable outputs or clear accountability for implementation and monitoring. As a result, the organisation's preventative measures are not having their intended effect, which is seen by the reported extent of the conduct, as described below.

## 4.2.3 Organisational capability

To drive a culture of safety and respect, Ambulance Victoria needs to build the organisational capability required to prevent discrimination, sexual harassment, bullying and victimisation from occurring. It is critical that there is clear, unambiguous and visible support from leaders and managers for preventing and addressing unlawful and harmful workplace conduct and its drivers. Leaders must be seen to be 'champions' for eliminating this conduct and they must model respectful behaviour, including by calling out inappropriate conduct and creating an environment where bystanders are encouraged to safely speak up and complainants are supported and protected from victimisation.

### Setting and communicating behavioural expectations

#### *Setting behavioural expectations*

Ambulance Victoria has taken a critical step towards meeting the minimum standard related to organisational capability by defining the acceptable and unacceptable standards of conduct and communicating them to the workforce. In 2013, Ambulance Victoria adopted a set of organisational values that guide the acceptable and unacceptable standards of behaviour for how the organisation works and how staff members interact with each other (see Figure 4E).

Figure 4E – Ambulance Victoria's values

 <p><b>Being respectful</b></p>	<p>We encourage a workforce that is as diverse as the patients we care for. We recognise and value the contributions that each individual brings. We treat our colleagues, patients, families and members of the community with courtesy, respect, dignity and compassion. We share responsibility for creating an environment that demonstrates equality and is free from harassment and discrimination.</p>
 <p><b>Working together</b></p>	<p>Providing high quality patient care is our core business. It is only by working together, that we can consistently achieve this. We are committed to working in a collaborative environment, seeking out the diverse knowledge and experience of others and building effective working relationships to deliver on our vision.</p>
 <p><b>Being accountable</b></p>	<p>We trust and empower each other to deliver on our commitments, take ownership for our work and are answerable for our actions. We hold ourselves and each other accountable for our behaviours.</p>
 <p><b>Openly communicating</b></p>	<p>We are committed to open, honest and transparent communication that builds trust and effective relationships, leading to better outcomes.</p>
 <p><b>Driving innovation</b></p>	<p>We drive innovation by finding day-to-day efficiencies and improved ways of working. By using our creativity, we identify and drive changes that will allow us to better serve our patients and community. We foster a work environment in which everyone is encouraged to share ideas that will lead to positive change.</p>

The values and descriptions are accompanied by examples of acceptable and unacceptable behaviours that are intended to bring the values to life. For instance, examples of acceptable behaviour relating to the value of 'Being respectful' include among other behaviours:

- treating others as we would like to be treated regardless of their age, race, sex, physical features, impairment or any other characteristics protected by law
- treating people with dignity and compassion and being sensitive to their needs.

By contrast, examples of unacceptable behaviour related to this same value include being intimidating, bullying or showing aggression towards others and, for instance, speaking disrespectfully of others, engaging in gossip, and having conversations that belittle others.<sup>10</sup>

Ambulance Victoria's *Code of conduct: Our way of working* – which details the organisation's values – explains that the values 'provide direction on the type of organisation [that Ambulance Victoria] aspire[s] to be and what type of behaviour [it] should expect and [it] regard[s] as appropriate for an ambulance service'.<sup>11</sup> It further explains that the values are intended to help create a positive and respectful culture<sup>12</sup> and stipulates the consequences for breaches.

**Our Values represent a cornerstone in developing our desired culture and provide an important indicator of the behaviours required of each and every one of us. Critical to our success, our values support us in creating a positive and respectful culture; a culture where our people are engaged, where they are enabled to achieve their best, learn to expect respect and where we are all aligned and working together.**

**The AV values provide a road map for acceptable and unacceptable behaviours, provide decision making guidance and describe how we intend to operate on a day to day basis. They are intended to encourage reflection on the impact that our behaviours have on each other, AV, our patients, community and our contribution to the Victorian Public Sector.<sup>13</sup>**

Ambulance Victoria's values sit alongside the Victorian Public Sector Values, which set out the standards of behaviour expected of all government agencies: responsiveness; integrity; impartiality; accountability; respect; human rights and leadership.<sup>14</sup> As a public sector agency, Ambulance Victoria is bound by these values, which set the standards of behaviour for all government agencies, and its employees and volunteers are also expected to uphold them.

The outcomes in Ambulance Victoria's strategic plan (see Section 2.1.3) also touch on acceptable standards of conduct, which are informed by the organisation's values. Outcome 3 (making the organisation a great place to work and volunteer) is particularly relevant. As part of achieving this outcome, Ambulance Victoria has stated that it aims to:

- keep its people safe, and physically and psychologically well
- provide an inclusive and flexible workplace
- develop a culture of continual learning and development
- embed an ethical, just and respectful culture.<sup>15</sup>

In addition, Ambulance Victoria's Professional and Ethical Standards Code seeks to uphold appropriate behaviour, including by committing the organisation to supporting diverse cultures and explaining that unlawful conduct is unacceptable.<sup>16</sup> The *Professional Conduct Policy* and *Professional Conduct Procedure* detail what constitutes discrimination, sexual harassment and bullying.

Various other policies seek to protect the rights of people with certain protected attributes, like the *Cultural and Ceremonial Leave Policy*, the *Parental Leave Policy*, and the *Flexible Working Arrangements Policy*.

### ***Embedding behavioural expectations***

Ambulance Victoria has sought to embed its values – and with them expected standards of behaviour – in a variety of ways. In addition to its code of conduct<sup>17</sup> and strategic plan,<sup>18</sup> which describe the intention behind the values and how they apply to the organisation's day-to-day work, Ambulance Victoria promotes its values through, among other avenues:

- the recruitment of external Paramedic and corporate candidates
- its induction for new starters
- an online peer-recognition tool that allows people to tag a value that a colleague has demonstrated
- its annual Excellence Awards, where nominators must outline how nominees represent the values
- its performance development process, by identifying the organisation's values as a key tool to inform the setting of performance expectations and assessment for promotion processes
- its Recognition and Development Program that requires candidates seeking eligibility for upward relieving roles to be assessed against the values
- the Graduate Ambulance Paramedic Probation Behavioural Checklist requires Team Managers to assess whether graduates have demonstrated the organisation's values during their probationary period.

### ***Experiences of Ambulance Victoria's values***

Many participants shared their perceptions about and lived experiences of Ambulance Victoria's values and the organisation's attempts to define acceptable standards of behaviour.

Overall, the Commission heard that there is a good level of awareness and recognition of Ambulance Victoria's values, with participants routinely citing the values during interviews and in submissions, and/or pointing out where they can be found or how they are communicated to the workforce. In line with these reports, 84% of respondents to the 2019 People Matter Survey indicated that they had seen or heard communications or information about the organisations values in the previous 12 months. In this respect, it appears that the organisation has been largely successful in communicating its values widely.

Yet, there was a view shared by a great many participants of a disconnect between the intent and lived experience of the values, with some suggesting that the values are discarded or minimised when they are inconvenient or seen to obstruct operational KPIs.



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

*Participant, Interview*

[V]alues were seen as things other organisations had time for but "this is different, this is ambulance", the usual rules don't apply.

*Participant, Written Submission*

I've worked for [organisation name redacted] and they in my opinion would be the best at actually establishing a value set that people truly lived by. So, it was called the [organisation's name] way and everybody knew it and everybody worked to it and people would say to each other "you're not working the [organisation's name] way" if they were using inappropriate language ... I would say that the values of this organisation [Ambulance Victoria] are not messaged at all. So, we were told to put an indigenous statement at the start of every meeting ... but it's not done at the start of the senior leadership team meeting, for example. So [executive committee member's] meeting, [they don't] include that but we were all sent out the email about "we're going to be setting an atmosphere". So, there's the indigenous inclusive statement and then there's a respect statement. I think I'm the only person I've ever heard actually say it out loud except for my team. So, my team do it all the time at the start of their meetings, as well and it's like we will engage in respectful conversation and value what is shared and I actually really like it and I genuinely feel from that statement and make it contextual to the meeting that we're having. But I'm the only one who does it and I think they are the sorts of things that repetitively shift the expectations of an organisation. ... Things are on the front of the webpage but the delivery of the message of what we are here to do is so tainted for this organisation because if you ask any single Paramedic what are they here to do? I think they would all say, "we are here to get to code 1 cases within 15 minutes". So, our response KPI is the thing that we live and breathe by...

*Participant, Interview*

This disconnection that the Commission heard about is borne out in the rates and severity of harmful workplace behaviours reported during the review, ranging from everyday incivility and disrespect through to the most serious forms of workplace harm.

As highlighted above, some participants attributed this disconnect to the organisation's prioritisation of achieving operational KPIs over other priorities. Some attributed it partially to inadequate steps to help the workforce understand what the values stand for and felt that more could be done to help individuals to apply the values in practice.



Follow this and do this. But we have really lagged behind in that, what it means to be a professional, and what it means to behave kindly and respectfully and what our values – we plant our values around, but how do we make sure that people understand what that means? And I've been involved in lots and lots of reviews where we don't deliver best care, and where things seem to go wrong and it's seldom an isolated, clinical knowledge gap, more often than not, it's about behaviour, it's about communication, and it's about stuff that people just don't call out.

*Participant, Interview*

Other participants pointed to a need for additional measures to shift the organisation from a compliance-based culture to a values-based culture.

We need to turn around this compliance-based culture to being a values-based culture where we're aspirational and we want to be excellent at everything we do. *Participant, Interview*

Some participants expressed concerns that this disconnect arises due to a lack of role modelling by some leaders and managers, even by those who expect their own staff and volunteers to uphold the values, as the sub-sections below explain.

## Modelling respectful workplace conduct

Ambulance Victoria expects those in leadership roles to model the organisational values, including the appropriate forms of workplace conduct that they require. For example, the Terms of Reference of the organisation's Executive Committee provide that it is responsible for 'modelling and upholding the highest level of leadership, integrity and ethics to ensure the organisation maintains and facilitates a strong culture, staff standards, behaviours and values with an emphasis on inclusion, fairness, safety and respect'.<sup>19</sup> These expectations are reiterated via forums such as the Senior Leader forums. The Ambulance Victoria Ethics and Integrity Unit also highlights and embeds these standards.

The Commission heard from some participants who shared that, in their experiences, most leaders and managers model the organisation's values appropriately, while still acknowledging that poor behaviour can and does occur at times.

I don't see people [executive members] not modelling the values in the way in which they operate, in my experience. *Participant, Interview*

I think that the leadership of the organisation reflects a strong culture of commitment to the values that we're talking about. *Participant, Interview*

These views partially aligned with previous People Matter Survey results, which suggest that the respondents are reasonably confident that senior leaders model the organisation's values. While the 2020 People Matter Survey was silent on the question of senior leaders modelling organisational values, in 2019, 62% of respondents either agreed or strongly agreed that they model the values (up 14% from the 2018 survey). That same year, 74% of respondents agreed or strongly agreed that the organisation's managers model its values, while in 2018, 76% of respondents said that their manager encourages behaviours that are consistent with my organisation's values.

That view of the organisation's leaders and managers model its values was not universally held, however, with a considerable number of participants expressing strong concerns regarding the conduct that some leaders and managers model, even those who expect their own teams to uphold the values and expected standards of behaviour.

**And they're always throwing the AV values at you and all that sort of stuff, and you just think, "Well, my Team Manager doesn't operate under the AV values, nor does my Senior Team Manager or my Area Manager. So yeah, why am I doing it?"** *Participant, Interview*

**There's a huge disconnect between management and the operational staff. The operational staff are – it's drummed into us that we have to follow AV values, that we have to be respectful and communicate openly and fairly and transparently and always look to provide the best care every time we have that opportunity. But management are completely void of any of that belief. ... [T]hey'll drive these values into us and expect us to uphold them when they're in the background, completely unravelling that belief system.** *Participant, Interview*

**Management continually fail to demonstrate the AV values and the way they expect the staff below them [to] uphold them.** *Participant, Written Submission*

While it is not possible for the Commission to say with certainty, it may be that the more positive People Matter Survey results speak to the question's focus on senior leaders, who may have had greater training and experience in values-driven cultures and the importance of role modelling expected behaviours.

## Upholding organisational values and behaviours

A critical further step in building organisational capability to prevent discrimination, sexual harassment, bullying and victimisation from occurring is ensuring that the workforce understands that this conduct is unlawful and will not be tolerated.

The Commission is aware of concrete steps that have been, and are being, taken by Ambulance Victoria to hold individual alleged perpetrators of discrimination, sexual harassment, bullying and victimisation to account for their actions in the workplace. We have also examined recent changes introduced by Ambulance Victoria to its reports and complaint system. The aims of these changes include ensuring that this system better responds to the needs of complainants, and also provides fair and consistent outcomes for those who engage in unlawful conduct (see chapters 7 and 8). The changes have, for instance, included the establishment of a centralised complaint unit (the Professional Conduct Unit), increased focus on data analysis to identify trends and risks, and the creation of a new independent telephone service ('SafeSpace') to provide information and advice on complaint pathways and support.

Still, the Commission was told repeatedly of concerns that Ambulance Victoria's senior leaders do not consistently hold individuals to account for failing to uphold the organisation's values or behave in accordance with expected standards of conduct. Worse still, as Section 6.1.2 details, we were told by participants of an organisational tolerance of discrimination, sexual harassment, bullying and victimisation and multiple instances where individuals who had reportedly behaved contrary to the organisational values were nonetheless promoted to more senior roles or otherwise indirectly rewarded for poor behaviour.

**We've walked past a lot of stuff and we've accepted it. And it's still going on now.** *Participant, Interview*

**So, I'd heard numerous conversations with [people senior to me about the bullying] and [it was always] that old age excuse – "oh that's just [them], that's just how [they've] always been". Rather than talking about the deficits about [this person] meeting AV's values and code of conduct.** *Participant, Interview*

**They're clearly not showing the attributes that the managers come out and say, "These are the things we value. This is what we value", and the people getting promoted are not the people who are showing these values.** *Participant, Interview*

**Stop rewarding bad behaviour and follow the policies and procedures. Staff who do the right things see staff who do the wrong things [being] rewarded with awards, like inappropriate behaviour towards another person .... Staff also see this when the Ambulance Service Medal is awarded to a person who is well outside of the meritorious service. This is not setting the Ambulance Victoria values or that of any reasonable person.** *Participant, Written Submission*

Someone with multiple complaints should not be able to continue to rise in the ranks without significant changes in their behaviour to align them with AV's values. *Participant, Written Submission*

I think that someone needs to hold them to account with their values. Like the values are all well written and even just the professional code of conduct for just all Victorian public service workers, if people were to follow that and if there was some way that people could be held to account for that. *Participant, Interview*

As Section 6.1.2 explores in detail, this type of organisational tolerance of unlawful and harmful workplace conduct not only harms the workforce, but it also creates a permissive environment that enables more widespread and serious forms of conduct and fosters a culture of silence due to a fear of victimisation and a lack of accountability, which then enables the conduct to continue unchecked. Furthermore, while acknowledging different points of view, it appears to have contributed to a wide-scale loss of faith and distrust in Ambulance Victoria's values and the willingness of the organisation's leaders to hold people accountable for acting in ways that are contrary to the values. As a result, the values have been rendered largely meaningless and the credibility of some leaders and managers has been undermined.

## **Building the workforce's understanding of unlawful conduct**

A critical aspect of building organisational capability to prevent discrimination, sexual harassment, bullying and victimisation is supporting the workforce to contribute to a safe, equal and respectful workplace culture. To do this, employers like Ambulance Victoria should ensure that everyone in the workplace properly understands what unlawful conduct is, and why it is against the law and contrary to the organisation's values and objectives.

The commissioning of this review has been an important means of engaging the workforce in discussions related to unlawful and harmful workplace conduct, which the Commission has observed is helping to improve the workforce's focus on, and literacy around, this conduct.

Ambulance Victoria has also sought to build the workforce's understanding of unlawful conduct through its equal employment opportunity induction and refresher courses (and efforts to set and communicate behavioural expectations, as detailed above). These courses broadly cover workplace discrimination, sexual harassment, bullying, victimisation and vilification, and explain Ambulance Victoria's report and complaint processes.

The Commission's survey asked people to describe their experiences of training in relation to discrimination, sexual harassment, bullying and victimisation while at Ambulance Victoria:

- Of the 2057 people who responded to a question about whether they had ever received such training, 77.1% (n=1586) indicated that they had (either face-to-face or online), while 15.8% (n=326) said they had not.
- Of the 1410 people who responded to a question about when they received their most recent training, around three in five (61.4% or n=866) said it took place between one and three years ago, with 17.5% (n=247) of respondents indicating it occurred within the previous year. For 21.2% (n=297) of respondents, the training took place more than three years ago.
- Of the 1408 people who responded to a question about whether the training helped them to understand their rights and obligations under the Equal Opportunity Act, 76.8% (n=1082) said it had, whereas 23.2% (n=326) indicated it had not.

It is welcome to see that the majority of the survey respondents who had completed these courses felt that the training had strengthened their understanding of the Act and their related rights and responsibilities. In Volume II, the Commission explores whether there are opportunities to improve organisational capability related to unlawful and harmful workplace conduct by improving the 'content of these courses. The Commission will consider issues including, the prominence of the Act in training materials, particularly the positive duty, how key drivers and impacts of this conduct are explained and how the training supports employees and first responders to identify and respond to unlawful and harmful conduct when it occurs, as well as the information available about complaint pathways. Further to these issues, the Commission will also explore whether the frequency of the refresher courses are adequate and in keeping with standard practice.

## Speaking up

Another critical step in building organisational capability and complying with the positive duty in the Equal Opportunity Act is encouraging and supporting bystanders to act safely to respond to unlawful workplace conduct.

### Who is a 'bystander'?

When referring to 'bystanders', the Commission includes both people who directly witnessed workplace discrimination, sexual harassment, bullying, victimisation or incivility and those who later learned about this conduct. This is because research tells us that later learning about these types of unlawful and harmful workplace conduct can be just as harmful as witnessing this conduct directly.<sup>20</sup> The rates of bystanders detailed in this report are reflective of this broader definition and are therefore higher than if the Commission had just asked participants about experiences of directly witnessing unlawful or harmful conduct.

In line with the positive duty, bystander interventions provide an important opportunity to proactively address discrimination, sexual harassment, bullying and victimisation by those who may be present when it occurs, or who later learn about it. In addition, bystander interventions contribute to the setting of acceptable standards within an organisation by challenging those who engage in this conduct.<sup>21</sup> In the Commission's experience, knowledge that bystanders are able to clearly understand and identify a need to act may also have an important deterrent effect, helping to prevent harm before it occurs.

A 'speak up' culture is characterised by equipping and supporting the workforce to identify and act on unlawful or harmful conduct,<sup>22</sup> with increasing emphasis on the critical role of bystanders in supporting such a culture. Research into effective bystander interventions have consistently identified a framework of key components to enable bystanders to take action. This includes supporting bystanders to:

- identify behaviours that require action
- decide to act (including by emphasising active bystander action as a norm)
- determine what action to take
- be confident in taking the identified action
- take the identified actions.<sup>23</sup>

Organisational training and resources that support bystanders to clearly understand and identify the need to act, and the provision of clear, practical guidance on what to do, are key enablers of building a 'speak up' culture. It is equally important that organisations like Ambulance Victoria proactively address known barriers to speaking up, including power imbalances and a perceived organisational tolerance of unlawful or harmful conduct.<sup>24</sup>

It is therefore welcome that Ambulance Victoria has recognised the importance of creating and maintaining a 'speak up' culture and has recently taken steps to create positive environments to encourage people to act when they witness or later learn about unlawful or harmful workplace conduct (see Figure 4F). These efforts have included implementing programs to build capability and confidence to have courageous workplace conversations and respond proactively to inappropriate behaviours. Its efforts to create such a culture extend also to encouraging employees and first responders to speak up about concerns about patient safety – an area where the organisation is leading.

Figure 4F – **Ambulance Victoria’s steps to create a positive workplace environment**

### **Raise It! pilot and Upstander program**

In early 2020, Ambulance Victoria partnered with the Commission to pilot *Raise It!*, a program designed to:

- raise awareness of workplace sexual harassment and discrimination related to pregnancy, parental leave and access to flexible work
- build confidence and competence among participants to have conversations about these issues.

A holistic program incorporating preparation, education and resources, *Raise It!* was developed in recognition that many people in workplaces – including managers, employees and volunteers – find it difficult to have conversations about these challenging issues. Ambulance Victoria rolled out the pilot in one region, with 35 staff attending the face-to-face training that focused on empowering people to respond to inappropriate workplace conduct and take proactive steps to reinforce positive behavioural norms among their work colleagues.

After participating in the pilot, Ambulance Victoria identified a need for a further, targeted program for its workforce to challenge cultural ‘social norms’ around the acceptability of subtle, bullying workplace behaviours, such as gossiping, spreading rumours, offensive humour and unreasonable criticism of colleagues. It engaged the Commission to develop an ‘Upstander’ program, which targeted identified behavioural change champions to become coaches of ‘upstander’ behaviour. A total of 15 people participated in a co-design workshop, with 56 staff participating in the training program in 2021. Ambulance Victoria plans to roll out the training organisation-wide in 2022.

### **Best care framework**

In 2018, Ambulance Victoria introduced its ‘best care’ framework, which seeks to create a safe environment in which staff can safely raise concerns related to patient care and safety. Developed through wide-ranging consultation, the framework describes how the organisation’s purpose, people and system pillars enable a best care experience and emphasises the role of everyone within the organisation in creating and supporting best care.

Ambulance Victoria includes a video on best care in its new starter induction program and integrates best care accountabilities across its position descriptions. Other organisation-wide examples include the Best Care Innovation Fund and Excellence Awards, which promote and enable continuous improvement to deliver on its best care goals and provide focused recognition of staff and initiatives that support best care. Best care committees also operate across the organisation’s regions and operational areas, providing the necessary clinical governance structures and focus for continued integration.



By piloting a program promoting, encouraging and supporting bystander action, Ambulance Victoria's initiative aims to build a team culture that is conducive to challenging and speaking up against inappropriate workplace behaviours, and helps to increase the perceived respect, civility, trust and engagement among team members. Importantly, an evaluation of the pilot found that those who attended the training session reported having more confidence in their ability to speak up and challenge inappropriate behaviour following the training.

During interviews, the Commission heard positive reflections about the impact of the 'best care' framework. While not directly related to unlawful and harmful conduct, this framework points to how targeted and integrated strategies and initiatives can promote enduring change. Participants reflected that there had been a transformational change to the approach towards clinical incidents, from disciplinary to remedial, and they felt more empowered to speak up about clinical concerns:

**[I]f you were to have a clinical breach or a clinical incident, and there was no behavioural aspect to it, if I just simply gave the wrong drug or, I acted in error, my experience would be very different than if I was involved in a report through the Professional Conduct Unit, whether I was the complainant or the alleged perpetrator.** *Participant, Interview*

The Commission also observed through its engagement that 'best care' has become integrated into the organisational vernacular and is embedded across a range of policies, frameworks, initiatives and programs. While the framework and underpinning approach have not been formally evaluated, the perception and impact of the work described to the Commission indicates Ambulance Victoria's capability to promote and engender 'speak up' cultures, such as in patient safety settings.

While commending Ambulance Victoria on these important steps to encourage a 'speak up' culture, including in relation to unlawful and harmful workplace conduct, the Commission notes with concern our findings in this report showing that:

- a high proportion of participants in this review reported witnessing or later learning about unlawful conduct during their employment with the organisation (see Section 4.3)
- among those participants who identified as bystanders, there is a low rate of bystander reporting of unlawful conduct (see Section 7.3).

We also note the view strongly and widely expressed by participants that there is a culture of silence within the organisation, perpetuated by a fear of victimisation and a lack of perpetrator accountability, which is acting as a barrier to bystanders and victim-survivors speaking up and making reports or complaints (see sections 6.1.2 and 8.2).

**[T]he culture of "speak up and you will be shut down" has been heard and understood by many staff.** *Participant, Written Submission*

**You either keep your mouth shut, do your job and fly under the radar. If you speak up, you get reprimanded, for a better word, and denied career progression.** *Participant, Interview*

Furthermore, while the initial roll-out of the 'Upstander' program is encouraging – even in the context of the current unprecedented demands on the organisation – its impact has been constrained by the relatively small number of employees and first responders who have completed the program so far, relative to the size of the workforce. In addition, the Upstander program has so far not been made a regular part of Ambulance Victoria's training program for employees and first responders, or been situated within a broader, strategic approach that focuses on encouraging bystander action and a 'speak up' culture related to unlawful and harmful workplace conduct. For example, Ambulance Victoria's complaint policies and procedures do not specifically address the important role of bystanders or the supports that are available to them.



## Findings

- Ambulance Victoria has developed, communicated and sought to embed clear behavioural expectations via its values, but there has been a loss of faith in those values as guiding expected standards of conduct. This loss of faith has arisen in response to, among other things, the failure of some leaders and managers to model appropriate conduct and to hold individuals consistently to account for failing to adhere to the expected standards.
- There are significant opportunities to improve the workforce's understanding of the Equal Opportunity Act, as well as the meaning, drivers and impact of workplace discrimination, sexual harassment, bullying and victimisation. One way to achieve this is to increase the frequency of relevant training courses and to strengthen their content (for example, in relation to the positive duty).
- There is a need to develop a strategic and integrated approach to encouraging and equipping bystanders to respond to unlawful and harmful workplace conduct. There is also a need to create an environment in which people feel and are safe to come forward with concerns.

## 4.2.4 Risk management

The positive duty in the Equal Opportunity Act requires Ambulance Victoria to regularly identify and assess risk factors for discrimination, sexual harassment and victimisation.

### Establishing a risk framework

Ambulance Victoria's Enterprise Risk Management Framework sets out its approach to risk management. It is supported by a Risk Management Policy, an Enterprise Risk Register and a Divisional Risk Register, with both registers updated annually and as required. The Board approves the Enterprise Risk Register each year and receives monthly updates on risk treatment plans from the Executive Committee. The Audit and Risk Committee oversees these processes on behalf of the Board.<sup>25</sup>

The Commission heard from some participants who noted that risks related to discrimination, sexual harassment, bullying and victimisation have been on the organisation's agenda to varying degrees in recent years, with particular attention paid to the People Matter Survey results and the organisation's complaints data as indicators of the rates of unlawful conduct.

Yet, Board papers over the past five years show that unlawful and harmful workplace conduct has not been considered to be a significant organisational risk requiring close monitoring. For example, it was not included as an area of *significant* risk in the 2019-2022 Health and Safety Action Plan and it has historically been left to the remit of People and Culture, rather than being seen as a shared accountability of all divisions. Until recently, discrimination, sexual harassment, bullying and victimisation were not included on the organisation's Enterprise Risk Register as risks in their own right. Rather, they were reflected in relation to other risks, such as workforce safety or organisational culture, including as indicators.

The Commission observed evidence that the risk lens applied to discrimination, sexual harassment, bullying and victimisation has shifted recently, particularly since the emergence of the public allegations in October 2020. More recently, Ambulance Victoria has used the Enterprise Risk Register to monitor, assess and treat several critical risks related to discrimination, sexual harassment, bullying and victimisation. In 2020, the register captured these risks under the umbrella of:

- a 'workforce safety and wellbeing' enterprise risk, encompassing mental health, manual handling and occupational violence, assigned to the Executive Director of People and Culture
- an 'organisational culture divisional risk', re-assigned to the CEO from late 2020 when this independent review was set up and now including risks relating to unlawful conduct.

In addition, as part of the statement of priorities commitment to implement the department's framework and guiding principles for promoting a positive workplace culture,<sup>26</sup> in November 2019, Ambulance Victoria developed a workplace behaviour risk profile. As noted earlier in this chapter, this involved the organisation allocating a behavioural risk rating to individual branches based on People Matter Survey results, and complaints and other relevant data. In May 2020, the organisation presented the risk profile, together with 'hot spot' locations

and remedial actions (for example, training, management action or complaint investigations), to the People and Culture Committee. The profile was also used to prioritise the delivery of anti-bullying and harassment training to employees and managers in 2021.

This recent shift in the approach to risks related to unlawful and harmful workplace conduct is welcome and one that the Commission encourages the Ambulance Victoria Board, supported by the Executive Committee, to continue strengthening.

## Monitoring and understanding risks

### *Consultation and feedback*

In addition to reviewing complaints data from the Professional Conduct Unit, one way that Ambulance Victoria seeks to monitor known risks and identify and assess new and emerging risks related to unlawful and harmful workplace conduct, is to engage and seek feedback from the workforce.<sup>27</sup>

Ambulance Victoria invites the workforce to share their experiences of safety and workplace equality (as well as other experiences) by completing the Victorian Public Sector Commission's annual People Matter Survey. Ambulance Victoria relies on these survey results as key indicators of the extent of unlawful and harmful workplace conduct and to monitor risks related to people and culture.

Beyond the People Matter Survey, Ambulance Victoria:

- periodically invites participation in a survey to understand workplace experiences that impact the workforce's psychosocial health and wellbeing<sup>28</sup> and uses survey data to monitor and inform iterative measures under the organisation's Mental Health and Wellbeing Strategy
- encourages departing workforce members to complete an exit interview survey, wherein they are asked to reflect on their experiences in the organisation, including their reasons for leaving
- has commissioned or conducted ad hoc reviews, inquiries and health/pulse checks in response to risks or concerns being raised (see Appendix D)
- has set up several representative forums (for example, the Psychological Health and Wellbeing Consultative Committee), the stated objectives of which include seeking input from the workforce or employee representatives, and unions and professional associations and providing feedback to leadership, which could include risk identification.

While acknowledging the various methods relied upon, the Commission heard that the organisation's People Matter Survey results and complaints data from its Professional Conduct Unit are the main sources regularly relied on to understand people's experiences of unlawful and harmful workforce conduct. This is consistent with the two previous psychosocial health and wellbeing surveys being administered three years apart, the previous reviews being reactive and ad hoc and the exit interview survey data yielding limited information about unlawful and harmful workplace conduct.

The Commission's survey asked people to indicate how often Ambulance Victoria consults about personal experiences of unlawful or harmful workplace conduct or inequality. Of the 2043 people who responded to this question, around one-

quarter (25.8%) indicated that Ambulance Victoria consulted them annually. While we cannot be certain, it is likely that Ambulance Victoria's participation in the annual People Matter Survey informed many of these responses. A further 32 people told us that Ambulance Victoria consulted twice yearly, while 113 people (5.5%) said they were consulted every two years, and 203 (9.9%) indicated they were consulted every three or more years.

The most common response, however, came from around four in seven people (57.2% or n=1168) who told us that they did not know or were unsure how often Ambulance Victoria consulted people about experiences of unlawful conduct. It is possible that this uncertainty has arisen at least partly from the recent low workforce engagement with the People Matter Survey, with response rates lowest in 2016 (14.0% or n=616) and in 2020 (17.0% or n=1197) (and highest in 2019 (50.0% or n=3318), followed by 2017 (29.0% or n=1636)).

The Commission heard that high levels of distrust across Ambulance Victoria's workforce may be discouraging engagement with the survey. Some respondents held the perception that these results are shared with the organisation's management, even though the results are confidential and de-identified. Although we did not identify evidence to support this perception, we note that links to the survey are sent out by Ambulance Victoria as is the standard procedure (and not the Victorian Public Sector Commission), which may be influencing the perception. The COVID-19 pandemic is also undoubtedly a factor in the participation in the past two surveys. Regardless of the reason, those who have not completed the survey, may be unaware of the opportunity it affords to provide feedback on experiences of unlawful conduct.

The high levels of uncertainty regarding how often Ambulance Victoria consults about personal experiences of unlawful or harmful workplace conduct or inequality point to a lack of awareness among employees and first responders of how the organisation seeks to understand people's individual experiences of harm occurring in the workplace. Considered alongside the low participation rates in the People Matter Survey, the low rates of informal reports and formal complaints about unlawful and harmful conduct in the organisation (see Section 7.3) and the widespread concerns reported to the Commission that those who complain will be penalised (see sections 6.1.2 and 8.2.1), it is clear that Ambulance Victoria is missing opportunities to learn about the extent – and the nature – of discrimination, sexual harassment, bullying and victimisation in its workplaces, manage related workplace risks, and tailor its responses appropriately.

## Contact Officers and Champions

Equal Opportunity Contact Officers and Workplace Equality Champions can play a key role in supporting organisations like Ambulance Victoria to meet their positive duty under the Equal Opportunity Act to take reasonable and proportionate steps to prevent discrimination, sexual harassment and victimisation.

### Contact Officers

As part of their role, Contact Officers can help to identify new and emerging risks of unlawful and harmful conduct, support early intervention, and contribute to the design and implementation of effective preventative measures. Contact Officers can play a particularly important role in workplaces where there might be high levels of distrust of management or widespread fears of victimisation, as people may see the officers as a safe avenue through which they can raise concerns and obtain information about their options.

### The role of Contact Officers

A Contact Officer is a first point of contact for people with enquiries related to discrimination, sexual harassment, bullying or victimisation. While many staff will raise these matters directly with their manager or with People and Culture, others may be unable to, for example, if their manager is the person responsible for the conduct, or they may prefer to talk to a Contact Officer. The role of a Contact Officer is to:

- provide accurate, impartial information about workplace policies related to discrimination, sexual harassment, bullying and victimisation and reporting or complaint procedures
- help promote awareness of these policies and procedures and people's rights and responsibilities under the Equal Opportunity Act
- provide information about where to access support or advice, both internally and externally
- where appropriate, provide guidance on how to use the internal processes available to them
- identify issues that need to be escalated for resolution and reporting (for example, criminal matters)
- work with other contact officers to develop skills, share practice knowledge (in a de-identified way) and identify new and emerging risks and trends
- champion and support the organisation to build a culture of workplace equality and safety, monitor risks and inform the design of effective prevention and early intervention strategies.<sup>29</sup>

Ambulance Victoria currently has six Contact Officers who have volunteered to be a first point of contact for people enquiring about discrimination, sexual harassment, bullying or victimisation. While these Contact Officers are still in place, the program is currently inactive and under review. The Contact Officers have not received training since 2017.

The lack of Contact Officers at Ambulance Victoria was raised by a small number of participants. The Commission did, however, hear routinely from participants who expressed concerns about the rigid pathways for accessing information related to reporting and complaints, including concerns about being directed to raise issues with their manager (see chapters 7 and 8). The absence of Contact Officers means that there is one less internal pathway available to seek information and advice about rights and options in relation to discrimination, sexual harassment, bullying and victimisation. This is concerning in light of our findings related to the high rates of discrimination, sexual harassment, bullying and victimisation (see Section 4.3), the low rates of informal reports and formal complaints (see Section 7.3), and the repeated concerns expressed that those who complain will be penalised (see Section 8.2).

For those who would prefer to seek initial advice and guidance from a peer, rather than their manager or the Professional Conduct Unit, the absence of Contact Officers may be a factor that is likely to undermine their willingness to raise concerns. The absence of Contact Officers also means that Ambulance Victoria is missing further opportunities to learn (in a de-identified way) about the workforce's experiences of discrimination, sexual harassment, bullying and victimisation and to intervene to prevent further occurrences of this conduct.

### **Champions**

Champions, like Contact Officers, can also be a critical first point of contact in the workplace. The role of Champions is typically different and broader in nature than that of Contact Officers, extending, for instance, to championing an issue or workplace reform or other large program of cultural change. Leading models range from champions embedded at the local level across an organisation, to champions who are key leaders in their respective industries. The distinctive and broader focus of champions can be helpful for an organisation when seeking to identify new and emerging risks of harmful behaviour, but particularly when seeking to identify risks related to change implementation (such as backlash) to enable early and effective intervention in response.



## CASE STUDY

## Different models of Workplace Equality Champions

**Change Our Game Champions:** The Change Our Game Champions program brings together influential leaders from the sport and active recreation sector to champion cultural change and generate leadership opportunities and experiences for women and girls. The Workplace Equality Champions are leaders from the industry and their role is to influence change, not just within their organisation but sector wide, by sharing information, resources and acting as a figurehead in driving positive change.<sup>30</sup>

**The Victorian Public Sector Women of Colour Network:** Established in 2019, this network is a staff-led collective run by and for women of colour in the Victorian Public Sector.<sup>31</sup> Championed by the Deputy Secretary of Fairer Victoria, the network was established to create a safe and inclusive space for members to share lived experiences, advocate for the personal professional development of members, inform policies and programs on how to meet the needs of communities and improve diversity and inclusion practices across the public sector.

**Champions of Change Coalition:** Convened by the former Sex Discrimination Commissioner and originating with a group of eight male business leaders coming together to drive change on gender equality in their organisations, the Champions of Change Coalition has since evolved to include both male and female leaders from a diverse range of industries and professions, as well as sparking industry-specific subgroups, like Champions of Change Fire and Emergency.<sup>32</sup> Members of these groups publicly commit to leading 'practical, constructive and disruptive action to accelerate change'.<sup>33</sup> The coalition allows members to draw on the knowledge of their peers and work from a collective action plan that allows them to measure progress. The Champions of Change Coalition has supported members to take concrete action to address workplace sexual harassment and support flexible work, among other positive impacts.<sup>34</sup>

**VEOHRC Gender Equality Act implementation champions:** The Commission is in the process of adopting a network of champions initiative to implement our new obligations as a 'defined entity' under the Gender Equality Act. As our implementation obligations extend organisation wide, the champions model will help all employees of the Commission to upskill and roll-out our new responsibilities. Under the initiative, each branch identifies a 'champion' who will be provided with training, resources and guidance to support their fellow branch members in implementation. These champions will be the first port of call for staff members conducting gender impact assessments and will support and advise staff. Champions will also raise any implementation concerns so they can be addressed.

Ambulance Victoria has a limited champions model in place in its Diversity and Inclusion Council. The council's Terms of Reference specify a range of responsibilities for members, many of which reflect champions model. These responsibilities include supporting the development of diversity and inclusion strategies, holding management accountable for delivering the strategies (although, it is not clear how this is to occur), and ensuring Ambulance Victoria remains attuned to leading diversity and inclusion practices. In addition, members are required to 'be willing, active and engaged Diversity and Inclusion Champions within their business units and areas of influence.'<sup>35</sup> On a day-to-day level, members undertake activities such as promoting Diversity and Inclusion topics of discussion, representing colleagues at the Diversity and Inclusion Council and communicating information from those discussions to colleagues, and organising related events.

However, the Terms of Reference suggest that the council operates centrally as a senior advisory body for the implementation of diversity and inclusion strategies, rather than emphasising and specifying the role of members in setting the cultural tone for their respective areas on issues of diversity and inclusion more broadly.

Other groups that Ambulance Victoria put forward as following a 'champion' model include the Peer Group, Integrity Group, People Matter Community of Practice and Reconciliation Working Group.

This suggests that Ambulance Victoria, while taking some important steps towards utilising a champions model, could do more to empower individuals in the organisation to be a force for transformative change on workplace equality and prevention issues and to make this the central focus of a champions group.



## Findings

- Not considered to be a significant organisational risk until a recent shift in approach, unlawful and harmful workplace conduct and inequality requires closer and more frequent monitoring by the Ambulance Victoria Board, informed by the Executive Committee.
- The information and data sources presently relied upon to monitor, identify and assess risks related to unlawful and harmful workplace conduct have resulted in gaps in knowledge that have limited the organisation's ability to intervene early or respond, necessitating a more comprehensive approach to risk monitoring, supported by the rebuilding of trust and the fostering of a safe environment in which to raise concerns.
- While a feature in the workplace in the past, the current absence of Contact Officers has limited both the avenues available for employees and first responders seeking initial advice and guidance regarding unlawful and harmful workplace conduct, as well as the organisation's ability to identify new and emerging risks related to this conduct.
- While some important steps have been taken to create diversity and inclusion champions, more steps could be taken to incorporate a champions model into the workplace.

## 4.3 Extent

The Terms of Reference directed the Commission to examine the extent of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria. We sought to understand the extent of this unlawful conduct – and, in the process, the effectiveness of the organisation’s efforts to prevent it – by considering a broad range of data sources. In our workforce survey, we asked current and former employees and first responders to indicate whether they had experienced, witnessed or later learned about unlawful conduct (and, for those who said that they had, to describe the nature of their experiences).

We considered the responses we received in the context of:

- other relevant surveys, such as the Australian Human Rights Commission’s national survey on sexual harassment in Australian workplaces, the annual Victorian Public Sector Commission’s People Matter Survey, and other Ambulance Victoria workforce surveys (while acknowledging that no two surveys considered are directly comparable)
- experiences shared with us in interviews, submissions, focus groups and otherwise throughout the course of the review
- Ambulance Victoria’s data on the number of reports and complaints of discrimination, sexual harassment, bullying and victimisation from 2016-2017 onwards
- the Commission’s own data related to complaints about Ambulance Victoria.

We have detailed what we learned about the extent of this unlawful conduct in this section. We do so while acknowledging that even one case of discrimination, sexual harassment, victimisation or bullying is too many and knowing that even a single case may cause considerable harm to the individuals affected and the organisation as a whole.

The information presented here is based on the experiences of those people who came forward to the Commission. Without speaking to every individual in Ambulance Victoria, it is not possible to determine precisely how widespread this conduct is within the organisation. The data presented here should not be extrapolated to the whole workforce, although it does provide a clear insight into the scale of the conduct that is occurring more broadly.

Research also tells us that under-reporting of the conduct we examined influences what is known about it,<sup>36</sup> which suggests that there are likely to be more people affected by this type of unlawful conduct in the organisation whose experiences are not reflected in this report.

The Commission is not a court of law and, under our review function in section 151 of the Equal Opportunity Act, we do not investigate individual matters brought to us. The reports of discrimination, sexual harassment, bullying and victimisation detailed in this report are based on the information shared with us by participants. The Commission does not require participants to substantiate their claims, but rather listens carefully to those experiences and learns from them, including what they illustrate about broader systemic issues within the organisation. This also explains why we use the terms alleged victim-survivor and alleged perpetrator or reported, when describing the individual experiences shared with us.



## Findings

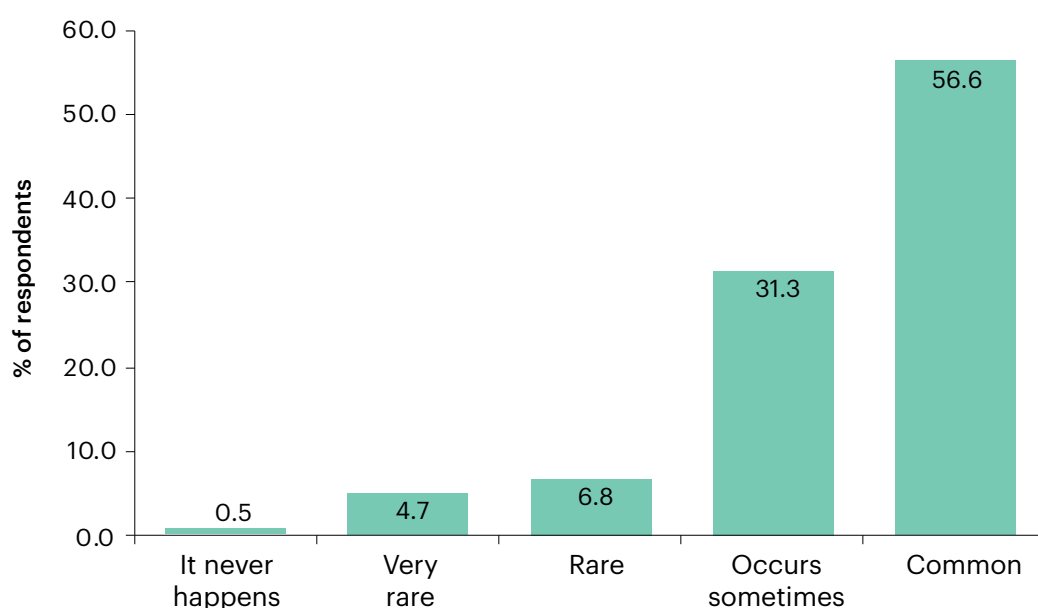
- The Commission's workforce survey, reinforced by the interviews and submissions, shows a large number of participants have directly experienced discrimination, sexual harassment, bullying or victimisation in the organisation:
  - 47.2% of the 1925 people who responded to the survey question told us that they had experienced discrimination at Ambulance Victoria
  - 17.4% of the 1928 people who responded said they had been sexually harassed at Ambulance Victoria
  - 52.4% of the 1886 people who responded to the question said they had been bullied
  - 34.5% of the 232 people who had made a formal complaint of unlawful conduct and answered the question reported being ostracised, victimised or ignored, while 40.5% reported negative career consequences
  - 14.6% of all survey respondents said they experienced bullying as well as another form of unlawful conduct and 8.2% of all survey respondents said they had experienced all three (discrimination, sexual harassment and bullying).
- Experiences of incivility and other everyday forms of disrespect are widespread among participants. This conduct is not only harming employees and first responders, but also creating a permissive environment for more widespread and serious conduct.
- A large number of participants reported witnessing or later learning about discrimination, sexual harassment, bullying or victimisation, further evidencing the scale and awareness of this conduct within the organisation; it is not only occurring behind closed doors, but also openly in workplaces and there is a perception that it will be tolerated even if seen.
- The high number of reports of discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria indicate that its preventative measures are not keeping employees and first responders safe at work and must be strengthened.

### 4.3.1 Discrimination

After bullying, discrimination was the second most common type of unlawful conduct reported to the Commission via the workforce survey. Of the 1925 people who responded to the survey question, just under half (47.2% or n=909) indicated that they had experienced discrimination within Ambulance Victoria. A similar number told us that they had witnessed or later learned about it occurring in the organisation, with 47.7% (n=900) of the 1887 respondents saying they were a bystander.

Reinforcing these findings are the experiences of discrimination shared regularly during interviews and in submissions, and the strong perception revealed via the survey that discrimination is common within Ambulance Victoria (see Figure 4G). Of the 1778 people who responded to the survey question, more than half (56.6% or n=1007) told us that they believe discrimination to be commonplace.<sup>37</sup>

Figure 4G – **Perceptions of the occurrence of discrimination at Ambulance Victoria**



In relation to the reported occurrence of discrimination at Ambulance Victoria, the results of the Commission's survey – reinforced by what we were told during interviews and in submissions – are considerably higher than those reported in the People Matter Survey, which have ranged from 10% (n=331) in 2019 to 14% (n=232) in both 2018 and 2020 (n=167) for Ambulance Victoria.

As explained in Chapter 1, the higher rate of reporting experiences of discrimination in response to the Commission's survey might arise from the context of our survey (feeding into an independent review) disproportionately encouraging people who had experienced unlawful conduct to participate. However, ORIMA Research found no obvious indication of non-response bias, with participants in the Commission's survey being broadly representative of the workforce. While the Commission cannot be certain as to the reason for the significantly higher rate of discrimination reported in our survey, a possible

reason – given what the Commission heard about the high levels of distrust across Ambulance Victoria – is that the workforce felt motivated to report their experiences to an external, independent review. While the People Matter Survey is also conducted by an independent body (i.e. the Victorian Public Sector Commission), and the results are confidential and de-identified, we heard that some within the workforce believe identifiable information is shared with the organisation’s management. This perception could be discouraging engagement with the People Matter Survey and, in turn, impacting the rates of reporting unlawful conduct, like discrimination. The fact that the link and reminders to complete the People Matter Survey are sent from Ambulance Victoria (the standard practice across the Victorian Public Sector) may reinforce this perception.

Despite the high number of people experiencing or witnessing discrimination and the view that this type of unlawful conduct is commonplace, there are low rates of related complaints internally, with only 18 made in the five years from 2016-2017 according to Ambulance Victoria records (see Section 7.3.1). The impact of the scale of discrimination on rates of reporting is addressed in Section 8.2.

## 4.3.2 Sexual harassment

Despite being unlawful, research shows that sexual harassment is widespread and persistent across Australian and Victorian workplaces.<sup>38</sup> Awareness of the extent of workplace sexual harassment has grown considerably following the #MeToo and other related movements, and with the continued emergence of high-profile cases<sup>39</sup> in Australian workplaces. At the same time, understanding of what sexual harassment looks like, the reasons it occurs, the resulting impacts, and how to prevent and respond to it effectively has also improved. Yet, as the Sex Discrimination Commissioner, Ms Kate Jenkins, said in her ground-breaking 2020 report, *Respect@Work*, Australia still ‘lags behind other countries in preventing and responding to sexual harassment’,<sup>40</sup> which suggests that workplaces – and our community in general – have a long way to go in addressing this issue.

The Commission’s survey asked whether respondents had personally experienced sexual harassment at Ambulance Victoria, based on a simplified legal definition of this conduct. Those who said they had been harassed in the organisation were asked to identify which of the specified behaviours likely to constitute sexual harassment they had experienced.

The survey shows that there are a significant number of people who have experienced sexual harassment within Ambulance Victoria. Of the 1928 people who answered the question, 17.4% (n=335) said they had been sexually harassed in the organisation. Many more people told us during interviews and in submissions of their personal experiences of sexual harassment within Ambulance Victoria.

