

2026 Progress report for: Peninsula Health (now known as Peninsula Care Group of Bayside Health)

About this template

This template helps you to develop your progress report (PR).

Using this template is required under the [Gender Equality Regulations 2020](#).

The template consists of four main sections:

- Cover page (recommended)
- Gender impact assessments (**required** and recommended items)
- Progress against the workplace gender equality indicators (**required** and recommended items)
- Strategies and measures (**required** and recommended items).

There are required and recommended components. These are clearly marked in this template and in the [2026 progress report guidance](#).

Completing both the required and recommended components will help you report on your progress, as required under the *Gender Equality Act 2020*.

How to use this template

You must complete **all** the required components.

The 'recommended' components are optional but highly recommended, where possible.

This template is designed to be used with the [2026 progress report guidance](#). Using the guidance is not required. But it will help you to develop your progress report.

This template links to the relevant guidance under each component.

Note that:

- 'PR' refers to progress report.
- 'Indicator' refers to the [workplace gender equality indicators](#).

Submission

You must submit your progress report through the [reporting platform](#) by **1 May 2026**.

Supporting documents will not be accepted in this reporting cycle. Include all the information in your 2026 progress report.

Visit [how to submit and publish your progress report](#) in the 2026 progress report guidance for further submission advice.

Before submission, feel free to:

- remove page 1 of this template
- remove instructional text
- edit paragraph spacing and any other document formatting, where relevant.

Cover page

Organisation name (required)	Peninsula Health (now known as Peninsula Care Group of Bayside Health)
Total number of employees (and full-time equivalent FTE), as at 30 June 2025	Total employees: 7655 Total FTE: 4,990.53
Response rate to employee experience survey	People Matters 2025 Response Rate 4%
Contextual information	Peninsula Health became part of Bayside Health on 1 January 2026 following the merger of the former Peninsula Health, Alfred Health, Kooweerup Regional Health Service, Bass Coast Health and Gippsland Southern Health Service. This progress report relates to the former Peninsula Health's workforce and reflects the organisation's progress against the Gender Equality Act 2020 reporting requirements for the reporting period 1 July 2024 to 30 June 2025. Where relevant, results should be interpreted in the context of a large metropolitan public health service with a predominantly clinical workforce and a workforce composition that is historically female dominated.
Location (metropolitan, regional or rural. If other, please specify)	Metropolitan

Attestation by head of organisation (required)

I confirm that:

☒ I am the head of organisation (CEO or equivalent).

☒ I have reviewed and approved the submission of this progress report on behalf of my organisation (as named above). I attest to providing truthful and accurate information.

☒ I attest that my organisation has completed all relevant gender impact assessments under the Gender Equality Act 2020, or I have explained why not in the comment box below.

Any comments?	
Name	Adam Horsburgh
Role title	Chief Executive, Bayside Health
Signed	
Date	23 July 2026

Step 1: Reporting on gender impact assessments (GIAs)

Section 1.1 Confirming GIA exemptions (required)

If you have not listed any GIAs, please choose one or more permitted reason:

- ☐ Reporting on the GIA(s) would make the progress report an exempt document. This is within the meaning of the *Freedom of Information Act 1982*.
- ☐ Reporting on the GIA(s) would result in a disclosure prohibited by a different Act.
- ☐ Reporting on the GIA(s) would reveal confidential information.
- ☐ Your organisation had no policies, programs or services requiring a GIA. This is under the parameters of the *Gender Equality Act 2020*.
- ☒ None of these apply (**go to 1.2**).

Section 1.2 Describing policies, programs and services subject to a GIA (required and recommended)

Ref #	A: Title (required)	B: Subject (required)	C: Description of the policy, program or service (required)	D: Status (required)	E: Description of gendered impacts (recommended)
1.	Improving Sexual Safety on Mental Health Inpatient Units	Policy	Working alongside Safer Care Victoria's Mental Health Improvement Program as a pilot site to improve sexual safety on mental health inpatient units using an implementation science approach.	New	
2.	Pathway to Good Health – Multidisciplinary Clinic	Service	Pathway to Good Health is a program which receives referrals from the Department of Families, Fairness and Housing Vic (Child Protection) for Children aged 0 – 17 years entering the Out of Home Care system. This service includes Health Navigation and Multidisciplinary Health assessment and needs planning.	New	
3.	Frankston Hospital Redevelopment – Applying a Gender Lens to Design	Service	The Victorian Government is delivering a \$1.4 billion redevelopment of Frankston Hospital. This is the largest ever health infrastructure investment in Melbourne's south-east. The redevelopment will transform services at the hospital, delivering a new tower with 12 levels of clinical services, extended mental health and oncology services and 15 new operating theatres. The redevelopment will also deliver expanded Emergency Department and expanded women's and children's services including new maternity, obstetrics and paediatric wards, a women's clinic and a special care nursery. As spaces are experienced differently by people of different genders, the architecture and design of the building was analysed with a gender lens. This is to ensure that people of all genders feel welcome, safe and included when they enter the hospital and contribute to an environment that celebrates and strengthens diverse community inclusion.	New	
4.	Improving Maternity Service Experience for First Nations peoples through Design	Service	The Victorian Government is