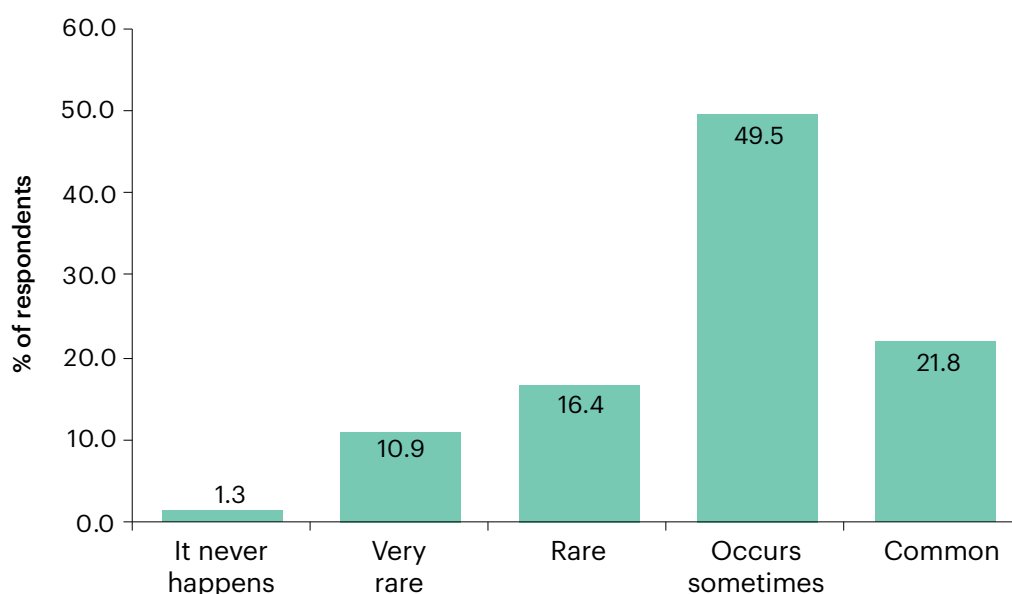
This result from the Commission’s survey is higher than the results reported in the People Matter Survey in previous years, which have ranged from 12% (n=398) and 11% (n=128) in 2019 and 2020, respectively, to 15% (n=249) in 2018. As with discrimination, the high levels of distrust of Ambulance Victoria reported to the Commission could explain, at least in part, why the workforce reported their experiences to the Commission in high numbers, compared to via the People Matter Survey. Methodological differences in how the question was asked across the two surveys may also be a factor.<sup>41</sup>

The Australian Human Rights Commission's national survey on workplace sexual harassment provides further context for the Commission's survey results. Although, due to important methodological differences relating to the way that sexual harassment was defined (using a simplified legal definition and listing behaviours consisting sexual harassment or only listing the behaviours), the results are also not comparable. The 2018 survey concluded that workplace sexual harassment is 'widespread and pervasive'<sup>42</sup> with one in three people saying they had experienced it in the previous five-year period<sup>43</sup> and one in five people reporting harassment in the previous year.<sup>44</sup>

Reinforcing the finding that sexual harassment is a significant issue within Ambulance Victoria is the 39.3% (n=741 of 1887) of survey respondents who said they were bystanders to sexual harassment; in other words, they had personally witnessed sexual harassment in the organisation or learned about it later on. Noting that research indicates that workplace sexual harassment is often hidden or perpetrated against people in isolated settings, this finding appears to suggest that harassment is tolerated within Ambulance Victoria to a degree that it is perpetrated openly in the workplace without fear of repercussions. This might also help to explain the low rates of reporting of sexual harassment within the organisation between 2016-2017 and 2020-2021, which in multiple years have been as low as one complaint and at its highest has been eight complaints (see Section 7.3.1).

Further reinforcing these findings, the Commission heard about strong perceptions among the workforce regarding the scale of sexual harassment within Ambulance Victoria. Of the 1393 people who responded to the question, around five in seven people indicated that they believed that sexual harassment occurred sometimes (n=690) or is commonplace (n=304).

Figure 4H – **Perceptions of the occurrence of sexual harassment at Ambulance Victoria**



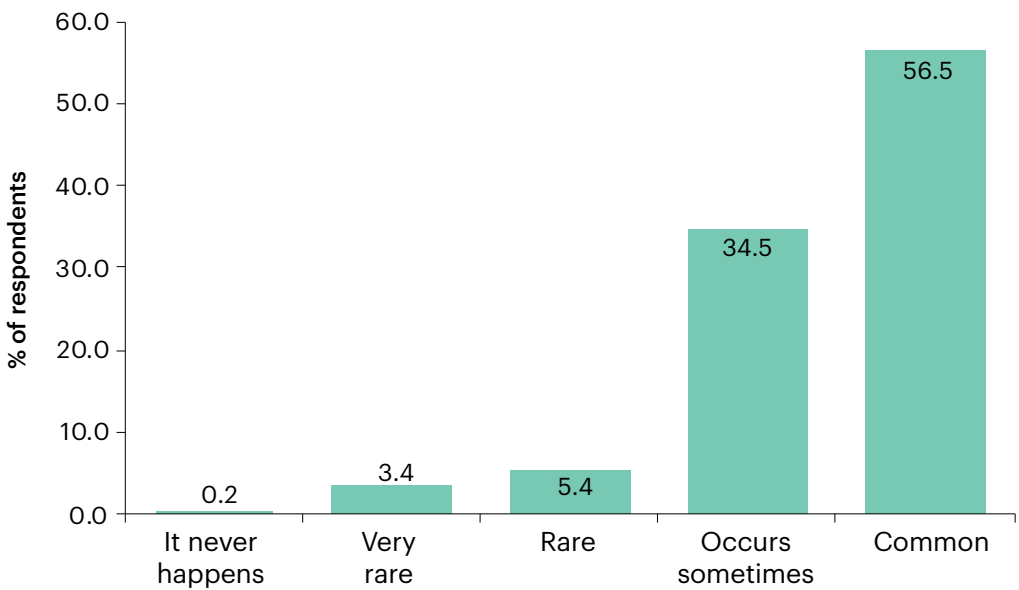


### 4.3.3 Bullying

Bullying was the most common type of unlawful conduct reported to the Commission, with extensive information provided about the scale of its occurrence and persistence over time. Of the 1886 people who responded to the survey question, over half (52.4% or n=988) said they had been bullied at Ambulance Victoria. An even higher number reported that they had witnessed or later learned about bullying, with 66.4% (n=1253) of the 1887 respondents to the survey question reporting being a bystander to bullying.

Further reinforcing these findings, the Commission heard about strong perceptions among the workforce regarding the pervasiveness of bullying within Ambulance Victoria, as shown in Figure 4I. Of the 1783 people who responded to the survey question, over half (56.5% or n=1007) shared a perception that bullying is commonplace within the organisation and roughly one-third (34.4% or n=615) suggested it occurs sometimes. Only 9.0% of respondents (n=161) thought bullying was rare or very rare or never happens.

Figure 4I – Perceptions of the occurrence of bullying at Ambulance Victoria



Bullying was also a central and almost universal theme during interviews and in submissions, with the majority of people having experienced, witnessed and/or heard about it within Ambulance Victoria. Alongside these experiences, incivility and other everyday forms of disrespect were commonly reported to the Commission during interviews and in submissions – often together with bullying. As Section 5.2 explores, this type of workplace conduct is not only harming the employees and first responders who reported experiencing, witnessing or later learning about it, but it is also creating a permissive environment for more widespread and serious conduct to occur. Research suggests, for instance, that seemingly isolated, subtle uncivil incidents can often build and escalate, leading to a pattern of behaviour such as bullying.<sup>46</sup>

The Commission's overarching impression formed across all these datasets is one where bullying, incivility and disrespect have seeped into the fabric of the organisation. Indeed, multiple people reflected to us that some people believe that they are expected to mirror this type of unlawful conduct that they see others engaging in across the workforce, largely without consequence, or at a minimum to not call it out.

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

**[B]y no means am I completely innocent. I have never, ever said that – because we all participate in whatever happens to us. But because of the constant bullying and harassment in the job, and the constant stress you feel under, you tend to respond in a certain way. Participant, Interview**

**I said, "[expletive]". And he laughs. And I'm thinking, "In what corporate world would you say [expletive] to your ... boss's boss and have them laugh at you?" This is the behaviour. It's almost like he was proud of me ... Participant, Interview**

These findings are consistent with a survey conducted in late 2020 that found that bullying 'appears both ingrained and systemic in the workplace for a significant number of paramedics and ambulance workers' in Ambulance Victoria.<sup>47</sup>

Once again, response rates to the Commission's survey are higher than for the People Matter Survey results for the past three years, which range from 16% (n=531) to 25% (n=299). Yet, there were emerging indications pre-dating this review, that workplace bullying was a problem within Ambulance Victoria:

- a 2019 internal survey of 1333 employees and first responders found that 22.0% of respondents reported experiencing workplace bullying (an increase from 15.7% in 2016)
- bullying complaints made to Ambulance Victoria have been increasing and have tended to be more common than other forms of unlawful conduct, with 14 complaints in 2018-2019, 48 complaints in 2019-2020 and 94 complaints in 2020-2021 (see Section 7.3.1).

At the same time, there has been emerging evidence that workplace bullying is a serious problem across the health and emergency services sectors.<sup>48</sup>

## 4.3.4 Victimisation

Only a small group of participants who experienced unlawful conduct in Ambulance Victoria told the Commission that they went on to make an informal report or formal complaint (see Section 7.3.1). Yet, of those participants who did so, a significant proportion of them indicated that they had experienced victimisation or negative consequences for their career. This was reflected by participants across the survey, interviews and submissions.

Of the 659 people who made an informal report about discrimination, sexual harassment or bullying to a relevant Ambulance Victoria representative (for example, a manager or People and Culture representative), just under one-quarter (n=152) reported being ostracised, victimised or ignored by colleagues and one-quarter (n=165) reported negative consequences for their careers (for example, being demoted, losing their jobs or being denied workplace opportunities, such as training or promotion).

Of the 232 people who made a formal complaint about discrimination, sexual harassment or bullying, just over one-third (n=80) reported being ostracised, victimised or ignored by colleagues as a result of making that complaint and just over two in five (n=94) reported negative consequences for their careers (for example, being demoted, losing their jobs or being denied workplace opportunities, such as training or promotion).

These experiences were echoed in interviews and submissions, where many participants – some who had also directly experienced workplace harms – spoke about witnessing or hearing about instances of victimisation. This was often discussed in the context of an understanding that it was not safe for an employee or first responder to speak up or complain about workplace harms at Ambulance Victoria.

**They do not forgive and they do not forget. They're extremely vindictive ... I've watched them with other guys. They suddenly go, "Oh, we're going to review your case sheets because we've had some reports, clinical problems". And suddenly, all your case sheets for the last six months get pulled, and then they just go through them looking for things that are wrong.**  
*Participant, Interview*

Ambulance Victoria's complaint data indicate that experiences of victimisation are not being reported internally, with zero complaints raised between 2016-2017 and 2018-2019, and only four complaints raised in 2019-2020. Rather than indicating an absence of victimisation, however, this is indicative of the chilling effect of victimisation on victim-survivors of unlawful conduct. Chapter 7 discusses this effect in detail.

## Notes

1. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 8.
2. R Potter, M Dollard and M Tuckey, *Australian Workplaces: Results from the Australian Workplace Barometer Project 2014–2015* (Safe Work Australia, 2016).
3. *Equal Opportunity Act 2010* (Vic) s 15.
4. Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and Their Children in Australia* (Our Watch, 2015) 33.
5. *Equal Opportunity Act 2010* (Vic) s 148(1).
6. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019). The principles set out in the framework are: leaders demonstrate a commitment to a positive workplace culture; the organisation and staff understand and manage risks relating to culture and inappropriate behaviour including bullying, harassment and discrimination; safe systems of work are in place that reduce risks to health and safety associated with inappropriate behaviour, including bullying, harassment and discrimination, and that promote staff wellbeing; the organisation has effective mechanisms for the management of people; staff access appropriate, consistent and effective training; workplace relationships are respectful and built on trust; and the organisation embraces diversity and is committed to inclusion.
7. This does not include those additional respondents who answered the question but indicated that they were not sure about their manager's level of awareness (n=418).
8. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 9.
9. Ambulance Victoria, *Ambulance Victoria Diversity and Inclusion Strategy 2018-2020* (State of Victoria, 2017) 12.
10. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8.
11. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 4.
12. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8–10.
13. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8.
14. Victorian Public Sector Commission, *Code of Conduct for Public Sector Employees* (State of Victoria, 2015).
15. Ambulance Victoria, *Strategic Plan 2017–2022* (State of Victoria, 2017) 7.
16. Ambulance Victoria, *Professional and Ethical Standards Code* (State of Victoria, 2021).
17. Ambulance Victoria, *Code of Conduct: Our Way of Working* (State of Victoria, 2017) 8–10.
18. Ambulance Victoria, *Strategic Plan 2017–2022* (State of Victoria, 2017). 9
19. Ambulance Victoria, 'Executive Committee – Terms of Reference', Doc No. GOV/CEO/011, version 5 (State of Victoria, 20 January 2021) 1.
20. Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 5; K Schneider, 'Bystander stress: The effect of organizational tolerance of sexual harassment on victims' coworkers' (PhD Thesis, University of Illinois, 1996) 8–9; K Miner-Rubino and L Cortina, 'Beyond targets: Consequences of vicarious exposure to misogyny at work' (2007) 92(5) *Journal of Applied Psychology* 1254–69.

21. Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 35; Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 2; House of Representatives Standing Committee on Education and Employment, *Parliament of Australia, Workplace Bullying: We Just Want It To Stop* (Report, 2012), 137–8.
22. Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 51; Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 3.
23. The seminal framework for bystander interventions was originally developed in 1970 and has been consistently supported by empirical research; see Bibb Latané and John Darley, *The Unresponsive Bystander: Why Doesn't He Help?* (Prentice-Hall, 1970). For example, in 2018, VicHealth endorsed the framework as a model for empowering bystanders to act on sexist and sexually harassing behaviours in universities. VicHealth also highlighted additional research that has suggested the need to focus on how bystanders can be empowered from deciding what action to take to following through and taking those steps; this can be affected by a range of organisational and individual factors. See VicHealth, *Take Action: Empowering Bystanders to Act on Sexist and Sexually Harassing Behaviours in Universities* (Report, 2019) 17–8, 42. See further Iain Coyne et al, 'Bystander responses to bullying at work: The role of mode, type and relationship to target' (2019) 157 *Journal of Business Ethics* 813, 823.
24. Ann Taket and Beth Crips, *Bystanders for Primary Prevention: A Rapid Review* (Report, 2017) 15–16; Paula McDonald, Sara Charlesworth and Tina Graham, 'Action or inaction: Bystander intervention in workplace sexual harassment' (2016) 27(5) *International Journal of Human Resource Management* 548, 562; Neill Thompson et al, 'Workplace bullying in healthcare: A qualitative analysis of bystander experiences' (2020) 25(11) *The Qualitative Report* 3993, 4013.
25. Ambulance Victoria, 'Audit and Risk Committee Terms of Reference' (2020) 5–6.
26. Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019).
27. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 63.
28. Previous Ambulance Victoria surveys, 'Health and stress in Ambulance Services Victoria, Australia' were conducted in 1984, 1986, 1993, 2002 and 2010 to check the health and wellbeing of paramedics. For the first time, the 2016 survey included corporate staff and volunteers along with operational staff.
29. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer Resource Manual: Information, Tips and Tools* (State of Victoria, 2020) 3.
30. Office of Women in Sport and Recreation, 'Change our game champions' (Web Page) <<https://changeourgame.vic.gov.au/the-initiative/change-our-game-champions>>.
31. Victorian Government, 'VPS Women of Colour Network' (Web Page, 13 September 2019) <<https://www.vic.gov.au/vps-women-colour-network>>.
32. These champions are convened by former Victorian Equal Opportunity and Human Rights Commissioner Kristen Hilton.
33. Champions of Change Coalition, 'About the Champions of Change Coalition' (Web Page, 2021) <<https://championsofchangecoalition.org/about-us/>>.
34. Champions of Change Coalition, *Impact Report 2020: Summary* (Champions of Change Coalition, 2020) 13.
35. Ambulance Victoria, 'Diversity & Inclusion Council Draft Terms of Reference' (undated) 2.

36. See, eg, Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 67; Legal Affairs Legislative Committee, Parliament of New South Wales, *Inquiry into emergency services agencies* (Report, July 2018) 6; J Gardener, *An Equality Act for a Fairer Victoria: Equal Opportunity Review Final Report* (2008) 8, 39; A Cooper, *Bringing Equality Laws to Life – 2018 Churchill Fellowship to Establish Best Practice for a Regulatory Framework to Create Equality through Discrimination Law – Sweden, United Kingdom, United States of America and Canada* (2019) 10.
37. These results exclude responses that indicated 'don't know' (n=203) and 'prefer not to say' (n=7).
38. See Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018); Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 95–122.
39. Brittany Higgins' allegations of rape occurring inside Parliament House have spurred multiple inquiries, revealed a number of new allegations against politicians, and have led to the laying of criminal charges. See Andrew Tillett, 'Brittany Higgins' push for new watchdog on staffer complaints', *The Australian Financial Review* (Sydney, 30 April 2021); Tom McIlroy, 'Higgins rape report reveals 38 new allegations against MPs', *The Australian Financial Review*, (Sydney, 4 June 2021); Tom McIlroy, 'Man to be charged over Brittany Higgins rape allegations', *The Australian Financial Review* (Sydney, 6 August 2021). See also Gabrielle Chan, 'Barnaby Joyce sexual harassment allegation: Catherine Marriott speaks out', *The Guardian* (online, 18 September 2018) <<https://www.theguardian.com/australia-news/2018/sep/18/barnaby-joyce-sexual-harassment-allegation-catherine-marriott-speaks-out>>; Nassim Khadem, 'Julia Szlakowski sparked AMP's 'Me Too' movement, but it wasn't the first time she'd been forced out of a job due to sexual harassment', *ABC News* (online, 21 July 2021) <<https://www.abc.net.au/news/2021-07-21/sexual-harassment-amp-metoo-julia-szlakowski-amp-diversity/100307672>>; Amelia Searson, 'BHP sacks 48 workers for inappropriate sexual behaviour over two-year period, inquiry hears', *ABC News* (online, 20 August 2021) <<https://www.abc.net.au/news/2021-08-20/bhp-sacks-workers-over-inappropriate-sexual-behaviour/100395186>>; Calla Wahlquist, 'Victoria Police has 'unacceptably high' levels of sexual harassment – report', *The Guardian* (online, 27 August 2019) <<https://www.theguardian.com/australia-news/2019/aug/27/victoria-police-has-unacceptably-high-levels-of-sexual-harassment-report#:~:text=Victoria%20police%20has%20%E2%80%9Cunacceptably%20high,human%20rights%20body%20has%20found.>>>; Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019).
40. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 9.
41. For example, the Commission's survey asks, 'Have you ever personally experienced sexual harassment at Ambulance Victoria?', with options for 'Yes, directed at myself'; 'Yes, directed towards someone else'; 'No'; 'Don't know'. We do not have the exact wording of the PMS survey question or responses, but the 2020 report states, 'In the survey, we asked staff to tell us if they'd experienced sexual harassment at work', suggesting a similar phrasing to the Commission's survey. Methodological differences in the survey are, therefore, likely only to be a partial explanation for the difference. See Victorian Public Sector Commission, *People Matter Survey Wellbeing Check, Ambulance Victoria Wellbeing Check Results Report* (State of Victoria, 2020) 42.
42. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 6.
43. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 26.



44. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 25.
45. In the Australian Human Rights Commission's fourth national survey of workplace sexual harassment, 44% of participants who had experienced workplace sexual harassment in the past five years reported that the incident was not witnessed by others, and a further 14% were unsure whether anyone else witnessed the incident. See Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 48. See also Chai R Feldblum and Victoria A Lipnic, *Select Task Force on the Study of Harassment in the Workplace – Report of Co-Chairs* (US Equal Employment Opportunity Commission, June 2016); Paula McDonald and Michael Flood, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace* (Australian Human Rights Commission, 2012) 5, 17.
46. Rajashi Ghosh, Judy L Jacobs and Thomas G Reio Jr, 'The toxic continuum from incivility to violence: What can HRD do?' (2011) 13(1) *Advances in Developing Human Resources* 3–9.
47. Peter Holland et al, *Findings from the Survey on Workplace Climate and Wellbeing of Victorian Ambulance Workers* (Report, 2020) vol 1, 10. This survey was commissioned by the Victorian Ambulance Union Incorporated.
48. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2016) x (finding that Ambulance Victoria and other Victorian health sector agencies did not have effective controls in place to prevent or reduce inappropriate behaviour, including bullying and harassment); Medical Board of Australia and Ahpra, *Medical Training Survey 2020: 2020 Annual Report* (Report, 2021) 45 (a national survey of doctors in training that found that combined, one in three (34%) had experienced and/or witnessed bullying, harassment, and/or discrimination in the past 12 months); Legal Affairs Legislative Committee, Parliament of New South Wales, *Inquiry into emergency services agencies* (Report, July 2018) 3 (finding that Ambulance New South Wales had the highest rates of bullying compared to other New South Wales emergency service agencies).





# 5

## Experiences of unlawful and harmful conduct

Chapter 5 details what the Commission heard about the workforce's experiences of unlawful and harmful conduct within Ambulance Victoria. It describes what we were told about the nature of those experiences. It also shares the individual and organisational impacts that were reported to us arising from discrimination, sexual harassment, bullying and victimisation, as well as the way in which Ambulance Victoria has responded to this conduct.

## → KEY POINTS

- Discrimination, sexual harassment, bullying and victimisation are a current concern for Ambulance Victoria, with a majority of experiences shared via the Commission's survey having occurred in the last five years and with 348 survey respondents indicating that their experiences were ongoing at the time of the survey.
- The discrimination reported to the Commission most commonly took the form of verbal, physical or written abuse and adverse decisions concerning training, promotion and progression; there is a widely held perception that these decisions lack transparency.
- Sexual harassment most often took the form of sexually suggestive comments and jokes, unwelcome touching and intrusive questions about a person's private life or physical appearance. We also heard about some experiences that, if proven at law, would not only constitute sexual harassment, but would also constitute a criminal offence.
- The most common forms of bullying reported via the survey were hostile behaviour, verbal abuse and exclusion from work communications or activities. The survey did not ask about incivility, but it was a prominent type of behaviour reported during interviews and in submissions. We were told often of rude, abrupt and condescending communication occurring in person, in meetings, in emails and over the phone. We also heard about demeaning names being used and swearing at colleagues.
- Much of the reported unlawful conduct took place in open areas, indicating a belief held by potential perpetrators that the conduct will be tolerated without consequences. For example, participants often spoke of witnessing unlawful conduct and being aware of well-known repeat offenders in the organisation who had continued to engage in such conduct with apparent impunity. At the same time, participants told us that some conduct is occurring in isolated settings, including on the road, in rural areas and in branch sleeping quarters.
- In contrast to research that suggests that some groups may be at heightened risk of experiencing unlawful and harmful workplace conduct, broadly speaking the experiences of discrimination and bullying reported to the Commission were not confined to a particular demographic, minority group, work cohort or region. Rather, experiences of discrimination and bullying were widespread amongst participants and emerged as an organisation-wide issue.

## → KEY POINTS

- Our survey did reveal some important differences, however, with higher rates of reporting of discrimination by operational employees, employment activity discrimination by men, sex/gender discrimination by women and age discrimination among older (50+ years) and younger (18-29 years) members of the workforce. In line with broader research, women were also far more likely than men to report workplace sexual harassment in both the survey and in interviews and submissions.
- Alleged perpetrators of discrimination and bullying were most often occupying a senior position, whereas alleged harassers were most often a co-worker; although, we also heard about managers and senior leaders perpetrating harassment. Men comprised the majority of alleged perpetrators of all types of unlawful conduct (ranging from 67.7% (n=667) for bullying to 90.3% (n=299) for sexual harassment), but women were reported to be responsible for a substantial amount of discrimination and bullying (42.3% (n=368) and 44.8% (n=440), respectively).
- Unlawful conduct – and how the organisation has responded to it — have contributed to poor mental health outcomes for many participants and prevented some from thriving at work, among other impacts. There is also evidence that points to an overall decline in morale and trust among the workforce arising from that conduct and subsequent organisational responses. We also heard of examples of unlawful conduct undermining clinical judgment and professionalism and, in turn, the overall patient experience.
- Participants in operational roles often told us that they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us they felt ill-prepared and unsupported to deal with the discrimination, sexual harassment, bullying and/or victimisation they experienced at work, as well as Ambulance Victoria's response to it.



# 5.1 Nature

In line with the Terms of Reference, Section 5.1 describes the different types of unlawful conduct – discrimination, sexual harassment, bullying and victimisation – reported to the Commission during the review. It outlines what we were told by people who had directly experienced these forms of unlawful conduct and those who had witnessed or later learned about it. Where relevant and where evidence permits, Section 5.1 details:

- the particular behaviours reported to us (for example, sexist jokes)
- the basis of that behaviour (for example, the protected attribute, such as sex/ gender, disability)
- when and how often the behaviour occurred
- the means by which it took place (that is, over the phone, online, in person)
- the workplace location where the behaviour occurred.

Where survey participants indicated that they had experienced one or more types or incidents of unlawful conduct, they were asked a series of follow-up questions about their most recent experience. These follow-up questions asked for details about the nature of the conduct, demographic information about the alleged perpetrator(s), whether and to whom the unlawful conduct was reported the consequences of the conduct, and (if relevant) the reporting processes. Focusing on participants' most recent experience of unlawful conduct allowed the Commission to present Ambulance Victoria with a contemporary understanding of this conduct within its workplace. At times, this means we are unable to link types of unlawful conduct with details about reporting and consequences, because in the common case where a respondent has reported experiencing multiple incidents of unlawful conduct, we are unable to specify which types of behaviours were part of the most recent incident.

The information presented in this section is based on the experiences of those people who came forward to the Commission and focuses on the most common types of unlawful and harmful workplace conduct reported to us. As such, the experiences detailed are not necessarily reflective of the experiences of those who did not come forward but who have experienced discrimination, sexual harassment, bullying or victimisation, although common themes often emerged across the experiences shared. Nor do the experiences shared below capture every experience we were told about. For example, due to the number of protected attributes under the Equal Opportunity Act, it was not possible in the time available to detail what was reported to us in relation to each attribute.

Furthermore, the Commission acknowledges that the experiences shared here do not reflect everyone's experiences of working or volunteering at Ambulance Victoria. There are a great many employees and first responders who have not experienced unlawful or harmful workplace conduct. Many of these people have also not been a bystander to such conduct. Caution is needed, therefore, not to extrapolate the experiences to the entire workforce.

When analysing and reporting on the experiences shared with us, the Commission has taken care to examine meaningful differences between different groups of people within Ambulance Victoria's workforce. For example, people of different sexes and genders, the corporate and operational cohorts, employees and first responders in metropolitan, regional/rural areas and, for example, younger and

older employees. Where meaningful differences have been identified between different groups, these are detailed in the report. Often, however, meaningful differences between the experiences of different groups were *not* identified. The Commission believes that this is likely to be indicative of the extent of discrimination, sexual harassment, bullying and victimisation alleged to have occurred.



## Findings

- In contrast to research that suggests that some groups may be at heightened risk of experiencing unlawful and harmful conduct in the workplace, broadly speaking the experiences of discrimination and bullying reported to the Commission were not confined to a particular demographic, minority group, work cohort or region. Rather, experiences of discrimination and bullying were widely reported by participants and emerged as an organisation-wide issue. Our survey did reveal some important differences, however, with higher rates of reporting of discrimination by operational employees, employment activity discrimination by men, and sex/gender discrimination by women.
- In line with broader research, women were far more likely than men to report workplace sexual harassment via the survey (29.5% (n=279) versus 5.1% (n=44)) and other data sources. While people in corporate and operational roles reported sexual harassment, it was reported more often via the survey by people in operational roles (19.3% (n=264), compared to 10.3% (n=32).
- Alleged perpetrators of discrimination and bullying were most often in a more senior position than the alleged victim-survivor, whereas alleged harassers were most often a co-worker, although we also heard about managers and senior leaders perpetrating harassment.
- Men comprised the majority of alleged perpetrators of all types of unlawful conduct reported to the Commission (ranging from 67.7% (n=667) for bullying to 90.3% (n=299) for sexual harassment), but women were reported to be responsible for a substantial amount of discrimination and bullying (42.3% (n=368) and 44.8% (n=440), respectively).
- Discrimination, sexual harassment, bullying and victimisation are current problems at Ambulance Victoria, with most of the conduct reported taking place in the past five years and a total of 348 survey respondents indicating that their experiences of unlawful conduct were ongoing when they completed the workforce survey. This raises serious concerns about harm to these individuals but also the risk of harm to others in the workplace if the alleged perpetrators are not held to account.
- Much of the unlawful conduct reported to the Commission occurred in open areas, suggesting that perpetrators believe their conduct will be tolerated and they will not be held to account. However, participants also told us that unlawful conduct is occurring in isolated environments, including when isolated while working on the road or in rural areas, as well as in branch sleeping quarters.



## 5.1.1 Discrimination

### Behaviours

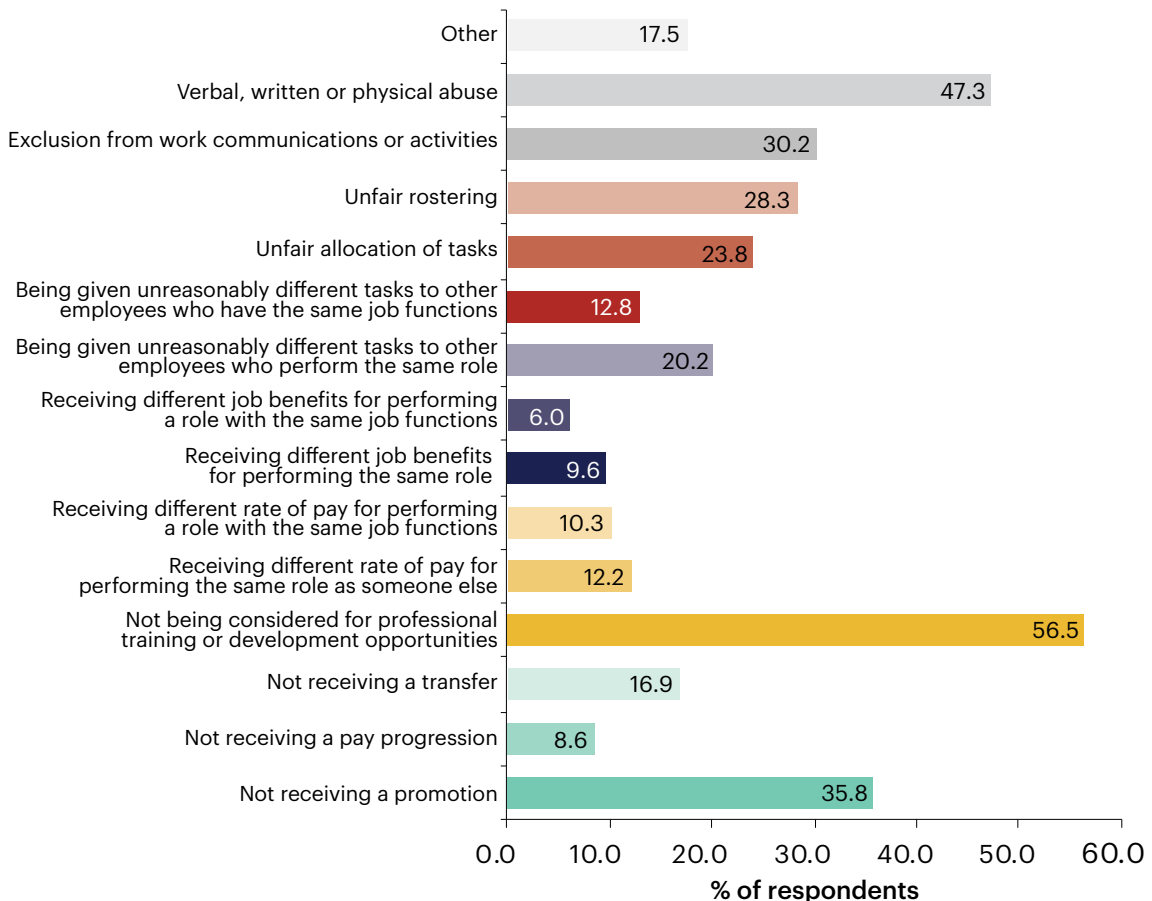
Survey respondents who said they had experienced discrimination (n=909) were asked to describe the nature of the treatment they had experienced (see Figure 5A). Among the 903 people who responded to the question, the top five most common reported behaviours were:

- not being considered for training or development opportunities (56.5% or n=510)
- verbal, written or physical abuse (47.3% or n=427)
- not receiving a promotion (35.8% or n=323)
- exclusion from work communications or activities (30.2% or n=273)
- unfair rostering (28.3% or n=256).

Across all the behaviours reported, there were no meaningful differences between the responses of women and men, except in relation to receiving a promotion, for which 40.8% (n=155) of male respondents reported experiencing this behaviour, compared to 32.5% (n=150) of female respondents.

Compared to the operational cohort, corporate employees were more likely to report exclusion from work communications or activities (50.5% or n=49, compared to 27.0% or n=181) and unfair allocation of tasks (45.4% or n=44 compared to 19.9% or n=133).

Figure 5A – Discriminatory behaviours<sup>1</sup>



The five most common behaviours reported via the survey align with what participants told the Commission during interviews and in submissions. For example, across these data sets, we routinely heard that decisions relating to promotion and professional development were unfair, discriminatory or lacked transparency (see Volume II, Chapter 10).

## PERSONAL STORY

### Julia's\* story:

#### **Facing discrimination and disadvantage because of gender and parenting responsibilities**

During my time working with Ambulance Victoria, I've had children which has certainly opened my eyes up to how badly parents and particularly mothers are treated in this organisation. I think it's probably one of the worst situations you could be in as a woman in Ambulance Victoria.

Early in my career, before I'd even had children, I was going through the process of applying for MICA and I was advised by senior MICA paramedics that if I wanted to do the MICA program I would need to stay childless or at least delay my desire to have children. I had already been endorsed but then had to make a decision as a young woman about whether or not kids were going to be in my life for the next three years.

So I decided to wait and have kids first. Years later, I entered the MICA program. I had a child during the program, but I continued to study throughout my pregnancy and maternity leave – I was completely committed to it.

It wasn't until I returned to work after maternity leave that I was informed that Ambulance Victoria had cut my funding for the program. I had worked so hard for those years – up late at night studying, pregnant, looking after young children, practising scenarios and they had just dropped me.

I was in shock. When I attempted to find out what happened, the only answer I got was, they didn't know my intention because I was having babies, they didn't know if I was going to actually finish the course. I felt I was being discounted just because I had made the decision to have children, even though it had nothing to do with my abilities.

*\*Name has been changed to protect privacy.*

Reinforcing this, of the 1211 survey participants who shared feedback on improvements at Ambulance Victoria, 29.4% (n=357) related to improvements to staffing and resourcing decisions and processes. Of those 357 people or over one-third (37.2% or n=133), noted the need for increased transparency in hiring decisions, with another third (36.1% or n=129) saying that decisions need to be based on merit, qualifications and experience.<sup>2</sup>

In addition, discriminatory abuse and mistreatment emerged as a common theme during interviews and in submissions, with participants describing being subjected to bullying or derogatory comments about their protected attribute or because of their protected attribute.

I was working with a colleague I had only just met [and an area manager] comes into the room and calls me a 'fag', outing my sexuality to this colleague. *Participant, Written Submission*

They would always say that I use [my disability] as an excuse. ... One [colleague] said, "Only stupid people have [my disability]".  
*Participant, Interview*

These findings are supported by the results on workplace bullying (see Section 5.1.3).

### **Basis of the discrimination**

Setting aside 'other' responses, the protected attributes that were most commonly identified as being the basis of discrimination by the 883 survey respondents who responded to the question were:

- employment activity (38.7% or n=342)
- sex/gender (34.8% or n=307)
- age (27.9% or n=246)
- parental or carer status (19.9% or n=176)
- physical features (11.6% or n=102).

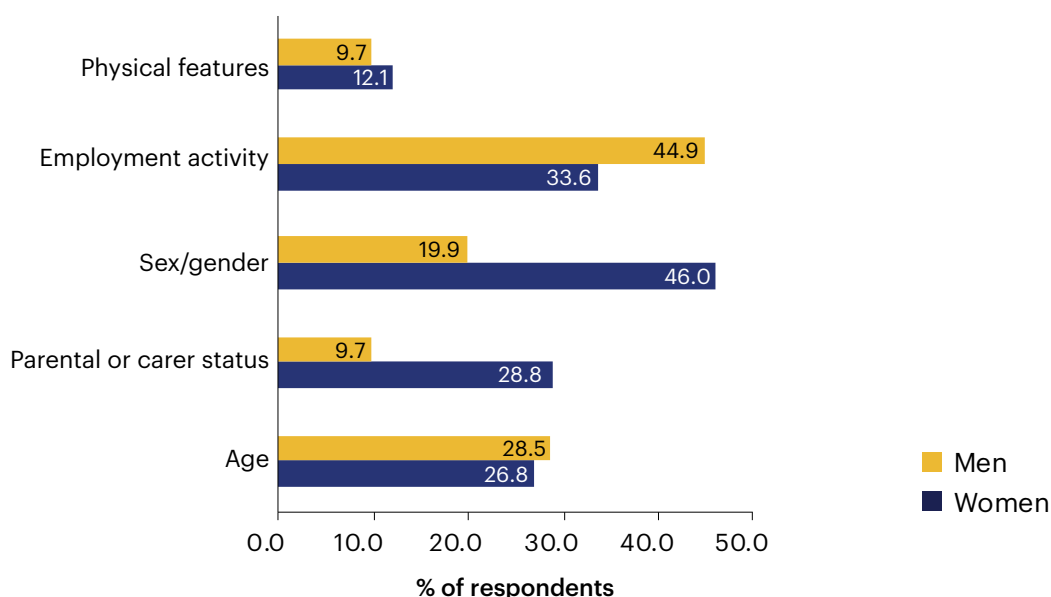
Discrimination related to sex/gender and age also featured strongly during the interviews and in the submissions, while discrimination on the basis of employment activity was raised less often via these pathways. All three of these attributes are considered in further detail below.

Employment activity was identified as being the basis of discrimination by 44.9% (n=167) of male and 33.6% (n=153) of female participants. There is currently limited research into employment activity discrimination,<sup>3</sup> to provide context for the experiences of this type of discrimination reported during the review. Notably, however, complaints of employment activity discrimination to the Commission increased by 57.0% in 2020–2021, compared to the 2019–2020 financial year, with entitlements such as accrued leave, salary or flexible work arrangements being raised.<sup>4</sup>

In relation to sex/gender discrimination, numerous studies have shown that women are more likely to experience sex discrimination and gender bias in the workplace,<sup>5</sup> as well as sex-based or gendered harassment.<sup>6</sup> Women are also more likely to experience discrimination and disadvantage that is closely tied to their sex/gender, including pregnancy discrimination, and discrimination based on breastfeeding/expressing and on parental status or responsibilities.<sup>7</sup> Consistent with these studies, of the top five protected attributes identified via the Commission's survey, women were more likely than men to identify sex/gender, parental or carer status and physical features (46.4% (n=211) versus 19.9% (n=74), 28.8% (n=131) versus 9.7% (n=36) and 12.1% (n=55) versus 9.7% (n=36), respectively). Whereas men were more likely than women to identify employment activity as the basis of the discrimination (44.9% (n=167) versus 33.6% (n=153), respectively). Discrimination related to pregnancy or breastfeeding was also reported by a number of women (10.1% or n=46), while discrimination based on industrial activity was cited by 15.3% (n=57) of men and 6.4% (n=29) of women.

A 2015 national prevalence survey of age discrimination in the workplace found that over one-quarter (27%) of Australians aged over 50 years had experienced workplace age discrimination in the previous two years.<sup>8</sup> Similar to our survey findings, the national survey found men and women were equally likely to be subjected to age discrimination.<sup>9</sup>

Figure 5B – **Top five protected attributes as a basis of discrimination (by gender)**



Other protected attributes, including disability, sexual orientation, race and marital status, among others, were also raised via the survey, during interviews and in submissions, although less often than the attributes previously identified:

- 7.4% (n=65) of respondents who answered the question told us that they were discriminated against on the basis of their disability
- 3.9% (n=34) told us the discrimination was based on their sexual orientation
- 3.6% (n=32) told us that the discrimination was because of their race
- 3.6% (n=32) identified marital status as the basis of the discrimination.

Many of the participants we heard from told us that their experiences of discrimination could not be attributed to any one single attribute. Rather, their experiences were the result of multiple and intersecting attributes. For example, the Commission heard often from women of childbearing age who were excluded from opportunities, particularly operational opportunities, based on a perception that they would require time off work or lighter or different duties, irrespective of their reproductive intentions or personal circumstances.

**Men [would be] making constant references, “You’ll get pregnant soon, so what’s the point of promoting you?” or, “You’ll be after an [flexible work arrangement], what good are you to me in the job?”** Participant, Interview

**It’s almost like you went from being respected to, “[T]here, there. You’re a Mum now, you’re emotional, you can’t cope with this, you don’t want to do this”.** Participant, Interview

**It is almost as though it is accepted in the organisation that males have families and careers; but for females, it has to be one or the other.**

*Participant, Written Submission*

### **Employment activity**

Discrimination on the basis of employment activity was the most common type of discrimination raised overall and by men via the workforce survey. It was also one of the top four types of discrimination reported by women. It did not, however, feature as strongly as other attributes, particularly sex/gender, during interviews and in submissions.

#### **What is 'employment activity'?**

- The term 'employment activity' refers to when an employee/contractor: makes a reasonable request to their employer/principal for information about their employment entitlements; or raises with their employer/principal a concern that they have not been, are not being or will not be given some or all of their employment entitlements.<sup>10</sup> Examples include an employee/contractor asking about how much leave they have accrued or their entitlement to paid parental leave or raising a concern about whether they have been paid their overtime allowance or paid at their correct rate of pay.<sup>11</sup>
- In contrast to the Fair Work Act,<sup>12</sup> the protection against employment activity discrimination in the Equal Opportunity Act does not extend to a person exercising their employment entitlements. Rather, it is limited to making enquiries or raising concerns about them. For this reason, employment activity will generally not include requests for flexible work arrangements or reasonable adjustments, where that request does not include a concern/complaint that it will not be granted.
- Recent case law has, however, clarified that employment activity does include raising concerns or complaints relating to safety in the workplace, including a concern that a person is not safe because of conduct that may breach work health and safety laws or workplace codes of conduct.<sup>13</sup> This means that it may be unlawful for an employer to treat an employee badly because they have raised a complaint or concern in relation to bullying or other workplace harms.

In those interviews and submissions where employment activity was raised, we heard that raising concerns or speaking up about employment entitlements could result in a 'black mark' against a person, with potentially long-lasting detrimental impacts on their employment.

**A lot of people are too scared to complain, for fear that there'll be repercussions .... Even the way your concerns are raised, if you continually raise concerns, it just gets worse and worse and worse for you.**

*Participant, Interview*

**Everyone always talks about keep[ing] your head below the radar, because if you poke your head up, if you poke your pinkie finger up, you're labelled a problem child.** *Participant, Interview*

The employment entitlements that we often heard about during interviews were those relating to safety from workplace harms, accessing leave and seeking adjustments to work arrangements, often on the basis of parenting or caring responsibilities. We also heard about participants being disadvantaged for reasons closely associated with, but not legally on the basis of, 'employment activity'. Examples of this included adverse treatment of, and backlash against, participants who had accessed or sought to access accrued leave or negotiate rostering adjustments.

This ties closely to the culture of silence participants spoke about during interviews and in submissions, with a common refrain that those who 'kept their head down' are rewarded, while those who spoke up about their rights risked repercussions. The organisation's focus on meeting operational demand and prioritising response times (see Section 6.1.3) have also created an enabling environment for employment activity discrimination. Employee requests and concerns relating to rights and entitlements were often treated as oppositional or as an inconvenience to managers where they clashed with operational requirements.

## PERSONAL STORY

### Sandra's\* story:

#### Discrimination following employment activity

Last year, I made a bullying complaint regarding my manager. At the beginning, I just thought he didn't like me but, but things really escalated and the behaviour was relentless. He was a bully. He wouldn't allow me to progress with my career and every time I went into work, I'd be yelled at for whatever indiscretion he thought I'd done. The last straw was when I was trying to return to work after leave and he just kept on putting obstacles in the way. It should have been an easy process, but he purposefully made it so much more difficult.

I was really distressed, not only with the process but knowing I was returning to work with this man. So I took it to a more senior manager, I said, "Look, this has been going on for so long and now I'm at a point where I can't return to work safely". I then put in a formal complaint. From there the process was just terrible. They basically said, if you can't present any physical evidence, then we're not interested. It came down to a "he said, she said" situation, and he was believed.

I was pretty much told I was a liar and a troublemaker for making the complaint. It was like they were trying to force me to withdraw the complaint and when I didn't, they disciplined me instead of my bully. After the complaint, I had a range of responsibilities and anything that I was doing that was extracurricular was taken away. I was made to do a communications course to "rectify my communication problems" that they attributed to the breakdown in our relationship.

The whole thing has broken me, it's been such a protracted, prolonged and awful experience I felt such a lack of self-worth by the end of this process. They've made sure I would never, ever complain or speak out again.

*\*Name has been changed to protect privacy.*

## Sex/gender

Sex discrimination is recognised as an ongoing concern in Australian workplaces; this was one of the motivating factors behind the enactment of Victoria's Gender Equality Act.<sup>14</sup> While more overt forms of sex discrimination – such as the earlier exclusion of women from Paramedicine (see Section 2.3.3) – are less common now, rigid gender attitudes, practices and structures continue to drive sex discrimination, particularly against women.<sup>15</sup> This was reflected in the experiences that participants, particularly women, shared about working at Ambulance Victoria.

Sex/gender discrimination was the second most common discrimination type reported by survey participants overall (34.8% or n=307) and the most common type reported by women (46.4% or n=211). This type of discrimination also featured strongly across interviews and submissions. While many participants acknowledged that there has been a substantial reduction in sex/gender discrimination in the organisation over the past decade, it is clear that this type of discrimination remains a current issue and is affecting a large number of people. Indeed, claims of sex/gender discrimination were the genesis of this independent review into Ambulance Victoria.

While each experience of sex/gender discrimination shared with us by female employees and first responders was unique, several themes emerged strongly throughout the review.

Consistent with the preliminary findings of a current study investigating the everyday sexism experienced by female paramedics across Australia,<sup>16</sup> women in operational roles routinely reported experiences of everyday sexism and abuse based on their sex/gender. The behaviours and comments these women experience often related to women's perceived suitability for operational work and reflected harmful gender stereotypes. In some cases, the abuse was extremely serious in nature involving intimidation and/or threats.

**I remember having an older MICA male paramedic turn to me in front of everyone and point his finger and [say], "I can guarantee YOU won't last more than seven years in the service". He was insinuating that young [female] paramedics ... are not used to the long hours and the hard work [and that] I would burn out quickly.** *Participant, Written Submission*

**Another person I know said that they were told that they were too soft on their team, maybe it's because you're too maternal.** *Participant, Interview*

**It was expected ... that [because I was female that] I would clean up the mess in the rec room. "That's a girl's job, you can do the dishes."** *Participant, Interview*

**[H]e came in and [said], "How come you haven't done the truck changeover?" He just got angry and walked out to the garage, and basically said "You [expletive] fat, lazy bitch."** *Participant, Interview*

Close to half (47.9% or n=34) of the women working in corporate roles who responded to a question about the discrimination they experienced, said it



included exclusion from work communications or activities, compared to 26.3% (n=88) of women in operational roles.

**I had someone say that they're making sure no-one would ring me or talk to me or do anything because [they didn't agree with what I was doing].**

*Participant, Interview*

This also arose during interviews with female corporate employees, with some describing the unfavourable treatment (often bullying behaviours) to be on the basis of both their sex/gender and their background as a non-operational worker.

Another common theme to emerge concerned sex (and/or pregnancy) discrimination in access to progression, promotion and training opportunities for operational employees, including access to the MICA training program. We were routinely told that reliance by (often male) managers on harmful gender stereotypes relating to women's suitability for certain roles or programs, or their actual or expected childbearing and caring responsibilities saw them being excluded from such opportunities. Ambulance Victoria's reliance on manager-endorsement as a prerequisite for employees to access promotional and training opportunities also appears to have facilitated subjective and biased decision-making (see Section 6.1.5).

**I applied for MICA a few years ago ... the endorsement and interview went well, [but] I was given no feedback as to why I was not offered a position.... I was [later] told by three separate MICAs that "you are a female of a certain age", "why would AV invest in you if you're going to go off and have babies?", and other statements to that effect.** *Participant, Written Submission*

**All my upward relieving opportunities ended when I fell pregnant. I was called into the team manager office [and told that there was concern] about me doing the team manager role.... They felt that because I was pregnant, that I could not do in-field shifts and therefore I could not do [the role].** *Participant, Interview*

**[W]hen I expressed a desire to be endorsed to commence MICA Paramedic training .... a local MICA asked me what my intentions were for having a family. He advised me in no uncertain terms that my endorsement for the MICA process was contingent on my plans to have a family, and he warned me not to get pregnant otherwise he would not sign the required paperwork.** *Participant, Written Submission*

**[T]he women that were appointed [to leadership roles] were all very similar. Similar age, similar personalities, all finished having children, and it just smacked of okay we can invest in these women because they're not going to end up taking time off and disrupting things.** *Participant, Interview*

For more information about equal representation across the organisation, see Volume II.

The stories told to us by female participants also demonstrated disadvantage arising from the inflexible application of workplace processes, policies and requirements. The disadvantage was often connected to their gender or related characteristics and included situations where a reasonable adjustment to the requirement may have eliminated the disadvantage caused.

- For instance, we heard that processes to put operational employees forward for upward relieving opportunities (the 'recognition and development program') required managers to comment on an employee's recent on-road response times. These times were unavailable for women returning from a period of parental leave and the policy did not allow pre-parental leave performance data to be relied upon (see Volume II).
- In a further example, we were told that the 'shift weight-calculator' used to determine whether a person is granted a flexible work arrangement can result in unfair outcomes for people with caring responsibilities and often require them to work more unsociable shifts to make up necessary points (see Volume II).
- It was also repeatedly noted that the MICA training course is not offered on a part-time basis, which usually limits access for women with caring responsibilities (see Volume II).
- Several participants also described the standard female uniform for operational staff not being fit for a variety of female bodies, particularly for pregnant employees and first responders. Some women said they had been wearing the male uniform for many years as a result. For some, this issue was seen as emblematic of the organisation's failure to adequately support and include women in the operational workforce.

Seventy-four men reported that they had been discriminated against because of their sex/gender. However, fewer men than women raised this form of discrimination during interviews and in submissions. The sex/gender discrimination that men described in interviews often related to parenting or caring responsibilities, with some describing being refused flexible work arrangements or reasonable accommodations in circumstances where they considered their female colleagues would be allowed.

**I was like, "Yeah, but I've told you the baby's going to be due and I want to be around." I got an email back that said, "Bad luck. I'll try and find someone else but if we can't, you're going, that's it. End of story." Very, very inflexible.**

*Participant, Interview*

Some, but not all, of the men who reported experiencing sex/gender discrimination spoke of what they called 'reverse discrimination'. They claimed that Ambulance Victoria's efforts to increase the representation of women in leadership roles constituted discrimination against men on the basis of sex/gender and that women were being selected for reasons unrelated to merit. This attitude was also reflected in the experiences of some of the women who described allegations of tokenism from their peers.

**[F]rom day one after I got my job, it was basically, "Well, you got the job because you're a girl". That was my introduction into AV world, "Because we need some more females, so that's why you got the job, essentially".**

*Participant, Interview*

**I have heard directly and had it relayed to me that staff felt that I received the position only because AV wanted to increase the number of women in management, and not for merit. The comments went so far as to say, more suitable men candidates missed out because they weren't female.**

*Participant, Written Submission*

While acknowledging the perception of these participants, the Commission did not find any evidence to support these claims of reverse discrimination within Ambulance Victoria. Workforce data shows that women have been underrepresented in leadership positions. This is likely due to a combination of factors including their historical exclusion from operational roles and the impact of gender inequality (see Section 6.1.1). This means that Ambulance Victoria has a reasonable basis to address this disadvantage by supporting women to take on leadership positions and that any related 'special treatment' of women will not amount to unlawful discrimination against men under the Equal Opportunity Act.

Research has identified allegations of reverse discrimination to be a common form of resistance or backlash to gender equality initiatives.<sup>17</sup> Related to this, some participants (both men and women) voiced their general opposition to the use of gender quotas or targets in Ambulance Victoria. Going forward, it will be important that Ambulance Victoria anticipates and addresses this type of resistance, including by dispelling myths, engaging the workforce and carefully setting out the rationale and justification for gender equality initiatives.<sup>18</sup>

### Age

A recent study by the Australian Human Rights Commission confirms that ageism (defined as a combination of stereotypes, prejudice, and discrimination) affects Australians across their lifespan.<sup>19</sup> Our survey data suggests that age discrimination is an issue in Ambulance Victoria. Of the 883 people who answered the question, 27.9% (n=247) said that age was the main reason for their most recent experience of discrimination.

Age discrimination was reported across all age groups, to varying degrees. Of the:

- 88 people aged 18-29 who answered the question, 50.0% (n=44) said their most recent experience of discrimination was because of their age
- 254 people aged 30-39 who answered the question, 22.0% (n=56) said their most recent experience of discrimination was because of their age
- 213 people aged 40-49 who answered the question, 10.3% (n=22) said their most recent experience of discrimination was because of their age
- 233 people aged 50-64 who answered the question, 39.1% (n=91) said their most recent experience of discrimination was because of their age
- 15 people aged 65+ who answered the question, 66.7% (n=10) said their most recent experience of discrimination was because of their age.

Participant interviews and submissions shed light on the nature of age discrimination experienced by employees and first responders of different ages. In our interviews with older participants, we were told of multiple instances where employees felt forced into retirement or where conversations around transition arrangements were handled insensitively and disrespectfully by managers. Older employees also reported feeling overlooked for career-development opportunities because of their age and being subject to unfair assumptions about their competence and capability.

**As I entered my 50s, and especially after being 55 years of age – I certainly encountered ageism – both covertly and overtly. I suddenly found that many doors were now shut to me regarding opportunities for promotion, educational opportunities, and upward relieving.**

*Participant, Written Submission*

**I'm getting stuff like, "You can give me a transition to retirement proposal". And I've read the policy, I retire when I retire, but their practice is to push and push till your stressed or they get you out. It's a common track record seen by many... It's ageism.** *Participant, Interview*

Conversely, older participants in operational roles also described having trouble accessing adjustments to their work to assist them to transition to retirement, with some facing pressure to work shifts that were contrary to their agreed flexible work arrangements.

The survey data also suggests that operational staff have a heightened risk of age discrimination, compared to their corporate colleagues. Out of the 657 operational survey participants who responded to a question about the basis of the discrimination they experienced, 29.7% (n=195) said it was because of their age, whereas out of the 95 corporate staff who responded to the same question only 15.8% (n=15) said it was because of their age.

Our interviews also provide insight into how younger cohorts experience ageism. Some younger workers told us they felt they were not taken seriously or supported by their managers to progress in the organisation because of their age and related assumptions about their competency. From participants in the 18-29 age bracket, we also heard examples of discrimination and bias against women because of assumptions based on their age and sex, namely that they would be wanting to start a family and work flexibly, as discussed earlier in this chapter.

### **Disability**

Close to one-third (27.2% or n=514) of the 1889 survey participants who responded to a question about whether they lived with a disability indicated that they did; mental illness was the most common form of disability identified, followed by injury and illness. The extent of mental illness as an identified disability is consistent with evidence that ambulance personnel are at heightened risk of mental illness and psychological distress due to a number of factors associated with their work, but not arising solely from exposure to traumatic events.<sup>20</sup>

Of those survey participants who identified that they had a disability, 19.5% (n=60) reported experiencing discrimination on the basis of their disability. Disability discrimination also arose during interviews and in submissions. Participants

with a disability described experiencing a range of unfavourable treatment and disadvantages in the workplace related to or on the basis of their disability, including:

- experiencing stigma because of mental illness or related WorkCover claims
- being subjected to derogatory comments about their disability
- being deterred from accessing sick leave or adjustments to their work arrangements and having their sick leave closely scrutinised by their manager
- being subjected to unreasonable 'fitness for duty' assessments after disclosing their disability or requesting reasonable adjustments to their work arrangements
- having difficulty negotiating reasonable adjustments to their work arrangements they require because of their disability.

Some participants also described their career progression being stymied because of perceptions about their disability, related WorkCover claims or their need for adjustments.

**The feeling I got from Ambulance Victoria at the time is, "If we have to make any adjustments for you, you're not fit to perform the role".**

*Participant, Interview*

**[I]t was like just common knowledge and an understanding that if you had any kind of mental health challenge, you were just – for starters you weren't one of the boys, because the boys would never admit to that. And you weren't cut out for it. You weren't tough enough. You weren't manager material. I'm sure not every manager at the time had held those views. But enough of them did. And enough senior managers, the impression was that they did, that that was the culture.** *Participant, Interview*

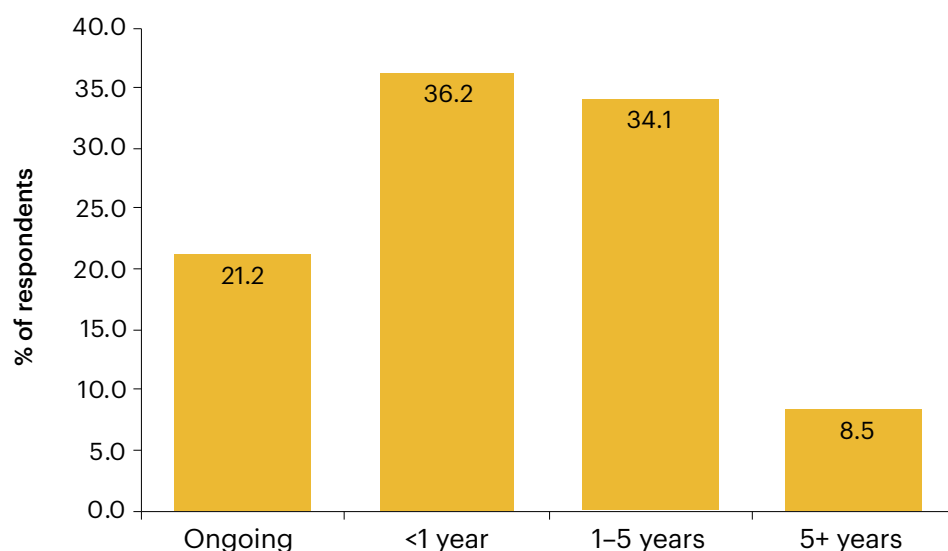
Consistent with this, a 2019 Commonwealth Senate inquiry into the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers found that many resisted reporting concerns about their mental health to their employers because of pervasive stigma and 'a genuine fear ... of being subjected to ridicule, bullying and discrimination'.<sup>21</sup>

Many participants did, however, speak positively about the mental health supports available at Ambulance Victoria. There was a sense that the conversation concerning mental health and stigma was beginning to shift. Notwithstanding these mental health initiatives (discussed in Section 3.4.1), participants stories illustrate that the initiatives have not necessarily worked to eliminate disability discrimination. Discrimination and low levels of support are still being experienced by some ill and injured employees at the team level, particularly where their disability requires some accommodation to their work arrangements.

### Recency of experiences

The Commission's survey asked people to indicate when their most recent experience of discrimination took place. The results – reinforced by what the Commission was told during interviews and in submissions – indicate that discrimination is an issue affecting the workplace today (see Figure 5C). Of the people who responded to the question (n=873), a majority indicated that it had occurred within the previous year (36.2% or n=316) or was ongoing at the time of the survey (21.2% or n=185).

Figure 5C – **Extent of discrimination in Ambulance Victoria (by time of occurrence)**



That so many people reported that discrimination is an issue today reinforces the need for Ambulance Victoria to re-examine its policies, procedures and processes to ensure that they do not unfairly advantage some people within the workforce, while also disadvantaging others. It also underscores the importance of appropriate and accessible supports for those who feel that they have been subject to unfair treatment (see Chapter 9).

### Alleged victim-survivors

Across all data sources, workplace discrimination emerged as a seemingly widespread problem at Ambulance Victoria, with a range of different individuals and groups experiencing it in varying forms.

Both men and women, participants working in metropolitan and regional areas and those in different age brackets, all reported high rates of experiencing and witnessing discrimination that were largely consistent with the overall rates (47.2% (n=909) for direct experiences and 47.7% (n=900) for witnessed discrimination). Operational participants were at heightened risk of discriminatory treatment, with 50.1% (n=675) experiencing it and 50.2% (n=684) also reporting they had witnessed it, compared to 31.3% (n=97) and 37.0% (n=115) of participants working in corporate roles.



Participant interviews and submissions added to the survey data to paint a more detailed picture of who in the workplace is experiencing different forms of workplace discrimination. These data sources suggest that:

- women – in both operational and corporate roles – are experiencing discrimination on the basis of sex/gender and related attributes of parental or carer status and pregnancy
- operational employees aged 50 years and above and women aged 18-29 years are experiencing age discrimination
- employment activity discrimination, or unfavourable treatment closely related to employment activity, is being experienced by a significant number of people, but particularly by men.

The survey data shows that participants with a disability were more likely to report experiencing discrimination, but not necessarily on the basis of their disability.<sup>22</sup> In fact the basis of discrimination that those with a disability reported largely mirrored the overall results for survey participants, with employment activity and sex/gender the most common basis for discrimination. This may be because disability – in the form of mental illness and injury – is often arising as an impact of discrimination and other unlawful conduct (as discussed below in Section 5.2.1) and/or that those with a disability are more vulnerable to other forms of unlawful discrimination.<sup>23</sup>

## Alleged perpetrators

The Commission heard across all data sets that men in senior management roles make-up the majority of people responsible for discrimination within Ambulance Victoria.<sup>24</sup>

Among the 885 people who responded to the question about who discriminated against them, senior managers (51.3% or n=454), direct managers or supervisors (45.9% or n=406) and other managers or supervisors (25.4% or n=225) featured most commonly. In the survey, operational staff were more likely than corporate staff to identify people in these roles as the person responsible for the discrimination. During interviews and in submissions, however, both corporate and operational staff most frequently identified direct managers and other managers as the relevant alleged perpetrator.

While executives were also identified as being responsible for discrimination (11.4% or n=101), it was corporate employees who were far more likely than operational employees to identify them as being responsible for the discrimination they experienced (33.3% or n=31, compared to 7.0% or n=46). Of these corporate employees, those occupying a corporate director or manager role were particularly likely to identify an executive as the person discriminating against them (78.9% or n=15).

Of the 871 people who told us that they had experienced discrimination and indicated the sex/gender of the person (or persons) responsible (multiple response), 77.6% (n=676) said that person was (or included) a man, compared to 42.3% (n=368) who said the person was (or included) a woman. The preponderance of male perpetrators is partly explained by the gender split for the 723 senior management roles at Ambulance Victoria, with 62.1% (n=449) men and 38.7% (n=274) women in these positions (see Section 2.3.3. for a full breakdown of these roles). However, even accounting for the increased number

of male managers, the survey data suggests that men in senior management roles are somewhat more likely to perpetrate discrimination than women in senior management roles. This is also consistent with what we heard in submissions and during interviews.

While men were just as likely as women to identify a male perpetrator (76.8% or n=282, compared to 79.4% or n=358), men were more likely than women to identify a female perpetrator (45.0% or n=165, compared to 38.6% or n=174).

The different types of unfavourable treatment that may amount to discrimination that we asked participants to identify in the survey (see Figure 5A), describe many activities that are within the discretion of managers and supervisors. This may explain the above results that tended to show that managers and supervisors were perpetrating discrimination. Notably, however, not all those behaviours are restricted to managers; anyone can perpetrate discriminatory abuse and exclusion and these behaviours were reported by a substantial portion of participants as set out in Figure 5A.

## 5.1.2 Sexual harassment

### Nature

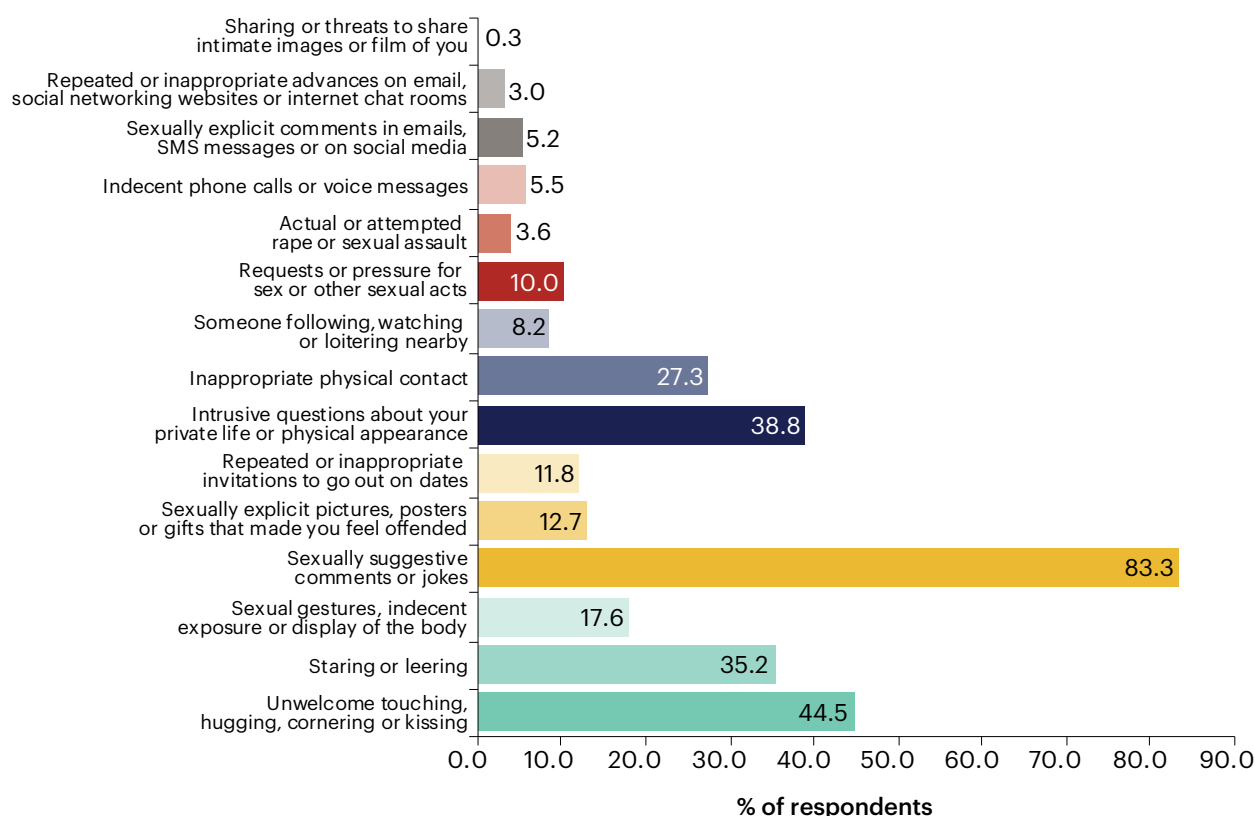
#### Behaviours

The Commission asked survey respondents who reported sexual harassment to identify the types of unwelcome sexual behaviour that they had experienced. Among the 330 respondents, the five most commonly reported behaviours were:

- sexually suggestive comments or jokes (83.3% or n=275)
- unwelcome touching, hugging, cornering or kissing (44.5% or n=147)
- intrusive questions about your private life or physical appearance (38.8% or n=128)
- staring or leering (35.2% or n=116)
- inappropriate physical contact (27.3% or n=90) (see Figure 5D).

These same behaviours were also the five most commonly reported behaviours in the 2018 national workplace sexual harassment survey and the Commission's Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, *in Victoria Police*, although their precise order differed.<sup>25</sup>

Figure 5D – Types of workplace sexual harassment (by gender)



The sexual comments participants described experiencing included comments about their body or appearance, sexual innuendo and crude, sexualised jokes.

**A MICA team manager who was in control of signing off some of my stuff had said that if I was really that serious about becoming a MICA [Paramedic], I should be using my womanly assets more.**

*Participant, Interview*

**I said “I’m just going to have a quick shower...” and my colleague who was sitting next to my team manager said, “Do you need a hand in there?”**

*Participant, Interview*

**[T]his clinical instructor, he told me I was too pretty to be a Paramedic and that I would need to prove to him I had what it takes. ... I laughed it off and tried not to think anything of it.**

*Participant, Written Submission*

Unwelcome sexual touching, as well as constituting sexual harassment, may also amount to sexual assault (a criminal offence). The unwelcome touching that participants described during interviews and in submissions varied in nature and seriousness. We heard about co-workers unnecessarily brushing up against other workers, touching them on the bottom and, in some rarer instances, perpetrating unwanted, invasive physical behaviour of a sexual nature.

Some participants expressed a perceived unspoken expectation that they had to put up with this conduct if they wanted to succeed at Ambulance Victoria, particularly in operational roles.

**I felt I had to ignore [it] in order to “fit in”, despite the fact that it didn’t sit well with me. The fact I was forced to put up with uncomfortable sexual innuendo in order to prevent my career being ruined made me sick to my stomach and severely impacted my anxiety around her.**

*Participant, Written Submission*

**We have to let the men in MICA try to schmooze us. One guy always wants a hug and I don’t want to, but I know I have to. For women to [get approval from] MICA men [and] get into MICA, we have to let them talk to us like that... [We just have to] brush that off.**

*Participant, Interview*

The survey results are consistent with what we heard from participants during interviews and in submissions, where these unwelcome sexual behaviours were described in greater detail and indicate a culture in which everyday sexism and gendered disrespect are common.

Research indicates sexual harassment is more likely to occur in workplaces characterised by male-dominated work practices, culture or behaviour expectations.<sup>26</sup> Sexist jokes and commentary serve to reinforce such cultures, perpetuate gender stereotypes, amplifying unequal, gendered power relations and intensifying sexism.<sup>27</sup> These behaviours contribute to the normalisation of sexual harassment, which creates toxic working environments for women and produces circumstances in which victim-survivors, witnesses and leaders may be unwilling to challenge disrespectful or offensive behaviour for fear of exclusion or reprisal.<sup>28</sup>

While all forms of sexual harassment are unlawful and have no place at work, the Commission expresses our particular concern regarding the reported rates of physical forms of sexual harassment, particularly unwelcome touching, hugging, cornering or kissing and inappropriate physical contact. We also note with great concern that:

- 33 respondents indicated that they had experienced requests or pressure for sex or other sexual acts
- 12 respondents told us that they had been subjected to actual or attempted rape or sexual assault while at Ambulance Victoria.

For a number of reasons (i.e., confidentiality, secrecy, ethical obligations and methodological process), the Commission is unable to provide further data regarding these particular instances reported via the survey. However, multiple participants also shared experiences of unwanted physical touching with us during interviews and in submissions and to a lesser extent, serious instances of sexual assault.

**He groped my breast and told me he’d been wanting to do that for ages. It’s awful. And I just froze.**

*Participant, Interview*

**[My team manager] kissed me on my forehead while hugging me at branch.**

*Participant, Written Submission*

**[S]he grabbed me and kissed me. I was shocked, scared and alone.**

*Participant, Written Submission*

**I'm a member of the LGBTI community and when I first started in the job, one of the staff members refused to work with me because, in his words, "he will come in the room at night and rape me!"**

*Participant, Written Submission*

### **Basis of the harassment**

The Commission's survey asked about the reason(s) people believed they had been sexually harassed, with respondents able to select more than one reason. Of the 333 people who responded to this question, almost three in four (73.6% or n=245) indicated that they believed their sex/gender was the reason for the harassment. This was followed by physical features (34.8% or n=116) and marital status (8.7% or n=29), among other attributes.

Women were considerably more likely than men to identify one or more of the survey's listed characteristics as the basis for the sexual harassment they experienced, including their sex/gender (79.5% or n=221 compared to 36.4% or n=16), physical features (37.1% or n=103 compared to 22.7% or n=10) and marital status (9.0% or n=25 compared to 4.5%, n=2); on the other hand, men were more likely to respond with 'don't know' (36.4% or n=16 compared to 16.8% or n=19) and 'other' (15.9% or n=7 compared to 7.9% or n=22).

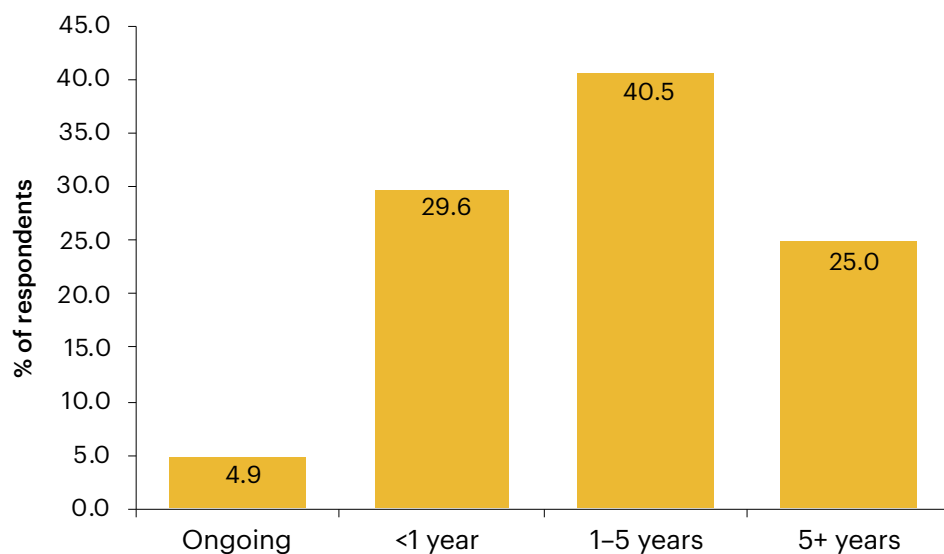
Setting aside the 'don't know' and 'other' responses, the reasons for sexual harassment most commonly identified by men were sex/gender (36.4% or n=16), followed by physical features (22.7% or n=10) and sexual orientation (11.4% or n=5).

### **Recency of experiences**

The Commission's survey asked people to indicate when their most recent experience of sexual harassment within Ambulance Victoria took place. Of the people who responded to the question (n=328), three in four (75.0% or n=246) said that they had been harassed within the previous five years (see Figure 5E). This shows that sexual harassment is a contemporary issue that the organisation faces today.

Of particular concern to the Commission are the 16 people who reported that the sexual harassment was ongoing when they completed the survey. These reports highlight the harm being experienced by these 16 people, as well as the risk of harm to others in the workplace if the alleged perpetrators responsible for the harassment are not held to account. Also concerning is the 97 people who said that they had been harassed within the previous year.

Figure 5E – **Extent of sexual harassment in Ambulance Victoria (by time of occurrence)**



### ***Frequency of experiences***

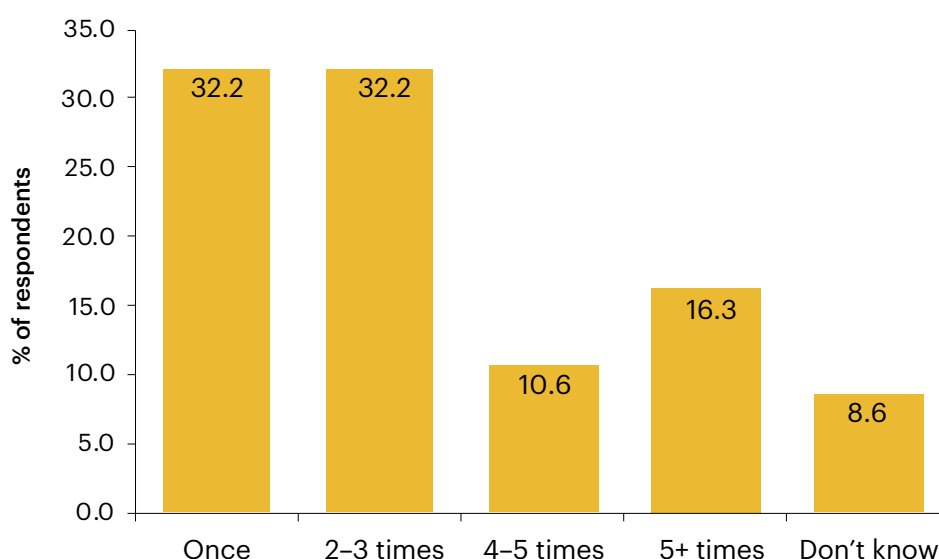
The Commission asked survey respondents to indicate whether their most recent experience of sexual harassment occurred once or over multiple occasions. Of the 325 people who responded to this question, more than half (58.8% or n=191) told us sexual harassment happened over multiple occasions. This aligned with what participants described during interviews and in submissions about sexual harassment being part of an ongoing pattern of conduct that included multiple instances of harassment, with some reporting an escalation in the types of harassment they experienced over time. This aligns with leading evidence on the nature of sexual harassment, with victim-survivors commonly reporting experiencing the same type of harassment more than once in the same workplace in the last five years – most often repeated offensive, sexually suggestive comments or jokes.<sup>29</sup>

Of the remaining people who responded to this question, around two in five reported that the sexual harassment happened once (38.5% or n=125) and nine said that they were unsure.

We also asked how many times people had experienced sexual harassment in the previous two years. Of the 301 people who responded to this question, just under one-third (32.2% or n=97) said they had been harassed once, with most of the remaining respondents indicating that they had been harassed on multiple occasions (see Figure 5F).<sup>30</sup>



Figure 5F – **Number of experiences of sexual harassment in the previous two years**



The results of the Australian Human Rights Commission's national survey revealed that women were more likely than men to report that their most recent experience of sexual harassment was not a one-off but had happened previously at the same workplace,<sup>31</sup> the behaviour they experienced was common in their workplace,<sup>32</sup> and that others had experienced the same type of sexual harassment in their workplace.<sup>33</sup>

### Means

The Commission's survey asked respondents to indicate the ways in which they were sexually harassed within Ambulance Victoria; people had the option to select multiple responses. Of the 333 people who responded to the question, the overwhelming majority (94.3% or n=314) said that it took place in person. Only a small proportion of respondents to this question indicated that it took place over the phone (8.1% or n=27) or online (6.3% or n=21) or in other ways (2.4% or n=8).

Sexual harassment at work perpetrated via technology and social media has increased significantly in recent years, particularly in industries in which online engagement is an integral part of the work.<sup>34</sup> Yet, as the nature of healthcare work, including emergency care, necessitates close physical and emotional proximity, the physicality of sexual harassment experienced within Ambulance Victoria reflects experiences within the broader medical community.<sup>35</sup>

### Location

Our survey asked those who reported being sexually harassed within Ambulance Victoria (n=335) to let us know where the most recent incident of harassment occurred, and the gender composition of the workplace at the time. Consistent with broader research,<sup>36</sup> the majority of incidents of sexual harassment reported to the Commission occurred when the workplace was two-thirds or more male (54.9% of 334 total responses, or n=169) as opposed to female-dominated (3.6% or n=11) or gender neutral (41.6% or n=128).<sup>37</sup>

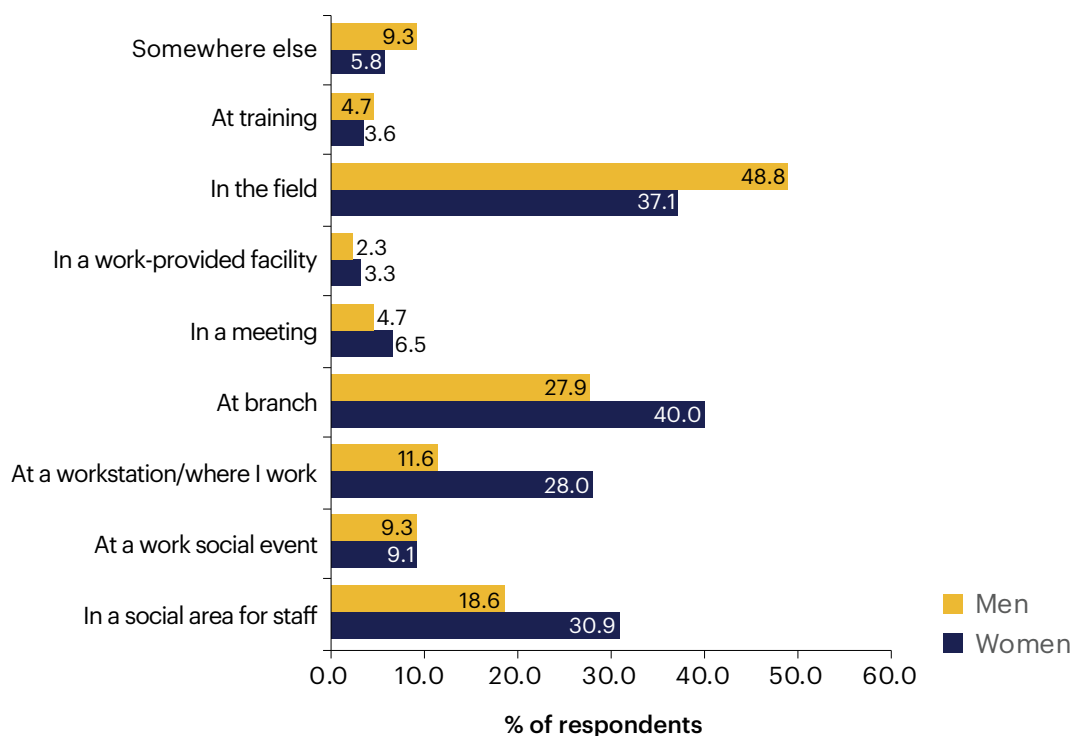
The three most common locations indicated by the 328 respondents to this question were at a branch (38.4% or n=126), followed closely by in the field, including in a work vehicle or while providing care to a patient (38.1% or n=125), and then in a staff social area (29.6%, or n=97).

Figure 5G shows that there were some differences across the 44 men who reported an incident of sexual harassment and detailed the location, compared with the 279 women who did so. For men, incidents of sexual harassment were more likely to occur in the field (47.7% or n=21 compared with 36.6% or n=102 for women), whereas women were more likely to report experiencing sexual harassment in an office location, including:

- a work social area (30.5% or n=85 compared with 18.2% or n=8 for men)
- at a workstation (27.6% or n=77 compared with 11.4% or n=5 for men)
- at branch (39.4% or n=110 compared with 27.3% or n=12 for men).

These differences persisted when the comparison was limited to operational employees only, so they were not driven by role type (that is, women being more likely to work in corporate roles than men).

Figure 5G – **Location of sexual harassment**



When considered alongside the results showing the most common form of sexual harassment is sexual comments and jokes and the high rate of bystanders to this type of harassment, the finding of high rates of sexual harassment in staff social areas and at workstations – and even while in the field treating patients – point to an environment where sexual harassment is occurring in the open without fear of repercussions. This is consistent with what emerged during the interviews, where sexual harassment appeared to be a component of a broader culture of workplace incivility. This is also consistent with the perception among many participants that sexual harassment is tolerated, and perpetrators will not be held to account.

At the same time as the Commission was told of sexual harassment being perpetrated in the open, we heard about harassment occurring in isolated work environments that create opportunities for it to occur. During interviews and in submissions, participants working in operational roles described branches and work vehicles as isolated, unsupervised work spaces. It was often in these isolated spaces that we heard of operational staff being sexually harassed or of concerns for participants' safety from harassment. As one participant described it:

**[I]t's one word versus the other.** *Participant, Interview*

These experiences align with research that tells us that where people work alone, in confined or isolated environments, they are at heightened risk of sexual harassment.<sup>38</sup>

## PERSONAL STORY

### Chloe's\* story:

#### How sexual harassment impacted her and put patient care at risk

When I was a graduate Paramedic, a clinical instructor sexually harassed me.

He would make inappropriate comments about my appearance, ask me about my sexual history, tell me stories about his own sexual past and show me explicit images of himself, all without my consent. Multiple times he used medical equipment to hit me on the backside during a shift.

He would just find any excuse to make the conversation sexual in some way and it made me so uncomfortable and shaken. I failed my first clinical review during that month because I was so anxious around this man. It really impacted my confidence and ability to do my job.

Once on a shift, instead of monitoring a patient in the back of the ambulance truck as he should have been, he came and sat in the front with me and took his shirt off. I kept on asking what he was doing and why he wasn't with the patient, but he just made some excuse about it being too hot. I didn't know what to say. As a graduate, you really have no power in the situation to say anything. After we got to the hospital, the patient died and I remember being so terrified it was something we had done, and I would end up getting blamed for it.

A lot of this stuff with my clinical instructor happened in the ambulance truck when it was just the two of us. No one else was around. I knew it would be my word against his and I was so scared that people weren't going to believe me if I complained and that I would be flagged as a trouble-maker. I just couldn't risk it.

It is sad to think that these clinical instructors are in such a position of power that they can get away with this stuff but in Ambulance Victoria, that's just how it is. It wasn't till I saw a psychologist later on that I realised I had been sexually assaulted, him hitting me on the bum and touching me inappropriately. That was assault. But I was led to believe it was no big deal.

\*Name has been changed to protect privacy.

We also heard from operational staff (who had experienced sexual harassment) that branch sleeping quarters create opportunities for harassment to occur due to a lack of safeguards.

**He walked around to the other side of the bed and climbed in. He shuffled closer towards me ... and started touching my left arm and slid his hand under my shirt and on to my stomach.** *Participant, Written Submission*

**[After he sexually assaulted me in the branch bedroom, I was afraid of being alone with him.] There was one other time where it was just him and I at branch. I was the single officer and I was restocking the truck. I was just in the storeroom ... you can't get out of there. It's just one entrance.** *Participant, Interview*

**I had been sleeping in the bedrooms at branch, but our bedrooms don't have locks on the doors. And I just – I didn't feel safe. I felt uncomfortable. So, I have been sleeping on the couches instead because normally there's another crew that works at the same time.** *Participant, Interview*

## **Alleged victim-survivors**

Overwhelmingly, the Commission heard that sexual harassment is a problem that largely affects women at Ambulance Victoria; this is in line with what is known about the gendered nature of workplace sexual harassment.<sup>39</sup> Of the 947 women who responded to the survey question about sexual harassment, 29.5% (n=279) said they had been sexually harassed in the organisation. By comparison, of the 865 men who responded to the question, 5.1% (n=44) said they had been harassed. This finding was reinforced repeatedly by what we were told about sexual harassment during interviews and in submissions.

Personal experiences of sexual harassment were also more likely to be reported via the survey by the 1356 people in operational roles who responded to the question about sexual harassment (19.3% or n=264) than the 312 respondents in corporate roles (10.3% or n=32). Although the survey and information shared during interviews and in submissions makes it clear that sexual harassment has affected people in both cohorts of the workforce.

More broadly, in contrast to current research into sexual harassment,<sup>40</sup> there appear to be few groups at heightened risk of sexual harassment within Ambulance Victoria. Although there was some evidence to suggest that the risk is higher for some groups as detailed below.

- Consistent with existing research,<sup>41</sup> employees and first responders with a disability were more likely to report experiencing sexual harassment: of the 486 survey participants who responded to both questions about their disability status and whether they had experienced sexual harassment, 26.1% (n=127) said they had experienced sexual harassment, while the equivalent figure was 14.4% (n=208) among the 1442 respondents who did not identify a disability and who responded to the question about sexual harassment.
- In line with broader research, employees and first responders who identify as being lesbian, gay, bisexual or queer were at heightened risk of experiencing sexual harassment, compared to their heterosexual colleagues:<sup>42</sup> of the 128

survey participants who identified as lesbian, gay, bisexual or queer in the survey and who responded to the question about experiencing sexual harassment, 26.6% (n=34) said they had, compared with 16.8% (n=279) of the 1657 heterosexual respondents to both questions.

These survey results align with participants' experiences, with many different women coming forward to share their experiences of sexual harassment and no obvious trend emerging that might suggest this conduct is confined to certain pockets of the organisation. This suggests that sexual harassment – while perhaps not pervasive – is at an unacceptable risk of occurring across Ambulance Victoria.

## Alleged perpetrators

In line with existing research,<sup>43</sup> the Commission's survey results – reinforced repeatedly during interviews and in submissions – shows that men made up the overwhelming majority (90.3% or n=299) of alleged harassers within Ambulance Victoria.

The Commission's survey also asked about the relationship of the alleged harasser to the victim-survivor (with multiple responses allowed to account for multiple perpetrators). In line with broader research,<sup>44</sup> but distinct from experiences of bullying and discrimination reported within Ambulance Victoria (see sections 5.1.1 and 5.1.3), 'co-worker' was the most common relationship reported. A total of 442 survey participants reported that they had been sexually harassed and answered a question about their relationship with the alleged perpetrator(s). Of these respondents:

- 36.2% (n=121) reported that their harasser(s) were/included a co-worker that was more senior
- 34.0% (n=107) reported that their harasser(s) were/included a co-worker at the same level
- 7.8% (n=26) reported that their harasser(s) were/included a co-worker that was more junior.

During interviews and in submissions, we heard many examples of managers and other senior leaders abusing their power to sexually harass others in Ambulance Victoria.

**I can't forget how many times a male would try to hit on you, and because they were a clinical instructor or in a position of power, ... they'd try to intimidate you.** *Participant, Interview*

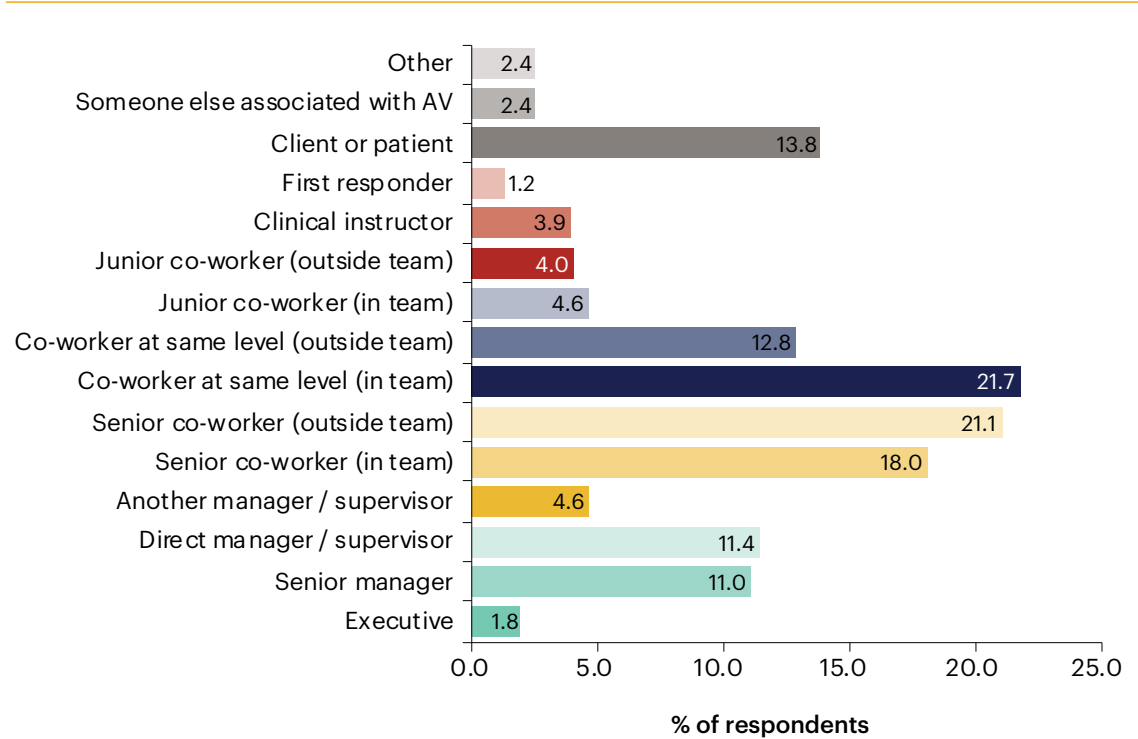
The survey results also revealed harassment by those more senior than the victim-survivor, with:

- 1.8% (n=6) reporting that their harasser(s) were/included an executive<sup>45</sup>
- 11.4% (n=38) reporting that their harasser(s) were/included their direct manager or supervisor
- 3.9% (n=13) reporting that their harasser(s) were/included a clinical instructor.

The behaviour of workplace leaders is instrumental in either the prevention or perpetuation of sexual harassment; workplace harassment is more likely to occur when it is seen to be perpetrated or sanctioned by authority figures, and

less likely to occur when they condemn it.<sup>46</sup> Leading research shows that the involvement of workplace leaders in sexual harassment reinforced victims’ feelings of powerlessness and heightened their sense that they would not be supported in efforts to stop or report the behaviour.<sup>47</sup> Research also indicates that sexual harassment perpetrated by senior leaders, managers or supervisors impacts victim-survivors more severely, resulting in higher levels of associated stress, adverse impacts on mood, and increased intentions to resign; these instances of sexual harassment are less likely to be reported for fear of reprisal.<sup>48</sup> Complaints of sexual harassment made against management result in fewer organisational actions against perpetrators, increased retaliation against victim-survivors, and increased minimisation of allegations.<sup>49</sup> While outside the scope of this review, it is noteworthy that 13.8% (n=45) of harassers were reported to be patients.

Figure 5H – Relationship of the alleged harasser to the victim-survivor



Of particular concern to the Commission, several participants described some perpetrators as being ‘well known’ within Ambulance Victoria for behaving in a sexually inappropriate, harassing manner towards others, including themselves. These repeat alleged harassers were seemingly able to continue this pattern of behaviour without consequence.

- He’s been known for this behaviour for his 20+ [year] career in Ambulance Victoria and nothing has ever been done.** *Participant, Written Submission*
- I was with this clinical instructor for 16 shifts [and] before I worked with him, I had a few of my colleagues come up to me and say, “Hey, he’s known to be really inappropriate with female grads. He can be sexually inappropriate and just be a bit of a bully, so just a heads up”.** *Participant, Interview*



**I understand he's done similar stuff in another part of the service, and rather than address it, we moved him to a different area. Which used to happen a lot. So, rather than really go, "That is shitty behaviour - you're sacked", we just moved them.** *Participant, Interview*

There is evidence to indicate that it is not uncommon for those that sexually harass in the workplace to target more than one individual. Two in five participants in the national workplace sexual harassment survey who said they had been sexually harassed in the last five years were aware that others in their workplace had experienced the same form of harassment as them and that this was most often by the same harasser.<sup>50</sup>

**Individuals may be able to engage in sexually harassing behaviour over long periods of time where employers are reluctant to make known information about incidents or complaints in their workplace.**<sup>51</sup>

The importance of tracking trends in reports and complaints to identify emerging risks is further explored in Chapter 7.

## 5.1.3 Bullying

### Nature

#### Behaviours

The Commission asked survey respondents who reported being bullied (n=988) at Ambulance Victoria to identify the types of behaviour they had experienced (see Figure 5I). Among the 986 respondents, the five most commonly reported types of behaviours were:

- hostile behaviour (61.4% or n=605)
- verbal abuse (58.9% or n=581)
- exclusion from work communications or activities (45.1% or n=445)
- unreasonable demands, pressure or impossible deadlines (40.5% or n=399)
- threatening body language (31.5% or n=311).

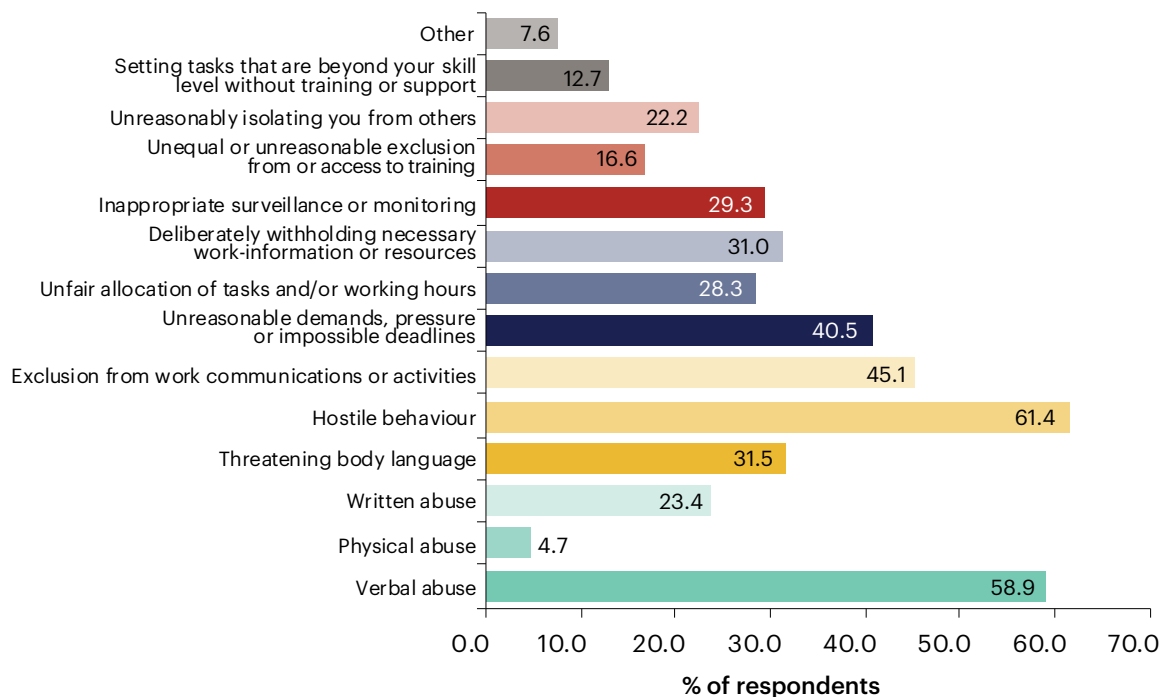
Literature suggests that bullying behaviours tend to appear on a continuum, where incivility, gossip and banter are initial workplace harms that, when allowed to exist, escalate to more overt, humiliating and violent behaviours.<sup>52</sup>

Physical abuse made up 4.7% (n=46) of bullying reported via the survey, with equal numbers of women and men reporting such abuse (4.8% or n=23, compared to 5.0% or n=23).

**The paramedic was picking up the chair and he was ... swearing ... it was very scary. It was really scary ... I grabbed my radio. Because [Community Emergency Response Teams] have the same radio as the paramedics, you know, the big ones and I just grabbed it. I was almost going to press my duress button.** *Participant, Interview*

Broadly speaking, there were no particular gendered differences in the types of bullying behaviour reported by women and men through the survey.

Figure 5I – **Types of workplace bullying**<sup>53</sup>



In addition to the behaviour listed in Figure 5I above, the types of bullying conduct that regularly emerged during interviews included:

- verbal abuse involving being put down, sworn at, called names or shouted at, sometimes in front of other employees and patients
- berating and overly critical behaviour, which was commonly used as a so-called training or clinical improvement tool, with examples of this occurring in open forums
- micro-management and targeted clinical reviews being used as a bullying tactic.

**[P]eople have left meetings because of the way [this person has] spoken to people. And [their] behaviour is just abhorrent.** *Participant, Interview*

Some participants described the bullying behaviour including more subtle forms of exclusion or poor treatment, such as not responding to emails, denying access to training courses, or not approving overtime requests.

Although less common, there were also examples of participants being physically assaulted, spat on, and receiving serious threats.

**I was contacted by the manager [and] informed that if I was to turn up at the Christmas party, the guys there had threatened to smash my face in.** *Participant, Interview*

**[He] snatched the pager from [me] and pushed me up against the nearby wall with his right forearm across my chest [and] throat area. He began berating me about taking too long to clear.** *Participant, Written Submission*

While the Commission's workforce survey did not ask about incivility, it was a prominent type of behaviour reported during interviews and in submissions. We were told often of rude, abrupt and condescending communication occurring in person, in meetings, in emails and during phone calls. We also heard about demeaning names being used to identify individuals or different work cohorts and co-workers regularly swearing at one another.

**I would call it incivility.... Like, there are some people that are just not nice, they're quite mean in the way they talk to each other, it's disrespectful. I heard one [example] recently where someone said, "oh, I think you should pack up your stuff and [expletive] off". I mean, who says that to a colleague?** *Participant, Interview*

**I would say that there's a lot of low-level interpersonal conflict in AV that's not managed.** *Participant, Interview*

We also heard about incivility occurring between different work cohorts or divisions. Several participants described a history of MICA Paramedics treating Advance Life Support Paramedics with derision and disrespect.

**They [MICA] turned it into a sport, and they would go out targeting paramedics, coming back to the branch and having a big laugh about it: who they made cry, what people they made almost pee their pants, as they would put it.** *Participant, Interview*

**[Some MICA officers are] particularly well-known throughout all the ALS. They don't want them there on the scene. They don't want them because of the bullying that they're going to be under, and they'll be made to feel like they shouldn't have called.** *Participant, Interview*

A 2020 Safer Care Victoria review of Ambulance Victoria's aeromedical critical care services also found 'a lack of trust and respect between Adult Retrieval Victoria and Air Ambulance Victoria staff', with 'reports ranging from disrespectful behaviour and mistrust to intimidation'.<sup>54</sup>

## Basis of the bullying

The Commission heard reports of discriminatory and non-discriminatory forms of bullying across all data sets. While the perceived basis of the bullying reported to the Commission via the survey spanned all of the protected attributes in the Equal Opportunity Act (except for Intersex status), the vast majority of this conduct concerned employment activity (40.5% or n=394), followed by sex/gender<sup>55</sup> (22.6% or n=220) and age (21.9% or n=213). Men were considerably more likely than women to report bullying related to employment activity (45.9% or n=209, compared to 35.2% or n=166), whereas women were far more likely than men to report sex/gender-based bullying (37.4% or n=176, compared to 7.7% or n=35) or age-based bullying (26.8% or n=126, compared to 17.1% or n=78).

Compared to these results, bullying on the basis of employment activity arose less often during interviews and in submissions, possibly for the same reasons it arose less often in relation to discrimination (see Section 5.2.1). In line with the survey results, however, during interviews and in submissions we regularly heard participants describe bullying on the basis of their sex/gender (most often women) and, to a lesser extent, on the basis of age, disability and race.

### PERSONAL STORY

#### Jenna's\* story:

##### Sexism and bullying within MICA

During my time at Ambulance Victoria, there have been countless moments where I have been bullied specifically because of my gender. I am a MICA paramedic, and if the rest of Ambulance Victoria is a boy's club, MICA is even worse. It's a very male-dominated area. They break you down and then they build you up and start again, it's the MICA rite of passage.

I can remember one of my first clinical instructors for MICA, a man I had never met saying as his opening line to me, "I don't want 'some girl' crying at work". From day one, it was that; he had no interest in teaching me or getting to know me, I was just "some girl".

There was continuous, constant bullying and intimidation. He undermined me. Discouraged me. Dismissed me. Questioned my decision making at jobs. Provided no feedback. Ignored me. Not just him, but so many other paramedics in the team. It was the way they addressed me. The way they talked to me. The assumptions around my gender and my subsequent abilities. It was as if I was just a game to them, something to make fun of so they could bond.

I had no self-esteem left and I had no one to confide in. I was completely broken. I had no support from my manager either. If you have a problem or a complaint at Ambulance Victoria, your first port of call is your manager, but the problem is that many of the managers are no better. Many of them are bullies themselves so they allow this behaviour to continue. In fact, they create the blueprint which others feel they have to replicate.

People just follow the behaviour they see, and if their boss is a bully, they think they should act like that too to get ahead. I wish I could say that it's gotten better throughout my career but it's still the same. I still get treated like my abilities must be lesser just because I'm a woman.

*\*Name has been changed to protect privacy.*

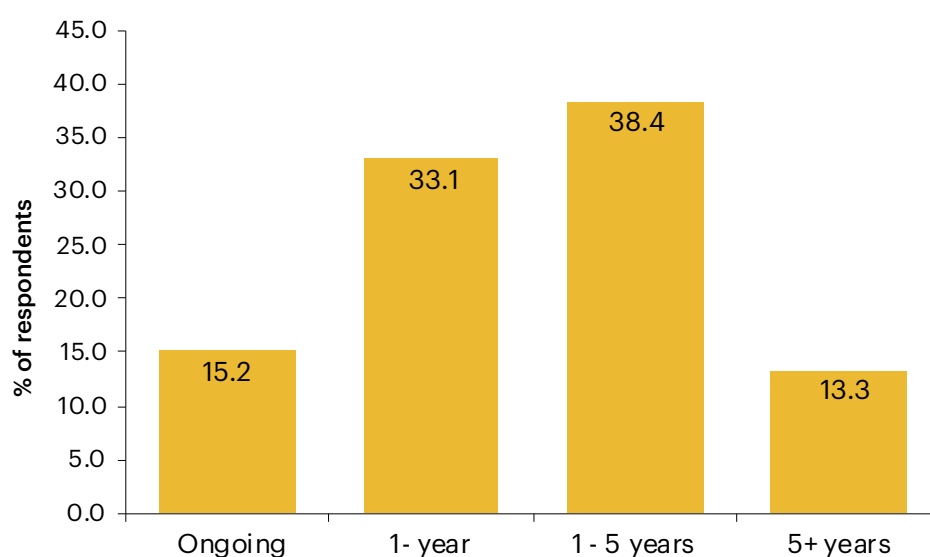
Wider research on workplace bullying does not paint a clear picture of who is generally at heightened risk of experiencing this behaviour, nor does it indicate that workplace bullying commonly occurs on the basis of the above protected attributes. There is some evidence that women are more likely than to men to label certain negative behaviours as bullying<sup>56</sup> but the evidence is otherwise largely inconclusive.<sup>57</sup>

### When

Just under half of the bullying reported via the Commission's survey occurred recently, suggesting that bullying – like the other types of unlawful conduct – is a current, not an historical, issue within Ambulance Victoria (see Figure 5J ). In this regard, it is concerning that 147 people reported the bullying to be ongoing when they completed the survey, and for an additional 320 people, it had taken place in the previous year.

The risk of harm to these individuals – and also their colleagues and potentially to their patients – if the conduct does not stop and the alleged bullies are not held to account is significant. There is also a risk of re-traumatising other victim-survivors who may not be presently experiencing the behaviour but are nonetheless aware of its existence across the organisation.

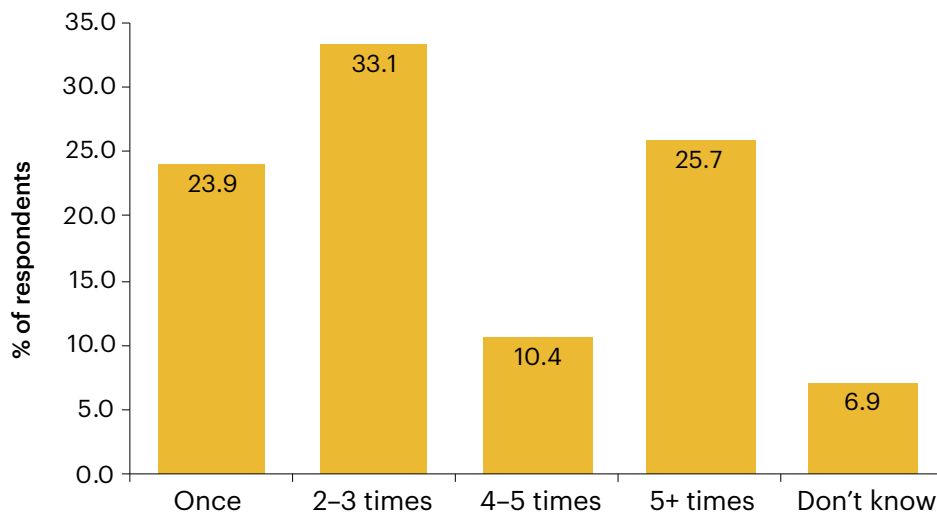
Figure 5J – **Extent of bullying in Ambulance Victoria (by time of occurrence)**



### How often

We also asked the survey participants who reported being bullied how many times it had occurred in the previous two years. Of the 912 respondents, just over one-third (33.1% or n=302) said that they experienced two to three bullying episodes, with one-quarter (25.7% or n=234) reporting it occurred more than five times (see Figure 5K).

Figure 5K – Number of experiences of bullying in the previous two years



### Means

The Commission's survey asked respondents to indicate the ways in which they had been bullied within Ambulance Victoria, with the option to select multiple responses. Of the 968 people who responded to the question, the overwhelming majority (83.8% or n=811) said that it took place in person. The proportion of respondents who said they had been bullied online or over the phone was more equal (22.8% or n=221, compared to 21.6% or n=209).

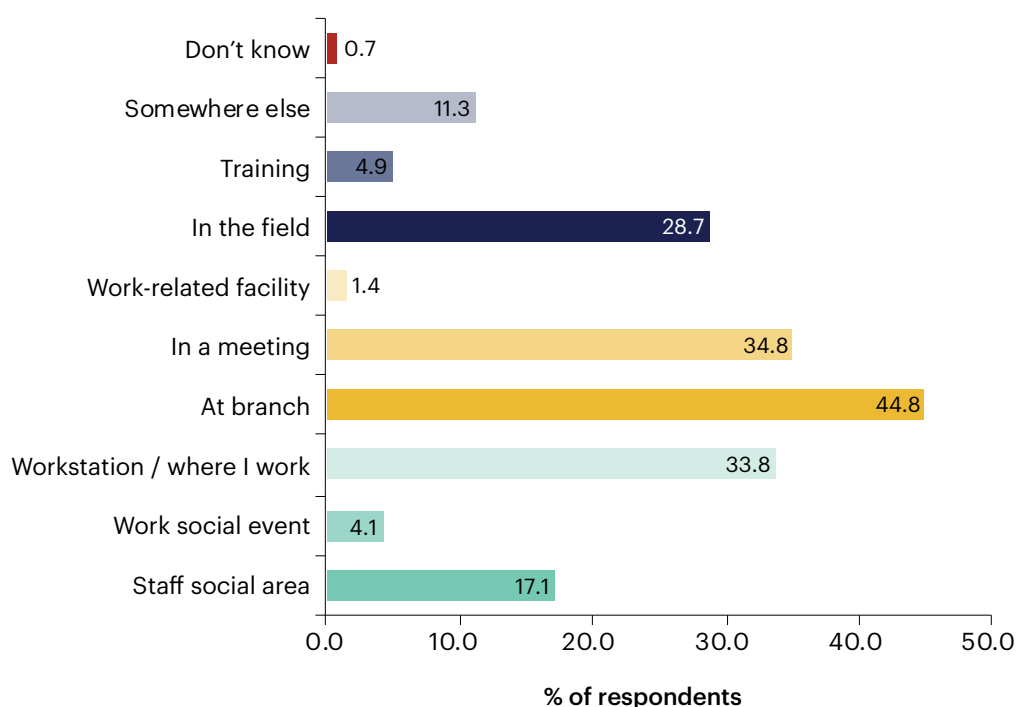
Compared to operational employees and first responders, corporate employees were more than twice as likely to report experiencing bullying online (42.2% (n=62) of 147 respondents, compared to 18.5% (n=130) of 704 respondents). This speaks to the different nature of the work for these cohorts, with operational work being largely in-field focused and corporate work typically being office-based, with regular reliance on online technologies. Corporate employees' reliance on online technologies has been particularly pronounced because of work-from-home requirements arising out of public health measures introduced in response to the COVID-19 pandemic. We heard some examples of corporate employees experiencing bullying via email, but overwhelmingly both corporate and operational participants described bullying occurring in person, with interviews and submissions reinforcing this.

### Where

Our survey asked those who reported being bullied to let us know where it occurred. The three most common locations identified by the 908 respondents to this question were at a branch (44.8% or n=434), in a meeting (34.8% or n=337), at a workstation or where the person worked (33.8% or n=327) and in the field, including in a work vehicle or while providing care to a patient (28.7% or n=278). These results suggest that bullying is not just occurring in workspaces that may be covert or hidden, but in open spaces and in front of others in meetings, at branches, and in staff social areas. The significant rates of bullying that are occurring at workstations and ordinary places of work also speaks to the extent of bullying occurring in both the corporate and operational areas of Ambulance Victoria.



Figure 5L– Location of bullying



This aligns with what we heard during interviews and in submissions, with participants most often describing bullying as being visible and having a sense that the behaviour is 'acceptable' within Ambulance Victoria.

### Alleged victim-survivors

Among those who reported bullying via the Commission's survey, there were few meaningful differences across the different workforce cohorts. The survey data does, however, suggest that women working in corporate roles are at a slightly increased risk of bullying compared to their male counterparts. Of the 211 women in corporate roles who responded to a question about bullying, 49.8% (n=105) said they had experienced it, compared to 44.3% (n=39) of the 88 men in corporate roles that answered in the affirmative.

Compared to the overall survey results, the other groups that were more likely to report experiencing bullying were:

- participants with a disability (66.3% or n=323, compared to 45.9% or n=588 of participants without disability)
- those aged over 50 years of age (58.6%, n=309) and who had been with the organisation for more than 20 years (58.5%, n=179) compared to 52.7% (n=988) overall.

MICA Paramedics and trainees (58.4%, n=115) and operational support and managerial staff (57.9%, n=73) were also somewhat more likely to experience bullying compared to participants in other roles, including on-road or air ambulance clinical staff (53.2%, n=432) and corporate or administrative support staff (48.5%, n=150). The sub-culture within MICA was often discussed during interviews and in submissions, with participants describing it as a toxic, elitist and hyper-masculine environment, where bullying behaviours were the norm.

[This MICA branch is a] cowboy branch. It's a boys' club. If you display bullying or intimidating behaviour to your colleagues, to other MICA Paramedics or to Advanced Life Support Paramedics, you'll survive. But if you show vulnerability or compassion, you will drown and it is beyond unbearable. *Participant, Interview*

## **Alleged perpetrators**

While some of the available research suggests that anyone can be a bully,<sup>58</sup> there have been some attempts to categorise bullies by personality traits or by the types of behaviours used.<sup>59</sup> There is some evidence that perpetrators are generally more likely to be men than women and are more likely to occupy supervisory roles;<sup>60</sup> although, research suggests that these findings are likely to say more about the influence of organisational power as a predictor of workplace bullying,<sup>61</sup> as opposed to any biological drivers of bullying behaviours. Some research indicates that men usually have the 'resources and opportunities to engage in bullying',<sup>62</sup> since they are typically overrepresented in management roles.

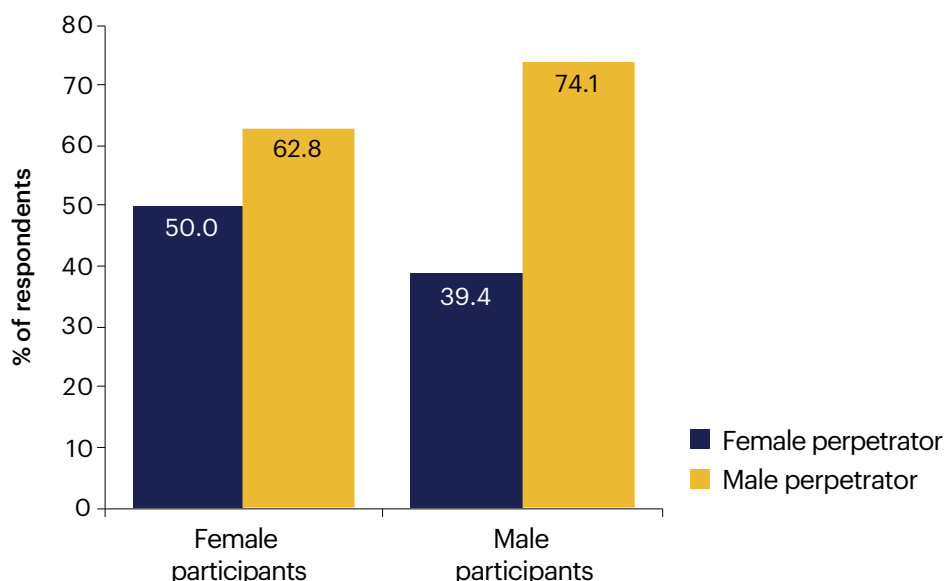
Bullying can be downward (where a supervisor bullies a worker) horizontal (where a co-worker bullies a co-worker) and upward (where a subordinate bullies a manager).<sup>63</sup> With these different types of bullying, the power that is abused when a person bullies can be drawn from legitimate sources (such as a formal position of authority) or informal (such as physical or social power).<sup>64</sup>

This understanding of bullying aligns with what participant interviews and submissions revealed about alleged bullies in Ambulance Victoria, with downward bullying occurring from managers and rarer instances of upward bullying. It also helps to explain why men were more likely to be identified as bullies compared to women, as men generally occupy more management and supervisory roles in Ambulance Victoria (see Section 2.3.3). Men may also have more informal power because of the male-dominated history of the organisation and enduring notions of emergency service work as being 'quintessentially masculine' in nature.<sup>65</sup>

Of the 985 people who responded to the survey question about the sex/gender of the alleged bully (or bullies), over two-thirds (67.7% or n=667) indicated that the alleged bully (or bullies) was (or included) a male, whereas 44.8% (n=440) of alleged bullying incidents included a female perpetrator.

While both men and women were more likely to identify that they had experienced bullying from a male perpetrator, a substantial portion of women also identified being bullied by a female perpetrator. Of the 476 women who responded to this survey question, half (50.0%, n=238) identified the perpetrator(s) of the bullying as a woman, compared to 39.4% (n=181) of the 459 men who responded, as shown in Figure 5M below.

Figure 5M – Alleged perpetrator of bullying (by gender)



This was consistent with what we heard during interviews and in submissions, with men often identified as engaging in bullying behaviours and to lesser but not insignificant extent, women. Research suggests that men may more readily engage in bullying behaviours in the workplace because of gender norms that dictate that aggressive or angry behaviour in men is to be expected or rewarded.<sup>66</sup>

Some participants told us that some women working in operational roles in Ambulance Victoria appeared to have adopted bullying behaviours in an effort to assimilate into the culture that had been set by their male peers.

**I have also seen the situation of female paramedics taking on the toxic culture and becoming the perpetrators to impress their male colleagues (older males MICAs) to aspire their own MICA career.**

*Participant, Written Submission*

**I might add that women are some of the worst bullies against women. I've had women complain to me about – somehow when women get into groups, they will pick out another woman to bully.**

*Participant, Interview*

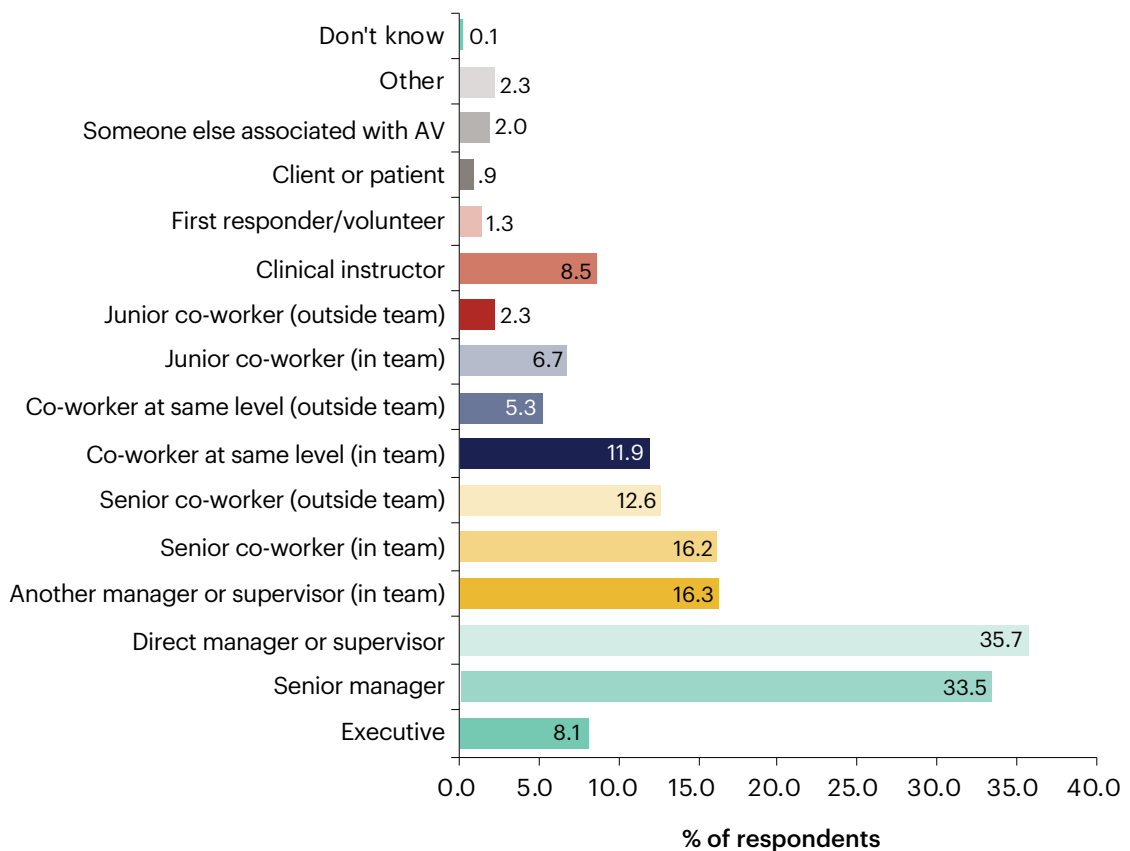
Research within the healthcare sector identifies that workplace characteristics are more relevant predictors of workplace harm through bullying than any particular demographic characteristic, including gender.

Across all data sets, the alleged bullies reported to the Commission typically occupied a more senior position of power in the organisation relative to the victim-survivor. Most often this was via formal positions of authority, in particular managers and supervisors. There were also some instances of alleged bullies occupying positions of power via the centralised systems of rostering and operational communications.

The Commission's survey asked about the relationship of the alleged bully to the victim-survivor (with multiple responses allowed to account for multiple perpetrators). As with discrimination, but distinct from sexual harassment, the vast majority of the 971 respondents who responded to this question indicated that the alleged bully was in a senior position within the organisation, with:

- 35.7% (n=347) of incidents of alleged bullying involving the respondent's direct manager or supervisor
- 33.5% (n=325) of incidents of alleged bullying involving a senior manager
- 16.3% (n=158) of incidents of alleged bullying involving another manager or supervisor
- 8.5% (n=83) of incidents of alleged bullying involving a clinical instructor
- 8.1% (n=79) of incidents of alleged bullying involving an executive.<sup>68</sup>

Figure 5N – **Relationship of the alleged bully to the victim-survivor**



Through the interviews, the Commission heard several concerning reports of senior leaders displaying bullying behaviour and incivility during the early stages of their career at Ambulance Victoria and while occupying senior leadership positions. We also heard from many participants who described either being bullied as a graduate Paramedic or witnessing a graduate Paramedic being bullied. The survey results did not show that graduate paramedics were at heightened risk of workplace bullying, but this may be because few graduate paramedics participated in the survey.<sup>69</sup>

Some participants described this as Ambulance Victoria 'eating its young', while some others suggested that bullying was being used to 'break down' graduates and MICA recruits in an effort to initiate them into the workplace culture.

**[When I] was in my grad year, I was bullied and bullied and there was no mercy...** *Participant, Interview*

**She said [to me], "By the end of the month I'd had enough of you, so I decided to make your life hell". I said, "What was the issue? What did I do?" She said, "You just didn't know your place as a grad".**

*Participant, Written Submission*

Hazing is a recognised phenomenon that involves organised, targeting bullying of new team members by veteran team members in a form of 'degrading and hazardous initiation'.<sup>70</sup> It has been found to occur in sporting groups,<sup>71</sup> university colleges<sup>72</sup> and the defence force,<sup>73</sup> among other environments. While we did not hear examples of serious degrading abuse of graduates or MICA recruits, the reports of bullying being used as an initiation practice in Ambulance Victoria is, nonetheless, alarming.

While not occurring as frequently, we also heard several instances of upward bullying – where managers were bullied by staff. This appeared to most frequently occur for managers who were new to their management role or new to a particular branch and seemingly had been deemed 'outsiders' by long-standing branch employees or first responders.<sup>74</sup> In some cases, the bullying these managers experienced came from multiple workers and could be considered to be 'mobbing'; this is a term used to describe 'repeated unreasonable behaviours used by a group towards an individual (or group)'.<sup>75</sup>

## PERSONAL STORY

### Joe's\* story:

#### **Bullying of a new manager by employees**

I was previously working in the one region, when I got a job as a manager in another area. I got my first clue that I had made a 'mistake' before I even started. When I dropped into the office to meet some team members, I was met by a Paramedic from my new team who basically told me that I must think I am better than the people in my new area.

It just got worse from there, it became very clear that they didn't want me there. It was a really toxic culture that really didn't look kindly on people in management positions. There was this one bully who they all followed. He said to me at one point that he'd seen many managers come and go and he was ready for me to be the next to leave. He was basically admitting that he had bullied others who had come before me.

When I would go into the break room in the morning to greet them, this one bully would get up and leave the room and everyone would follow him, till I was just sitting there by myself. I was isolated and threatened by this man, he obviously was so used to being in control.

When I tried to raise these behaviours with management, the messaging was basically that it was just this one guy who was a bully and to ignore him and do my job. At one point, I was actually told to "put your big boy pants on, go and sort it out yourself".

I lacked motivation to do a good job, because honestly it didn't matter what I did, I was always criticised in some way for whatever I was doing, whether it was a personal criticism or a professional criticism. I know many of my management colleagues have left the organisation because of bullying, some who reported it formally, but were pushed out. I stuck it out but it's definitely done long-term damage. I just wish the organisation would've stepped in and done more than talk-the-talk. This was a situation where actions would have spoken much louder than words.

*\*Name has been changed to protect privacy.*

As with sexual harassment, the Commission heard that there are well-known alleged repeat bullies who have targeted multiple individuals within Ambulance Victoria and who do not appear to have been held to account for their behaviour. Indeed, many participants said that well-known alleged bullies have been promoted and seemingly protected.

**Quite a number of people within the branch [were bullied by him, including myself], some of them very severely psychologically impacted. Some have left the profession because of him. Participant, Interview.**



[A Paramedic I know wrote to leadership after this review was announced about the person that had bullied them saying], “He got moved from here [to another branch], now he’s bullying some other people down there, and I’m just letting you know that your inaction has caused other people harm, because this person had never been brought to account”.

*Participant, Interview*

[I]t’s the same behaviour ... shouting, belittling, controlling ... behaviour. [And this] particular guy that comes to mind, he’s been known for this behaviour for his whole career. It’s well known within AV – and yet despite three or four serious complaints being made against him, he recently received a promotion. *Participant, Interview.*

Research on repeat perpetrators is limited. However, studies have shown that repeat bullies establish their power by creating support for themselves throughout their workplace and gaining a network of powerful supporters. Once this is established, the bully will start to target those who threaten or challenge them. They use their power to deny opportunities such as training and blame the complainants for their mistakes and discard them publicly, then move onto the new target.<sup>76</sup>

## 5.1.4 Victimisation

While survey responses suggest that only a small proportion of those who experienced unlawful conduct went on to raise complaints, a substantial portion of those people experienced victimisation as a result (see Section 4.3.4). The victimisation identified by survey participants included negative career consequences, such as being demoted, losing their job or being denied progression or training opportunities, as well as being ostracised from their peers.

The detailed descriptions of the victimisation provided by participants during interviews and in submissions illustrated that the nature of victimisation experienced echoes the behaviours that the Commission heard about in relation to discrimination, sexual harassment and bullying at Ambulance Victoria. For instance, they included participants:

- being demoted or denied progression and promotion opportunities
- experiencing verbal abuse and bullying
- being micro-managed, having their work and performance subjected to excessive scrutiny or being performance managed
- being labelled as mentally unwell or ‘emotional’ and sometimes being required to demonstrate their fitness for ordinary duties.

## PERSONAL STORY

### Audrey's\* story:

#### Victimisation following a sexual harassment complaint

After being sexually harassed by my manager, I decided to make a formal complaint. He was just always overstepping his mark, once calling me on the phone saying some incredibly inappropriate things asking, "What I was doing tonight, what I was wearing" or texting me inappropriate comments about my physical appearance. At the office, he would just stand far too close to me, staring at me. The last straw was when I went to get into my car one day and he grabbed my hand and tried to kiss me.

I had a good friend who had been a Paramedic for many years who advised me to come forward, but he also warned me that I might face retaliation. I remember him saying, "They may come for you because he's protected".

My manager had been in the job for quite some time. He had a lot of people in that area that he knew, a lot of buddies on the team.

I made a formal complaint and it was awful, it's like the process was there to protect the perpetrator. And soon after I made the complaint, my workplace became increasingly uncomfortable. I stopped getting shifts, managers would refuse to sign me off for training. I don't know how it got out, but people were acting like I was the one in the wrong for coming forward. It was as though instantly a black mark was against my name.

I asked to be moved to a different area to avoid the hostility from other staff members but they wouldn't let me. They just made everything so difficult for me. It's a 'boys club' and it was obvious that they were protecting one of their own.

It was a really difficult time for me, I wasn't coping. This was my career, this was my life, something I love, and I still love and I was made to feel like I wasn't wanted.

*\*Name has been changed to protect privacy.*

The Commission also heard of complainants being subjected to vexatious 'counter-complaints' and being required to change work locations against their wishes so they were no longer working with the alleged perpetrator. Some participants who experienced unfavourable treatment and ostracism from their co-workers when they raised a complaint, told us that this seemed to be due to their co-workers' loyalty to the alleged perpetrator. We heard that employees and first responders tend to remain at Ambulance Victoria for many years, which means there are longstanding working relationships where deep loyalties are formed, particularly in smaller regional branches.

**[E]veryone is friends with everyone. Everyone is such a tight-knit group, and very cliquey. So, it just feels like if you were to say something against someone, someone would always have their back, who's a good friend of theirs. So, I don't think that would happen.** *Participant, Interview*

I have been victimised for raising health and safety concerns and for submitting a complaint about a manager. Despite being on the [recognition and development program] list and never [receiving] negative feedback about my performance, I have not been offered any upward relieving opportunities since submitting that complaint. Later, when the time came to renew the recognition and development program application, I was knocked back, with management refusing to give a reason or any feedback.  
*Participant, Written Submission*

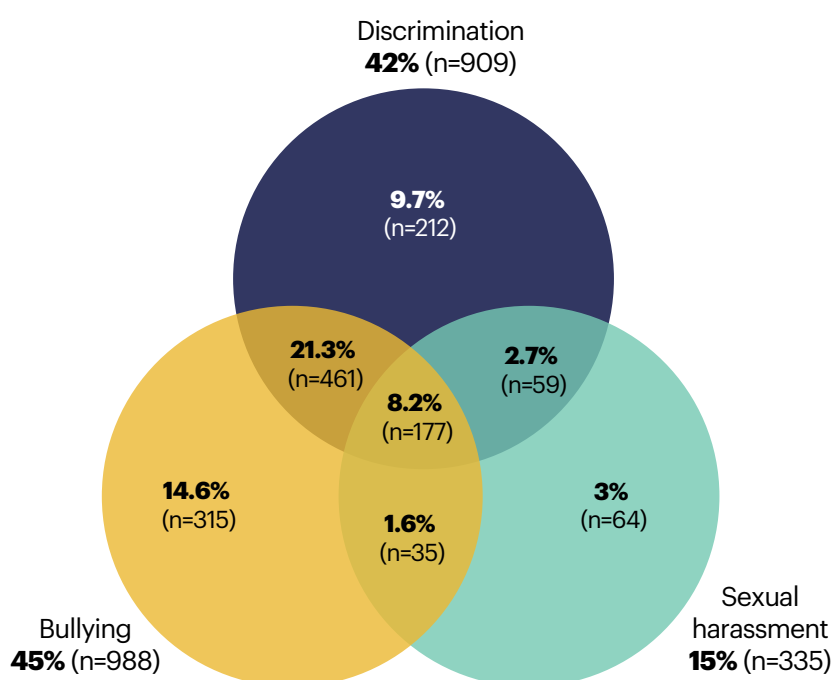
A clinical review changed in nature after I complained and went from a minor issue to one serious enough to now impinge, irretrievably, on my career.  
*Participant, Written Submission*

## 5.1.5 Multiple types of conduct

Our survey results revealed that some participants are experiencing multiple and overlapping forms of unlawful conduct, as shown in Figure 5O below.

Of particular concern are the 177 people, or 8.2% of all survey respondents, who reported experiencing all three forms of unlawful conduct that the Commission surveyed. Of the 965 women, 14.9% (n=144) reported experiencing all forms of unlawful conduct, compared with 3.0% (n=27) of 887 men. Participants were also more likely to have experienced all forms of unlawful conduct if they were in an operational role – 10.5% (n=146) of 1395 operational participants compared with 4.1% (n=13) of 317 corporate participants.

Figure 5O – **Survey participants who experienced multiple forms of workplace harm**



\*The total number of survey participants (n = 2163) was used as the denominator for all percentages in this diagram. For this reason, percentages in this diagram might vary slightly from percentages elsewhere in the report where the denominator included only participants who responded to the question

During interviews and in submissions, participants sometimes described overlapping forms of workplace harm in single incidents or episodes, as well as experiencing individual, distinct instances of workplace harm at different stages of their employment.

The second most reported form of unfavourable treatment constituting discrimination was 'verbal, written or physical abuse' (47.3% or n=427). This may help to explain the considerable overlap between participants who said they experienced bullying and those who experienced discrimination (n=461).

During interviews and in submissions there were several accounts of bullying overlapping with workplace discrimination, including overt instances of verbal abuse or insults referring to a person's protected attribute and targeted bullying of individuals for reasons that appeared to include their protected attribute.

There was also a notable overlap across all data sources between people experiencing sexual harassment and discrimination. Women, in particular, were more likely to report experiencing both these types of unlawful conduct. Nearly half (43.4%, n=197) of the 454 women who had experienced discrimination who also answered a survey question about sexual harassment said they had also directly experienced it. This is compared to the 8.1% (or n=30) of the 372 men who experienced discrimination who said they had also experienced sexual harassment.

**[O]ne of the men present remarked, "[S]he's only been in the job a few years and she's already a [team manager], I wonder who you have to sleep with to climb the ladder that quickly" and the other three men standing there laughed along. Participant, Written Submission**

**There is often locker room behaviour ... including commentary on women's bodies [and attractiveness], ogling of bottoms or chests while women are performing tasks including CPR. This is often done in conjunction with [commentary on the woman's] ability to perform their role. Participant, Written Submission**

This is consistent with evidence provided to the national inquiry into sexual harassment in Australian workplaces that indicates that sexual harassment often arises in conjunction with sex discrimination or sex-based harassment.

While it may be convenient to discuss workplace discrimination, sexual harassment and bullying as distinct phenomena and forms of unlawful or harmful workplace conduct, these results show that employees and first responders do not always experience them in this way. Rather, these different types of workplace harm are interrelated, often co-occurring or overlapping or affecting the same individuals throughout their careers and contributing to cumulative harms.

**PERSONAL STORY****Lucy's\* story:****Experiencing discrimination and subsequent bullying and victimisation**

When I returned to work after having my baby, Ambulance Victoria would not allow me any provisions to breastfeed. I was discriminated against due to my gender and the fact that I was breastfeeding and when I complained about it, I was victimised and bullied by management.

Despite my ongoing attempts to negotiate a flexible work arrangement beginning while I was still on maternity leave, I had to return to work full time rather than part time, as I had requested. I couldn't pump or express milk safely because of the long shifts and drives between cases and it resulted in a painful case of mastitis.

Ambulance Victoria wouldn't take my word for it and insisted I produce a medical certificate from my doctor proving I was indeed breastfeeding before they would consider any necessary adjustments to my usual working arrangements.

During this process, there were terrible comments from managers, it was obvious they just didn't know how to speak to women. Generally speaking, in my experience, the higher up the management chain, the more sexist their views are.

The process of negotiation went on for ten months, it was just constant arguments, they just kept refusing me without actual justification. I was then treated like a problem child and victimised. I was put through unjustified clinical reviews, gossiped about constantly, reprimanded for things I didn't do, and had my judgment questioned. It was like they were trying to bully me out of the organisation or at least to drop my request for flexible work.

I lodged a grievance on the basis they were discriminating against me, but they still wouldn't listen. It was only after I involved senior management that I was granted my flexible work arrangement. However, the discrimination I faced was never addressed or resolved and those people are still my managers and treat me appallingly to this day.

*\*Name has been changed to protect privacy.*

## 5.2 Impacts

The damaging impacts of workplace discrimination, sexual harassment, bullying and victimisation are well documented.<sup>78</sup> They have been found to adversely affect almost every aspect of a person's life, from mental and physical health, to employment and financial security and personal relationships.<sup>79</sup> Leading research on the consequences of workplace discrimination, sexual harassment and bullying identify poor mental health and stress – including depression and anxiety, chronic stress, post-traumatic stress disorder, suicidal ideation and suicide behaviours – as a shared commonly occurring impact for individuals who experience these workplace harms.<sup>80</sup> Research also tells us that the resulting individual impacts may vary, depending on the nature of the conduct experienced, its duration, frequency and severity, how an organisation responds and the individual circumstances of the victim-survivor.<sup>81</sup>

Research has found that an organisation's poor response to allegations of unlawful conduct, both at the individual and organisational level, can silence victims,<sup>82</sup> compound the adverse consequences of the conduct and in some instances cause greater distress.<sup>83</sup> Conversely, well-managed and victim-centric responses can promote healing for victim-survivors and help build a positive workplace climate.<sup>84</sup>

Unlawful conduct can also affect an organisation, including through absenteeism, presenteeism, financial impacts and as poor patient outcomes.<sup>85</sup> The culture also breeds low morale and motivation among employees including a lack of trust and engagement. High staff turn-over and associated recruiting costs can also be seen in some industries.

Section 5.2.1 details what the Commission heard about the impacts of unlawful conduct and the organisation's response to it on individuals, including bystanders, and on the organisation.



## Findings

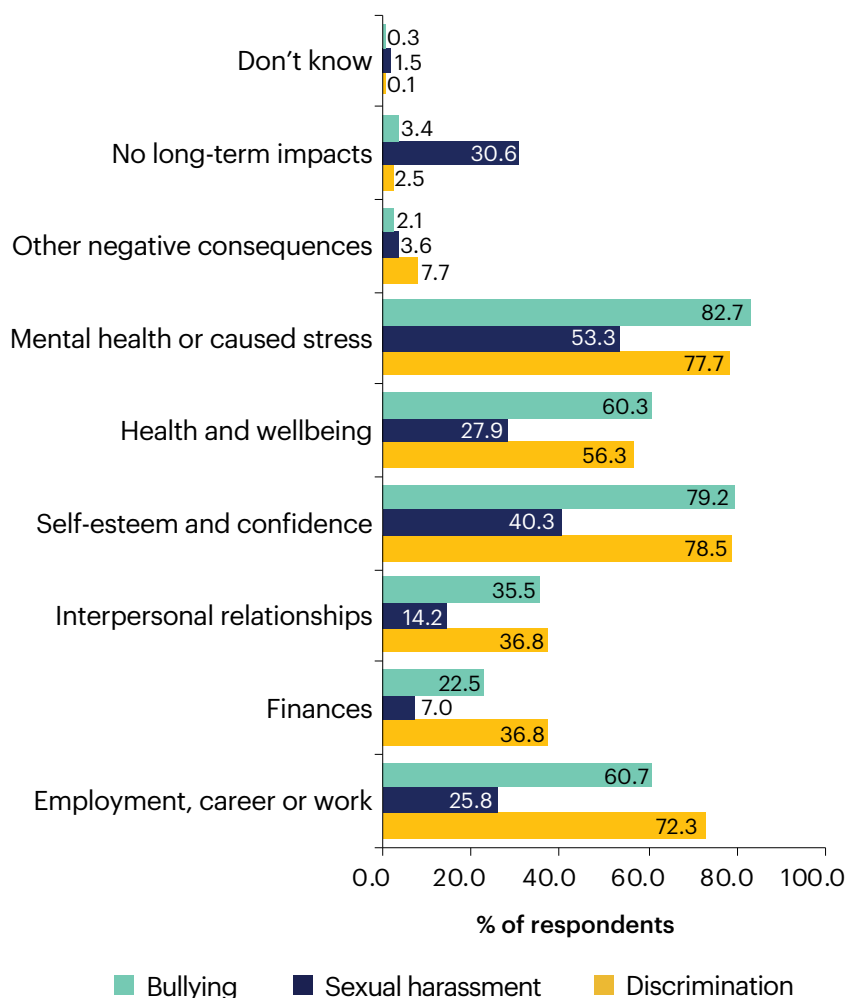
- While the impacts on those participants who reported experiencing or being a bystander to discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria varied, a substantial number told us that they were deeply and profoundly harmed by this conduct. Mental ill-health and stress were among the most commonly reported impacts, particularly by alleged victim-survivors who told us about discrimination or bullying; suicidal ideation was a prominent theme among the reported impacts of discrimination or bullying.
- Other participants did not perceive themselves to be harmed profoundly by their experiences. Those who reported being sexually harassed in the organisation were less likely than those who told us they had been discriminated against or bullied to report long-lasting impacts. This is possibly due to the extent of lower-level forms of harassment reported to us, with sexually suggestive comments and jokes the most common type of harassment reported via the survey.
- For many of these participants, how Ambulance Victoria responded to the reported conduct was a relevant factor in the impacts they experienced. Participants who shared that the organisation's response was inappropriate or ineffective reported that this response contributed to further and often compounding impacts. Those who felt supported and believed the organisation's response was appropriate told us that the response had helped to alleviate the impacts of the conduct.
- Participants in operational roles often told us they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us they felt ill-prepared to deal with the discrimination, sexual harassment, bullying and/or victimisation that they experienced at work, as well as Ambulance Victoria's response to it.
- The impacts reported to the Commission extended beyond individuals to Ambulance Victoria itself. Participants reported that unlawful conduct had negatively affected workplace culture and morale, contributed to a loss of trust in the organisation and diminished workforce engagement. While the Commission did not hear evidence of unlawful conduct directly leading to clinical errors or poor patient outcomes, this conduct undermined clinical judgment and professionalism and, in turn, the overall patient experience. There have also been some financial costs to the organisation; for example, arising from related WorkCover claims and backfilling staff on long-term WorkCover or sick leave.



## 5.2.1 Individual impacts

In order to understand the individual impacts of discrimination, sexual harassment, bullying and victimisation, the Commission's workforce survey asked people who indicated that they had directly experienced that conduct, to identify the personal consequences. We also asked about impacts during the interviews. While every individual's experience is unique, what emerged is that there is a substantial number of people within Ambulance Victoria who have been deeply and profoundly harmed by the extent and sometimes severity of unlawful conduct within the organisation, with lasting impacts for victim-survivors and bystanders. This includes the cumulative harms for those experiencing and witnessing different forms of mistreatment over the course of their employment and the exacerbating impact of poor organisational responses.

Figure 5P – Individual impacts (by type of unlawful conduct)



An overwhelming majority of survey participants who reported experiencing discrimination or bullying experienced substantive impacts as a result, with mental health and stress among the mostly commonly reported impacts (see Figure 5P above). The survey results are broadly consistent with what we heard during interviews and in submissions, with mental health and stress a serious and common impact for all forms of workplace harm reported to us.

This review has shown that sexual harassment, in particular, is a type of workplace harm that has distinct impacts. Compared to experiences of discrimination and bullying, those who had experienced sexual harassment at Ambulance Victoria were less likely to report suffering employment, career or work consequences, or poor self-esteem and confidence. These participants were also substantially more likely to indicate that there were no long-term impacts of the harassment. These results are consistent with the most recent national survey on workplace sexual harassment, which found that 40% of those who had experienced sexual harassment in the last five years said there were no long-term consequences for them.<sup>86</sup> As with that survey, our own survey did not ask about the impacts of previous or cumulative experiences of sexual harassment, only the most recent. These results may, therefore, not be a true reflection of those cumulative impacts and must also be considered in light of evidence that the impacts from sexual harassment can be delayed and change over time.<sup>87</sup>

The absence of long-term impacts of sexual harassment for some participants may also speak to the extent of lower-level forms of sexual harassment reported to us. The most common form of sexual harassment reported by survey participants was harassment in the form of suggestive comments and jokes (83.3% or n=275). In addition, just over one-third (37.0%) of respondents to the 2020 People Matter Survey for Ambulance Victoria said they responded to sexual harassment by trying to 'laugh it off and forget about it'. This is consistent with what participants told us during interviews and in submissions about feeling pressure to accept the conduct. These results do not, however, diminish the very severe impacts of sexual harassment that were shared with the Commission, often arising from unwelcome touching, assault and sexual advances. Participants described serious mental impacts, as well as feelings of shame and guilt.

Broadly speaking, the survey did not reveal any meaningful differences in the impacts of unlawful conduct reported by women and men. It did, however, show that female victim-survivors of sexual harassment were more likely than male victim-survivors to report negative impacts on their employment, career or work (25.8% or n=71, compared to 18.2% or n=8) and on their self-esteem and confidence (42.2% or n=116, compared to 25.0% or n=11).

## Mental ill-health and stress

The Commission learned that unlawful conduct at Ambulance Victoria and organisational responses to this conduct, are regularly undermining people's mental health, self-esteem and confidence in significant ways and causing extreme distress. We heard about severe levels of stress, feelings of dread coming to work and, in many instances, being diagnosed with mental health conditions, including adjustment disorders, post-traumatic stress disorder, depression and anxiety.

**And that's really the kicker for me, is that I do have these wonderful support services available, but I would not be seeking psychological help if it wasn't for Ambulance Victoria. Participant, Interview**

**I still suffer daily from it. It's something that I'm never going to get over, and it's hard to talk about it without getting emotional.** *Participant, Interview*

**[W]hen I left, I was totally catatonic. It took me a week to get out of bed, it took me a week. I had a complete breakdown.** *Participant, Interview*

Some participants told us they had become so unwell that they could no longer continue to work and had to lodge WorkCover claims or use sick leave over extended periods.

**So, I went on leave and just saying, "I can't go back. I just cannot keep going through this". I'm at the stage where I don't even think I can go back and work at the office.** *Participant, Interview*

**Some days [I experience] so much [anxiety and fear about going to work] that I become physically ill from lack of sleep and cannot attend ... adding financial burden as I have no sick leave left.** *Participant, Written Submission*

**[T]wo people [in the team are] on WorkCover. One's been on WorkCover for two years, [the] other one for 12 months ... then there was myself [I've been on WorkCover for four months], all for bullying and harassment issues.** *Participant, Interview*

Adding weight to these reports, an Ambulance Victoria 'Claims and return to work performance overview' report from September 2020 provides that:

**the most noted increase in mental injury claims lodged in FY19/20 related to work related harassment and/or workplace bullying (154% increase compared to FY18/19), and workplace pressure (121% increase compared to FY18/19).<sup>88</sup>**

These figures were based on an increase from 13 claims relating to work harassment or bullying in 2018/19, to 33 claims in 2019/20.<sup>89</sup>

Many of the adverse mental health impacts that the Commission heard about also resonate with the findings of Ambulance Victoria's bi-annual psychosocial health and wellbeing surveys, which have found that a growing number of participants are experiencing psychological distress; in multiple instances this includes active suicidal ideation. The 2019 report concluded that:

**a small but significant proportion of AV staff and volunteers that [sic] continue to experience mental health concerns, and suggest that this group may be increasing over time. These mental health concerns may relate to various aspects of work with AV, including operational exposures and important non-operational factors that can be addressed at organisational level. The latter include particular problems with bullying and harassment that require attention.<sup>90</sup>**

## Suicide attempts and ideation and other forms of self-harm

The number of participants who raised suicidal ideation during interviews and in submissions is concerning. Participants regularly told us that the discrimination, sexual harassment, victimisation and/or bullying that they had been subjected to had caused them to contemplate suicide and/or self-harm. For others, it was because of the way in which the organisation responded to the unlawful conduct, with some who came forward describing the trauma associated with the organisation's response as being more severe and distressing for them than the harm caused initially by the unlawful conduct. Other participants told us that it was due to both the conduct itself and the compounding effects of the organisation's poor response, and sometimes a range of other complex circumstances in the person's life.

For a small group of participants, we heard that their distress was so severe that it led them to attempt suicide. While this only arose in a small number of cases, even one attempt is too many.

**I was dreading the pager going off because it meant leaving everyone at branch and then [he] would not hold back with the bullying [and] I would be humiliated in front of my patients again. I [became] suicidal .... I couldn't see a way out anymore. I had tried everything and given up my whole life to be a Paramedic and I couldn't see it ever getting any better.**

*Participant, Written Submission*

The Commission is aware of a number of reports that have emerged publicly regarding current or former members of the workforce attempting suicide in similar circumstances, as well as similar incidents in interstate ambulance services.<sup>91</sup> We also note the findings of one of Ambulance Victoria's 2019 psychosocial health and wellbeing survey, in which 18.0% (n=183) of respondents reported active suicidal ideation in the past year – a rate that was reported to be higher than comparable figures for emergency service workers and ambulance sector personnel,<sup>92</sup> as well as the general adult population.<sup>93</sup> Of the 1300 survey participants, a further 22.2% (n=226) said they felt that life was not worth living, 5.7% (n=58) said they had made a suicide plan and 1% said they had attempted suicide in the previous 12 months. This is despite Ambulance Victoria's own data and analysis from 2020 suggesting that actual suicide rates for paramedics are lower than that of the general population.<sup>94</sup>

Participants in operational roles often told us that they felt well-equipped to handle the stress and trauma of their everyday work; there is an overt organisational focus on minimising the risks of such harm. Yet, many of these same participants told us that they felt ill-prepared to deal with the discrimination, sexual harassment, bullying and/or victimisation that they experienced at work, as well as Ambulance Victoria's response to it. For example, a number of people shared that they had been devastated and debilitated by the conduct and the way they were treated by the organisation.

**There is nothing on road that I have witness[ed] that has caused me more stress than the stress I have felt in the organisation with its culture.**

*Participant, Interview*

**The work steadily predisposes you to developing psychological distress. Speaking with colleagues and people who've left the organisation and long-term paramedics, the most stressful aspect of being a Paramedic is dealing with the organisation.** *Participant, Interview*

**Who would've guessed the most traumatic thing I've experienced and witnessed as a Paramedic was workplace behaviour?** *Participant, Written Submission*

What we heard is consistent with information submitted to a 2008 parliamentary inquiry into the New South Wales Ambulance Services:

**The Committee heard that many of the suicides or attempted suicides within the Service are a result of bullying and harassment and lack of support from management, rather than because of what paramedics 'see on the road'.<sup>95</sup>**

What we heard is also consistent with a 2020 study into the effects of emergency medical service work on the psychological, physical and social wellbeing of people engaged by ambulance services. It found that psychological distress for ambulance personnel 'is not just a matter of exposure to traumatic incidents, but also arises from the way the organisation responds at a managerial and organisational level'.<sup>96</sup> In particular, the study noted that management's ability to address bullying, workplace conflict and poorly managed rosters and promotion can exacerbate emergency personnel's psychological distress and reactions to traumatic incidents.<sup>97</sup>

Anecdotal evidence has long supported an understanding that emergency service workers are at heightened risk of sustaining a mental injury, experiencing psychological distress and having suicidal thoughts.<sup>98</sup> While there is support for this understanding in some literature,<sup>99</sup> Ambulance Victoria's 2019 psychosocial health and wellbeing survey found that the majority of survey respondents fell within a normal range for experiences of depression, anxiety and stress symptoms.<sup>100</sup> The same survey also found that rates of post-traumatic stress disorder as reported by participants were three times higher than that of the general adult population,<sup>101</sup> as well as high rates of psychological distress and suicidal ideation (discussed above).

Evidence suggests that this heightened risk is not simply a consequence of the nature of operational work. New research has shown that it is 'not only the exposure to traumatic events that impacts the mental health of police and emergency services personnel, but the workplace that people take those experiences back to'.<sup>102</sup> These findings align with the results of the 2019 psychosocial and wellbeing survey which found that:

**[I]ncreasing stressors were mostly associated with organisational characteristics (versus operational exposures).<sup>103</sup>**

Similarly, it is clear from the experiences that were shared with us that unlawful conduct and poor organisational responses are having their own distinct impact and, in some cases, are even exacerbating or compounding on-the-job trauma.

## Physical health and wellbeing

Physical ill-health emerged during participant interviews as an impact of unlawful and harmful workplace conduct, often arising as a secondary effect of adverse mental health impacts. We received reports of teeth grinding, headaches, chest pains, nausea, vomiting, insomnia and fatigue. Participants also described workplace harms leading to a decline in their general wellbeing, including positive relationships with friends and family, and their diet.

**I've definitely put on weight from stress and I've had weird skin rashes and things like that, and I've been having nose bleeds a lot lately, so I feel like the impacts of the stress have been affecting me not just inside, but also externally as well.** *Participant, Interview*

**[The] stress led to an exacerbation of my asthmatic symptoms. I had multiple chest infections. I was on antibiotics. I also developed arthritis in my hands and my feet during this time as well.** *Participant, Interview*

**I live in a state of "emotional numbness". I rarely socialise. I have deliberately isolated myself from people.** *Participant, Written Submission*

These impacts reiterated the far-reaching, knock-on effects reported to us, particularly with regard to overall general health and wellbeing.

## Reduced self-esteem, confidence and self-worth

Participants also reported experiencing feelings of shame and worthlessness and a loss of self-esteem and confidence following experiences of unlawful and harmful workplace conduct and being subjected to poor organisational responses. This was particularly the case for participants who reported being discriminated against when seeking progression and promotion opportunities, who were left feeling that they were not cut-out for more senior roles.

Other participants who experienced bullying that was related to their performance, including unreasonable repeated criticism and abuse, similarly spoke of losing their confidence to perform their role and suffering performance anxiety.

**My clinical instructor's conduct made me feel humiliated, objectified, harassed, embarrassed and made me doubt my ability to be a good Paramedic.** *Participant, Written Submission*

**I've lost my confidence in backing my own decisions ... I'm silent. It's made me lose my voice entirely; it's made me lose my confidence.**  
*Participant, Interview*

**I felt my confidence deteriorate, I was hesitant in making any kind of clinical decision because I was afraid of it being incorrect and I would be reprimanded and I felt that my every move and all our conversations were being noted to include in the progress reports.**  
*Participant, Written Submission*

**Over the period of time working with her my self-esteem was crushed and I dreaded coming in to work only to be told on a daily basis how worthless I was or how I was never going to ... perform the most basic of tasks to [her] standard.** *Participant, Written Submission*

**I had a clinical instructor who repeatedly bullied me, both privately and in front of patients, families, and all that stuff. That injured my confidence and my ability to learn and progress through Ambulance Victoria's training program.** *Participant, Interview*

While the majority of impacts we heard were negative, some participants did mention how, when they were listened to by the organisation, this had a positive effect on their self-worth; a process of truth-telling ultimately alleviated some of the impacts of the conduct.

## **Adverse impacts on employment, career and work**

The Commission heard unequivocally that operational employees and first responders hold a deep commitment to and love for their job; for many, their job was integral to their identity. This helps to explain the devastation that some participants expressed when unlawful conduct interfered with their ability to do the job and thrive at work.

For many participants, the unlawful conduct they described was directly tied to their career or employment conditions; for instance, where progression and promotion decisions were discriminatory or victimising, adversely affecting their ability to progress into senior or different roles.

**I feel locked into my position at the moment and watching those around me be promoted above me because they are mates with the boss makes me care less about my job.** *Participant, Written Submission*

**The conduct has stunted my career. I don't think it will ever recover.**  
*Participant, Written Submission*



**[W]e do our 'My Performance Plans', ...where we talk about what we want to do with our careers and how we want to develop. [I told my manager] that I wanted to try area managing, and he just said, "No, you can't on a flexible work arrangement."** *Participant, Interview*

Other impacts we heard about included alleged victim-survivors:

- feeling that they had no choice but to resign from their employment to escape the behaviour and take up alternate career paths
- feeling 'pushed out' of their employment
- transferring work locations to escape the behaviour (sometimes requiring relocation)
- not feeling safe at work and reduced enjoyment of work
- feeling deterred from applying for promotion, progression or training opportunities.

**I tendered my resignation some five years earlier than I had planned.** *Participant, Submission*

**I think the sign of a good employer is people walking out the door a better person than when they walked in. I walked out broken.** *Participant, Submission*

Adverse impacts on participants' mental health and their feelings of distress have both had flow-on effects for participants' employment, including needing to take time out of work either on WorkCover or using personal leave. These effects required adjustments and have led to reduced performance.

**I grabbed this guy's shirt, and I pulled him off the stretcher and I slammed him into the bed and told him ..., 'You need to behave yourself, we're here to help you.' And I realised after that job, as much as some would say he deserved it, it was very unprofessional and I thought, 'something's wrong', and the next day I didn't get out of bed. And I didn't get out of bed for about three months.** *Participant, Interview*

Some participants described experiencing stigma and discrimination, including in decisions relating to career progression, because of their resulting mental health conditions.

## PERSONAL STORY

### Alice's\* story:

#### The erosion of self-worth due to unlawful conduct

I've worked in Ambulance Victoria for a long time, and it's taken its toll on me. It's not just the trauma or intensity of being a Paramedic but the organisation and the way they treat people. Deep in my heart I feel my self-worth has been decimated.

When I started my role, it was made very clear that I was not wanted. But I stuck to it and I did the job well. At the end of the day, I could say I'd made a real difference to people's lives and I supported people. Doing that work gave me a genuine feeling of value and confidence for a long time. But over the years Ambulance Victoria has taken that from me.

I complained about my experiences with a repeat bully who was later promoted. I was barred from applying for promotions that were then given to people's mates. I was shamed by co-workers for working on a flexible work arrangement. The lack of support within the organisation has been crushing and I couldn't fight it anymore.

I finally went to my manager and I said, "I'm struggling, I need some help. I need some support". But I received nothing, instead they used that to insinuate that I just wasn't resilient enough when really it was that they didn't want to admit they had failed me.

I am currently on leave and I just don't know if I can ever go back. The worst thing is I don't think Ambulance Victoria cares. They think I'm a bit too old to worry about it, so they just stick me in a corner and wait till I get to retirement age.

Ambulance Victoria has taken away the opportunity to not only do the role that I was doing, but to do any role. And I'm just trying to work out who I am now because I am no longer 'Alice', the Paramedic.

*\*Name has been changed to protect privacy.*

These experiences of workplace harm often had associated adverse financial consequences, including lost wages and retraining costs. Discriminatory decisions and perceptions by the workforce that you must be 'in the clique' to gain progression, promotions and trainings also adversely affected earning capacity and superannuation balances.

**I think it's commonly accepted in Ambulance Victoria that as soon as you stand up for something or don't toe the company line, you're in danger of ending your career in terms of progression.** *Participant, Interview*

#### Ripple effects for bystanders

It is generally recognised that workplace discrimination, sexual harassment, victimisation and bullying can negatively affect bystanders, in addition to direct victims.<sup>104</sup> We heard from a large number of participants who had witnessed or later learned about such unlawful conduct in Ambulance Victoria; many people told us that the organisation is a 'small place' where gossip and stories, including about unlawful conduct, travel widely. The experiences we heard about varied.

Some participants described bystanders being unphased by unlawful conduct, with indications of a general tolerance for some forms of incivility and disrespect.

**No-one was shocked. They all – they’d go, “Yeah, that tends to happen but no-one does anything about that here”. And they just go along and continue to not do anything about it. And that’s what struck me.** *Participant, Interview*

The survey results show that regardless of the type of workplace harm participants reported experiencing, those who sought out advice or support often spoke with a co-worker. Equally, those in the survey who identified as being bystanders most commonly responded by talking with and listening to the victim-survivor. Consistent with this, we heard stories of bystanders offering significant emotional support, advice and advocacy to their peers after harmful experiences. These participants often described feeling helpless to stop the behaviour (because they feared that they would become the target if they spoke out) and guilt for not intervening when the behaviour occurred.

**I’ve never experienced such sadness, at the way people are treated, as I have in watching this happen in our organisation.** *Participant, Interview*

**I communicated my own levels of stress directly to my team manager. I also had multiple conversations (where I was in tears) with a close colleague. I made [a very clear argument to my manager] that I thought these decisions were based unfairly on [the employee’s] gender, as well as her years of experience and her pregnancy. I heard the phrase, “She is going to go on mat leave anyway so why does it matter?”** *Participant, Written Submission*

**[I]t was a tremendous source of frustration for me. And quite a few sleepless nights to be honest. I know that there are people ... that now have a diagnosed mental health condition and are seeking medical assistance ... as a result of what they’ve [experienced].** *Participant, Interview*

At other times, the impacts on bystanders mirrored those experienced by alleged victim-survivors and included distress, sleep disturbance, poor mental health, and vicarious trauma.

In line with broader research,<sup>105</sup> we were told of the ripple effects for bystanders, with the impacts of discrimination, sexual harassment, victimisation and bullying bleeding into their private lives and affecting those closest to them. Participants detailed varying negative impacts on personal relationships, including relationship breakdowns or divorce or feelings of guilt for not being available to their family or friends when they needed support because of the impacts of the unlawful conduct.

**But I can’t stress the impact on my children and my husband from working in Ambulance Victoria. I can never repay that time ever, and it will always be there in my heart that I’ll never get that time back, and I was never the mother that I wanted to be during that time for my children. I can never get that back and I’ll always blame Ambulance Victoria for that.** *Participant, Interview*

We also heard that family and friends spent time worrying about participants, becoming distressed themselves and suffering apparent vicarious trauma.

## 5.2.2 Organisational impacts

### Poor culture and morale

Left unaddressed, discrimination, sexual harassment, victimisation and bullying can damage workplace culture and diminish workforce morale.<sup>106</sup> For example, one study on the impacts of incivility in the workplace found significant decreases in workers' efforts, organisational commitment, time spent at work and quality of work, alongside high levels of frustration being taken out on customers.<sup>107</sup> Even those who had only witnessed incivility were found to have reduced willingness to help others.<sup>108</sup> A recent study has also identified that in an ambulance service setting, bullying can act as a barrier to inter-professional learning and collaboration.<sup>109</sup>

The Commission heard evidence of substantial levels of incivility, bullying, everyday sexism and disrespect within Ambulance Victoria. The reported high tolerance for these behaviours, and the actual or perceived inaction by managers and leaders, have become defining features of the workplace culture. Indeed, research has found that incivility spreads in workplaces through a 'spiralling effect' (where the target becomes the instigator),<sup>110</sup> leaving a 'lack of respect and mistrust in its wake'.<sup>111</sup> Related to this, we heard that some senior leaders were perceived to be reinforcing the culture of bullying and disrespect they had experienced as apparent 'rites of passage'. Experts have noted that when this occurs the behaviour can become difficult to shift and 'can become embedded in the way the organisation works...'.<sup>112</sup>

The extent of unlawful conduct at the organisation, and the apparent lack of consequences for perpetrators, were also identified by participants as contributing to low morale and motivation, and to a loss of trust in their employer. Ambulance Victoria's formal response to the allegations made in the media in 2020 was widely reported by participants as compounding these feelings. In particular, the messaging that senior leaders were not aware of the extent of the problem was felt to be disingenuous and disrespectful to the employees and first responders who had experienced unlawful conduct and sought help from the organisation.

**[I]t's pissed off a lot of people who know that those leaders knew that there was a problem, because they've spoken to [them] directly about this stuff.**

*Participant, Interview*

**I've never heard [our leaders] say, "We have to reflect on ourselves and we have to reflect on senior management." I've never heard those words ... or, "This is an organisational shame, and we will look at it internally from the top to the bottom". No, no, no. It's the toxic dark corners of Ambulance. That says it all.**

*Participant, Interview*

Reduced morale has clear implications for performance, and many participants described a correlating loss of motivation, desire to achieve and sense of loyalty to the organisation.

**I have witnessed bullying and discrimination by [senior leaders]. It made me no longer feel proud to work at AV and I know a number of people have left from it.** *Participant, Written Submission*

**It makes me feel that the hours and years of work I have given AV are pointless as I decided to have a career and a family. That I am not valued. That my ... years [of] experience ... are virtually worthless [because] I am part time. There is no point applying for the majority of positions as I am going to be overlooked for them.** *Participant, Written Submission*

**[I] don't enjoy my job anymore [and I] hate coming to work. [W]hy bother working hard and doing things right when I watch people with poor behaviour be promoted to merit-based positions[?]** *Participant, Written Submission*

## Impacts on patient outcomes and experience

There is a growing body of evidence showing that incivility and bullying in health care settings can contribute to clinical errors and poor patient outcomes.<sup>113</sup> These studies contain findings that are broadly comparable, although not directly dealing with Paramedicine. These studies have found that bullying and incivility can interfere with working memory, lead to worry, and weaken team collaboration, including by obstructing communication, information sharing and help-seeking.<sup>114</sup> For instance, a 2015 study found that even mild incivility in medical practice can have 'profound, if not devastating, effects on patient care'.<sup>115</sup>

While the Commission did not hear evidence of unlawful conduct directly leading to clinical errors or poor patient outcomes, we were told of such conduct undermining the clinical judgment and professionalism of employees and first responders and, in turn, the overall patient experience. By way of example, we heard about:

- Advanced Life Support Paramedics cancelling a call or refusing to call MICA Paramedics to a job because they feared being subjected to bullying and abuse
- patients themselves being subjected to incivility or unprofessional conduct
- employees and first responders being subjected to bullying and incivility in front of patients and their families.

**During our time working together, he often made patients cry and feel bad for calling an ambulance, telling them they were wasting his time. I would [have to] de-escalate these interactions.** *Participant, Written Submission*

[He] was walking behind me and he pinched me on the bottom as we were walking out. I lurched forward however I could not respond any further or even turn around because both of my hands were occupied and the patient may have fallen. *Participant, Written Submission*

A male MICA Paramedic made comments about how hot I was to a patient in front of me and implied it was the reason I was hired. *Participant, Interview*

I had him yelling at me while a patient held my hand. I was like sobbing because he was just like getting stuck into me and this patient remarked to me, “[It’s a] bit of a boys club here”. *Participant, Interview*

Poor experiences are not, however, a trend reflected in feedback provided by patients to Ambulance Victoria. The most recent results of an annual patient experience survey show that:

- of the 3,340 participants requiring an emergency ambulance, 97.1% (n=3238) had an overall positive experience, and
- of the 696 participants who required non-emergency transport, 99.2% (n=678) had an overall positive experience.<sup>116</sup>

Nonetheless, there is clear evidence that workplace harm and unlawful conduct have the capacity to impact poorly on patient experiences and care.

### **Quality and safety assessment by Safer Care Victoria in 2020**

In 2019, Ambulance Victoria asked Safer Care Victoria to conduct an independent assessment of Ambulance Victoria’s aeromedical critical care services. This request followed concerns raised by employees working at Adult Retrieval Victoria about the quality and safety of care provided to patients under the operating models used at the time. Safer Care Victoria did not identify any immediate threats to patient safety, but did find that a workplace culture of distrust, incivility and disrespect could cause increased risk to patients, including by undermining collaborative working relationships:

**The organisational sub-culture within aeromedical retrieval services at Ambulance Victoria is characterised by a lack of trust and respect between [Adult Retrieval Victoria and AAV staff], claims of intimidating behaviour, and a reluctance to recognise and communicate one’s limitations, or another’s strengths. This sub-culture distracts from prioritising patient-centred care.**

### **Adverse reputational impacts**

While the Commission did not hear directly about reputational impacts arising out of the public allegations of discrimination, sexual harassment, bullying and victimisation that preceded this review, it is reasonable to assume that they have had some impact on Ambulance Victoria’s public standing and community trust,



as well as its recruitment.<sup>117</sup> The decisive action taken by the Ambulance Victoria Board Chair and CEO in initiating this review and their commitment to a public report will go some way to rebuilding any lost trust. However, it will be a positive response of the organisation to the findings and recommendations in this report that will be significant in ameliorating any adverse impact on reputation.

## Negative financial and performance impacts

Research has found that unlawful conduct in the workplace results in substantial financial and performance costs for employers, including due to increased staff turnover, absenteeism and workers' compensation premiums; reduced productivity, job satisfaction and engagement; and resource and financial costs of defending legal claims and providing counselling and support.<sup>118</sup> In some instances, it can even result in financial penalties. For example, in October 2021, the Magistrates' Court of Victoria convicted and sentenced a health service under the Occupational Health and Safety Act for failing to provide and maintain, as far as reasonably practicable, systems of work that were safe and without risks to health. This case involved a worker who was subjected to 18 months of bullying, including yelling, swearing, telling the worker to look for another job, and telling her that she was not liked. The organisation was fined \$60,000 and ordered to pay costs.<sup>119</sup>

Data from Ambulance Victoria points to some of these impacts being felt by the organisation. Although, further analysis is needed to determine the degree to which this has been influenced by unlawful conduct and has affected the organisation's performance.

For example, Ambulance Victoria's WorkCover claims related to discrimination, sexual harassment, victimisation and bullying have grown relatively steadily over the past five years, raising from seven claims in 2016 to 36 claims in 2020. In addition, a 2020 internal report noted a 154% increase in mental health claims related to workplace harassment and/or bullying within Ambulance Victoria between the 2018-2019 and 2019-2020 financial years.<sup>120</sup>

In a further illustration, there is some data suggesting that the time taken for employees to return to work is increasing, particularly for mental health injuries, with the average days that compensation was paid increasing from 64 days in the 2017-2018 financial year to 99 days in the 2018-2019 financial year.<sup>121</sup> This is likely to be contributing to the increase in the organisation's 2020-2021 WorkCover premium (among other factors), which as at December 2020 had increased by 24% from the previous financial year. In December 2020, the Board's People and Culture Committee acknowledged the significant financial impacts of backfilling roles held by employees on long-term WorkCover or sick leave.<sup>122</sup>

Ambulance Victoria has provided further data which suggests that for all claims, compared to October 2019, there has been a reduction in the time taken for employees on WorkCover to return to work after an injury in 2020 and 2021. The Commission would encourage Ambulance Victoria to explore and seek to understand any trends for WorkCover mental health claims specifically in this period. This should be monitored closely as a relevant indicator of injuries arising from unlawful conduct.



## Notes

1. The behaviours that participants responding to this question could select from were as follows: Not receiving a promotion; not receiving a pay progression; not receiving a transfer; not being considered for professional training or development opportunities; receiving a different rate of pay for performing the same role as someone else; receiving a different rate of pay for performing a role with the same job functions; receiving different job benefits for performing the same role; receiving different job benefits for performing a role with the same job functions; being given unreasonably different tasks to other employees who perform the same role; being given unreasonably different tasks to other employees who have the same job functions; unfair allocation of tasks; unfair rostering; exclusion from work communications or activities: verbal, written or physical abuse; and other.
2. Derived from open text survey responses.
3. Julian Gardener, *An Equality Act for a Fairer Victoria: Equal Opportunity Review Final Report* (State of Victoria, 2008) 21, 39.
4. Victorian Equal Opportunity and Human Rights Commission, *Annual Report 2020-2021* (State of Victoria, 2021) 20.
5. M Foley, R Cooper and S Mosseri, *Gender equitable recruitment and promotion* (Research Paper, Workplace Gender Equality Agency, 2019) 2–4; E Dawson, T Kovac and A Lewis, *Measure for Measure: Gender Equality in Australia* (Per Capita, 2020) 50–53.
6. WorkSafe Victoria, *Work-related Gendered Violence Including Sexual Harassment: A Guide for Employers* (State of Victoria, 2020) 7; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 21.
7. Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 26–31.
8. Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – The Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 9.
9. Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – The Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 9.
10. *Equal Opportunity Act 2010* (Vic) s 4.
11. Explanatory Memoranda, *Equal Opportunity Act Amendment Bill 2007* (Vic); Victorian Equal Opportunity and Human Rights Commission, *Victorian Discrimination Law* (State of Victoria, 2019).
12. *Fair Work Act 2009* (Cth) s 340.
13. *Edmonds v Holmesglen Institute* (Human Rights) [2020] VCAT 860.
14. *Gender Equality Act 2020* (Vic) ss 1–2.
15. Beth Gaze, 'The Sex Discrimination Act at 25: Reflections on the Past, Present and Future' in Margaret Thornton (ed.), *Sex Discrimination in Uncertain Times* (Australian National University Press, 2010) 107, 110.
16. Alisha McFarlane, *Sexism Experiences of Female Paramedics in Australia – A Preliminary Report* (forthcoming) (on file with the Commission). The researchers from Charles Sturt University reported that they have uncovered that everyday sexism, gender normative behaviour and expectations, gender discrimination and sexual harassment are common experiences for women in Paramedicine. The everyday sexism includes assumptions of reduced physical capability to men, sexual objectification and derogatory sexual comments.
17. Michael Flood, Molly Dragiewicz and Bob Pease, 'Resistance and Backlash to gender equality' (2020) 56(3) *Australian Journal of Social Issues* 1, 4.
18. Michael Flood, Molly Dragiewicz and Bob Pease, *Resistance and Backlash to Gender Equality: An Evidence Review* (Queensland University of Technology, 2018) 18, 19.

19. Joanna Maxwell, Kathleen Davis and Maria Katsabanis, *What's Age Got To Do with It? A Snapshot of Ageism across the Australian Lifespan* (Australian Human Rights Commission, 2020) 57.
20. Beyond Blue, *Answering the Call National Survey: National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (Report, 2018) 27.
21. Senate Education and Employment References Committee, Parliament of Australia, *The People Behind 000: Mental Health Of Our First Responders* (Report, February 2019) 67.
22. Of the 494 survey participants with a disability that responded to a question about their experiences of discrimination, 63.6% or n=314 said they had experienced it, compared to 47.2% or n=909 of overall respondents.
23. Women with a disability are paid less than men with a disability and women without a disability. See: Victorian Government, 'Gender Equality Baseline Report: Intersectionality in Gender Inequality' (Web Page, 25 March 2020) <<https://www.vic.gov.au/gender-equality-baseline-report/intersectionality-gender-inequality>>; Australian Human Rights Commission, *Face the Facts: Disability Rights* (Resource, 2014) 2, noting that people with disability are 'more likely to experience poverty, live in poor quality or insecure housing and have low levels of education'; World Health Organization and World Bank Group, *World Report on Disability* (2011) 263; Jenny Dick-Mosher, 'Bodies in contempt: Gender, class and disability intersections in workplace discrimination claims' (2015) 35 *Disability Studies Quarterly* 3, writing that, 'One important finding in my analysis is that more men than women claim being fired as the sole form of discrimination they face. As I noted above, the majority of women say they were fired; but in addition, women are more likely to cite multiple forms of discrimination'; Rebecca Hersher, 'For parents of young black men with autism, extra fear about police', *NPR* (online, 23 August 2014) <<https://www.npr.org/sections/codeswitch/2014/08/23/342688183/for-parents-of-young-black-men-with-autism-extra-fear-about-police>>. There is also research that demonstrates that racial minority status increases the chance that an evaluator will conclude that a person is disabled. See, eg, Anna Mollow, "'When black women start going on Prozac': Race, gender, and mental illness in Meri Nana-Ama Danquah's *Willow Weep for Me*' (2006) 31(3) *MELUS* 67, 74.
24. Senior management roles include team managers, senior team managers, senior managers, operational support managers, corporate managers, senior corporate managers and executives.
25. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 40; Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 3 Audit and Review* (State of Victoria, 2019) 260.
26. Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and the Victorian Health Promotion Foundation (VicHealth), *Change the Story: A Shared Framework for the Primary Prevention of Violence against Women and their Children in Australia* (Report, 2015) 26; Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of prevention and response strategies in workplace sexual harassment' (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 46.
27. Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 5; Kim Webster et al, *Australians' Attitudes to Violence against Women and Gender Equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (ANROWS Research Report No 3, 2018) 121.
28. Paula McDonald, 'Workplace Sexual Harassment 30 Years on: A Review of the Literature' (2012) 14(1) *International Journal of Management Reviews* 1, 3; Kim Webster et al, *Australians' Attitudes to Violence against Women and Gender Equality. Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)* (ANROWS Research Report No 3, 2018) 71.
29. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 41–2.

30. Only survey participants who had previously reported in the survey that they had experienced sexual harassment were asked this question.
31. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 41.
32. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 43.
33. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 44.
34. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 100, 129–33; Al Cooper et al, 'Virtual sexuality in the workplace: A wake-up call for clinicians, employers and employees' in Al Cooper (ed.), *Sex and the Internet: A Guidebook for Clinicians* (Brunner-Routledge, 2002) 109, 115.
35. Jacqui Pich, *Violence in Nursing and Midwifery in NSW: Study Report* (Report, 2018); Woldegebriel Gebregziabher Kahsay et al, 'Sexual harassment against female nurses: A systematic review' (2020) 19 *BMC Nursing* 58; Shih-Chieh Chuang and Hsiu-Mei Lin, 'Nurses confronting sexual harassment in the medical environment' (2006) 122 *Studies in Health Technology and Informatics* 349; Gila Bronner, Chava Peretz and Mally Ehrenfeld, 'Sexual harassment of nurses and nursing students' (2003) 42(6) *Journal of Advanced Nursing* 367; Paul E Spector, Zhiging E Zhou and Xin Xuan Che, 'Nurse exposure to physical and non-physical violence, bullying and sexual harassment: A quantitative review' (2014) 51 *International Journal of Nursing Studies* 72.
36. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 20–1; Paula McDonald, Sara Charlesworth and Tina Graham, 'Developing a framework of prevention and response strategies in workplace sexual harassment' (2015) 53(1) *Asia Pacific Journal of Human Resources* 41, 45–6; Paula McDonald, 'Workplace sexual harassment 30 years on: A review of the literature' (2012) 14(1) *International Journal of Management Reviews* 1, 9; James E Gruber, 'The impact of male work environments and organizational policies on women's experience of sexual harassment' (1998) 12(3) *Gender & Society* 301, 314.
37. A further 26 participants did not know or preferred not to answer the question.
38. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 143.
39. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 26; Purna Sen et al, *Towards an end to Sexual Harassment: The urgency and nature of change in the era of #metoo* (United Nations Women, 2018) 11.
40. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018).
41. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 23.
42. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 22. See also Victorian Equal Opportunity and Human Rights Commission, *Proud, Visible, Safe: Responding to Workplace Harm Experienced by LGBTI Employees in Victoria Police* (State of Victoria, 2019).
43. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 33–5.
44. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 38–9.
45. The survey used the term 'executive', rather than 'Executive Committee'. Those survey respondents who reported that an 'executive' was the alleged harasser may have been referring to a member of the Executive Committee or to others in senior leadership roles within the organisation.

46. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 155–6, citing National Academies of Sciences, Engineering, and Medicine, *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine* (National Academies Press, 2018) 47.
47. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 201.
48. Regina Day Langhout et al, 'Sexual Harassment Severity: Assessing Situational and Personal Determinants and Outcomes' (2005) 35(5) *Journal of Applied Social Psychology* 975, 1000–1; Colleen E O'Connell and Karen Korabik, 'Sexual Harassment: The Relationship of Personal Vulnerability, Work Context, Perpetrator Status, and Type of Harassment to Outcomes' (2000) 56(3) *Journal of Vocational Behavior* 299, 322; Maria Friberg et al, 'Workplace Sexual Harassment and Depressive Symptoms: A Cross-Sectional Multilevel Analysis Comparing Harassment from Clients or Customers to Harassment From Other Employees Amongst 7603 Danish Employees from 1041 Organisations' (2017) 17(1) *BMC Public Health* 675, 682–83.
49. Mindy E Bergman et al, 'The (Un)reasonableness of Reporting: Antecedents and Consequences of Reporting Sexual Harassment' (2002) 87(2) *Journal of Applied Psychology* 230, 236; Regina Day Langhout et al, 'Sexual Harassment Severity: Assessing Situational and Personal Determinants and Outcomes' (2005) 35(5) *Journal of Applied Social Psychology* 975, 1001.
50. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018), 44–5.
51. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 217.
52. Evelyn M Field, *Bully Blocking at work: A Self-Help Guide for Employees and Managers*, (Australian Academic Press, 2010) 8–9.
53. The behaviours that participants responding to this question could select from were as follows: verbal abuse; physical abuse; written abuse; threatening body language; hostile behaviour; exclusion from work communications or activities; unreasonable demands; pressure or impossible deadlines; unfair allocation of tasks and/or working hours; deliberately withholding necessary work-related information or resources; inappropriate surveillance or monitoring; unequal or unreasonable exclusion from or access to training; unreasonably isolating you from others; setting tasks that are beyond your skills level without training and support; and other.
54. Safer Care Victoria, *Quality and Safety Assessment – Ambulance Victoria* (Report, 2020) 20.
55. Bullying on the basis of sex/gender may also amount to work-related gendered violence, see WorkSafe Victoria, *Work-related Gendered Violence Including Sexual Harassment – A Guide for Employers* (State of Victoria, 2020).
56. Denise Salin, 'The significance of gender in the prevalence, forms, and perceptions of workplace bullying' (2003) 5(3), *Nordiske organisasjonsstudier* 30; Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 338.
57. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 338.
58. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 62–3.
59. Evelyn M Field, *Bully Blocking at Work: A Self-Help Guide for Employees and Managers*, (Australian Academic Press, 2010), 23–7.
60. Denise Salin 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 339–40.
61. Denise Salin, 'Ways of explaining workplace bullying: a review of enabling, motivating and precipitating structures and processes in the work environment' (2003) 56(10) *Human Relations*, 1213, 10–11.



62. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 340.
63. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 7.
64. Helen De Cieri et al, 'Workplace bullying: an examination of power and perpetrators' (2019) 48(2) *Personnel Review* 324, 325.
65. Sally Hanna-Osborne, 'A 'job for the boys'? The career pathways and gendered employment experiences of women paramedics' (PhD Thesis, The University of Sydney, 2019) 15–17.
66. Denise Salin, 'Workplace bullying and gender: an overview of empirical findings' in Premilla D'Cruz et al (eds), *Dignity and Inclusion* (Springer, 2021) 331, 340.
67. Helen De Cieri et al, 'Workplace bullying: An examination of power and perpetrators' (2019) 48(2) *Personnel Review* 324.
68. The survey used the term 'executive', rather than 'Executive Committee'. Those survey respondents who reported that an 'executive' was the alleged harasser may have been referring to a member of the Executive Committee or to others in senior leadership roles within the organisation.
69. Survey participants employed for less than 1 year represented only 2.7% or n=46 of overall survey participants. Survey participants employed for 1 to less than 2 years represented only 7.1% or n=120 of the overall survey participants.
70. Margo Mountjoy et al, 'International Olympic Committee consensus statement: Harassment and abuse (non-accidental violence) in sport' (2016) 50(17) *British Journal of Sports Medicine* 1019, 1021.
71. Margo Mountjoy et al, 'International Olympic Committee consensus statement: Harassment and abuse (non-accidental violence) in sport' (2016) 50(17) *British Journal of Sports Medicine* 1019.
72. Australian Human Rights Commission, *Change the Course: National Report on Sexual Assault and Sexual Harassment at Australian Universities* (Report, 2017) 79–80.
73. *Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Nature and Cause, Volume 2* (Commonwealth of Australia, 2017) 168.
74. In-group/out-group dynamics have been found to be a motivating factor for workplace bullying. See Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 72–3.
75. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 15–16.
76. Evelyn M Field, *Bully Blocking at work: A Self-Help Guide for Employees and Managers* (Australian Academic Press, 2010) 31.
77. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 264.
78. Australian Human Rights Commission, *Willing to Work – Quantitative Study of Employment Discrimination Against Older Australians* (Report, 2016) 62, 172; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 75–81; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 257–302; Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8–12; Angeline S Ferdinand, Yin Paradies and Margaret Kelaheer, 'Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: A cross-sectional survey' (2015) 15 *BMC Public Health* 401; Angeline S Ferdinand, Yin Paradies and Margaret Kelaheer, *Mental health impacts of racial discrimination in Victorian Aboriginal communities* (Report, Lowitja Institute, 2013).
79. Australian Human Rights Commission, *Willing to Work – Quantitative Study of Employment Discrimination against Older Australians* (Report, 2016) 62, 172; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 75–81; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020)

- 257–302; Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8–12; Angeline S Ferdinand, Yin Paradies and Margaret Kelahe, 'Mental health impacts of racial discrimination in Australian culturally and linguistically diverse communities: A cross-sectional survey' (2015) 15 BMC Public Health 401; Angeline S Ferdinand, Yin Paradies and Margaret Kelahe, *Mental health impacts of racial discrimination in Victorian Aboriginal communities* (Report, Lowitja Institute, 2013).
80. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 266–8.; Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplace* (Report, 2018) 54; Christopher Magee et al, *Workplace bullying in Australia* (University of Wollongong, 2014) 22; Australian Human Rights Commission, *National Prevalence Survey of Age Discrimination in the Workplace – the Prevalence, Nature and Impact of Workplace Age Discrimination amongst the Australian Population Aged 50 Years and Older* (Report, 2016) 46; Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 32.
  81. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 258.
  82. UN Women, *What will it take? Promoting cultural change to end sexual harassment* (Discussion Paper, September 2019) 20; Champions of Change Coalition, *Disrupting the system: Preventing and Responding to Sexual Harassment in the Workplace* (Report, 2020) 24, 40.
  83. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 686; Patricia Ferris, 'A preliminary typology of organisational response to allegations of workplace bullying: See no evil, hear no evil, speak no evil' (2004) 32(3) *British Journal of Guidance & Counselling* 389, 389–90.
  84. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 264; UN Women, *What will it take? Promoting cultural change to end sexual harassment* (Discussion Paper, September 2019) 28–30.
  85. Safe Work Australia, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8; Constantine Manolchev and Duncan Lewis, 'A tale of two trusts: Case study analysis of bullying and negative behaviours in the UK ambulance service' (2021) *Public Money and Management* 1–8, 3; For a list of relevant scholarship relating to incivility and patient outcomes, see Civility Saves Lives, 'Academic Papers' (Web Page) <[www.civilitysaveslives.com/academic-papers-1](http://www.civilitysaveslives.com/academic-papers-1)>.
  86. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplace* (Report, 2018) 54.
  87. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 260–1.
  88. Ambulance Victoria, People and Culture Committee Papers, 'Agenda item 5' (7 September 2020).
  89. Note, classification of WorkCover claims is based on what an employee reports in the WorkCover claim form and does not necessarily reflect claims that have been accepted based on allegations of workplace harassment and/or bullying.
  90. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 3.
  91. See Wendy Tuohy, 'A different emergency: How Ambulance Victoria failed its own', *The Age*, 1 November 2020; N Wallace, 'Bullying caused woman's suicide, inquiry told', *The Sydney Morning Herald*, 9 July 2008.
  92. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 19–20, citing Lawrence D, Kyron M, Ridders W et al, *Answering the call: National Survey of the Mental Health and Wellbeing of Police and Emergency Services. Detailed Report* (University of Western Australia, 2018) 23. The 2018 survey found that 6.5% of respondents from the ambulance employee sector and 5.3% of respondents from all sectors reported suicidal thoughts.

93. A 2007 national representative survey of 8841 individuals aged 16-85 years found that 2.3% of participants had reported suicidal ideation in the past 12 months: A Johnston, J Pirkis and P Burgess, 'Suicidal thoughts and behaviours among Australian adults: Findings from the 2007 National Survey of Mental Health and Wellbeing' (2009) 43(7) *Australian and New Zealand Journal of Psychiatry* 635, 637.
94. This is based on Ambulance Victoria's own records and those of the Victorian Coroner. Ambulance Victoria acknowledged that the low number of recorded suicides may be due to how deaths are recorded internally and that the deaths of retired or former employees would not be captured: Ambulance Victoria, Psychological Health and Wellbeing Consultative Committee Papers, 'Incidence of suicide in AV staff, current risks, and volume and frequency of "near misses"' (9 June 2020) 2.
95. General Purpose Standing Committee No. 2, Legislative Council, Parliament of New South Wales, *The Management and Operations of the Ambulance Service of NSW* (Report, September 2008) 22.
96. S Lawn et al, 'The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research' (2020) 20(1) *BMC Psychiatry* 348:1-16, 11.
97. S Lawn et al, 'The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research' (2020) 20(1) *BMC Psychiatry* 348:1-16, 11.
98. Beyond Blue, *Answering the Call National Survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (2018) 15.
99. See Beyond Blue, *Answering the Call National Survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (2018) 17 and Kelly Mackinnon et al, 'Risk of psychological distress, pervasiveness of stigma and utilisation of support services: Exploring paramedic perceptions' (2020) 17 *Australasian Journal of Paramedicine* 1-7, 2.
100. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 18-19.
101. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 20, citing P McEvoy, R Grove and T Slade, 'Epidemiology of anxiety disorders in the Australian general population: Findings of the 2007 Australian National Survey of Mental Health and Wellbeing' (2011) 45(11) *Australian and New Zealand Journal of Psychiatry* 957.
102. Beyond Blue, *Answering the Call National Survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final Report* (2018) 27, 30.
103. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 36.
104. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 275-8.
105. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 266; Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8-12.
106. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 284; Safe Work, *Guide for preventing and responding to workplace bullying* (Resource, 2016) 8-12.
107. Christine Porath and Christine Pearson, 'The price of incivility' (2013) *Harvard Business Review* January-February, 177.
108. Christine Porath and Christine Pearson, 'The price of incivility' (2013) *Harvard Business Review* January-February, 177.



109. Peter Mulholland, Tony Barnett and Jess Woodroffe, 'A grounded theory of interprofessional learning and paramedic care' (2019) 32(1) *Journal of Interprofessional Care* 66, 72.
110. Lynne M Andersson and Christine M Pearson, 'Tit for tat? The spiraling effect of incivility in the workplace' (1999) 24(3) *The Academy of Management Review* 452, 458; Victor Sojo Köhler et al, 'Who Is the Wolf and Who Is the Sheep? Towards a More Nuanced Understanding of Workplace Incivility' (2018) 11(1) *Industrial and Organizational Psychology* 122, 124; E Torkelson et al, 'Factors contributing to the perpetration of workplace incivility: The importance of organizational aspects and experiencing incivility from others' (2016) 30(2) *Work & Stress* 115, 119.
111. MJ Neubert, EM Hunter and RC Tolentino, 'Modeling character: Servant leaders, incivility and patient outcomes' (2021) *Journal of Business Ethics* 8, 12.
112. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 66–7.
113. For a list of relevant scholarship see Civility Saves Lives, 'Academic Papers' (Web Page) <[www.civilitysaveslives.com/academic-papers-1](http://www.civilitysaveslives.com/academic-papers-1)>. See also Constantine Manolchev and Duncan Lewis, 'A tale of two trusts: case study analysis of bullying and negative behaviours in the UK ambulance service' (2021) *Public Money and Management* 1–8.
114. M Al Omar, M Salam and K Al-Surimi, 'Workplace bullying and its impact on the quality of healthcare and patient safety' (2019) 17, 89 *Human Resource Health* 4; Arie Riskin et al, 'The impact of rudeness on medical team performance: A randomized trial' (2015) 136(3) *Pediatrics* 491.
115. Arie Riskin et al, 'The impact of rudeness on medical team performance: A randomized trial' (2015) 136(3) *Pediatrics* 491.
116. Ambulance Victoria, *Patient Experience Survey* (Draft Report, August 2020).
117. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 288; Serena Does, Seval Gündemir and Margaret Shih, 'Research: How sexual harassment affects a company's public image' (11 June 2018) *Harvard Business Review* <[hbr.org/2018/06/research-how-sexual-harassment-affects-a-companys-public-image](http://hbr.org/2018/06/research-how-sexual-harassment-affects-a-companys-public-image)>.
118. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 281–90; Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8; Deloitte Access Economics, *The Economic Costs of Sexual Harassment in the Workplace* (Report, 2019); Elias Amanuel, 'Measuring the economic consequences of racial discrimination in Australia' (PhD Thesis, Deakin University, 2015); Productivity Commission, *Performance Benchmarking of Australian Business Regulations: Occupational Health and Safety* (Commonwealth of Australia, 2010).
119. WorkSafe Victoria, 'Hospital fined \$60,000 after worker bullied' News, (online, 1 October 2021) <<https://www.worksafe.vic.gov.au/news/2021-10/hospital-fined-60000-after-worker-bullied>>.
120. This was based off an increase from 13 claims relating to work harassment or bullying in 2018/19 to 33 claims in 2019/20; Ambulance Victoria, People and Culture Committee papers, 'Claims and return to work performance FY19–20' (7 September 2020) 55.
121. Ambulance Victoria, People and Culture Committee papers, 'Claims and return to work performance FY19–20' (7 September 2020) 53.
122. Ambulance Victoria, People and Culture Committee papers, 'Agenda item 4' (7 December 2020) 12. This is due to the requirements to pay overtime, additional travel and associated allowances, as well as the impacts of team dynamics and increased pressure on smaller branches to fill roster lines.





# 6

## Working towards a holistic approach to prevention

Chapter 6 details the key drivers of discrimination, sexual harassment, bullying and victimisation within Ambulance Victoria, which emerged during the Commission's review. This chapter also explores a range of opportunities for the organisation to strengthen its approach to prevention and, in the process, create a safer, more respectful workplace and rebuild trust with the workforce.

## → KEY POINTS

### **The drivers of unlawful conduct at Ambulance Victoria**

- Unlawful conduct and workplace harm at Ambulance Victoria are not simply incidences of individual aberrant behaviours. They are widespread problems shaped and influenced by clear organisational drivers. These drivers are attitudinal, cultural and structural. The drivers assist in explaining the extent of discrimination, sexual harassment, bullying and victimisation in the organisation (see Section 4.3) and are interrelated and mutually reinforcing.
  - Power imbalances, including those informed by gender inequality, and historical and cultural factors, are enabling the abuse of power and inequality.
  - A general tolerance for everyday incivility and disrespect is creating a permissive environment for more serious unlawful conduct, in addition to causing harm itself. This conduct is going unchecked because of a culture of silence in the organisation.
  - An imbalance in the priority given to operational service delivery and key performance indicators versus prevention and wellbeing, is allowing action to address unlawful conduct to be deprioritised, as well as driving the mistreatment of those who speak up about such conduct, and about rights and entitlements.
  - Some leaders and managers are undermining expected standards of conduct because they themselves are reported to be perpetrating unlawful conduct or workplace harm or failing to call out these behaviours when they occur. Some managers and supervisors lack critical skills to address these behaviours when they arise in their teams.
  - A heightened risk of unlawful conduct is created by the sustained rate of organisational change and the high-pressure, isolated nature of the work for many staff members.



## → KEY POINTS

### **A holistic approach to prevention**

- Ambulance Victoria must rebuild trust with its workforce by acknowledging and understanding the unlawful conduct experienced in the past and the profound impacts for many in the workforce, including through its own past failings and inadequate responses, and by setting a clear path for change.
- This work of listening, acknowledging and responding to the experiences of the workforce, must occur as a priority following the release of this report, with safe internal forums convened for reflective practice. An independent restorative engagement scheme must also be implemented to support individual victim-survivors to receive recognition and be given the opportunity to heal.
- Ambulance Victoria requires a holistic, evidence-based prevention plan to address unlawful and harmful conduct through clear, measurable actions targeted at the organisational drivers and risk factors. The plan should be informed by employee consultation, aligned with other diversity and inclusion strategies and include key accountabilities for leaders and managers.
- Crucially – in light of the significant underreporting of workplace harm identified by this review – Ambulance Victoria needs to build on current initiatives to encourage bystanders to come forward by adopting a strategic, integrated approach to supporting employees and first responders to speak up and to do so safely.
- To reduce barriers to reporting and to support the identification of key risks, drivers and early intervention efforts, Ambulance Victoria should reintroduce Workplace Equality Contact Officers and embed them throughout the organisation. In addition, it should introduce a network of Workplace Equality Champions to visibly drive and support reform at the local level.
- Through a collaborative process with the workforce and key partners, Ambulance Victoria needs to reset and embed the organisation's values. Co-designing the values will provide key opportunities for the workforce to reflect on and inform how they want to work with each other, while the new values will themselves redefine what is considered to be appropriate. The introduction of new organisational values must be backed by a strong commitment to hold people to account for not adhering to them.
- The Board and the Minister for Ambulance Services must ensure there is an authorising environment – including through futures statements of priorities – to appropriately balance meeting operational KPIs with supporting the workforce's health, safety and wellbeing.

# 6.1 Drivers

While individuals are responsible for their own behaviour and must be held to account for unlawful and harmful workplace conduct, such conduct is not simply a problem caused by a handful of aberrant individuals. Rather, as the data and research show, discrimination, sexual harassment, bullying, victimisation, incivility and inequality are systemic issues with distinct attitudinal, cultural and structural driving or enabling factors.

The ability to prevent and respond to unlawful and harmful workplace conduct and to embed workplace equality requires an organisation to target the particular organisational drivers or enabling factors. Understanding these factors or drivers and how they manifest in the organisation, is the first step in effectively preventing the conduct and in discharging the positive duty under the Equal Opportunity Act.

Section 6.1 details the Commission's findings regarding the common drivers of discrimination, sexual harassment, bullying and victimisation, as well as incivility and disrespect, within Ambulance Victoria. Many of these drivers are also barriers to reporting and to making complaints about unlawful and harmful conduct and inequality (see Section 8.2). This section highlights which drivers are relevant to certain types of unlawful or harmful conduct, while acknowledging that the drivers are often intersecting and mutually reinforcing.



## Findings

The Commission identified a number of drivers of unlawful and harmful workplace conduct within Ambulance Victoria.

- **Power imbalances:** There are significant power imbalances present in Ambulance Victoria arising in part from the organisation's history as a male-dominated workforce and the reliance on hierarchical command and control systems. These imbalances: create a heightened risk of unlawful and harmful workplace conduct; impede the promotion and progression of certain cohorts, including women and those not part of the so-called 'in-crowd' or 'boys club'; and enable the victimisation of people who speak up, or challenge decisions or seek to enforce their rights, which has a silencing effect.
- **Organisational tolerance and culture of silence:** A general tolerance for everyday harmful workplace conduct is itself harmful but it is also creating a permissive environment that is enabling more widespread and serious forms of conduct to occur. The organisation's culture of silence has been created by a widely held acceptance that those who speak out will face retribution, and a belief that perpetrators will not be held to account.
- **A disproportionate internal and external focus on meeting operational KPIs:** The disproportionate focus on meeting operational performance and response targets is limiting the ability of leaders and managers to proactively build and maintain a safe, respectful, equal and inclusive culture, by permitting this goal to be deprioritised. This disproportionate focus is also allowing unlawful or harmful conduct to be minimised or dismissed and contributes to a perception among the corporate cohort that they and their work are not valued equally by the organisation.
- **Leadership and management gaps:** Harm is being enabled by gaps in management capability around identifying and responding effectively to unlawful and harmful workplace conduct (compounded by the high rates of people in acting manager roles), as well as some leaders and managers failing to model appropriate workplace behaviours or hold perpetrators to account.
- **Structural drivers:** Endorsement requirements to access multiple progression and promotion opportunities and unnecessarily rigid systems for flexible work are enabling discrimination and bias, particularly towards women and individuals who work flexibly.
- **Work-related risk factors:** Work-related factors at Ambulance Victoria are creating a heightened risk of unlawful conduct occurring, including the isolated and high stress nature of some work, and the significant period of recent organisational change.

While there is research suggesting that some of these drivers may also be relevant to adverse outcomes for, and the experiences of, patients, these matters fall outside the scope of this review.<sup>1</sup>



## 6.1.1 Power imbalances

Unequal power relations and rigid hierarchical structures have been found to be precipitating factors for workplace sexual harassment, bullying and incivility.<sup>2</sup> Power in the workplace can be drawn from a multitude of sources, including a formal title, knowledge and expertise, or length of service.<sup>3</sup> Power disparities can also arise because of disadvantage connected to a person's race, sex, gender or disability.

Power disparity and the misuse of power arose as a common and defining feature in many of the experiences of unlawful conduct and workplace harm shared with the Commission. Discrimination, sexual harassment, bullying and victimisation arose both as a symptom and direct expression of unequal workplace power gradients.<sup>4</sup> This was not simply about the presence of hierarchical structures, but shared norms concerning how power can be exercised and how it is to be respected within Ambulance Victoria.

The power and advantage at play in participant stories appeared to most commonly be drawn from formal positions of authority, and the hierarchical structure of the organisation and the influence and manifestations of workplace gender inequality. Power also emerged as something that could be drawn from informal networks and centralised systems at Ambulance Victoria that allowed individuals to exert significant influence over operational employees' working lives, including the shifts they work and jobs they attend. These factors – along with unspoken rules and assumptions about what is acceptable behaviour and what happens when victim-survivors speak out – appear to interplay, and compound at Ambulance Victoria to create a dangerous environment where power can and has been abused.

### The abuse of formal and informal power

#### ***Organisational hierarchy and command and control structures***

The military origins of Ambulance Victoria have shaped the rigid hierarchy and top-down command and control structures of the organisation. These structures have instilled in workers a respect for rank and authority, including an expectation that the orders of those in positions of authority will be followed without question.

**It is ingrained in the culture to be silent and follow directions from someone with more seniority. From day one, people are told to check the epaulet of the people they are talking to, so you know your place. Participant, Interview**

**[E]verything from organisational structure and framework to the way branches are built perpetuates authority gradients. [And ... with no way to provide anonymous feedback regarding managerial conduct ...] your manager can quite literally get away with anything, and never be held to account. Participant, Interview**

As with other emergency service organisations, clear lines of command are considered to be integral to effective emergency response. While these structures have and continue to serve a functional purpose at Ambulance Victoria, they are increasingly less relevant given the evolving nature of Ambulance Victoria's

work and the delivery of health services in non-emergency settings. This includes engaging communities, linking patients with other providers, supporting the primary health care system, and continuing to respond to low-acuity or non-emergency cases.<sup>5</sup>

Despite these changes to Ambulance Victoria's work, command and control structures have an enduring legacy in the organisation. They continue to influence norms and behaviours in the workplace, including how the hierarchical structures operate, and have produced undesirable outcomes.

There is evidence that hierarchical structures in healthcare settings can inhibit workers from speaking up and asking questions of those in positions of higher status.<sup>6</sup> In line with this, we identified that in Ambulance Victoria, these structures (among other factors) deter employees and first responders from speaking up about unlawful conduct, contributing to a culture of silence (see Section 6.1.2).

We also heard that the expectation that operational employees and first responders will follow orders and show deference to authority has enabled the mistreatment of those who speak out against unlawful behaviours, challenge unreasonable management decisions, or seek to enforce their rights and entitlements.

**There's no question it starts with the hierarchy ... we are an emergency service and in that environment we require people to operate in a manner of following directions from those more senior, and within the scope of their Clinical Guidelines. What we don't do a very good job of is then being able to say, "This is not an emergency, how do I get an equal voice even though I'm not your equal in hierarchy?"** Participant, Interview

Speaking out and challenging those in positions of authority, or those with greater clinical expertise, or those in higher positions in the organisational hierarchy, can be perceived as oppositional, insolent and contrary to the agreed status quo for operational workers. This understanding of how rank and power are to be respected in Ambulance Victoria has cemented a power differential between managers and employees and first responders, and a culture of silence where power can be abused with impunity. The power imbalance is reinforced by a number of factors, including:

- an absence of alternative employment options for operational staff who do not wish to forgo a career in Paramedicine or move interstate
- endorsement processes that give direct managers significant influence over career progression and other outcomes (see Section 6.1.5).

**A big part of the problem is also that ... there's nowhere else to be a Paramedic. If you leave Ambulance Victoria, you leave your wage, you're not qualified for anything else because you can't work anywhere else.** Participant, Interview

The evidence points to these power differentials in the organisation facilitating the abuse of power. Both survey results and participant stories point to employees and first responders being subjected to discrimination, sexual harassment and bullying from managers, as well as from those in positions of relative 'clinical

superiority', including clinical instructors and MICA Paramedics (see Section 6.1.1). In some instances, the discrimination, sexual harassment, bullying and victimisation appeared to be used to reinforce where a person stood in terms of rank and hierarchy in the organisation, or in retaliation for conduct that caused inconvenience or challenged that person's authority.

**This leader uses intimidation and bullying in the workplace as a mean[s] of exercising power and demonstrating the power and influence he holds and his position as someone who can do whatever they want ... without question or risk of repercussion. Participant, Written Submission**

**As the workforce has changed at the entry level these behaviours are increasingly more at the manager [level] and above [and enabled] by HR [who supports] an adversarial attitude to those that speak out. Participant, Written Submission**

**[Y]our manager says 'yes' or 'no' to you being allowed to do anything within the workplace; be it work in rosters, be it work in education etc .... Any workplace opportunity depends on non-standardised, non-evidence based, non-process-driven managerial approval. So ... management have this incredible power over you. It embeds hierarchical obedience through fear, no matter the ethical or legal implications. Participant, Interview**

A study examining the professionalisation of uniformed emergency service work in the United Kingdom has summarised the potential adverse consequences of rank and hierarchy in these settings.

**Rank structures can be abused in efforts to conceal wrongdoing, belittle input from below and silence whistleblowers. Rank and hierarchy can magnify senses of mystique and heroism surrounding emergency work, and to communicate to those outside this particularistic culture ... that they "could never understand the realities" of uniformed emergency work and so should not intrude with their unrealistic claims for organizational reforms or culture change.<sup>7</sup>**

These impacts speak to many of the other drivers set out in this chapter.

While extreme power disparities can create a heightened risk of power being abused, they alone do not explain why some individuals occupying positions of power choose to engage in discrimination, sexual harassment, bullying or victimisation. Factors that are also driving these abuses of power are norms concerning acceptable styles of leadership and behaviour (discussed below), the suitability and skills of those recruited to leadership positions, and the mechanisms to hold them to account. We heard from many participants that managers were often lacking in critical people management skills and would frequently defer to bullying tactics to manage the competing demands of their role. We also heard that individuals who were known to have perpetrated unlawful conduct in the past at Ambulance Victoria had been promoted to positions of authority.

I believe a big source of bullying, intimidation, and mismanagement at Ambulance Victoria comes from the lack of experience and formal qualifications of junior managers when put in positions of power.

*Participant, Written Submission*

I think most group managers are all paramedics, and there's certainly very poor management. They have no management skills. They're usually quite aggressive and bullies.

*Participant, Interview*

**Stop promoting bullies to positions of power!** *Participant, Written Submission*

Accordingly, along with initiatives that help to flatten these extreme power gradients, improved recruitment practices and mechanisms to manage and hold those positions to account will help to address the abuse of power in the organisation (see Volume II).

### **Centralised and informal sources of power**

There were also examples in participant stories of the abuse of informal power (which is derived from networks and connections) as well as centralised power sources that do not sit strictly within a hierarchical system.

Centralised systems are used at Ambulance Victoria to determine and manage rosters, shift allocation, access to leave and the jobs that all operational employees and first responders are dispatched to (known as 'operational communications'). Operational employees cannot unreasonably refuse to attend a job once it has been allocated to them by operational communications, to do so would risk disciplinary action.

Individuals working within these centralised teams exercise considerable influence over the day-to-day working lives of operational workers. We heard examples of these centralised sources of decision-making power being used to subject employees and first responders to unlawful conduct and workplace harm and/or enabling unlawful conduct. This included repeatedly sending some operational workers to more difficult or distressing jobs or allowing perpetrators of unlawful conduct to be rostered on with vulnerable workers. These stories suggest that there are insufficient controls in place to ensure that these systems are not used in appropriately.

I worked a shift with [this female Paramedic] one day and it was terrible. We got sent all over the place. I couldn't understand why we were being treated like this. I asked [my manager] "what is going on?" And he said, "oh, don't you know? We've got a list of names in here and we just make their lives hell because they're bad people or they've done something to irritate us."

*Participant, Interview*

[Operational comms and duty managers will be like], "we don't like this person or they're annoyed at them, so we'll send them to a job at three in the morning and even though they're not the closest car, we'll make up an excuse to be able to send you to this other one as well."

*Participant, Interview*

The dispatchers found it amusing to call the branch phone or call me up by name over the radio and dispatch me to any case that would involving patient with penis related problems. *Participant, Written Submission*

I ended up finding out that [this duty manager] would contact rosters and get rostered deliberately with [young female] graduates. [I now see it as sexual predation]. They could pick and choose. That's how much mates look after mates. *Participant, Interview*

Participants also described longstanding informal networks of power within Ambulance Victoria, where an individual's membership or non-membership in recognised 'cliques' or 'clubs', or allegiance with certain people could influence how they were treated in the workplace and their access to opportunities (see Section 6.1.5). Participants described these networks as a central factor behind decisions that were discriminatory or otherwise not merit-based or transparent.

## Gender inequality

Gender inequality is, at its core, a power disparity.<sup>8</sup> It exists in society and in workplaces and has been found to particularly drive the mistreatment of women, unequal outcomes and disadvantage at work for women, while at the same time unfairly advantaging men.<sup>9</sup>

### External driver – Gender inequality

Gender inequality is the unequal distribution of power, resources, opportunity, and value afforded to men and women in a society due to prevailing gendered norms and structures. In line with wider research, gender inequality emerged as a key driver of sexual harassment in Ambulance Victoria, as well as other unlawful conduct experienced by women.<sup>10</sup>

Across all data sources, gender inequality arose as a problem at Ambulance Victoria. Gender inequality at Ambulance Victoria is informed and compounded by factors that are unique to the organisation's history and working environment. It emerged as a central driving factor for the unlawful behaviours experienced by women and the disadvantage, unequal outcomes and opportunities they described.

A 2019 qualitative study of women's experiences in an undisclosed Australian ambulance service found that despite women reaching a 'numerical critical mass' in the service, they had been unable to make 'genuine in-roads to the power structures of the organisation'.<sup>11</sup> Looking at organisational data and the stories that women shared with the Commission, this is broadly reflective of women's experiences at Ambulance Victoria.



**It wasn't even a glass ceiling,  
it was a brick wall.**

*Participant, Interview*

The proportion of women working at Ambulance Victoria and particularly in operational roles has steadily increased since 1987 (see Chapter 2).

We heard, however, that this increase in the proportion of women working at Ambulance Victoria had largely resulted from evolved entry pathways for operational roles, rather than any targeted, comprehensive planning or initiatives by the organisation. It appears that Ambulance Victoria has not necessarily adapted the workplace to ensure that this growing cohort of women are safe, supported and have the opportunity to thrive and succeed. As a result, there is evidence of a cultural and structural overhang from the organisation's male-dominated origins that, as discussed below, appear to be evidenced in and reinforced by:

1. harmful attitudes and conscious and unconscious bias that devalue women, particularly those with caring responsibilities
2. systems that create barriers to negotiating and accommodating flexible work and perpetuate harmful attitudes about flexible work and parents and carers (see Section 6.1.5)
3. formal endorsement processes that create a risk of bias (see Section 6.1.5).

The impacts of this cultural and structural overhang were reflected in the stories we heard of women experiencing everyday sexism and incivility, as well as discrimination, sexual harassment, bullying and victimisation. The impacts can also be directly observed in Ambulance Victoria's workforce data that show a lower proportion of women occupying MICA roles and operational management and leadership positions (see Section 2.3.3). The impacts are also evident in the survey results, which show the majority of incidences of sexual harassment reported to the Commission occurred in male-dominated workplaces (see Section 5.1.2).

While we heard that much has changed in Ambulance Victoria since women first joined in operational roles, there are still remnants of a male-dominated culture that was shaped by the organisation's military beginnings. The Commission observed attitudes that suggest that many still consider the ideal operational worker at Ambulance Victoria to be one who fearlessly handles high-stakes work, is available to work full-time and who displays traditionally masculine traits, including in some instances, aggressive behaviours.<sup>12</sup>

**There is a stereotypical image of the 'gun' paramedic and it's male.**

*Participant, Written Submission*

This was particularly observed in the veneration of MICA Paramedics, an elite, male-dominated cohort. We heard that across the organisation, and in the



MICA sub-group particularly, these paramedics are considered to be clinically superior and that 'macho' or 'alpha male' personalities are common among MICA Paramedics.

These outdated ideas of what it means to be a Paramedic, combined with restrictive gender stereotypes that operate more broadly,<sup>13</sup> are behind many of the harmful attitudes towards and assumptions made about women in the organisation. These attitudes continue to exclude and devalue many women's contributions to Ambulance Victoria and to drive much of the unlawful conduct targeting women. Some of the harmful attitudes and false or misguided assumptions about women that we heard about included that:

- women who succeed in obtaining leadership positions probably did not earn it on merit
- women of reproductive age are likely to have children and want to negotiate a flexible work arrangement and they are therefore unsuited to certain roles and responsibilities
- women who have caring responsibilities should prioritise caring over work
- flexible work is an exception to 'normal' ways of working
- women are too emotional and lack the physical strength or stamina to be good paramedics
- women who work flexibly or with caring responsibilities are uncommitted to their work or are incapable of performing the requirements of their role
- people employed part-time or on a flexible work arrangement are unable to meet the requirements of leadership roles or certain other roles and programs in Ambulance Victoria
- operational staff use flexible work arrangements to avoid unsociable shifts.

In 2014, the Australian Human Rights Commission found that this stereotype of the ideal worker (that is, a male with no caring responsibilities who is available to work 24/7) is pervasive in workplaces and contributes to discrimination against pregnant women, those returning from parental leave, and workers with parenting responsibilities, and including those who work flexibly, among others.<sup>14</sup>

**There is a very unhealthy – very unhealthy idea that if you work on a flexible work agreement, it's the woman's roster.** *Participant, Interview*

**It was quite common that the young men, two, three years into their career, were tapped on the shoulder and asked what they were going to do, whether it be MICA or whether it be moving into management, whereas the women were just spoken to about family planning.** *Participant, Interview*

These enduring attitudes devalue women and their role in the workplace and place men in a position of dominance in Ambulance Victoria. From participant stories, these attitudes underpin bias against women in progression and promotion opportunities. These attitudes also support frequent experiences of incivility, discrimination, sexual harassment, bullying and victimisation reported by participants.



## 6.1.2 Organisational tolerance and a culture of silence and disrespect

There is a climate of fear that pervades the organisation, where speaking out or complaining has consequences, resulting in a culture of silence.

*Participant, Written Submission*

Workplace culture is often expressed as ‘the way we do things around here’.<sup>15</sup> It is understood to mean the ‘shared values and beliefs that guide how members of an organisation approach their work and interact with each other’.<sup>16</sup> It can include unconsciously held assumptions and is usually observed in workplace practices.<sup>17</sup>

Workplace culture is significant for discrimination, sexual harassment, bullying and victimisation because shared assumptions, beliefs and practices can implicitly encourage or discourage these behaviours.<sup>18</sup>

The Commission observed that there are three key elements of Ambulance Victoria’s workplace culture that appear to be central to understanding why discrimination, sexual harassment, bullying and victimisation persist:

1. a general tolerance for incivility and unlawful conduct (a permissive environment)
2. a belief that those who complain will be penalised (the threat of victimisation)
3. a belief that perpetrators are unlikely to face consequences (perpetrator accountability).

### A permissive environment

Research has found that low level workplace incivility can have a contagion effect, spreading further incivility and more aggressive behaviours,<sup>19</sup> including sexual harassment.<sup>20</sup> It tells us that these behaviours not only drive each other but are interrelated and often co-occurring and create a permissive environment for further incivility and unlawful conduct.<sup>21</sup>

The stories participants shared with the Commission point to a workplace culture in Ambulance Victoria where incivility, everyday sexism and lower-level forms of discriminatory abuse and sexual harassment are not only commonplace (see Section 4.3), but are also tolerated (that is, brushed off, trivialised, not called out or taken seriously). We heard that this culture of tolerance is shaped by:

- ‘exceptionalism’, with some within the workforce believing that the ordinary standards of courtesy and respect do not apply to them because of the importance of the work they perform
- the organisation’s male-dominated, military origins, which have influenced perceptions that operational employees must be ‘robust’ and endure incivility as part of their job
- the behaviours that are role modelled by some managers and senior leaders (see below).

I [confronted him about his language and use of derogatory terms] during this meeting at my base. [He told me] “If people are offended by these statements, they should not be here” and “This is a tough job, so that’s how it is.” *Participant, Written Submission*

The mantra is “it’s different, it’s ambulance”. [Ambulance Victoria] doesn’t respect the authority of other agencies. AV is a rule unto itself. AV has a culture that the nature of emergency work justifies their actions and that rules don’t apply. *Participant, Written Submission*

Ambulance Victoria, I believe, holds the approach of, “[W]e’re an emergency service, the law doesn’t apply to us. We’re above the law,” type thing. *Participant, Interview*

They have quite an overt recognition of their power in society because they save lives and so that sort of thing is reinforced all the time. *Participant, Interview*

In addition, many of the organisational factors that broader research tells us can enable a permissive environment – for example, resource shortages, excessive hours, stress<sup>22</sup> – can be found in the workplace environment of Ambulance Victoria. Like the individual behaviours, these organisational factors are also contributing to a permissive culture that is driving ongoing incivility and lower-level forms of mistreatment, as well as serious unlawful conduct.

## The threat of victimisation

 **Silence is the best option.**

*Participant, Interview*

Across all data sources, the fear of victimisation loomed large for Ambulance Victoria employees and first responders. Negative consequences and victimisation were commonly reported as the reasons preventing participants who experienced and/or witnessed unlawful and harmful workplace conduct from making informal reports or complaints (see Section 8.2.1).

During interviews and in submissions, participants often described making a complaint as a ‘career ending’ move. Some told us that making a complaint would result in a ‘black mark’ or ‘troublemaker’ label against a person’s name, with long-lasting career impacts. There was a distinct lack of trust that reports of unlawful conduct would be welcomed and that complainants would be protected from victimisation and harm.

The widely held belief that complainants would face victimisation was closely related to the expectation that employees and first responders would follow orders and avoid challenging those in positions of power, as discussed above. It also appears to be strongly influenced by actual instances of victimisation (experienced or witnessed) and reinforced by responses to informal reports.

I told my [team manager] that this sort of [sexual harassment] was happening. He already knows, he said, “Yeah, I know that. I could help you, but I can’t stop that happening”. And sort of said, “You can rock the boat, but it’s not going to bode well for you”. *Participant, Interview*

[S]ometimes there’s just a general feeling that if I make an issue of this then I’m going to get a black mark against my name and that’s going to affect me for the rest of my career. *Participant, Interview*

We’ve been told numerous occasions, “[D]on’t stick your head out, you’ll get a target on your back. Don’t speak out”, and so there’s that fear ... it’s a good job and I love my job, so I’m more inclined to stay silent purely because that threat hangs over me I guess. I did that for 15 years until I eventually had to speak up, and as a result of speaking up, I was targeted and have since been on Workcover. *Participant, Interview*

The occurrence of victimisation and the shared understanding that complainants will face victimisation, both appear to be contributing to an environment where employees and first responders feel they must tolerate unlawful behaviours because it is not safe to speak out and complain.

Research has identified that inclusive leadership (inviting and appreciating contributions and feedback from all team members) and organisational support (an open and respectful culture where workers believe they are valued and their wellbeing cared for) are factors that support workers in healthcare settings to feel safe to speak up, raise concerns and share ideas. This suggests that the general tolerance for workplace harm and unlawful conduct and the use of autocratic leadership styles (see Section 6.1.4), are also likely to be driving the culture of silence. While not examined in detail given the scope of this review, this research also found that healthcare settings where workers feel psychologically safe to speak up and ask questions are more likely to support a ‘safety culture’ that prioritises patient safety.<sup>24</sup>

## Perpetrator accountability

How Ambulance Victoria responds or is perceived to respond, to alleged perpetrators sends a message about whether certain conduct will be tolerated in the organisation. This response can also either encourage or deter other people from coming forward and can embolden would-be perpetrators if they feel their behaviour will be tolerated. Studies of workplace sexual harassment have found a relationship between perceptions of tolerance and the frequency of workplace sexual harassment, indicating that employee perceptions are ‘more influential in shaping attitudes and behaviours than formal policies’.<sup>25</sup>

Several participants shared with the Commission direct experiences where a complaint of unlawful conduct made to Ambulance Victoria failed to result in proportionate outcomes for an alleged perpetrator. More broadly, though, we learned of a strong perception held among the workforce that alleged perpetrators are not and will not be held to account by Ambulance Victoria (see Section 8.2.2).

This perception appears to have been informed by several factors, including that:

- there are ‘well-known’ repeat alleged perpetrators in the organisation who have not faced any apparent consequences for their behaviour and have even been promoted despite broad awareness of their behaviour or history
- apparent consequences, when provided, seem inadequate, like where alleged perpetrators are moved to a different branch, where there is a risk of re-offending and causing harm to others
- long-standing loyalties and ‘cliques’ in the organisation afforded some alleged perpetrators ‘protection’ against consequences.

The perception of low accountability is strongly tied to timeliness of actions and the limited transparency surrounding Ambulance Victoria’s complaints and reporting processes (see Chapter 8). While confidentiality of reporting processes is important, it can prevent workers from observing any proportionate action taken by the organisation, suggesting that a rebalancing of transparency and confidentiality might be needed. A participant described the impact of this in the following terms.

[T]here are a lot of outcomes that are achieved, but that information is ... confidential, [so] people don’t have visibility of it. There’s no way for people to really hear actual good outcomes when people raise concerns. That they’re taken seriously and addressed. We don’t share that even in our de-identified ways. So, there’s not a lot of trust in the process.

*Participant, Interview*

## 6.1.3 Disproportionate focus on operational KPIs

### ***The organisational commitment to timely access to care***

Ambulance Victoria and its workforce demonstrate a deep commitment to serving the public through the provision of emergency health care. This core organisational purpose is critical for public health, which explains why the community holds the organisation to high standards of service delivery; where these expectations are not met, it can be the catalyst for harsh public criticism. It is unsurprising then, that a focus on timely, quality service delivery has shaped Ambulance Victoria’s policies, processes and ways of working, including through the use of performance indicators to measure and assess operational work.

The organisational focus on operational performance is strongly informed by a 2015 Ambulance Performance and Policy Consultative Committee report, which found that:

- response performance times had declined over the preceding six years
- a state-wide target for code 1 incident response times had not been met since 2007
- public demand for emergency ambulance services had risen consistently over the previous six years.<sup>26</sup>

## External driver – Government accountability and performance

Ambulance Victoria's focus on operational demand is influenced by the priorities set by the Victorian Government. As explained in Chapter 2, each year Ambulance Victoria's Board is required by the Ambulance Services Act to prepare a statement of priorities, in consultation with the Minister for Ambulance Services.<sup>27</sup> This statement is an agreement that reflects the targets or goals that the government expects Ambulance Victoria to meet in any given year.

These agreements usually encompass expectations on meeting service demands, including benchmarks for response times.<sup>28</sup> In 2021, the statement of priorities includes a plan to improve state-wide response performance, in the context of high demand and the ongoing response to the COVID-19 pandemic.<sup>29</sup> It does also call for full support for the review, including by ensuring the workforce are supported to safely raise issues and/or participate in the review and that immediate actions are undertaken, where appropriate, to respond to matters raised.

This Consultative Committee was established by the Victorian Government in 2015 following a significant period of change for Ambulance Victoria and in response to emerging evidence that the ambulance service was in crisis (discussed in Section 2.2.1). The Committee brought together Government officials, paramedics, unions and Ambulance Victoria representatives. Ambulance Victoria responded to the Committee's interim report by implementing an action plan, with reforms that included strengthening call-taking and dispatch arrangements, improving public awareness of Ambulance Victoria's role and more meaningful performance measures.

Participants' stories indicate that these initiatives and the organisation's focus on operational performance more broadly, while critical, have given rise to unintended negative consequences for the safety and wellbeing of the organisation's workforce. This is despite the action plan also encompassing initiatives directed at improving Paramedic health and wellbeing.

These two organisational interests – high standards of operational performance and staff wellbeing and safety – can work in harmony. However, the stories participants told the Commission suggest that they are not currently afforded equal attention and weight.

## An imbalance of priorities

The over-emphasis on response times and meeting operational demand at Ambulance Victoria is permitting workplace safety and respect – including calling out and managing unlawful conduct and workplace harm – to be deprioritised by managers and supervisors.

**AV's current business model places operational demand at the apex of all its functions and decision making, including when and how support is provided to employees with protected attributes.** *Participant, Written Submission*

**[I]t's an operational KPI focused workforce. Paramedics have to focus on getting in the ambulance and hitting the button to show that they've acknowledged a job, that they've responded, they're on the scene. It's all focused on operational KPIs. The culture, I think, is very secondary.**

*Participant, Interview*

**The focus on emergency work and clinical practice is to the exclusion of other professional practices and saving lives is often used as an excuse for inappropriate decision making.** *Participant, Written Submission*

**[E]mployees are extremely disappointed and concerned about the ... move away from a clinical focus to [a focus on] KPI[s], which are achieved ... with no regard for the health and safety of paramedics or other employees.**

*Participant, Written Submission*

Operational performance is a dominant and central consideration for Ambulance Victoria's processes and ways of working. We heard that it is the primary consideration in determining who will be selected for operational management positions; a higher value is placed on an applicant's clinical skills and their track record for meeting KPIs over and above any people management skills.<sup>30</sup> We also identified that systems used for flexible work at Ambulance Victoria treat operational need as paramount by default, without necessarily giving proper consideration and weight to the individual needs of an employee seeking flexible work (see Section 6.1.5).

This disproportionate focus not only contributes to the disregard for unlawful conduct and workplace harm, but it is also a factor that explains these reported occurrences:

- the treatment of staff wellbeing, safety or support needs (including needs for flexible work) as an inconvenience or oppositional to management where they did not support managers to meet operational demand; this included discrimination and bullying based on employees' employment activity
- extreme criticism or bullying of paramedics who made errors or who did not perform to expected standards, including criticism of paramedics in open forums
- the questioning of employees and first responders who had accessed their personal leave entitlements, in what participants described as efforts to deter future leave being taken.

Participants painted a picture of an organisation that placed more emphasis on getting the job done and less emphasis on the way the job gets done, in particular, the respect and courtesy shown to others and the associated toll on employees and first responders. This sentiment is echoed in the results of the 2020 People Matter Survey, where just under half of the respondents (44% or n=527) agreed that senior leaders within Ambulance Victoria consider employees' psychological health to be as important as productivity.

**So, when you talk about whether or not you think senior managers support this stuff, I think it's really clear that they support the image of the Ambulance Service more than the people within the Ambulance Service.**

*Participant, Interview*



**Our managers aren't held accountable for their people. They're held accountable for performance.** *Participant, Interview*

Studies have found that the use of response targets in Paramedicine settings can result in dysfunctional outcomes, including organisational 'tunnel vision', where quantifiable performance indicators are emphasised at the expense of those that cannot be as easily quantified.<sup>31</sup> This may, for instance, include the quality of care provided to patients, with some concerning evidence that a target-driven culture can in fact jeopardise patient care.<sup>32</sup>

While not impossible, workplace culture certainly resists straightforward measurement<sup>33</sup> and Ambulance Victoria appears to have only limited mechanisms in place that would allow prevention activities to be routinely measured and assessed in the same way as response times (see Section 4.2.4). This is likely to explain, in part, why these issues are not given the same attention. It is also likely to be influenced by:

- managers and supervisors being held to account on response times within their teams and therefore focusing on those outcomes above others
- expectations from external stakeholders, including the Victorian Government Department of Health and the public, regarding operational performance and response times
- the challenges of meeting increasing demands within resourcing constraints.

#### PERSONAL STORY

### Kim's\* story:

#### Facing pressure to work when unwell

I went to a major accident. When I went to one of the vehicles and I crawled through to check on the patient, I realised it was someone I knew quite well. And the patient was dead.

That night, I didn't really feel like working on call after that job. I just couldn't fathom if another big incident happened that I would be in the right headspace to do my job. It wasn't considered a shift, but if you took it off, they'd have to fill those 14 hours with someone on overtime. Given the circumstances I didn't think it was too much to ask not to be on call. So, I rang up the roster team and just said, "Look, I'm going to take tonight [off]. I can't work call. I'm not feeling well".

Very shortly after that, a manager got on the blower to me and yelled at me about taking the call off. When I tried to explain why, all I got from him was, "Well, what if a little kid drowns? That'll be your fault because there'll be nobody to respond. What if -?" I took the night off anyway, but then I felt incredibly anxious about my reputation and what the ramifications might be for me now that I had stood up and not done what he wanted.

\*Name has been changed to protect privacy.



We also heard participants reflect more broadly on the negative impacts this approach had on workforce morale and on a culture of learning, development and continuous improvement. In particular, employees and first responders told us that the emphasis on operational performance had shaped a 'resource model' way of working that they felt treated them as a number, rather than a model that was people-focused. These participants described receiving regular email reminders of how they were tracking against response targets, with little to no effort by the organisation to measure and reward other desirable skills or behaviours. Participants thus expressed feeling that their value to the organisation was limited to their response times.

**So, the only measure of value of us as paramedics is how fast we are. It doesn't matter whether we don't get complaints, it doesn't matter whether we give good patient care, all that matters is our KPIs. Participant, Interview**

**I am a bum on a seat and that's it. Participant, Written Submission**

**I think we need to really turn into a person-centred model where it's about people not the process. And I think we need to enable and train our managers to actually manage our people ... Participant, Interview**

**The staff in the organisation are the most important asset that we've got. I think there's a lot of people that are very unhappy ... so those people are going to leave the organisation, we're going to lose their input, their expertise, so that has a big influence on the organisation. I worry that from an actual Paramedic point of view, it almost seems at times that it's a sausage factory, that we can just churn out more people, because we've got lots of people doing the degree at university, that they'll always be replaceable. So we can always get people that want to do the job to replace those people that are unhappy. But that's not good for those people that have gone through those experiences, and you lose experienced employees. If we don't change then we're just going to be continuing to go in a downward spiral. Participant, Interview**

Others felt the organisation's focus on performance metrics generally was contributing to a 'tick-the-box' culture that stymied professional development and genuine improvement.

**If you listen to the narrative [of] our organisation, you will hear people constantly [say that they] need a number or they need some way to measure something, and I think they've taken that the wrong way ... if everyone has a set of numbers that they expect from the paramedics, we become a compliance-based organisation. We're not teaching people to be able to resolve issues in their workplace that don't have a specific answer. Participant, Interview**

There's all this talk about meeting KPIs. I think there's a lot of pressure and stress on paramedics to make those key performance indicators. Some of them are not achievable at all, and they're really the wrong way about going and measuring the performance of the organisation. *Participant, Interview*

We just go back to the exact same model of compliance, compliance, compliance, and we never get anywhere. We don't become any better at what we do. So that's the bottom line is that we need to invest more in this sort of work where we try and make people better, [where we're] making them aspirational, [where] we're making [a] values base[d] culture, and we[re] reinforc[ing] it all the time. *Participant, Interview*

Relevant to these reflections, a fixation on performance measures in an ambulance service setting has been found to cause employees to lose sight of the underlying objective of the target, with efforts being channelled into meeting the target at all costs, despite adverse consequences to employees and patients.<sup>34</sup>

## Corporate and operational divide

The Commission also heard from some participants that the disproportionate focus on meeting operational KPIs has devalued the work of corporate staff and has contributed, in large part, to a divide between the corporate and operational sections of the organisation. This was said to be reflected in the resourcing allocated to corporate work and limited attention paid to corporate staff development and progression, as compared to operational staff. Some participants also described disrespect being shown to employees and senior leaders who did not have an operational background.

There seem[s] to be this disconnect in the organisation between what was referred to as the blue shirts and the white shirts. So, if you were a blue shirt you were in operational, on the road, ambo. If you were a white shirt you were a back-office in support. And there was this attitude that actually perpetuated into some of the back-office staff as well. They felt like they had to carry the mantra as well of, no-no everything ... we are only here because [of them]. *Participant, Interview*

It is a problem in our organisation for people who are non-uniformed. Sometimes there can be a lack of respect. *Participant, Interview*

The data collected by Ambulance Victoria, at first glance, doesn't corroborate the perception of limited resourcing to corporate divisions: since 2016 the corporate workforce has increased by 57% (n=228), compared to a 31% (n=1313) increase in the operational workforce, noting that levels of resourcing may have varied at different points in that period. The Commission understands that despite these increases, when considered by hours worked (full time equivalent) as opposed to head count, that corporate staff have continued to represent 7% of the overall workforce in recent years. Accordingly, in 2018, Ambulance Victoria acknowledged that the disproportionately low growth in corporate staff numbers compared to Paramedic recruitment was likely to be contributing to high levels of stress among the corporate workforce.<sup>35</sup>

The stories of unlawful behaviour reported by participants working in corporate spaces commonly raised workload issues and suggested that work pressures were often bubbling over into incivility and bullying. Many of these stories are corroborated by the findings of several recent, targeted independent cultural reviews of specific teams within the corporate division.

### ***Prioritising prevention amid unprecedented demand***

Prioritising the prevention of unlawful conduct and supporting the wellbeing of the workforce at Ambulance Victoria does not mean forgoing timely emergency responses or high standards of care and service delivery. Operational performance and employee safety from unlawful conduct are not objectives that are at odds. Indeed, our findings on the individual and organisational impacts of unlawful conduct (see Section 5.2) demonstrate that a safe and thriving workforce is critical for performance and patient care.

**AV's prioritisation of meeting operational demand at the expense of employee wellbeing can actually lead to increased absenteeism and costs associated with unfavourable treatment which can negatively impact output.** *Participant, Written Submission*

The affiliation of these factors should be front of mind for Ambulance Victoria as it embarks on a time of increased pressure for its services and ongoing change. The current unprecedented demand for Ambulance Victoria's services<sup>36</sup> (arising in large part from the impacts of the COVID-19 pandemic) is at risk of compounding the issues outlined above and placing greater pressure on employees and first responders.

**Never before have we had that amount of operational demand at the same time as we've had fairly immense pressure coming at us from our own organisation in terms of KPIs, clinical changes, accountability, but also constantly changing workplace practices. [It's] "Read this bulletin, this policy, this work procedure!"** *Participant, Interview*

Indeed, a recent study of two ambulance services in the United Kingdom found that a combination of efficiency targets, high job demands, and limited resources had resulted in increased claims of bullying.<sup>37</sup>

Sufficient resourcing to meet growing operational demand will therefore be critical to efforts to successfully disrupt the current discordant approach.

Given these pressures, Ambulance Victoria must closely consider how its operating model is optimised to not just meet operational demand, but also to provide sufficient time and resources to allow employee safety and wellbeing and preventative activities to be prioritised.

## 6.1.4 Leadership and management gaps

It is widely accepted that leaders, including middle managers and supervisors, are integral to driving a respectful and inclusive workplace culture.<sup>38</sup> Leaders can drive a positive workplace culture by demonstrating their strong commitment to, and accountability for, preventing unlawful behaviours, by role modelling respectful behaviour and by effectively calling out and managing unlawful behaviour when it occurs.<sup>39</sup> For some workplaces with entrenched issues, leadership may also mean disrupting longstanding ways of doing things and effectively managing change processes, including preparing for and addressing backlash.<sup>40</sup>

While Ambulance Victoria's senior leaders continue to formally signal their commitment to workplace equality and a respectful workplace, these efforts appear to be undermined by leaders who fail to role model those behaviours and managers who lack the skills to call out and manage unlawful behaviours.

### Inadequate role modelling

To drive respectful workplace behaviour, a commitment to eliminating unlawful workplace behaviours must be demonstrated, not simply communicated.<sup>41</sup> Therefore, leaders and managers play a critical role in setting the tone and standard of behaviour, something that the Victorian Public Sector Commission recognised in their 2016 review of Ambulance Victoria's organisational capability.

**The senior leadership team needs to describe and model the type of culture that is needed and what is expected of all staff across the organisation. Leaders need to respond to behaviour that does not align with the desired culture. It is important that staff understand the types of behaviours that are valued in AV, and that this is supported not only by senior leaders but also by middle and more junior managers in AV. Culture change will work best in the longer term if it is driven and reinforced by staff across all parts of the organisation.**<sup>42</sup>

We heard that some leaders at Ambulance Victoria – including senior leaders, managers, and other senior staff – are undermining organisational messaging on a commitment to workplace equality and respectful behaviour by displaying incivility or unlawful workplace behaviours and by failing to call out this behaviour when it occurs.

This was borne out in survey responses, where a vast majority of participants who reported experiencing discrimination and bullying identified a supervisor or manager as the alleged perpetrator (see Sections 5.1.1 and 5.1.3).

- **Discrimination:** Of the 885 survey participants who responded to the question and said they had experienced discrimination, 51.3% (n=454) said the alleged perpetrator was (or included) a senior manager and 45.9% (n=406) said the alleged perpetrator was (or included) a direct manager or supervisor.
- **Bullying:** Of the 971 survey participants who responded to the question and who said they had experienced bullying, 33.5% (n=325) said the alleged perpetrator was (or included) a senior manager and 35.7% (n=347) said the alleged perpetrator was a direct manager or supervisor.

Of those who reported experiencing sexual harassment, 27.2% reported that the perpetrator was a senior manager, direct manager or other manager.

Participants also shared experiences of managers and supervisors failing to reiterate standards of conduct by failing to call out and address unlawful conduct.

**[He] admitted that he'd witnessed [it] personally and listened to [him] berate and belittle me and basically tell people that I was incompetent .... And he did nothing about it. He said to me that I didn't complain to him and I didn't – what was his words? He said, I didn't say, "I'm being bullied".**

*Participant, Interview*

**[T]he [bullying] behaviours witnessed by other staff and managers should have triggered action [but they didn't].** *Participant, Written Submission*

Leaders failing to role model respectful workplace conduct is not only causing harm to individuals but it is also likely to be setting the tone and signalling to others that this type of behaviour is acceptable.

In many instances, the unlawful conduct perpetrated by many managers appeared to be closely tied to autocratic leadership styles being adopted by those in positions of power and authority at Ambulance Victoria.

## **Autocratic leadership styles**

A historical preference for autocratic leadership approaches<sup>43</sup> at Ambulance Victoria is likely to have been shaped by the organisation's military origins and reliance on command-and-control structures (discussed above). In this environment, assertiveness and confidence are crucial attributes in carrying out high-stakes operational work. Yet, we heard that these attributes were too often accompanied by incivility, abuse and bullying behaviours and a reluctance to entertain professional disagreement or discussion.

Participants told us that this management style seemed to be preferred and adopted widely in Ambulance Victoria. We also heard that the organisation placed less emphasis on attributes such as empathy, insight and collaboration, which undermined professional practice.

**[I]t's all about fear-based leadership and that is common at AV.**

*Participant, Interview*

**In emergency services, we see a very command-and-control style of leadership, because ... at the side of the patient, that's what you actually need, that's going to be successful. Whereas, for many people, being much more collaborative or inclusive is a much more natural leadership style.**

*Participant, Interview*

You can't actually have a professional conversation with these people because they exist in a world of Paramedicine that is a militaristic boys club ... vocational trade in origin ... a culture that rewards people for asserting alpha-like qualities ... a culture that expects junior paramedics to stay in their box: be seen but not heard. To question anything by way of an attempted conversation is seen as disobedient, and that is punished. The more you beat your chest, the more you cut off patients when they're talking, the more horrible you are to an ALS Paramedic ... that actually ... to them ... equates with competence, and is rewarded ... despite these behaviours being the exact opposite of what it is to be a health professional. *Participant, Interview*

Autocratic leadership styles have been widely recognised as giving rise to an increased risk of workplace bullying and sexual harassment.<sup>44</sup> Experts have also warned that autocratic leadership styles can become dominant in an organisation by creating 'a workplace culture in which managers learn or perceive it as the only management option'.<sup>45</sup>

Just as significantly, where these autocratic styles of leadership are accompanied by incivility, discrimination, sexual harassment, bullying or victimisation, leaders and managers are indirectly endorsing and encouraging this behaviour in others. Compounding this, many participants told us they hadn't seen any evidence of self-reflection or contrition from managers and leaders who had displayed incivility or unlawful behaviours in the past, or who had been aware of such incidents occurring.

I've never seen a manager apologise to anyone in the whole time I've been here. I've been here 13 years. And I think that has to change. To be a great leader, is to know when you've done wrong and to apologise.

*Participant, Interview*

## Management capability gaps

Managers play a critical role in preventing unlawful and harmful workplace conduct by identifying and calling out this conduct and by intervening early. When done effectively, such action sets the tone for what behaviour will and will not be tolerated and builds a relationship of trust with direct reports by creating a safe environment in which people can raise concerns. Conversely, where managers lack the capability or are not equipped by their organisations to recognise and respond effectively to unlawful and harmful workplace conduct, the conduct often goes unaddressed and worse still, can escalate.<sup>46</sup>

A 2016 Victorian Auditor-General health sector review found that across Ambulance Victoria and other audited agencies, training to support managers to identify and respond to bullying and harassment was 'inconsistent and inefficient' and that management capability was a significant issue.<sup>47</sup> Echoing these findings, the Commission was frequently told in interviews that many managers appeared to be either unwilling to call out unlawful or harmful conduct, or lacked the people-management skills and broader capabilities to address this conduct head on.



In Ambulance Victoria we take clinical progression very seriously and we take clinical education very seriously, but I don't see that being applied on the human resources and managerial side. People get promoted because they're good paramedics and they can say the right things in the interview when it comes to moving up to being team managers or senior team managers. *Participant, Interview*

Managers [need] to start [m]anaging staff, not pretending there aren't issues in the hope it goes away. *Participant, Written Submission*

There's no formal training. There's no formal education. There's no experience. You're literally just thrown into the job and go, "You've got a month or two months here at whatever branch" and that's it. We've just had a revolving door of team managers for the last 12 months. They're all relatively junior people who have never done it before. *Participant, Interview*

The gaps in management capability within Ambulance Victoria appear to be compounded by the high rates of people in acting manager roles across the organisation. Employees often take up management roles on an acting basis with minimal training in people management and managing unlawful and harmful workplace conduct (see Volume II).

Further compounding the gaps, we heard, is the limited face-to-face time operational managers have with their direct reports. We were told this can make it difficult for managers to have the necessary time to discuss instances of unlawful or harmful workplace conduct or even try to engage their staff in conversations about appropriate workplace behaviours and respectful ways of working together. For some, it has also made it more difficult to build a relationship of trust with their manager, which would make them feel safe to disclose this conduct.

## 6.1.5 Structural barriers

### Endorsement requirement as a barrier to progression and promotion

Making access to multiple progression and promotion opportunities contingent on the endorsement of an employee's manager and others is driving discrimination and bias within Ambulance Victoria.

#### When is endorsement required?

Ambulance Victoria requires employees who wish to pursue certain progression and promotion opportunities to obtain the endorsement of their direct manager and certain others, like a clinical support officer, before it will consider them for these opportunities.

- Under the Recognition and Development Process, an employee's manager must endorse them as meeting appropriate performance standards before they can be placed in a pool of individuals who are eligible for acting and secondment opportunities (subject to satisfying further stages of the application process).
- Employees require the endorsement of their team manager, senior team manager and area manager to be eligible to fill vacancies in other branches via a transfer.
- Employees who wish to become a Flight Paramedic or complete a placement with Air Ambulance Victoria require the endorsement of their team manager, clinical support officer and area manager or regional director. The endorser must contact a senior team manager at Air Ambulance Victoria or the Manager Air Operations before endorsing a candidate.
- Employees who wish to complete the MICA Paramedic training program, a two-year professional education program, must first be endorsed by a MICA team manager, clinical support officer and the employee's direct manager. Endorsement is a pass/fail point in the selection process for MICA Paramedics. A 2021 internal review of this process recommended that Ambulance Victoria should remove the requirement for MICA team manager and clinical support officer endorsement, while retaining the requirement for direct line manager endorsement. After consultation with staff and unions in August 2021, the recommendations were adopted; MICA team manager and clinical support officer endorsements are no longer part of the MICA selection process.
- There is a fast-tracked progression to higher classification scales (under the relevant industrial agreement) for Advanced Life Support and MICA Paramedics.<sup>48</sup>

Broadly speaking, Ambulance Victoria has not provided people who are considering endorsing an employee with detailed criteria to guide their decision-making. It also does not require people to justify a refusal to endorse an employee for the opportunities above and there is no structured review process.

While Ambulance Victoria informed the Commission that there have been no substantiated complaints of discrimination or bias in the endorsement process, its own internal review of the MICA endorsement process acknowledged the impact of unconscious bias on recruitment processes, which can lead people to recruit 'their own type'. Research shows, for instance, that 'one unconscious bias – affinity bias – may lead people to favour candidates who are like themselves'.<sup>49</sup>

The Commission often heard from participants who were concerned not only about unconscious bias in the endorsement process, but also about what they perceived as overt instances of direct discrimination or abuses of formal and informal power. We heard that women – particularly women of childbearing years or with caring responsibilities (and often on a flexible working arrangement) – were deliberately excluded from endorsement opportunities, usually by men. A number of people told us that they did not even bother applying because the challenges of obtaining endorsement for people like them are so well known in the organisation.

I applied for [recognition and development process] for education roles. I was told by my [team manager] that there was 'no point' applying as I am 'only' part time. *Participant, Written Submission*

I had a meeting with my manager to talk about [an employee's] application [and I was] just met with pushback, like, "I can't endorse her because she's been on maternity leave. She won't have her authority to practice". *Participant, Interview*

[A]t that point in time, every MICA team manager was a male .... [Female MICA team managers] didn't exist. And there wasn't a female clinical support officer either. ... All of the MICA team managers ... would just say, "No, no, no, no". And I knew two very capable, very great candidates for the program, who went to six different MICA team managers and they were told they were too inexperienced, "No, we don't think you're up for it yet. This is a pretty tough gig. Not sure that you'll be right for it". But their male colleagues who came in with two years less experience than them were being endorsed. And so, that's been a constant ... issue around that endorsement process. *Participant, Interview*

## PERSONAL STORY

**Eliza's\* story:****Endorsement requirements permitting unfair gate-keeping and gender bias**

As a woman trying to get into MICA at an age when people thought I might have children, I was immediately dismissed and given the push around to make it seem like they were considering me.

But I did try to get into MICA, for years. I met with the managers, I sat down with them. I got a mentor. All men, of course. It's well known that you have to suck up to the men and do as they say and just sort of work head down, bum up to get their endorsement. It's a very demoralising process to be begging these men for their tick of approval to get through.

At the same time as I was going through this, I had a male colleague who was trying to get into MICA. He started after me. He hadn't done a tenth of the roles I've done and he got endorsed straightaway.

So, it just seemed grossly unfair. I don't think I was being ignorant in thinking I was suitable for the role. I had so many other MICA Paramedics coming to me being like, "When are you applying?" I was seen as the right candidate for the role, but because I wasn't given the tick of approval from this particular man, it didn't mean anything.

I was also constantly excluded by these men from opportunities to prepare myself to be accepted into MICA. Even though they knew I was a candidate that wanted to be endorsed, I was not sent the endorsement paperwork. I was excluded from working groups that they convened to help with interviews and clinical skills. It feels like I'm constantly excluded or they're trying to shut me up or make me go away. It feels like they just don't want a female. Well, a female that could possibly go and have children and waste their time sort of thing. And I'm nowhere near that. I don't even have a partner sort of thing and they know that, so it's frustrating.

*\*Name has been changed to protect privacy.*

Ambulance Victoria's unchecked endorsement requirements are compounded by some processes being bypassed. For instance, we heard that some managers fail to comply with formal requirements to provide feedback to unsuccessful candidates, leaving them feeling that the pathways to improvement and progression are unclear and that Ambulance Victoria cares little about their success.

## PERSONAL STORY

### Petra's\* story:

#### **Endorsement requirements embedding a culture of silence and victimisation**

From the moment I joined AV I wanted to be a Mobile Intensive Care Ambulance Paramedic. I went through the process multiple times unsuccessfully, before I finally got into MICA.

There is a lack of transparency and conflicting information about MICA. Each time I was unsuccessful, I asked for feedback in writing, which Ambulance Victoria refused to give me. I once tracked down one of the MICA guys on my interview panel and I asked him to pull up my file and give me feedback while I was sitting with him. He said he couldn't find any issues or understand why I didn't get through.

Every interview I've ever done for MICA has only been done by men. You also have to get your team manager and clinical support officer to endorse you. This is not based on skills; it's just based on whether they like you. My endorser that year actually said to me, "What I do is, I go out and I talk to the local MICA teams, and they let me know if they like you or not. Based on that, I decide whether I'll endorse you".

I had to make the MICA teams like me, so I couldn't call out any of the sexist behaviour I saw. For example, someone said to me, "I heard you're up for it". There was lots of subtle, underhanded comments and they belittled me out on jobs. They would brush up against me or touch me in the field or during clinical nights. When I finally had enough and raised concerns regarding discrimination related to my sex and sexual orientation, I couldn't get anyone to endorse me for MICA that year. And that was clearly not about ability because I had been endorsed before and my clinical ability hadn't declined.

The reason I kept persisting with the MICA process is because I thought that I could fix it from the inside. But the culture is a 'boys' club'. It's insidious. It isn't just the boys. You end up turning into one of them after playing the game long enough to get in. There's a part of their culture that is very hierarchical, that needs them to say, "I'm better than you and you will do what I say". If you want to join MICA, you have to play their game, which is smiling and nodding and doing what they want you to do.

Strangely, I've also been told many times, "You should have a job [in MICA] by now". So, on the one hand I get all these comments, inappropriate behaviour and resistance in MICA, and then on the other hand I get told that actually I should have a leg up.

*\*Name has been changed to protect privacy.*

More broadly, there was a widely held perception among participants that endorsements and decisions on who would be appointed to positions were not transparent or merit-based. Rather, these decisions turned on whether you had connections with those in positions of authority or the 'in-crowd' and were perceived to be someone who 'toed the line' and didn't challenge authority.

There are so many areas within Ambulance Victoria where progression is based on the perceptions of a few influential people who have the power to manipulate various processes in order to ensure [that a] selected few are successful whilst others languish in the background, often with greater experience, relevant tertiary qualifications, many years of upward relieving into the roles sought, only to be thrown aside for others with little to no experience and/or willing to conform to a management style, now shown to be sub-optimal at best. *Participant, Written Submission*

[I]t's been very much, it's not what you know, it's who you know ... it's the boys club promotion handshake. If you're prepared to say yes, to the manager above you and do what they want, then sure, you get the position because they want people that are going to follow their direction, whether it's right or wrong, that's what they want. *Participant, Interview*

If you think about the entire operations executive [they] have all grown up in this organisation so anyone who is a little bit different is perceived as not being good enough. *Participant, Interview*

Beyond the risk of discrimination and bias, awarding endorsement based on organisational connections or loyalties may make it less likely that the person endorsed will challenge the authority of the person who endorsed them. This potentially contributes to a culture of silence related to unlawful and harmful workplace conduct and workplace inequality. It may also result in some alleged perpetrators receiving protection and reduced accountability for unlawful behaviours<sup>50</sup> and – where preference is given to people who have similar working styles or other similarities to those in positions of power – undermine diversity and entrench outdated leadership styles.

## Systems unsupportive of flexible work

Although surveys conducted by the Commission and Ambulance Victoria both indicate that the majority of flexible work requests are approved within Ambulance Victoria (above 80%), other data collected during the review shows that people's experiences negotiating and working on flexible work arrangements are not positive. Participants described long, drawn-out and often acrimonious negotiating processes and attitudes that devalued their contribution once they were working flexibly.

[W]hen you try and apply for [flexible work arrangements] you seem to get questioned horribly by Ambulance Victoria rather than feeling supported. *Participant, Written Submission*

We observed that many of these challenges are attributed to the organisation's largely unsupportive and inflexible approach to flexible work, an approach shaped by operational demands and industrial requirements, such as the rolled-in rate of pay. This has resulted in rigid systems that appear to compound negative attitudes about parents and carers and those on flexible work arrangements.

Ambulance Victoria uses a 'shift weighting calculator' – which assigns points for certain shifts – to determine whether to approve a flexible work arrangement;



people who meet a point threshold are able to be approved for such an arrangement. This tool is designed to ensure that everyone in the workforce, including those on flexible working arrangements, work their share of unsociable shifts and is closely tied to the 'rolled-in rate of pay'.

### **Industrial agreements and the 'rolled-in rate'**

The rolled-in rate is a calculation in the Ambulance Victoria Enterprise Agreement for a rate of pay to annualise salary for operational employees and first responders. It arose from enterprise bargaining negotiations that assumed a majority of the workforce worked the same type of roster and, therefore, worked an equal share of 'unsociable hours'. Rather than being paid for the shifts worked, the penalties for all roster lines are pooled together and divided based on the length of shifts, with shifts divided into either 'penalty pool' shifts or non-penalty pool shifts.

We heard that the application of this uniform standard limits proper consideration of individual circumstances against operational need and often results in stalemates or drawn-out negotiations. The use of this tool also perpetuates attitudes that those on flexible work arrangements who work more desirable shifts are 'free loading' by benefiting from the rolled-in rate.

Because of the resulting challenges in accommodating flexible work across what are considered to be 'standard' rosters, those who are on flexible work arrangements are often placed on a reserve roster (where a Paramedic starts and finishes at different branches) or as a spare (where a Paramedic is not attached to a fixed roster line and is used to fill-in gaps in the roster).

These systems, along with the challenges of rostering for operational work, make it difficult and resource intensive for flexible work arrangements to be negotiated and accommodated at Ambulance Victoria. This is compounded by what we heard were stretched administrative and human resource functions. The result is a perpetuation of attitudes that frame flexible work as oppositional, inconvenient, or exceptional to 'normal' ways of working.

## **6.1.6. Work-related risk factors**

Research shows that there are identifiable work-related risk factors that can increase the likelihood of sexual harassment and bullying occurring and/or create opportunities for these forms of unlawful conduct to occur. Psychosocial hazards can increase the risks of work related stress that can lead to psychological and/or physical injuries.<sup>51</sup> Factors such as the design or management of work tasks, the environment and exposure to violence and trauma can increase the likelihood of work-related stress, creating a permissive environment for unlawful behaviours to occur.

The table following explores three key work-related factors that the Commission identified as being present at Ambulance Victoria and contributing to the risk of bullying and sexual harassment occurring. We identified these factors by drawing on what was shared in participant interviews, materials provided by Ambulance Victoria and wider research on known work-related psychosocial and environmental risk factors.



### Isolated or remote work

## Work related factor 1

The nature of a work environment can create a heightened risk of unlawful conduct, particularly sexual harassment, where it involves work commonly being carried out in covert, isolated, remote or unsupervised spaces.<sup>52</sup> Work environments can be isolated for a variety of reasons, including the physical structure of work buildings, job requirements or geographic isolation.<sup>53</sup> Environments where employees are working at odd hours, for long periods in confined spaces put people at higher risk of experiencing sexual harassment.<sup>54</sup>

The Commission heard about Ambulance Victoria branches often being isolated (due to people often coming and going), and work on ambulance vehicles being particularly isolated and unsupervised. Some participants described sexual harassment and bullying occurring in these spaces, away from any potential bystanders who might intervene (although, as discussed in previous sections, a number of participants shared that sexual harassment is also occurring in open spaces in the workplace). Participants also described experiencing social isolation when they did not fit into the 'cliques' at branches, as well as working in regional areas away from family and social networks.

The use of sleeping quarters at branches also created an environment of potential isolation and vulnerability. As outlined in Section 5.1.2, this was the location of serious sexual harassment for some participants. Some participants reflected that security of these sleeping quarters was sometimes inadequate (that is, they were often unable to lock bedrooms).

In addition to creating a heightened risk of unlawful conduct, these factors may also create barriers for victim-survivors to speak out because of the absence of witnesses to corroborate their story<sup>55</sup> and the fear that they won't be believed.<sup>56</sup>

It will be important that Ambulance Victoria take steps to ensure the safety of employees and first responders, particularly women in operational roles, who are at heightened risk where they are isolated, whether socially, geographically or physically. It is essential that these steps are incorporated into an updated prevention plan (see Section 6.2.2).

## Work related factor 2



### Organisational change

Research has found that unplanned and reactive organisational change can be an antecedent for workplace bullying.<sup>57</sup> This is particularly the case where employees perceive the changes to be contrary to their understanding of the employers' obligations to them.<sup>58</sup> Workplace bullying occurs in this context, when employees vent their resulting negative emotions and frustrations on co-workers.<sup>59</sup>

Ambulance Victoria has experienced significant and sustained organisational change, particularly since 2015 (see Chapter 2). There has been a particularly rapid period of change more recently as the organisation has adapted to the ongoing challenges posed by the COVID-19 pandemic.

A handful of participants raised concerns with the Commission about organisational changes and Ambulance Victoria's approach to organisational change, but we are unable to say with certainty if this has contributed to unlawful conduct in the organisation. Nonetheless, this is a risk that Ambulance Victoria should be aware of.

The solution to the risks posed by sustained organisational change is not to stop or slow it. Change is a constant and necessary reality for adaptive, innovative workplaces that strive for continuous improvement. It is also the foundation for the recommendations set out in this review. When managed well, change can be positive and transformative.

There is a wealth of literature exploring how organisational change can be best managed by workplaces.<sup>60</sup> One key takeaway is that change management planning is essential. This must include strategies to provide staff with clear information about the proposed changes and their impact, providing resources and support to manage the stress of change, and including staff in decision-making. These measures will support buy-in and support for change, rather than changes being resisted or perceived as unjust.<sup>61</sup> The reiteration of clear expectations of workplace behaviour in times of change, along with efforts to monitor for changes in behaviour, are also critical elements in mitigating this risk.<sup>62</sup>



### High stress environments

## Work related factor 3

Research shows that workplace bullying is more likely to occur in stressful work environments, with Paramedicine and emergency service work considered to be inherently stressful.<sup>63</sup>

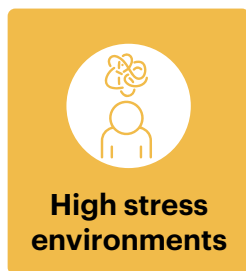
Yet research suggests that the source of stress for emergency service personnel is not limited to the nature of the job. 'Organisational aspects' of the role, including handling of workplace conflict, relationships with supervisors, rosters and promotion and organisational support, have also been shown to give rise to factors that exacerbate psychological distress from traumatic incidents encountered in the job.<sup>64</sup>

Operational and corporate participants often described their working environment at Ambulance Victoria as being stressful and demanding. While we most often heard about stress arising from unlawful conduct and incivility, we also heard about stress arising from a high volume of work (including pressures to meet response times) and limited resourcing. A 2016 psychosocial workforce survey commissioned by Ambulance Victoria found:

**For operational staff, shift work and workload were both rated more highly than the range of potentially traumatic events that are experienced in the course of the job. Workload was also the highest rated source of operational pressure for corporate staff. Importantly, unlike exposure to potentially traumatic events, workload is a potentially modifiable source of operational stress at AV.<sup>65</sup>**

A 2019 psychosocial survey found that the leading sources of stress for operational staff were reported to be shift work, workload, communication within the service, direct exposure to distressed family members, negative workplace relationships and change management practices. Almost one out of four respondents (24.0%) reported that bullying was a workplace stressor (up from 15.7% in 2016).<sup>66</sup>

Where the nature of a job entails exposure to traumatic or violent incidents, this can also be a significant source of stress for employees, as well as physical and psychological injury.<sup>67</sup> This review did not closely consider occupational violence at Ambulance Victoria and such incidents only arose in a small number of cases. However, existing evidence suggests that this is also likely to be a further source of stress for operational workers at Ambulance Victoria.<sup>68</sup> Occupational violence has also been formally



### Work related factor 3 (cont)

recognised as a significant risk and area of attention for Ambulance Victoria in recent years.<sup>69</sup>

While a handful of participants told the Commission that they believed bullying behaviours were the result of untreated post-traumatic stress disorder and trauma we did not uncover clear evidence to support this. In fact, many participants spoke positively about the organisational supports available to operational workers to support mental health and address occupational trauma (discussed in Section 4.2.2).

By implementing the recommendations of the Commission's review and strengthening its prevention approach, Ambulance Victoria will be taking significant steps to reduce the stress and increased pressure arising from unlawful conduct and workplace harm. Ambulance Victoria should also consider ways in which to mitigate and control other sources of stress for employees and first responders.

## 6.2 Working towards a holistic approach to prevention

The findings outlined in chapters 4 and 5 tell us that Ambulance Victoria's approach to prevention is not working effectively and that there are a number of areas where the organisation is not meeting its obligations under the Equal Opportunity Act. Discrimination, sexual harassment, bullying and victimisation are commonly occurring, and alleged victim-survivors, bystanders and the organisation as a whole are suffering the adverse consequences of this conduct. Section 6.2 sets out a range of measures that, in the Commission's expert view, Ambulance Victoria needs to take to address these gaps in its prevention approach and to tackle the systemic drivers of unlawful conduct and workplace harm. The first step is to rebuild trust with the workforce.

### 6.2.1 Restoring trust

#### Understanding and acknowledging harm and committing to change

Participants' experiences of unlawful and harmful workplace conduct and poor organisational responses at Ambulance Victoria have contributed to what the Commission has identified as an absence of trust in the organisation and diminishing morale among the workforce (see Section 5.2.2). There is a lack of trust that:

- employees and first responders will be protected from unlawful and harmful workplace conduct
- they would be believed and supported to speak up when unlawful and harmful workplace conduct occurs
- when leaders say they are committed to addressing these issues and driving change, they really mean it.

This is not only detrimental to workforce morale, wellbeing and performance;<sup>70</sup> a relationship of trust is the bedrock of effective, holistic prevention of this conduct. Without trust in leaders and organisational processes, the damaging culture of silence will not be disrupted, the extent of these problems will be obscured from those with the authority and resources to enact change, and these behaviours will continue to be accepted as a grim reality of working at Ambulance Victoria.

To reset its prevention approach and support employees and first responders to confidently speak up about future unlawful and harmful workplace conduct and workplace inequality, Ambulance Victoria must start by:

- understanding and acknowledging the deep harm caused to individuals as a result of this conduct and past inadequate responses
- making a commitment to genuine change.



This sense-making and acknowledgment will be a critical first step in restoring a relationship of trust with the workforce.<sup>71</sup> It will be critical to lay the groundwork for the recommended reforms and it must be conveyed and reiterated by Ambulance Victoria's leaders in multiple ways and appropriate forums. To effectively repair trust, the approach taken in each of these forums must be 'open, cooperative and conciliatory'<sup>72</sup> and focus on providing emotional validation, acknowledgment and apology.

For other organisations and institutions that have reckoned with revelations of past failings that have caused harm to those they had a duty to protect, an acknowledgement of harm has often been accompanied by a public apology and a restatement of expected standards of behaviour. There are some positive examples of such apologies,<sup>73</sup> as well as evidence and guidance that helps us to understand what makes such an apology and/or acknowledgement effective.<sup>74</sup> Authenticity and humility, and a willingness to admit past failings are just some of these significant features.<sup>75</sup>

Conveying a proper understanding and acknowledgement of the issues and continuing to listen deeply to the experiences of employees and first responders at the team and individual level will also be important to encourage healing and restore trust. Ambulance Victoria can do so by:

- establishing safe internal forums for reflective practice following the release of this final report and, following that, embedding reflective practice to build and maintain trust as the organisation implements the recommendations of this review
- engaging in a restorative engagement scheme – to be safely administered by an independent, external provider – to allow individual experiences to be shared and acknowledged, with outcomes that address the harm caused.

## Engaging in reflective practice

Reflective practice is well-regarded in the research as a critical tool for rebuilding trust, achieving positive organisational change, driving stronger performance management, and fostering innovation in workplaces.<sup>76</sup> Recent literature considers the benefits of reflective practice in relation to organisational change, noting that:

**[r]eflective work practices can sharpen professionals' perceptions of their methods and approaches to challenging situations, identify the gaps between theory and practice, help evaluators improve their professional practice through critical thinking and decision-making and increase job satisfaction.<sup>77</sup>**

While there are many different models of reflective practice documented in the literature, for a reflective practice to positively result in change and increased trust within an organisation, it must be integrated as a necessary process as opposed to a 'luxury'. It should:

**[n]ot [be] done sporadically, privately and in a hurry, but systematically, persistently and with commitment. In other words it needs to become a workplace habit that might eventually be scaled up to create a reflective organisation.<sup>78</sup>**

In health care, reflective practice workshops are often used as a platform for enhancing staff wellbeing, increasing engagement on key issues, and driving better patient-care outcomes.<sup>79</sup>

The Commission identifies reflective practice workshops as an important step to take towards achieving positive and long-lasting change following the completion of the review. In the first instance, conducting an independently led reflective practice workshop for Ambulance Victoria's Executive Committee members will provide a valuable forum for multiple perspectives to be shared on the learnings and findings from the review and an opportunity to meaningfully consider opportunities for transformative action. Thereafter, as Ambulance Victoria proceeds to implement the recommendations from the report, it will be important to consistently lead reflective practices across the organisation to build greater levels of organisational trust and assist in promoting an organisation-wide commitment towards implementing the recommendations.

The facilitation of reflective discussions involves skill and structure to ensure reflections are effectively channelled into actions. The use of strengths-based reflective practices and positive psychology has proven to be successful in generating a transformative workplace culture that proactively challenges disempowering workplace contexts and focuses on reducing or removing barriers to improvement.<sup>80</sup> Strengths-based reflective practice involves centring reflective discussions on key questions that are positively framed to consider possibilities for change.<sup>81</sup> The use of appreciative or positive reflective discussions as opposed to 'deficit or problems focused' approaches has been considered to achieve greater levels of cooperation and trust within an organisation.<sup>82</sup> This is consistent with broader research that emphasises the importance of restoring positive expectations in repairing trust within organisational contexts.<sup>83</sup>

## Recommendation 1

### Learning through reflective practice

- (a) Ambulance Victoria's Chief Executive Officer should, as soon as practicable following the publication of Volume I of this final report:
  - (i) arrange for the Executive Committee to participate in a reflective practice workshop on the learnings from the *Independent review into workplace equality in Ambulance Victoria*, led by an independent and suitably skilled facilitator
  - (ii) together with the Executive Committee, develop and implement a plan to support all senior leaders and managers to engage in reflective practice discussions with their respective teams
- (b) Ambulance Victoria should embed reflective practice into its forthcoming program of work to implement the recommendations in this final report.

## **An independent restorative engagement scheme**

The Commission's findings concerning the extent of unlawful conduct at Ambulance Victoria (see Section 4.3) and the organisation's culture of silence that has prevented people from speaking out (see Section 6.1.2) are strong indicators that a restorative engagement scheme would assist Ambulance Victoria to reckon with significant past harms and begin to restore trust with the workforce, while it goes about implementing the recommendations of this review.

Participants who spoke to the Commission conveyed feeling that their experiences had not been heard or properly acknowledged and further, that the organisation had not accepted any accountability for what had occurred. Related to this, there was also a deep cynicism that any meaningful change would occur.

A restorative engagement scheme will go a significant way to addressing this need for acknowledgment and trust restoration. These schemes can facilitate both an opportunity for the organisation to bear witness and acknowledge the harms that have been caused, as well as empowering victim-survivors and providing a sense of justice. Critically, they provide victim-survivors with a voice and a forum for the organisation to truly listen and understand, helping both to validate those experiences and supporting the organisation to have a deep understanding of those stories.

It is the Commission's view that to address the serious trust deficit that has arisen from these widespread experiences, this restorative process (listening, acknowledging, responding) should be the central focus of the scheme, rather than financial redress. There must, however, be a willingness on the part of Ambulance Victoria to explore and implement a range of different outcomes that speak to the unique needs of each individual victim-survivor. Depending on the circumstances, this may include an outcome involving a financial payment, alongside other outcomes like an apology or reinstatement of leave.

### **Restorative engagement schemes**

Where there have been multiple or historical incidents of unlawful or harmful conduct in an organisation, a restorative engagement scheme can be an important process to support individual truth-telling, rebuild work relationships<sup>84</sup> and facilitate organisational learning. These schemes are an opportunity for employers to acknowledge that past wrongs occurred and that individuals suffered as a result.<sup>85</sup>

Restorative engagement schemes are usually managed by an external, independent provider, and will often include the option of a private, in-person conference (a restorative engagement conference).<sup>86</sup> These schemes are intended to provide victim-survivors with:

- a safe avenue to share their personal account of unlawful conduct in a forum that mitigates the power imbalance between themselves and their employer<sup>87</sup>
- an opportunity to have a senior representative of the organisation acknowledge and respond to their story.

A restorative engagement process is itself intended to be a valuable outcome and experience for victim-survivors. However, participants and employee representatives may agree through this process to other outcomes to address and acknowledge the experiences described and their impacts. This might, for instance, include an apology or statement of regret, reinstatement of leave, payment of medical expenses or a financial payment.

Genuine apologies to victim-survivors on behalf the organisation are a critical element to these restorative processes. There is usually an understanding that these apologies will not be used as an admission of liability.<sup>89</sup>

Importantly, these conferences are non-adversarial, they do not involve questioning of the complainant, denials of liability or challenging evidence, and they are not conducted with alleged perpetrators present.

### **The benefits of restorative engagement**

The benefits that restorative engagement schemes can offer to both individuals and organisations is evidenced in the success and outcomes of other such schemes.

The Commission administered an interim restorative engagement scheme as part of the *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police*.<sup>90</sup> The feedback provided to the Commission by participants of the scheme, demonstrated that when done well, a restorative engagement process can be profoundly beneficial and therapeutic.<sup>91</sup> There were also meaningful lessons for leaders, which one senior member of Victoria Police expressed in the following terms.

**It's a useful and a really good process to show Victoria Police is willing to listen and we can take learnings about what we need to change after hearing what has been said to us in this process. ... As a senior leader, you can go in and listen and you can learn and it never ceases to amaze me, the power of an apology.**<sup>92</sup>

These processes can support leaders to not only understand individual victim-survivors' experiences of unlawful conduct, but also the impact of poor organisational responses on victim-survivors. This was a take-away for participants of the Defence Abuse Response Taskforce's restorative engagement scheme, established in response to allegations of sexual and other forms of abuse in the Australian Defence Force. One participant reflected:

**A powerful and very real experience. I would suggest I am a better leader for the experience. It was an excellent experience in reminding me how relatively simple matters that could easily have been addressed can spiral very badly. It has taken us so long to actually stop and listen – but now we are, and we must not squander that opportunity.**<sup>93</sup>

Indeed, although the primary focus of restorative engagement schemes is to provide victim-survivors with a beneficial experience,<sup>94</sup> these conferences can also support an ongoing process of learning and improvement for senior organisational leaders. By hearing and acknowledging the experiences of those who have suffered harm, leaders in attendance will be better equipped to understand these experiences, as well as respond to and prevent this kind of behaviour.<sup>95</sup> A restorative engagement scheme can, therefore, also be a positive measure to support meaningful organisational change.

The following case study detailing a restorative engagement scheme for South Australia Police also speaks to these profound benefits.

# South Australia Police's Restorative Engagement Program

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In 2016, South Australia Police (SAPOL) engaged the Commissioner for Equal Opportunity to undertake a review into the nature and extent of sex discrimination, sexual harassment and predatory behaviour in SAPOL and make recommendations to address it. One of the recommendations in the final report was the establishment of a restorative engagement program.<sup>96</sup>

The Restorative Engagement Program was established as an independent program within the South Australian Equal Opportunity Commission in April 2017. Its purpose was to provide a forum for employees who worked at SAPOL who had experienced sex discrimination and/or sexual harassment to tell their story to specially trained SAPOL leaders during a safe and confidential restorative engagement conference.

The conference process provided a number of positive outcomes for complainants and SAPOL representatives, including:

- bridging relationships outside of rank and position, allowing an informal union between parties that would be unlikely to occur in any other circumstance, with many complainants and representatives agreeing to ongoing contact or communication beyond the conference

- allowing SAPOL representatives to respond to stories of harm without managing formal processes or risk, resulting in the freedom for them to focus solely on the human element of how the harm had impacted the complainant and how this could possibly be restored.<sup>97</sup>

While the complainants who individually participated in the program never met, they reported that they found comfort and strength in knowing they were part of a united group speaking out and informing cultural change.

Feedback from the SAPOL representatives highlighted that they felt the program provided an ability to make a positive difference for the participant and provide acknowledgment of how SAPOL could have handled situation better.

The model of this program drew from approaches developed by a number of other schemes, including the Truth and Reconciliation Commission of South Africa and the Defence Abuse Response Taskforce response to institutional abuse within the Australian Defence Force, among others.

### **Co-designing a restorative engagement scheme for Ambulance Victoria**

As a first step, Ambulance Victoria should identify and engage a provider that has specialist expertise in both restorative engagement processes and unlawful conduct to drive the development and establishment of the scheme, as well as to ultimately administer the scheme.

There are a range of possible providers that the organisation might consider engaging, including basing the scheme within a government department,<sup>98</sup> as in the case of the current redress and restorative scheme operating for Victoria Police employees, or engaging a private provider, or the Commission<sup>99</sup> (although the Commission is not empowered to offer such processes in relation to non-discriminatory forms of bullying).<sup>100</sup> The Office of the Commonwealth Ombudsman also provides a restorative engagement program for historical and contemporary abuse in the Australian Defence Force.

To support the legitimacy of the scheme and a victim-centric approach, the scheme should also be co-designed with current and former employees and first responders, relevant unions and professional associations and the Department of Health. Drawing on the critical components of other successful restorative engagement schemes<sup>101</sup> and the principles of victim-centred work<sup>102</sup> (and without intending to provide an exhaustive list), it will be important that the scheme for Ambulance Victoria is informed by the following evidence-based principles.

Figure 6A – **Evidence-based principles to inform Ambulance Victoria's restorative engagement scheme**

<b>Accessible</b>	The details of the scheme, including any eligibility and evidence requirements, time-limits and potential outcomes, are widely and clearly communicated to current and former employees with multiple access points.
<b>Accountable</b>	A commitment to listening and acknowledging that the unlawful conduct that occurred was wrong and that they have a responsibility to respond. <sup>103</sup>
<b>Confidential</b>	The complainant's privacy is protected according to their wishes and without requiring them to sign an agreement preventing them from speaking to others about their experience of unlawful conduct. <sup>104</sup>
<b>Independent</b>	The scheme is administered by an experienced, independent external provider.
<b>Non-adversarial</b>	The complainant's account of unlawful conduct is accepted and not disputed. Complainants are not required to produce extensive documentation or evidence.
<b>Safe</b>	Complainants are safe from victimisation and there is a commitment from the organisation and those involved to take a victim-centred and trauma-informed approach that aims to 'do no further harm'. <sup>105</sup>
<b>Supported</b>	Comprehensive support services are made available, including referrals for counselling and debriefing.
<b>Timely</b>	Restorative engagement conferences are provided in a timely manner.
<b>Victim-centric</b>	Victim-survivors are given choice and control in the process, including choosing the organisational representative who attends the conference.



The critical design elements of the scheme should be worked through during the co-design phase. This will involve determining important and complex elements, including:

- eligibility and evidence requirements
- how to ensure there is fairness and consistency in the approach to providing outcomes
- how participation in the scheme will impact victim-survivors' rights to initiate formal complaints.

Not all the important issues will be immediately apparent, however, and there will be significant lessons for Ambulance Victoria in the early months of the scheme's operation. It will, therefore, be critical that structures are in place to also allow for continual reflection and improvement, informed by feedback from participating victim-survivors and the above principles.

### **Supporting leaders and victim-survivors to participate**

A mix of senior leaders should be identified by Ambulance Victoria to be involved in the scheme and attend any restorative engagement conferences. It is important that these leaders receive training on the principles of restorative justice and trauma-informed approaches.

This training will be essential to ensuring that leaders participating in the scheme are equipped to provide a truly restorative experience to victim-survivors, as well as mitigating against the risk of re-traumatisation and further harm. The scheme's independent provider may be a suitable expert provider for this training.

It will also be essential that Ambulance Victoria promotes the scheme widely (to both current and former employees and first responders) and actively encourages participation to ameliorate the barriers that may otherwise deter victim-survivors from coming forward (see Section 8.2). The message must be that participation is welcomed.

Moreover, to support victim-survivors in making an informed choice about whether to participate, clear information about the purpose and parameters of the scheme, as well as available outcomes and implications, should be clearly stated.

## Recommendation 2

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

Ambulance Victoria should:

- (a) as soon as practicable following the publication of Volume I of this final report and subject to the provision of appropriate, dedicated funding, establish an independent restorative engagement scheme for current and former employees and first responders who have experienced past discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, to be administered by an appropriate external provider and operate for 18 months from when it commences
- (b) co-design the scheme with representatives of the scheme administrator, current and former members of the workforce, the various unions and professional associations and the Department of Health, applying the principles of restorative justice and victim-centred approaches to responding to unlawful and harmful workplace conduct and aligned with the leading practice and lessons learned from restorative approaches within emergency services and other contexts
- (c) select members of the Executive Committee and other senior leaders to participate in the scheme and facilitate training for them in how to apply the principles of restorative justice and victim-centred approaches
- (d) together with the various unions and professional associations, promote the scheme widely to current and former employees and first responders
- (e) report regularly to the workforce on the de-identified outcomes of the scheme.

## 6.2.2 Strengthening preventative measures

### A holistic, evidence-based prevention plan

While Ambulance Victoria has a range of measures in place to prevent unlawful conduct, it is lacking a comprehensive, evidence-based approach to prevention (see Section 4.2.2).

In light of the Commission's findings concerning the extent of unlawful conduct and workplace harm at Ambulance Victoria, a prevention plan is recommended to elevate, target and integrate its efforts to eliminate discrimination, sexual harassment, bullying and victimisation. Doing this will help the organisation to visibly demonstrate its commitment to preventing unlawful and harmful workplace conduct, and its commitment going forward to prioritise creating a safe and respectful workplace for its employees and first responders. It will also send a strong message that it will not tolerate people who cause harm to others, or who walk past it; no matter who they are or the role they perform in the organisation.

Prevention plans articulate an organisation's approach to proactively addressing unlawful and harmful conduct. They contain an assessment of the steps needed to prevent this kind of conduct occurring, based on specific risks identified within the organisation. They also provide staff with important information regarding the organisation's approach to the drivers of unlawful conduct, as well as the response pathways if the conduct occurs. Prevention plans include links to support services and provide referral pathways in the event of such conduct. They reiterate clear expectations for staff conduct (for example, reinforcing organisational values) and raise awareness of the types of behaviour that may constitute harmful or unlawful conduct.

The Commission urges Ambulance Victoria to adopt a holistic approach to its prevention plan. A holistic approach is not compliance-focused; it does not rely solely on a code of conduct or training to eliminate unlawful conduct. Rather, it focuses on leading practice and embodies a whole-of-organisation approach that recognises that everyone has a role to play in building and maintaining a safe, respectful culture.

For prevention approaches to be effective, leaders, as well as the organisation itself, must unambiguously and visibly support addressing unlawful conduct and its drivers. There needs to be a clear understanding of the specific drivers that enable unlawful conduct to occur, as well the barriers to reporting unlawful conduct by either victim-survivors or bystanders. The systemic and cultural drivers of unlawful conduct cannot be prevented by addressing instances on a case-by-case basis. Targeted measures that address known risks and the specific drivers are more effective to prevent unlawful conduct.

A prevention plan should include actions and measures that aim to address the systemic drivers of unlawful conduct. To drive continuous improvement, these actions should be clearly articulated and measurable, with a clear line of accountability. The content of these actions and measures should be tailored to the organisation through consultation with staff and by responding to the specific risks identified within the organisation. Employees should be given opportunities to express their needs and provide input regarding unlawful conduct occurring at work. Workers should also be able to understand and easily access the plan.

As a result of the Board commissioning this review, the organisation now has rich, evidence-based information about the particular drivers and risk factors that are causing harm to its people. Through this final report, Ambulance Victoria also has available to it the de-identified personal experiences of the many people who have come forward during the review to talk about what has happened to them and how it has affected them. Few other organisations have available to them this same depth and breadth of information. Armed with this information, Ambulance Victoria now has the foundations to succeed in reducing the rates of harm in the organisation. And, as a result, it is well placed to eliminate this harm, as far as practicable, as it can identify the broad-ranging and particular measures and strategies that are needed, from an informed position.

The recommendations set out in this Volume address many of these drivers, with additional recommendations to follow in Volume II that will help Ambulance Victoria to tackle leadership capability gaps, structural drivers and gender inequality.

Taking a holistic, organisation-wide approach to prevention means revising and strengthening current components of Ambulance Victoria's prevention approach, as well as developing new initiatives and integrating prevention into other key aspects of the organisation. Critically, Ambulance Victoria will need to consider how its work to comply with the Gender Equality Act supports its prevention efforts, integrating or at least aligning them.

Efforts to prevent unlawful and harmful workplace conduct also need to be built into everyday activities. They need to become engrained as part of 'the AV way' of doing things.

### Recommendation 3

#### A holistic, evidence-based prevention plan

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

- (a) address the specific drivers and risk factors identified in this report
- (b) be informed by early and ongoing consultation with the workforce, the relevant unions and professional associations and the Department of Health
- (c) integrate and/or align prevention measures with any existing or new diversity and inclusion strategies, including the organisation's forthcoming Gender Equality Action Plan for the *Gender Equality Act 2020* (Vic)
- (d) include key accountabilities for leaders and managers and require ongoing monitoring and evaluation and continuous improvement efforts, to be led by the new dedicated division responsible for leading implementation of the Commission's recommendations (see Recommendation 11).

## Communicating regularly and proactively about prevention

Part of the prevention plan should be to ask staff about what they think respectful workplace behaviour looks like, and what complaint channels they want to be made available.

Communication from senior leaders and managers should demonstrate the organisation's commitment to creating a safe and respectful workplace culture and emphasise the organisation's expectations of appropriate behaviour within the workplace.

Regular communication about people's rights and responsibilities under the Equal Opportunity Act, available reporting and complaint pathways, and available supports, will also set norms and expectations around behaviour and build a more positive and respectful workplace culture.

The Commission encourages Ambulance Victoria to proactively plan and schedule opportunities to reinforce to the workforce its commitment to preventing unlawful and harmful workplace conduct. To this end, it should consider developing a schedule of opportunities (possibly building on its calendar of Days of Significance) to remind people of the plan, everyone's role and obligations to prevent harm and its efforts to hold people accountable for inappropriate behaviour. This might include opportunities like when it communicates its People Matter Survey results to the workforce, when marking important occasions such as International Women's Day, in the lead up to known periods of risk (such as prior to end-of-year celebrations), and when the plan is reviewed and updated.

### Recommendation 4

#### Communicating regularly and proactively about prevention

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

- (a) reiterate its commitment to building and maintaining a safe working environment, free from discrimination, sexual harassment, bullying and victimisation
- (b) reiterate that discrimination, sexual harassment, bullying and victimisation are unlawful under the *Equal Opportunity Act 2010* (Vic) and related laws and contrary to the organisation's values and expected standards of conduct
- (c) improve awareness and understanding of its comprehensive prevention plan, as well as the available reporting, complaint and support pathways for employees and first responders.

## The role of unions and professional associations in prevention

Unions and professional associations (such as the AEAV, Professionals Australia and the VAU) have a critical role to play in supporting the organisation's prevention efforts. Noting their deep expertise in employment matters, these unions and professional associations will be key partners to involve in the design of the organisation's comprehensive prevention plan.

Once the prevention plan is developed, these unions and professional associations can also promote the prevention plan to their members and reinforce critical messaging around appropriate workplace behaviour. This is in addition to their role in providing advice and supporting people through the report and complaints system, when discrimination, sexual harassment, bullying or victimisation does occur. And, of course, role modelling by their own representatives is key.

### Recommendation 5

#### The critical role of unions and professional associations in prevention

- (a) Ambulance Victoria should work together with Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations to enable them to inform their respective members of the organisation's response to the key findings and recommendations in this final report
- (b) Ambulance Employees Australia Victoria, Professionals Australia, the Victorian Ambulance Union Incorporated and other relevant unions and professional associations should:
  - (i) seek regular opportunities to reiterate their commitment to workplace equality, including through their continued support of the *Independent review into workplace equality in Ambulance Victoria*
  - (ii) ensure their staff receive regular training on the *Equal Opportunity Act 2010* (Vic) and related laws, so that they can best advise their respective members on their rights and responsibilities
  - (iii) seek regular opportunities to inform their respective members about where they can access information and support about their rights and responsibilities under the *Equal Opportunity Act 2010* (Vic) and related laws.

## Protecting safety in isolated work environments

The nature of work for operational staff at Ambulance Victoria is largely unsupervised and autonomous, with work vehicles and branch locations often being isolated spaces (see Section 6.1.6), including at night and on weekends. Isolated and remote working environments are known risk factors for sexual harassment and for work health and safety more generally.<sup>106</sup>

Throughout the review, we identified that a substantial portion of the unlawful conduct participants described – particularly sexual harassment and bullying –



had occurred in isolated workspaces, including in vehicles and branch sleeping quarters (while at the same time hearing that it often occurred in the open, in the presence of others). Several participants expressly identified the unsupervised nature of the work as a significant problem for the prevention of unlawful conduct.

**I think the single biggest issue for our workplace is people by and large practice unsupervised. So, almost exclusively, almost every Paramedic in Victoria will not have a manager see them conduct themselves at work this year.** *Participant, Interview*

**We have the systemic problem that our people are largely unsupervised. We've got two people working in a vehicle that may not see a manager, that may not see another crew, that things can happen and they're quite isolated. That in itself poses really significant challenges for negative behaviours. This way of working allows things to go unnoticed, ignored, unspoken about.** *Participant, Interview*

Where unlawful conduct occurs in these unsupervised spaces, there is reduced accountability for alleged perpetrators and limited opportunities for bystanders to speak up; it places the burden on individual victim-survivors, who must report the behaviour for action to be taken.

While unsupervised work is a recognised feature of Paramedic work,<sup>107</sup> there is limited evidence that this feature has been identified and addressed as a risk factor for unlawful conduct at Ambulance Victoria, or in Paramedicine more generally.

Paramedicine is not unique in involving isolated and unsupervised work; mining and agricultural workers, police officers,<sup>108</sup> security workers and real estate agents,<sup>109</sup> are all occupations that require isolated work in various forms and to varying degrees. The mining industry, in particular, has grappled recently with evidence that women are at significant risk of sexual harassment, in part due to the remote nature of the work.<sup>110</sup> Equally, following the mass movement to remote work amid the COVID-19 pandemic, a wider range of employers are confronting the challenges of preventing sexual harassment in workspaces with reduced supervision and oversight.<sup>111</sup>

To address these safety issues, Ambulance Victoria should take immediate steps to ensure work environments that pose greater safety risks are audited, and any necessary measures to mitigate these risks are implemented. This should include, for example, auditing branch locations to determine if it is suitable for locks to be installed on all bedroom doors.

Ambulance Victoria should also harness the cross-sector knowledge of these different industries that face similar challenges to identify solutions to the risks posed by isolated operational work. It is important that any measures to provide greater supervision, safety and oversight to the operational work environment are delivered in a way that does not detrimentally impact on the already damaged relationship of trust with operational workers.

## Recommendation 6

### Protecting safety in isolated environments

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

## 6.2.3 Resetting and embedding the organisation's values

Organisational values define the identity and character of an organisation:<sup>112</sup> what it does, why it does it, and who it wants to work or volunteer for it.<sup>113</sup> Importantly, especially in the context of this review, values also guide what an organisation considers to be acceptable and unacceptable behaviour in the workplace. They influence whether people feel safe to come to work, how safe and respected they feel and are while they work or volunteer, and whether they feel like they belong, are included, and are treated fairly.

For this reason, a values-driven culture is critical for fostering safer, more respectful workplaces and preventing harmful workplace behaviours, like discrimination, sexual harassment, bullying and victimisation.<sup>114</sup> Conversely, where there is a misalignment or debasement of values, or the values are seen by the workforce as empty statements, the ability of an organisation to set clear expectations about appropriate workplace behaviour and support safer and more respectful workplaces is diminished. This connection is something that many organisations have come to recognise, including the Australian Defence Force.

**Sometimes you will come across a misalignment between Defence values and your organisation's culture. Illegal, unethical and otherwise unacceptable behaviour in a team always represents a disconnect between our Defence values and the team's culture. Your responsibility [as leaders] is to ensure everyone in your team understands what the Australian Defence Force expects of them.**<sup>115</sup>

To be effective, values need to move beyond hollow statements; they need to be meaningful and what an organisation does must match what it says it does. Values need to be woven into the fabric of an organisation and reflected in everything from recruitment activities and performance evaluations to termination policies. They should also be promoted and prioritised at every opportunity.<sup>116</sup> And while an organisation's values should be shared, building a culture of strong, shared values, and instilling and modelling a values-driven culture is a leadership responsibility.<sup>117</sup>

If Ambulance Victoria is to rebuild trust in its values – and, in the process, send a clear message to the workforce about what types of workplace behaviours are considered to be acceptable and those that will not be tolerated – it needs to reset its values.

[I]t's time for [the values] to be refreshed and relooked at, because they were done at a time, very volatile, you can tell. ... I wanted ... something a little bit more contemporary that everyone could see themselves in it, and [to] build them into everything; how we make decisions. Even how we – if we're going to take on a new service, does this service actually align with our values? Is it who we are?

... [B]ecause we know if values are embedded well into an organisation, they're amazing places to work and to be part of. Whereas I think ours totally need to be relooked at. It needs to be done with the workforce. And the values, since we had a look at them, we've had huge growth in our workforce since that time.

So, I think relooking at those and doing a co-design piece with the workforce would be a really interesting process and it would flush out so many issues and beliefs about what people think and those sorts of things. I think it would be really interesting. *Participant, Interview*

Signalling a shift in the organisation's values is likely to be a foundational change that will enable the successful implementation of the other reforms in this report. A shift like this will require the Executive Committee and other senior leaders to have frank discussions about how the organisation needs to operate differently – how it needs to operate as a modern, professional and inclusive ambulance service – and to consider how they can best signal to the workforce that the change is genuine.<sup>118</sup>

While building a culture of strong, shared values and instilling and modelling a values-driven culture is a leadership responsibility,<sup>119</sup> to be effective, these new values need to be shared with the workforce. Therefore, it is critical that the values are co-designed with the workforce, by engaging them in conversations about what they think it means to work or volunteer in a modern, professional and inclusive ambulance service. Not only that, resetting the organisation's values provides an opportunity for Ambulance Victoria to demonstrate to the workforce a new way of engagement going forward.

Once finalised, the new values will need to be communicated and promoted at every opportunity. They will also need to be embedded widely across the organisation. As Section 4.2.3 explained, the new values must become part of the fabric of Ambulance Victoria and reflected in everything from recruitment activities through to performance evaluations and termination policies. There will also need to be consistent accountability for failures to adhere to the organisation's new values. The appointment, expertise and performance management of all employees and first responders – from graduates right through to the CEO – will need to be realigned with those values and the related standards of conduct.<sup>120</sup>

## Recommendation 7

### Resetting and embedding organisational values

Ambulance Victoria should:

- (a) adopt a new set of organisational values to guide and prioritise appropriate behaviour in a modern, professional and inclusive ambulance service
- (b) co-design its new organisational values with representatives of the organisation's workforce, with input from key partners, including the relevant unions and professional associations, the Department of Health and service users
- (c) publish a draft of its proposed new organisational values, invite internal and external feedback on the adequacy of those values and actively consider any feedback provided
- (d) develop a comprehensive plan to communicate and embed the new values across the employment lifecycle, from recruiting individuals who can show they are aligned with the organisation's values, through to making adherence with the organisational values a relevant consideration in decisions related to termination
- (e) ensure accountability for demonstrating values-driven behaviour, including at a minimum through mandated performance metrics in individual performance development plans.

## 6.2.4 Encouraging a 'speak up' culture

Noting the high proportion of participants who reported witnessing or later learning about unlawful conduct at Ambulance Victoria (see Section 4.3) and the low rate of bystander reporting (see Section 7.3), fuelled by a culture of silence and fears of victimisation (see sections 6.1.2 and 8.2), further steps are needed to encourage a 'speak up' culture.

The steps that are needed to build a 'speak up' culture are broad-ranging. They involve removing barriers to reporting and providing pathways for anonymous reporting (see chapters 7 to 9). They also involve role modelling of appropriate behaviour and improving organisational capability related to the management of unlawful and harmful workplace conduct. Other important steps are highlighted below.

### A strategic, integrated approach to encouraging a 'speak up' culture

As Chapter 4 identified, to effectively encourage a 'speak up' culture, a culture in which individuals stand up in support of their friends and colleagues, Ambulance Victoria needs to supplement its participation in the *Raise It!* pilot and the Upstander program by developing a strategic, integrated approach to encouraging and equipping bystanders to take action in response to unlawful and harmful workplace conduct. To bring about the kind of cultural transformation that Ambulance Victoria needs (that is, moving from having high rates of passive bystanders to having high rates of active bystanders) requires an approach that

touches the whole organisation, not just the few who have participated in this pilot or program.

There are considerable opportunities here for Ambulance Victoria to build on the learnings of its own successful 'best care' framework, where, as we described in Chapter 4, its targeted, integrated approach to promoting and engendering a 'speak up' culture related to patient safety has been transformative. Numerous participants told the Commission they now feel more empowered to speak up about clinical concerns. This type of approach is needed to bring about a similar transformation from an organisation with high rates of passive bystanders to one in which bystanders take action and refuse to walk past unlawful and harmful workplace conduct.

The comprehensive prevention plan called for in Recommendation 3 is an important place to set out this new, strategic approach – to encourage and support bystanders to act safely and respond, to provide practical guidance on how to act, to detail the protections and supports available to bystanders.

The ability of bystanders to act and respond will be contingent on trust and confidence that they will be supported in their actions and that any steps they take to report or make a formal complaint will be taken seriously. In Chapter 9, the Commission makes a number of recommendations that seek to address the low rate of reporting unlawful and harmful conduct. These recommendations form a critical foundation for bystanders to feel encouraged, safe and supported in their interventions.

Ambulance Victoria needs to take steps to uplift the capability of, and support, its managers to create safe spaces for employees and volunteers to share their experiences and to know how to respond effectively when those experiences are raised. A critical intent behind the positive duty is that victim-survivors are not burdened with the responsibility of upholding their rights; instead, duty holders – in this case, managers – take responsibility for proactively creating opportunities and environments that foster sharing of these experiences.

To do this effectively, especially to have what often can be difficult or sensitive conversations – whether they be about a woman's ability to breastfeed at work, an older worker's desire to adjust their working arrangements to better suit their stage of life, or a personal experience of racism – managers need adequate time with their teams and one-on-one time with individuals. The Commission often heard that for many operational staff, there is limited face-to-face time with managers, which significantly impacts opportunities to engage effectively around workplace harm and inequality.

## **Embedding the Upstander program into the core training program**

While the initial roll-out of the 'Upstander' program is encouraging – even in the context of the current unprecedented demands on the organisation – the program's impact has been constrained by the relatively small number of employees or first responders who have completed the program so far, relative to the size of the workforce. In addition, the Upstander program has so far not been made a regular part of Ambulance Victoria's training program for employees and first responders, nor has it been situated within a broader, strategic approach that focuses on encouraging bystander action and a 'speak up' culture related to unlawful and harmful workplace conduct.

## Reflecting the role and responsibilities of bystanders in policies and procedures

It is critical that Ambulance Victoria's policies and procedures recognise the important role that all employees and first responders have in intervening and responding to unlawful and harmful workplace conduct. These policies and procedures should provide practical guidance on what actions and steps bystanders can take to address the behaviour safely. They should also ensure bystanders are directed to support services, acknowledging that unlawful workplace behaviours can negatively impact bystanders, as well as the direct victims (see Section 5.2.1).<sup>121</sup> This approach will clearly set the organisation's expectations of the role and responsibility of each person within the organisation to take safe and appropriate steps when they see unlawful conduct occurring; shifting the emphasis from being a passive to an active bystander.

### Recommendation 8

#### Encouraging a 'speak-up' culture

Ambulance Victoria should:

- (a) detail in its comprehensive prevention plan, to be developed pursuant to Recommendation 3:
  - (i) the critical role of each member of the workforce in taking action if they are a bystander to workplace discrimination, sexual harassment, bullying or victimisation
  - (ii) information about how bystanders can raise concerns or make informal reports or complaints about such conduct and practical examples of the actions they might take
  - (iii) the supports available to bystanders who do take action
- (b) embed the Upstander program as part of its regular training program and ensure a minimum completion rate of 75% of the workforce within two years of the publication of Volume II of this final report
- (c) ensure that the revised complaint policy (see Recommendation 16) recognises the important role of bystanders and align the information included with its comprehensive prevention plan.

## 6.2.5 (Re)introducing Workplace Equality Contact Officers and Change Champions

As Chapter 4 identified, Workplace Equality Contact Officers and Workplace Equality Champions could play a vital role in supporting Ambulance Victoria to meet its positive duty under the Equal Opportunity Act, its duty to promote gender equality under the Gender Equality Act, and to implement the recommendations in this final report.



**Workplace Equality Contact Officers** would provide an additional and peer-based pathway to support employees and first responders, listen to their concerns and provide them with accurate, impartial information about the available options to resolve their concerns. This should:

- help to reduce barriers to coming forward, in an environment of high rates of reported unlawful conduct, low rates of informal reports and formal complaints and significant concerns about victimisation
- strengthen and diversify organisational expertise related to discrimination, sexual harassment, bullying, victimisation and workplace (in)equality
- support the identification of new and emerging risks of unlawful and harmful conduct within the organisation, by opening up a further (de-identified) source of information about experiences of unlawful and harmful workplace conduct, to supplement the organisation's People Matter Survey results and its complaints data
- strengthen early intervention measures and efforts to prevent harm before it occurs.

**Workplace Equality Champions** would stand alongside and complement the role of Workplace Equality Contact Officers – and would act as change agents and advocates for workplace equality. While they, too, should be equipped with the knowledge and capability to inform employees and first responders of their rights and responsibilities under the Equal Opportunity Act, and related laws, their focus should be to champion workplace equality; in particular, the implementation of the reforms recommended in this final report. Individually and collectively, these champions should:

- be supporters and advocates for workplace equality at Ambulance Victoria
- be allies to colleagues who experience discrimination, sexual harassment, bullying or victimisation, by standing beside them and ensuring they are heard when they speak up
- drive the forthcoming workplace equality reforms at a local level, identifying opportunities to embed the reforms and ensure they are owned by employees and first responders across each of Ambulance Victoria's regions
- support the organisation to identify risks related to change implementation, such as pockets of backlash or perceptions of 'reverse discrimination', and enable early and effective intervention in response
- proactively support Ambulance Victoria to implement its responsibilities under the Equal Opportunity Act and the Gender Equality Act; for example, by driving consultation with the workforce in relation to the development of Gender Equality Action Plans, and uptake of staff completing employee experience surveys as part of periodic workplace gender audits.

### **What it means to be a champion**

A champion can be anyone within an organisation that dedicates themselves to promoting a desired change.<sup>123</sup> They are the 'the face' of an implementation effort, someone who commits to 'supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke'.<sup>124</sup>

## Contact Officers

A standard position description that clarifies the scope of the Contact Officer role will support the effectiveness of this model.<sup>125</sup> It ensures that everyone has a clear understanding of the role, Contact Officers have the necessary authority and support to perform their duties, and each officer is working towards the same set of standards and expectations.<sup>126</sup> In addition to emphasising the core duties of Contact Officers – such as providing accurate, impartial information about the rights of employees and first responders and the available options to resolve their concerns – Ambulance Victoria might wish to emphasise that the role of a Contact Officer is also to support the organisation to build and maintain a culture of workplace equality and safety; embed its organisational values; monitor risks of unlawful and harmful workplace conduct; and inform the design of effective prevention and early intervention strategies.

Clearly defined selection criteria are critical. In the Commission's experience, Contact Officers are most effective when they are empathetic, impartial and calm when dealing with sensitive and often emotional matters. It is also critical that Contact Officers have good listening and communication skills, are committed to safety, trust, respect, equality, inclusion and fairness, and model the expected standards of conduct. In light of the serious concerns raised with the Commission regarding a lack of confidentiality in relation to reports and complaints of unlawful and harmful workplace conduct (see Chapter 8), it is also important that Contact Officers have an understanding of, and commitment to, the principles of privacy and confidentiality.

### Key selection criteria for Contact Officers<sup>127</sup>

- **Technical expertise:** Has a sound knowledge of, and commitment to, the principles of safety, respect, trust, equality, inclusion and fairness, as well as to Ambulance Victoria's mission, organisational values and priorities.
- **Interpersonal skills:** Builds strong relationships and develops an understanding of others to help them confidently address conflict situations.
- **Empathy:** Demonstrates an appreciation of a diverse range of staff and actively seeks to understand and effectively address the issues and views of others.
- **Communication skills:** Provides clear, accurate and accessible information to people of all levels of the organisation facing difficult or sensitive issues.
- **Self-management and professional judgement:** Recognises that this is a key role designed to help the organisation meet its compliance obligations and to achieve leading practice; quickly and accurately assesses actual and perceived conflicts of interest, serious health and safety concerns, misconduct or criminal matters that need to be reported; understands the need for referral to other support services; and remains calm and impartial, even in challenging circumstances.
- **Integrity:** Instils mutual trust and confidence and behaves in a fair and ethical manner towards others; follows agreed protocols regarding confidentiality and reporting; demonstrates a sense of corporate responsibility and a commitment to service.

The Commission encourages Ambulance Victoria to invite expressions of interest to fulfill the role of a Contact Officer. It should carefully determine the number of Contact Officers needed to adequately support the size and geographical spread of its workforce; where there are too few officers, their responsibilities as Contact Officers may prevent them from performing their ordinary role.<sup>128</sup> There are no firm guidelines for the ideal ratio of Contact Officers to staff, but guiding considerations include ensuring timely access to support and a diverse mix of representatives of different genders, ages, races, cultures and seniority to help people to feel comfortable going to at least one officer with an issue.<sup>129</sup>

To acquit their responsibilities effectively, the organisation will need to support the selected Contact Officers to access regular, quality training and resources. To build knowledge and keep up-to-date with changes to the law and emerging leading practice research, it will be important that Contact Officers attend Ambulance Victoria's equal opportunity training and refresher courses, supplemented by more specialist offerings by external providers. Given that a core part of the role will involve talking with people about sensitive issues, support to uplift capability related to interviewing skills and/or managing difficult conversations will also be key. Wherever possible, providing an enabling environment for Contact Officers to connect with communities of practice and other forums will enable them to keep abreast of changes in the law and emerging leading practice and to best support the workforce.

Convening an internal network of Contact Officers that meets regularly can help to provide a supportive environment for individual officers. A network of this kind enables the officers to discuss in a de-identified way the kinds of issues being reported to them and share strategies regarding how best to support employees and first responders and, in this way, offers important opportunities for learning and development. The pooling of de-identified information about unlawful and harmful conduct can also help to identify new and emerging drivers and risk factors, support improvements to existing workplace policies and procedures and inform the design and implementation of effective prevention and early intervention strategies.<sup>130</sup>

In the Commission's experience, the most common problem Contact Officers face is invisibility. It will, therefore, be important for Ambulance Victoria to regularly promote the names and contact information of its Contact Officers to the workforce and ensure this information is updated regularly. At a minimum, it should seek to promote Contact Officers through its relevant policies and procedures, induction programs for new starters and other training, noticeboards, intranet, staff or management meetings, and at critical events; for example, when marking significant relevant occasions, like Human Rights Day.

## **A Champions of Change model**

Informal leaders can play an influential role in driving and implementing desired changes in a workplace and shifting existing workplace norms.<sup>131</sup> People who hold a range of connections with different groups and networks that are not grounded in positions of leadership and/or status provide another key vantage point to have conversations about workplace equality throughout and at all levels of an organisation.<sup>132</sup>

These key benefits are what the Commission's recommended Champions of Change model looks to harness. A Champions of Change, or ambassador, model will support Ambulance Victoria in its efforts to advance workplace equality and

implement the reforms recommended in this report, especially at the local level in the context of Ambulance Victoria's state-wide operating environment.

Such a model would elevate the role of individual employees and first responders in championing the changes that are needed, including:

- providing additional opportunities to signal visible leadership for advancing workplace equality
- signalling the organisational priority and support for reform
- improving awareness and understanding of the responsibility of all within the organisation for achieving workplace equality and workplaces free from discrimination, sexual harassment, bullying and victimisation.

In turn, these change champions can assist to bridge the gap between organisational objectives and day-to-day practice by providing a visible illustration of how change can be role modelled, supported and embedded as part of business as usual for the organisation.

As Chapter 4 highlighted, there are various champion and ambassador models in existence, which Ambulance Victoria can draw on when developing its own model; it could even build and complement the work of the existing Diversity & Inclusion Council. A core function of the model should be engaging with others in the Champions' respective teams to allay concerns and answer questions concerning the reforms, as well as channelling related feedback and risks to upper management. Although Champions are intended to complement, rather than act as Contact Officers, it will be equally as important that they are skilled to offer support and assistance to victim-survivors that approach them.

Whichever model the organisation adopts, or develops, it will be vital that these Champions reflect the breadth of the workforce. These Champions must represent the corporate and operational cohorts, different levels of seniority, and workers in metro and regional/rural areas. They must also represent the diverse mix of representatives of different genders, ages, races and cultures.

Ambulance Victoria may like to consider how the champion model can elevate the voices of those employees and first responders with lived experience of discrimination, sexual harassment, bullying or victimisation. In doing so, careful consideration should be given to the potential risk in placing the burden of influence and change entirely on the shoulders of those who have suffered harm.

To succeed in this role, the Champions would need to:

- be able to speak to workplace equality issues, including the rights and responsibilities under the Equal Opportunity Act and related laws
- be respected and trusted within the organisation
- understand the findings and recommendations in this final report and steps that Ambulance Victoria is taking to implement the reforms
- have a deep commitment to and interest in workplace equality.

It will also be critical that identified Champions have organisational support to undertake their role. This may include providing clear expectations to Champions on their role, allocating necessary time and resources, delegating areas of authority and publicly recognising and rewarding Champions that have demonstrated their commitment to the role.<sup>133</sup>

In considering this model, Ambulance Victoria should carefully consider the impact of the champions model, noting that research has identified some risks to be mindful of – including appropriate screening processes, and the limited evaluation of specific champion models used in the context of gender equality to date.<sup>134</sup>

## Recommendation 9

### Reintroducing Contact Officers and establishing a Local Champions Network

Ambulance Victoria should:

- (a) reintroduce Workplace Equality Contact Officers, embedded in each region and, in doing so:
  - (i) develop new, standard Position Descriptions detailing their role and invite expressions of interest from operational and corporate staff, encouraging people of diverse backgrounds to apply
  - (ii) support the selected Contact Officers to access regular, quality training and resources on the *Equal Opportunity Act 2010* (Vic) and related laws and participate in communities of practice and other forums to keep abreast of changes in the law and emerging leading practice
  - (iii) establish an internal network of Contact Officers that meets regularly
  - (iv) actively and regularly promote the names and contact information of Contact Officers to the workforce and ensure this information is updated regularly
- (b) implement a Champions of Change model to drive the reforms needed in the organisation to foster and maintain a culture of safety and equality in the workplace.

## 6.2.6 Valuing those who care

Ambulance Victoria's deep commitment to serving the public through timely access to quality care is not in question in this review. What is in question, is how the outward-facing work of the organisation has influenced the wellbeing and experiences of those within it.

Examining the drivers of unlawful and harmful workplace conduct, the Commission has identified that a disproportionate focus on operational KPIs and operational demand has enabled preventative work to be deprioritised and has excused this conduct (see Section 6.1.3). While Ambulance Victoria's official messaging and planning emphasises the importance of staff wellbeing and safety (see Section 4.2.2), this has not translated to priority being given to these matters on the ground. Rather, the emphasis on meeting operational demand has distorted the focus to favour ways of working that prioritise demand at any cost.

These outcomes arise in part from the failure to recognise the connection between staff wellbeing and performance, including the delivery of patient care.<sup>135</sup> They are also the result of the expectations and targets set externally by the Minister for Ambulance Services and the Board of Directors and the implementation of these expectations internally. The statement of priorities

between the Minister for Ambulance Services and Ambulance Victoria is a key accountability measure for the organisation. It sets out the annual priorities that the organisation will be measured against, including response times. It has in recent years, also included measures related to workplace bullying and the important work of this review.

To help reset the current imbalance that is undermining worker wellbeing and safety, there must be robust and reoccurring discussion between the Minister for Ambulance Services and the Board on how the statement of priorities can be framed to give equal priority to preventing unlawful conduct and sufficient accountability for Ambulance Victoria. Similarly, Ambulance Victoria must carefully consider how these priorities are embedded in the workplace, including how compassionate ways of working can be encouraged,<sup>136</sup> what incentives and measures of accountability can influence the work of managers and supervisors, and what systems support or hinder employee safety and wellbeing.

## Recommendation 10

### Valuing those who care

- (a) The Ambulance Victoria Board and the Minister for Ambulance Services should ensure that future statements of priorities are informed by an annual discussion on how to appropriately balance the importance of Ambulance Victoria meeting operational KPIs with the health, safety and wellbeing of the organisation's workforce and the need to create a positive workplace culture, building on the 2019-2020 and 2020-2021 agreements.
- (b) Ambulance Victoria should ensure that it affords appropriate weight to priorities designed to ensure the health, safety and wellbeing of the organisation's workforce, in addition to those related to operational KPIs.

## 6.2.7 Shared accountability for embedding workplace equality

Creating a safe, supportive and respectful workplace will require the collective effort of everyone at Ambulance Victoria. The involvement and responsibility of everyone in the organisation reflects that workplace equality is an *organisational* issue – and not limited to one program, strategy or individual reform. It also reinforces that every division within Ambulance Victoria has a key role to play in contributing to change.

As highlighted in Chapter 3, the Commission heard that workplace equality has generally been seen mainly as a responsibility of the People and Culture division, rather than integrated holistically throughout the organisation. The People and Culture division has a critical role in addressing unlawful and harmful conduct and embedding equality, and they are often uniquely placed to play a leading role through their responsibility for key programs and levers for change, such as recruitment, training and development. However, the responsibility for change must not be 'delegated and compartmentalised'.<sup>137</sup>



[I]t is important that culture change is not seen as something HR does but rather something that all good leaders within the organisation do and that is part of all activities within the organisation.<sup>138</sup>

Enduring reform requires the responsibility and accountability for what happens in the workplace to be shared by everyone.<sup>139</sup>

## A new division to drive enduring change

In determining how Ambulance Victoria might best achieve the large-scale transformational change envisioned by our recommendations and address the previous siloing of workplace equality issues, the Commission considered the significant lessons and experiences of other organisations that have implemented similar kinds of change. We considered the way in which structures and frameworks have enhanced shared accountability, elevated the organisation's commitment to, and prioritisation of, the issues and embedded the necessary expertise and capability into the future.

### Embedding cultural reform in the Australian Defence Force

A series of reviews into the culture of the Australian Defence Force resulted in two major strategies and plans to implement a range of recommendations and key reform priorities since 2011.

To support the Australian Defence Force's first strategy – *Pathway to Change: Evolving Defence Culture – A Strategy for Cultural Change and Reinforcement (2012–2017)* – a central unit was established to coordinate implementation of the strategy.<sup>140</sup> The Secretary and Chief of Defence Force's Advisory Committee was charged with overall responsibility for governance of implementation, noting that 'implementation will be led from the top'.<sup>141</sup>

A second five-year cultural strategy – *Pathway to Change: Evolving Defence Culture 2017–2022* – identified that the Defence People Group would continue as the lead area responsible for organisational cultural reform initiatives, as well as 'facilitating, monitoring and reporting on the implementation of cultural reform in Defence'. This continued the role the group played in relation to the earlier strategy.<sup>142</sup> Implementation at a more local level was undertaken by groups within the Department and the three armed services.

An audit undertaken by the Australian National Audit Office in May 2021 found that while the governance arrangements put in place were fit-for-purpose, there were limitations arising from the central unit's ability to hold other areas accountable for implementation of recommendations.<sup>143</sup> The audit found that while business plans across the organisation were required to include the six identified cultural reform priorities set out in *Pathway to Change: Evolving Defence Culture 2017–2022* strategy, many did not do so in a timely way, and this was not followed up by the Defence People Group, despite their central coordinating role.<sup>144</sup> The Australian National Audit Office recommended that introducing measurable outcomes to support the strategy was imperative to assessing performance, and that the intended outcomes of reform were being achieved.<sup>145</sup>

## Governance structures to embed gender equality in Victoria Police

In 2015, the Commission found that Victoria Police lacked the appropriate governance structures to implement the program of reforms we identified were needed to embed gender equality, as part of our *Independent review into sex discrimination and sexual harassment, including predatory behaviour, in Victoria Police*. The changes needed were substantial and affected multiple areas of the organisation. To minimise the risk of siloing the reforms, the Commission recommended that Victoria Police establish an independent advisory structure to provide external expert guidance to support implementation of the Commission's recommendations.

By 2018, Victoria Police had created a standalone unit, led by a dedicated Assistant Commissioner, to oversee the efforts around gender equality and workplace harm across the organisation. The appointment of a dedicated Assistant Commissioner to lead this unit was a powerful symbol of the organisation's commitment to change.

Victoria Police also established the VEOHRC Review Implementation Steering Committee, comprising internal and external expertise related to workplace harm, change management, and policing, to guide the reform implementation strategy. The Steering Committee met monthly, and it monitored the organisation's overall progress in implementing the recommendations. This monitoring occurred through regular updates, reports, and presentations on the progress of specific reform projects.

Victoria Police introduced an Academic Governance Board (to govern the training and education programs) and an Independent Advisory Board (to develop a workplace harm model, including a dedicated workplace harm unit and restorative engagement scheme). The organisation also adapted a pre-existing Corporate Advisory Group, to provide corporate strategy advice.

When in 2019 the Commission audited Victoria Police's progress in implementing our recommendations, we concluded that the new governance structures were critical in maintaining reform momentum across the vast number of projects. In respect of the advisory structures, we found that advisory groups had met often and provided valuable assistance to the project work, but there needed to be more linkages between the advisory groups to the VEOHRC Review Response Partnerships and Innovation Unit.

Finally, as a longer-term measure, we called on Victoria Police to follow through on its commitment to establish a dedicated, ongoing office to drive gender equality across the organisation after the end of the review. We noted that this office needed to shift the organisation's focus from implementing our recommendations, to achieving long-term gender equality outcomes. We also urged Victoria Police to draw on gender equality experts with knowledge of organisational reform, to ensure that the new standalone office involved relevant external expertise.

In January 2020, Victoria Police established the Gender Equality and Inclusion Command, which builds on the organisation's progress arising from the Commission's review. This ongoing command has a key focus on measuring and reporting on progress in embedding gender equality and building the capability and accountability of leaders and local areas to 'work towards safe, inclusive and respectful workplaces'.<sup>146</sup> In 2020, Victoria Police also released *Equal, Safe and Strong*, a 10-year strategy to support women and men in Victoria Police to thrive equally.

The experiences of organisations like Victoria Police and the Australian Defence Force highlight key elements of governance structures that successfully support and drive organisational reform. These elements include the need to:

- elevate and signal the organisational priority given to strategic and large-scale reforms, including through dedicated senior leadership involvement and oversight
- establish a central point of accountability to drive change and organisational reform, which works to empower and build capability throughout an organisation to ensure that implementation is consistent and coordinated
- embed close connections and proximity between those involved in implementation to expert advice and decision-making structures
- provide clear indicators and measurements for reforms to be tracked and regularly measured
- have access to subject matter expertise and harness the fresh perspectives of those external to the organisation.

These experiences also signal some of the risks and challenges that are important to consider in undertaking systemic change. For example, while the Commission has identified the clear need and importance of shared accountability, it cannot come at the cost of creating complex or unworkable structures, resulting in what has been described as ‘everyone’s responsibility becomes no one’s accountability’.<sup>147</sup> It is also clear that indicators and measures of success are integral to tracking and monitoring the progress of reforms, that also enable an organisation to make any necessary adjustments to ensure the reforms are operating as intended, or can pivot towards strategies or changes that would better address the problems identified.

Taking these and other experiences into account, the Commission has concluded that a robust governance structure comprising a new, dedicated division, supported by a Steering Committee and oversight by the Ambulance Victoria Board, would provide Ambulance Victoria with the best chance of implementing our recommendations successfully. Figure 6B summarises our recommended model and is followed by a more detailed discussion.

Figure 6B – **Governance structure to support implementation of the Commission’s recommendations**

New division	Steering Committee	Ambulance Victoria Board
Role		
<ul style="list-style-type: none"> <li>Accountable to the CEO, through a newly appointed Executive Director</li> <li>Drive, coordinate and project manage implementation efforts, including overseeing progress and cohesion of the reforms as a whole</li> <li>Work closely with leaders from other Ambulance Victoria divisions where reform projects will be implemented</li> <li>Regularly report to the Steering Committee and Board on the progress of reforms, including against the Commission’s Outcomes Framework (see Chapter 3)</li> <li>Communicate and support employee engagement on the reforms</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and oversee the progress of reforms</li> <li>Provide advice and guidance on reforms and projects to ensure they align with the intent of the Commission’s recommendations</li> <li>Provide a forum for discussion of any areas of concern relating to implementation</li> </ul>	<ul style="list-style-type: none"> <li>Set a strategic direction that supports the organisation’s purpose and commitment to reforms</li> <li>Oversee risk mitigation strategies and measures put in place to address discrimination, sexual harassment, bullying and victimisation at Ambulance Victoria, including through the work of the new division</li> </ul>
Composition		
<p>The division should consist of members with specific skills in:</p> <ul style="list-style-type: none"> <li>organisational change and large-scale transformative change</li> <li>equal opportunity and human rights</li> <li>engagement and communications</li> </ul>	<p>The Steering Committee should consist of nominated representatives of:</p> <ul style="list-style-type: none"> <li>the Executive Committee</li> <li>a diverse cross-section of the workforce</li> <li>unions and professional associations</li> <li>the Department of Health</li> <li>external subject matter experts</li> </ul>	

### ***A new division charged to drive and lead implementation***

The establishment of a new, adequately resourced division with responsibility for driving and coordinating implementation of the Commission's recommendations would clearly signal Ambulance Victoria's commitment to providing a safe, equal and inclusive workplace and implementing the needed program of reforms. A critical element of the division is the appointment of a dedicated Executive Director, who is accountable to the CEO.

The Commission considers that this structure is integral to ensure an 'owner' holds a central point of accountability and is supported by authority at the highest level of the organisation. This will also ensure that there is sufficient proximity to decision-making that will drive continued momentum of the reform over the short and long-term. It will both provide individual responsibility for leading and coordinating the implementation of our recommendations, while simultaneously embedding a sense of shared responsibility for workplace culture.

The outcomes framework set out by the Commission in Chapter 3 is intended to provide a guide for Ambulance Victoria to monitor the progress of its reforms going forward. The Commission intends to work collaboratively with Ambulance Victoria to establish the metrics and data that will support a complete and comprehensive understanding of progress over the longer term.

The skills and capabilities of those who are appointed into the unit will also be crucial. The Commission considers a cross-section of skills and knowledge across a range of areas, including project management, organisational change, employee engagement, equal opportunity and human rights, restorative approaches and strategic communications will equip the division with the expertise to drive and coordinate the reforms.

The Commission encourages Ambulance Victoria to take steps to recruit a diverse cohort of staff into the division, from a variety of backgrounds and experiences.

The Commission suggests Ambulance Victoria could also consider whether any complementary or intersecting work, such as the implementation of obligations arising from the Gender Equality Act, would benefit from inclusion within this division – noting the key linkages and opportunities to harness this work in the implementation of the Commission's recommendations noted in this chapter and throughout this report (see Section 3.4.1).

### ***Steering Committee***

A dedicated Steering Committee to support the new division's work will be important to provide both ownership and responsibility for implementation, but also a singular line of oversight over the reforms across and throughout the organisation. It will both provide an accountability mechanism to ensure the reforms remain on track and achieve their intended purpose, while equally, providing a safe space and forum for key challenges, issues and concerns to be raised at a senior level.

Key representatives of the Executive Committee should form part of the Steering Committee, to support the whole-of-organisation approach and reinforce the responsibility of all senior leaders within the organisation for workplace equality. This is intended to reinforce that workplace equality should not be viewed through the lens of particular divisions or areas, but in the context of the organisation's responsibilities to deliver a safe and respectful workplace for all staff.

Collaboration and effective stakeholder engagement are key elements of effective implementation of this scale. It supports robust analysis, consideration of potential issues and options for resolving or mitigating unexpected or potential risks.<sup>148</sup>

To support the credibility and engagement of employees and first responders, nominated representatives should be involved in the Steering Committee to facilitate the contribution of their important perspective, as well as support the transparency of the reforms to the workforce.

As noted earlier in this chapter, key organisations and agencies, including unions, professional associations and the Victorian Government Department of Health play a critical role in supporting Ambulance Victoria's efforts to better prevent and respond to unlawful and harmful conduct. As key partners, the Commission considers their involvement on the Steering Committee would provide an important perspective and reinforce the shared commitment of all to achieving the necessary changes and transformation identified by the Commission.

In addition, external expertise can provide a valuable vantage point and perspective.<sup>149</sup> Given the breadth, complexity and wide-ranging nature of our recommendations, the Commission considers there would be significant benefit in ensuring the Steering Committee is equipped with senior external expertise across a range of key areas including leading practice responses to equal opportunity issues, responses to bullying, restorative engagement and restorative practices, as well as organisational development and change.

### **Ambulance Victoria Board**

The core role of all boards, including the Ambulance Victoria Board, is to provide overarching governance of the organisation, including ensuring it meets its obligations and purpose. A key element of a board's responsibilities is also to oversee risk management and strategies to address and mitigation measures.<sup>150</sup>

As the Commission has identified in Chapter 4, there has been an increasing application of a risk lens to discrimination, sexual harassment, bullying and victimisation, including through the use of the Enterprise Risk Register and the creation of workplace behavioural risk profiles.

The Commission considers the work of the Division and Steering Committee will be a key risk mitigation measure that the Board should be attuned to and receive regular reporting on (including on the metrics that will be developed to support the Commission's outcomes framework, as outlined earlier in this Chapter).



## Recommendation 11

### Establishing a dedicated division to drive reform

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

- (a) drives and coordinates implementation of the Commission's recommendations
- (b) reports to an Executive Director and is directly accountable to the Chief Executive Officer
- (c) is comprised of subject matter experts with skills and expertise in equal opportunity issues (including discrimination, sexual harassment, bullying and victimisation) as well as diversity and inclusion strategies, employee engagement and large-scale organisational change and project management.

## Recommendation 12

### Supporting robust governance and oversight of reforms

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

- (a) monitors and oversees the implementation of the Commission's recommendations and organisational reforms as a whole
- (b) consists of a range of internal and external representatives from the Executive Committee, the workforce, unions and professional associations, the Department of Health and subject matter experts.

## Notes

1. See, eg, P Mulholland, T Barnett and J Woodroffe 'A grounded theory of interprofessional learning and paramedic care' (2019) 34(1) *Journal of Interprofessional Care* 66, 72; P Wankhade, 'Performance measurement and the UK emergency ambulance service: Unintended consequences of the ambulance response time targets' (2011) 24(5) *International Journal of Public Sector Management* 382; M West and D Coia, *Caring for Doctors Caring for Patients* (General Medical Council, 2019); Civility Saves Lives, 'Academic papers' *Civility Saves Lives* (Web Page) <<https://www.civilitysaveslives.com/academic-papers-1>>.
2. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 18–19; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 139–40; E Torkelson et al, 'Factors contributing to the perpetration of workplace incivility: The importance of organizational aspects and experiencing incivility from others' (2016) 30(2) *Work & Stress* 115, 117; ACT Government, *Rapid Evidence Assessment – Antecedents of Workplace Incivility: A Summary of Scientific Literature* (ACT Government, 2020) 7.
3. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 19–20; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 139.
4. Purna Sen et al, *Towards an end to Sexual Harassment: The urgency and nature of change in the era of #metoo* (United Nations Women, 2018) 10.
5. Ambulance Victoria, *Annual Report 2019–2020* (State of Victoria, 2020) 79–82; L McCann and E Granter, '"Beyond blue-collar professionalism": Continuity and change in the professionalization of uniformed emergency services work' (2019) 6(2) *Journal of Professions and Organization* 213, 8.
6. R O'Donovan and E McAuliffe, 'A systemic review of factors that enable psychological safety in healthcare teams' (2020) 32(4) *International Journal for Quality in Health Care* 240, 247.
7. L McCann and E Granter, '"Beyond blue-collar professionalism": Continuity and change in the professionalization of uniformed emergency services work' (2019) 6(2) *Journal of Professions and Organization* 213, 8.
8. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 8.
9. Our Watch, 'Understanding Sexual Harassment in Workplaces' (Web Page, 2021) <<https://workplace.ourwatch.org.au/why-do-this-work/understanding-sexual-harassment-in-workplaces/>>.
10. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 18.
11. Sally Hanna-Osborne, 'A "job for the boys"? The career pathways and gendered employment experiences of women paramedics' (PhD Thesis, The University of Sydney, 2019) 180.
12. Sally Hanna-Osborne, 'A "job for the boys"? The career pathways and gendered employment experiences of women paramedics' (PhD Thesis, The University of Sydney, 2019) 7.
13. Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 11.
14. Australian Human Rights Commission, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report* (Report, 2014) 11.
15. Terrence E Deal and Allan A Kennedy, *Corporate Cultures: The Rites and Rituals of Corporate Life* (Addison Wesley Publishing Company, 1982) 126, cited by Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 66–7.

16. State Services Authority, *Organisational Change: An Ideas Sourcebook for the Victorian Public Sector* (State of Victoria, 2013) 5, citing R Cooke and J Szumal, 'Measuring normative beliefs and shared behavioural expectations in organisations: The reliability and validity of the organisational culture inventory' (June 1993) 72(3) part 2, *Psychological Reports* 1299.
17. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 66–7.
18. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 65.
19. L Andersson and C Pearson, 'Tit for tat? The spiraling effect of incivility in the workplace' (1999) 24(3) *The Academy of Management Review* 452–71.
20. Sandy Lim and Lilia M Cortina, 'Interpersonal Mistreatment in the Workplace: The Interface and Impact of General Incivility and Sexual Harassment' (2005) 90 *Journal of Applied Psychology* 483.
21. Sandy Lim and Lilia M Cortina, 'Interpersonal Mistreatment in the Workplace: The Interface and Impact of General Incivility and Sexual Harassment' (2005) 90 *Journal of Applied Psychology* 483, 494.
22. T Köhler et al, 'Who is the wolf and who is the sheep? Toward a more nuanced understanding of workplace incivility' (2018) 11(1) *Industrial and Organizational Psychology: Perspectives on Science and Practice* 122, 126.
23. R O'Donovan and E McAuliffe, 'A systemic review of factors that enable psychological safety in healthcare teams' (2020) 32(4) *International Journal for Quality in Health Care* 240, 243, 247.
24. R O'Donovan and E McAuliffe, 'A systemic review of factors that enable psychological safety in healthcare teams' (2020) 32(4) *International Journal for Quality in Health Care* 240, 243, 248.
25. Therese MacDermott, 'The under-reporting of sexual harassment in Australian workplaces: Are organisational processes falling short?' (2020) 40(4) *Legal Studies* 531, 532.
26. *Ambulance Services Act 1986* (Vic) s 22H.
27. See, eg, Department of Health and Human Services, *Statement of Priorities – 2019–20 Agreement between the Minister for Ambulance Services and Ambulance Victoria* (2019) 13.
28. Department of Health, *Ambulance Victoria - Statement of priorities 2020-21* (2019) 2.
29. Ambulance Performance and Policy Consultative Committee, *Victoria's Ambulance action plan: Improving services, saving lives; Final report* (State of Victoria, 2015) 7.
30. Ambulance Employees Australia – Victoria, *Proposed Recommendations for VEOHRC Review into Ambulance Victoria* (June 2021) 1–2.
31. P Wankhade, 'Performance measurement and the UK emergency ambulance service: Unintended consequences of the ambulance response time targets' (2011) 24(5) *International Journal of Public Sector Management* 382, 389.
32. The Mid Staffordshire NHS Foundation Trust Inquiry, *Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust* (Final Report, 2010) vol I, 16.
33. N Gillespie and R van Vlissingen, *Trustworthy by Design* (The University of Queensland, 2019) 9.
34. P Wankhade, 'Performance measurement and the UK emergency ambulance service: Unintended consequences of the ambulance response time targets' (2011) 24(5) *International Journal of Public Sector Management* 382, 394–5.
35. Ambulance Victoria, Board of Directors minutes, 'Agenda item 6' (29 October 2018) 3.
36. Paul Sakkal, 'New hospitals, more paramedics in \$3.6b health package', *The Age*, 2 May 2021 <<https://www.theage.com.au/politics/victoria/new-hospitals-more-paramedics-in-3-6b-health-package-20210519-p57tco.html>>

37. M Manolchev and D Lewis, 'A tale of two trusts: Case study analysis of bullying and negative behaviours in the UK ambulance service' (2021) *Public Money and Management* 1–8, 3.
38. For instance, leadership commitment is a core component of prevention and response frameworks developed by the (then) Victorian Government Department of Health and Human Service's Framework, the Australian Human Rights Commission, and the Commission. See Department of Health and Human Services, *Framework for promoting a positive workplace culture: Preventing bullying, harassment and discrimination* (State of Victoria, 2019); Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 58; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 623–7.
39. M Neubert, E Hunter and R Tolentino, 'Modeling character: servant leaders, incivility and patient outcomes' (2021) *Journal of Business Ethics*, 1–19, 1.
40. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 253.
41. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 65.
42. Victorian Public Sector Commission, *Organisational Capability Review – Ambulance Victoria* (State of Victoria, 2016) 27.
43. An autocratic leadership style is directive, rather than consultative and is often considered to be stereotypically male. See Helen Campbell and Suzi Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace: A Rapid Review of Evidence* (CARE Australia, 2018) 40.
44. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 11; C Hunt et al, 'Reviewing sexual harassment in the workplace – an intervention model' (2010) 39(5) *Personnel Review* 655–73, 659.
45. See, Helen Campbell and Suzi Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace: A Rapid Review of Evidence* (CARE Australia, 2018) 42.
46. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8–12; Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 58.
47. Victorian Auditor-General's Office, *Bullying and Harassment in the Health Sector* (State of Victoria, 2018) 26, 33.
48. *Ambulance Victoria Enterprise Agreement 2020* cl 27.6(b).
49. Melissa A Wheeler and Victor Sojo, 'Unconscious bias is keeping women out of senior roles, but we can get around it', *The Conversation*, 8 March 2017; see also, Geoff Eagleson, Robert Waldersee and Ro Simmons, 'Leadership behaviour similarity as a basis of selection into a management team' (2000) 39 *British Journal of Social Psychology* 301.
50. See, eg, the discussion of the impacts of workplace nepotism in Independent Police Conduct Authority, *Bullying, Culture and Related Issues in New Zealand Police* (Report, 2021) 23–5.
51. WorkSafe Victoria, *Preventing and Managing Work-related Stress: A Guide for Employers* (State of Victoria, 2021) 5.
52. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020).
53. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020). 21.
54. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 8.
55. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 703.

56. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and responding to workplace sexual harassment* (State of Victoria, 2020) 28.
57. E Baillien et al, 'The relationship between organisational change and being a perpetrator of workplace bullying: A three-wave longitudinal study' (2018) 33(3) *Work & Stress* 211; WorkSafe Victoria, *Workplace Bullying: A Guide for Employers* (State of Victoria, 2020) 31.
58. E Baillien et al, 'The relationship between organisational change and being a perpetrator of workplace bullying: A three-wave longitudinal study' (2018) 33(3) *Work & Stress* 211, 212; WorkSafe Victoria, *Workplace bullying: A Guide for Employers* (State of Victoria, 2020) 4.
59. E Baillien et al, 'The relationship between organisational change and being a perpetrator of workplace bullying: A three-wave longitudinal study' (2018) 33(3) *Work & Stress* 211, 215; WorkSafe Victoria, *Workplace bullying: A Guide for Employers* (State of Victoria, 2020) 16.
60. See, eg, S Abraham and D Noumair, *Research in organizational change and development* (Emerald Publishing Ltd, 2019).
61. E Baillien et al, 'The relationship between organisational change and being a perpetrator of workplace bullying: A three-wave longitudinal study' (2018) 33(3) *Work & Stress* 211, 212; WorkSafe Victoria *Workplace bullying: A Guide for Employers* (State of Victoria, 2020) 31.
62. E Baillien et al, 'The relationship between organisational change and being a perpetrator of workplace bullying: A three-wave longitudinal study' (2018) 33(3) *Work & Stress* 211, 226–7.
63. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 66–9.
64. Carlo Caponecchia and Anne Wyatt, *Preventing Workplace Bullying: An Evidence-based Guide for Managers and Employees* (Routledge, 2011) 68–9; S Lawn et al, 'The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research' (2020) 20(1) *BMC Psychiatry* 348:1–16, 11.
65. L Dell et al, *Ambulance Victoria Psychosocial Survey 2016. Report prepared for Ambulance Victoria* (Phoenix Australia – Centre for Posttraumatic Mental Health, 2017).
66. Phoenix Australia Centre for Posttraumatic Mental Health, *Ambulance Victoria Psychosocial Health and Wellbeing Survey: Summary Report* (2019) 5.
67. WorkSafe Victoria, *A Guide for Employers: Preventing and managing work-related stress* (Resource, 2021) 54; M Pourshaikhian et al, 'A systematic literature review: Workplace violence against emergency medical services personnel' (2016) 5(1) *Archives of Trauma Research* 3.
68. See, Ambulance Victoria, 'Violence against paramedics is never OK', (Web Page, 2021) <<https://www.ambulance.vic.gov.au/campaigns/violence-against-paramedics-is-never-ok/>>; Victorian Auditor-General's Office, *Occupational Violence Against Healthcare Workers* (State of Victoria, 2015).
69. Ambulance Victoria, *Health and safety action plan 2019-2022* (State of Victoria, 2019) 9.
70. CA Fulmer and MJ Gelfand, 'At what level (and in whom) we trust: Trust across multiple organizational levels' (2012) 38(4) *Journal of Management* 1167–230; Paul J Zak, 'The neuroscience of trust' (online, January-February 2017) *Harvard Business Review Magazine* <<https://hbr.org/2017/01/the-neuroscience-of-trust>>; Paul Zak and Stephen Knack, 'Trust and growth' (2001) 111(420) *Economic Journal* 295.
71. N Gillespie and G Dietz, 'Trust repair after organizational-level failure' (2009) 34(1) *Academy of Management Review* 127–45. See also, The University of Queensland Australia, *Six Ways to Rebuild Trust after a Crisis* (The University of Queensland Australia, 2018).
72. N Gillespie and S Siebert 'Organizational Trust Repair', in Searle R, Nienenbar A and Sitkin, S (eds) *The Routledge Companion to Trust* (Routledge, 2018) 284 citing N Gillespie, G Dietz and S Lockey 'Organizational reintegration and trust repair after an Integrity violation: A case study' (2014) 24(3) *Business Ethics Quarterly* 371.
73. See, eg, M Brown, G Kalache, 'Victoria Police Commissioner Graham Ashton apologises over damning report showing sexual harassment within force', *ABC News* (online, 9 December 2015) <<https://www.abc.net.au/news/2015-12-09/high-rate-of-sexual-harassment-in-victoria-police-report-says/7012288>>; A Noonan, 'Victoria Police must



do more to tackle sex discrimination, sexual harassment: Audit', ABC News (online, 25 September 2017) <<https://www.abc.net.au/news/2017-09-25/victoria-police-must-do-more-to-tackle-sexual-harassment-audit/8980390>>; 'Adelaide University issues apology to sexual assault victims, establishes integrity unit to deal with reports of sexual assault', ABC News (online, 24 June 2021) <[https://www.abc.net.au/news/2021-06-24/university-of-adelaide-issues-public-apology-to-sexual-assault-v/100241054?utm\\_campaign=abc\\_news\\_web&utm\\_content=link&utm\\_medium=content\\_shared&utm\\_source=abc\\_news\\_web](https://www.abc.net.au/news/2021-06-24/university-of-adelaide-issues-public-apology-to-sexual-assault-v/100241054?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web)>.

74. See, eg, R Lewicki, B Polin and R Lount, 'An exploration of the structure of effective apologies' (2016) 9(2) *Negotiation and Conflict Management Research* 177–96; Male Champions of Change Coalition, *Disrupting the System: Preventing and Responding to Sexual Harassment in the Workplace* (Report, 2020) 72–3.
75. 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) 121.
76. Juhani Ukko, Sanna Hilden, Minna Saunila and Kati Tikkamaki, 'Comprehensive performance measurement and management – innovativeness and performance through reflective practice' (2017) 13(3) *Journal of Accounting and Organisational Change* 425, 430.
77. Juhani Ukko, Sanna Hilden, Minna Saunila and Kati Tikkamaki 'Comprehensive performance measurement and management – innovativeness and performance through reflective practice' (2017) 13(3) *Journal of Accounting and Organisational Change* 425, 433.
78. Martin Dixon, Sarah Lee and Tony Ghaye, 'Strength-based reflective practices for the management of change: Applications from sport and positive psychology' (2016) 16(2) *Journal of Change Management* 142, 145.
79. Professor Michael West and Dame Denisa Coia, *Caring for Doctors Caring for Patients: How to Transform UK Healthcare Environments to Support Doctors and Medical Students to Care for Patients* (Report, 2018) 66.
80. Martin Dixon, Sarah Lee and Tony Ghaye, 'Strength-based reflective practices for the management of change: Applications from sport and positive psychology' (2016) 16(2) *Journal of Change Management* 142, 149.
81. Martin Dixon, Sarah Lee and Tony Ghaye, 'Strength-based reflective practices for the management of change: Applications from sport and positive psychology' (2016) 16(2) *Journal of Change Management* 142, 149.
82. Martin Dixon, Sarah Lee and Tony Ghaye, 'Strength-based Reflective Practices for the Management of Change: Applications from Sport and Positive Psychology' (2016) 16(2) *Journal of Change Management* 142, 155. Some examples of positively framed questions include considering; What is currently working well? How might an organisation reconsider or redesign processes to achieve better outcomes? What strengths does the organisation already have that could be leveraged to advance better outcomes? How might a change process achieve a more positive workplace environment?.
83. Nicole Gillespie and Sabina Siebert, 'Organizational Trust Repair' *The Routledge Companion to Trust* (Routledge 2021) 3.
84. Emily Rees, 'Employer liability for sex harassment through the lens of restorative justice' (2021) 69(3) *Cleveland State Law Review* 677, 711.
85. Law Institute of Victoria, Submission to the Department of Justice and Regulation, *Victoria Police Restorative Engagement and Redress Scheme* (Sexual Harassment and Sex Discrimination) (Law Institute of Victoria, 2017) 3.
86. Commonwealth Ombudsman, 'Defence abuse – Restorative Engagement Program: Fact sheet' (Web Page) <[https://www.ombudsman.gov.au/\\_data/assets/pdf\\_file/0021/46920/RE-factsheet-updated.pdf](https://www.ombudsman.gov.au/_data/assets/pdf_file/0021/46920/RE-factsheet-updated.pdf)>.
87. Robyn Kruk, *Final report - Second year review of the National Redress Scheme* (Commonwealth of Australia, 2021).
88. Commonwealth Ombudsman, 'Defence abuse – Restorative Engagement Program: Fact sheet' (Web Page) <[https://www.ombudsman.gov.au/\\_data/assets/pdf\\_file/0021/46920/RE-factsheet-updated.pdf](https://www.ombudsman.gov.au/_data/assets/pdf_file/0021/46920/RE-factsheet-updated.pdf)>.



89. Len Roberts-Smith, 'Restorative Engagement – A New Approach to Resolution' (Address to the Resolution Institute Colloquium, Perth, 16 December 2015) 5 <<https://www.slideshare.net/leadr/restorative-engagement-a-new-approach>>.
90. 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) 127–31.
91. 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) 126–7.
92. 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) 126.
93. Commonwealth Ombudsman, 'Defence abuse – Restorative Engagement Program: Fact sheet' (Web Page) 4 <[https://www.ombudsman.gov.au/\\_\\_data/assets/pdf\\_file/0021/46920/RE-factsheet-updated.pdf](https://www.ombudsman.gov.au/__data/assets/pdf_file/0021/46920/RE-factsheet-updated.pdf)>.
94. Len Roberts-Smith, 'Restorative Engagement – A New Approach to Resolution' (Address to the Resolution Institute Colloquium, Perth, 16 December 2015) 7 <<https://www.slideshare.net/leadr/restorative-engagement-a-new-approach>>.
95. Emily Rees, 'Employer liability for sex harassment through the lens of restorative justice' (2021) 69(3) *Cleveland State Law Review* 677, 711.
96. Equal Opportunity Commission, *Sex discrimination, sexual harassment and predatory behaviour in South Australia Police: Independent review* (Report, 2016) 39–43.
97. South Australia Police, Submission 220 to Australian Human Rights Commission, *National Inquiry into Sexual Harassment in Australian Workplaces*, 4.
98. See, eg, the Restorative Engagement and Redress Scheme established within the Department of Justice and Community Safety for former and current Victoria Police employees who have experienced workplace sex discrimination and sexual harassment, Victorian Government, 'Restorative Engagement and Redress Scheme' (Web Page, 18 December 2020) <<https://www.vic.gov.au/redress-police-employees>>.
99. In 2016, as part of the Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, the Commission provided an interim restorative engagement scheme to current and former Victoria Police employees who had experienced workplace sex discrimination and sexual harassment.
100. *Equal Opportunity Act 2010* (Vic) s 111.
101. See, eg, Len Roberts-Smith, 'Restorative Engagement – A New Approach to Resolution' (Address to the Resolution Institute Colloquium, Perth, 16 December 2015) 6–7 <<https://www.slideshare.net/leadr/restorative-engagement-a-new-approach>>; Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 1 Report* (State of Victoria, 2015) 75–6.
102. UN Women, *What will it take? Promoting cultural change to end sexual harassment* (Discussion Paper, 2019) 29–30.
103. Len Roberts-Smith, 'Restorative Engagement – A New Approach to Resolution' (Address to the Resolution Institute Colloquium, Perth, 16 December 2015) 6 <<https://www.slideshare.net/leadr/restorative-engagement-a-new-approach>>.
104. Victorian Equal Opportunity and Human Rights Commission, *Guideline: Preventing and Responding to Workplace Sexual Harassment* (State of Victoria, 2020) 89–90.
105. See the discussion of principles in Len Roberts-Smith, 'Restorative Engagement – A New Approach to Resolution' (Address to the Resolution Institute Colloquium, Perth, 16 December 2015) 6–7 <<https://www.slideshare.net/leadr/restorative-engagement-a-new-approach>>; Robyn Kruk, *Final report - Second year review of the National Redress Scheme* (Commonwealth of Australia, 2021).
106. Comcare, *Comcare's guide to remote or isolated work* (Resource, 2013) 7–16. Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 143.

107. See Senate Legal and Constitutional Affairs References Committee, Parliament of Australia, *Establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety* (Report, 2016) 24.
108. Victorian Equal Opportunity and Human Rights Commission, *Independent Review into Sex Discrimination and Sexual Harassment, Including Predatory Behaviour, in Victoria Police: Phase 1 Report* (State of Victoria, 2015) 263.
109. Safe Work Australia, 'Remote and isolated work' (Web Page) <<https://www.safeworkaustralia.gov.au/remote-work>>.
110. Australian Human Rights Commission, *Everyone's Business: Fourth National Survey on Sexual Harassment in Australian Workplaces* (Report, 2018) 57; Salomae Haselgrove, 'Sexual harassment in mining triggers MCA taskforce', *Australian Mining* (online, 20 January 2021) <<https://www.australianmining.com.au/news/sexual-harassment-in-mining-triggers-mca-taskforce/>>; Peter Milne, 'FIFO inquiry hears 'horrific' evidence of widespread mistreatment of women', *Sydney Morning Herald* (online, 22 October 2021) <<https://www.smh.com.au/business/workplace/fifo-inquiry-hears-horrific-evidence-of-widespread-mistreatment-of-women-20211019-p591ev.html>>.
111. See, eg, VicHealth, *Victorians' experiences of sexism and sexual harassment while working remotely due to the coronavirus* (Report, 2021) 5.
112. Australian Defence Force, *ADF Leadership*, 3rd ed, (Commonwealth of Australia, 2021) 25; Patrick M Lencioni, 'Make your values mean something' (online, July 2002) *Harvard Business Review Magazine* <<https://hbr.org/2002/07/make-your-values-mean-something>>.
113. See, eg, Atlassian, 'Our values' (Web Page, 2021) <<https://www.atlassian.com/company/values>>.
114. 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) 305.
115. Australian Defence Force, *ADF Leadership* (Commonwealth of Australia, 3rd ed, 2021) 28.
116. Patrick M. Lencioni, 'Make your values mean something' (online, July 2002) *Harvard Business Review Magazine* <<https://hbr.org/2002/07/make-your-values-mean-something>>.
117. See, eg, Australian Defence Force, *ADF Leadership* (Commonwealth of Australia, 3rd ed, 2021) 28.
118. Greg Satell and Cathy Windschitl, 'High-performing teams start with a culture of shared values' (online, 11 May 2021), *Harvard Business Review Magazine* <<https://hbr.org/2021/05/high-performing-teams-start-with-a-culture-of-shared-values>>.
119. See, eg, Australian Defence Force, *ADF Leadership* (Commonwealth of Australia, 3rd ed, 2021) 28.
120. Australian Human Rights Commission, *Equality across the board: Investing in workplaces that work for everyone* (Report, 2021) 11, 38.
121. Safe Work Australia, *Guide for Preventing and Responding to Workplace Bullying* (Resource, 2016) 8; Australian Human Rights Commission, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* (Report, 2020) 275–8.
122. Christopher M Shea, 'A conceptual model to guide research on the activities and effects of innovation champions' (2021) 2 (Jan-Dec 2021) *Implementation Research and Practice* 1–13, 1.
123. Christopher M Shea, 'A conceptual model to guide research on the activities and effects of innovation champions' (2021) 2 (Jan-Dec 2021) *Implementation Research and Practice* 1–13, 2, quoting B Powell et al, 'A compilation of strategies for implementing clinical innovations in health and mental health' (2012) 69(2) *Medical Care Research and Review* 123.
124. Christopher M Shea, 'A conceptual model to guide research on the activities and effects of innovation champions' (2021) 2 (Jan-Dec 2021) *Implementation Research and Practice* 1–13, 2, quoting B Powell et al, 'A compilation of strategies for implementing clinical innovations in health and mental health' (2012) 69(2) *Medical Care Research and Review* 123.
125. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 5.

126. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 5.
127. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 91.
128. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 87.
129. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 87.
130. Victorian Equal Opportunity and Human Rights Commission, *Contact Officer resource manual: Information, tips and tools* (State of Victoria, 2020) 88.
131. Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018) 42, discussing M Tankard and EL Paluck, 'Norm perception as a vehicle for social change' (2016) 10(1) *Social Issues and Policy Review* 181.
132. 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, discussing M Tankard and EL Paluck, 'Norm perception as a vehicle for social change' (2016) 10(1) *Social Issues and Policy Review* 181.
133. Christopher M Shea, 'A conceptual model to guide research on the activities and effects of innovation champions' (2021) 2 (Jan-Dec 2021) *Implementation Research and Practice* 1–13, 4.
134. 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* (Final report, 2021) 21, 22, discussing Helen Campbell and Susan Chinnery, *What Works? Preventing and Responding to Sexual Harassment in the Workplace* (CARE Australia, November 2018).
135. See, eg, M West and D Coia, *Caring for Doctors Caring for Patients* (General Medical Council, 2019).
136. M West and D Coia, *Caring for Doctors Caring for Patients* (General Medical Council, 2019) 131–133.
137. Denise Lee Yohn, 'Company culture is everyone's responsibility' (online, 8 February 2021) *Harvard Business Review* <<https://hbr.org/2021/02/company-culture-is-everyones-responsibility>>.
138. Ju Li Ng et al, *Workplace Culture Improvements: A Review of the Literature*, (Report, 2014) University of New South Wales and University of Sydney Business School. See also Services Authority, *Organisational Change: An Ideas Sourcebook for the Victorian Public Sector* (State of Victoria, 2013) 16–21.
139. Piper Anderson, 'Building a Culture of Accountability' (online, 28 June 2021) *Stanford Social Innovation Review* <[https://ssir.org/articles/entry/building\\_a\\_culture\\_of\\_accountability#](https://ssir.org/articles/entry/building_a_culture_of_accountability#)>.
140. Department of Defence, *Pathway to Change: Evolving Defence Culture* (Commonwealth of Australia, 2012).
141. Department of Defence, *Pathway to Change: Evolving Defence Culture* (Commonwealth of Australia, 2012), 26.
142. Department of Defence, *Pathway to Change: Evolving Defence Culture 2017–22* (Commonwealth of Australia, 2017) 12.
143. Australian National Audit Office, *Defence's Implementation of Cultural Reform* (Commonwealth of Australia, May 2021). 44–5.
144. Australian National Audit Office, *Defence's Implementation of Cultural Reform* (Commonwealth of Australia, May 2021) 66.
145. Australian National Audit Office, *Defence's Implementation of Cultural Reform* (Commonwealth of Australia, May 2021) 49.

146. Victoria Police, 'Gender Equality and Inclusion Command' (Web Page, 25 June 2021) <police.vic.gov.au/gender-equality-and-inclusion-command>.
147. Organisation for Economic Cooperation and Development, *Toolkit for Mainstreaming and Implementing Gender Equality* (Resource, 2018); see also, COVID-19 Hotel Quarantine Inquiry, *Final Report and Recommendations* (December 2020) vol 1, 287–8, describing in detail the risks of 'shared accountability' in the context of the COVID-19 Hotel Quarantine program, writing 'However, what many DHHS witnesses failed to acknowledge in their invocation of the concept of "shared accountability" was the necessity for designation of overall responsibility and the expressly stated requirement for a single agency to be the lead agency'; 27, writing 'What became clear through the course of this Inquiry was how complex and unclear the governance structures surrounding, and relevant to, the Hotel Quarantine Program truly were, and the intractable problems this caused throughout the Program.'
148. Parenting Research Centre, *Implementation of recommendations arising from previous inquiries of relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse* (Final Report, May 2015) 134, 140.
149. Victorian Equal Opportunity and Human Rights Commission, *Independent Review into sex discrimination, sexual harassment, including predatory behaviour in Victoria Police: Phase 2 Audit* (State of Victoria, 2017) 44.
150. Victorian Public Sector Commission, 'Duties and responsibilities of boards and board directors' (Web Page, 13 November 2020) <<https://vpssc.vic.gov.au/html-resources/integrity-guide-for-new-board-directors/duties-and-responsibilities-of-boards-and-board-directors/>>.

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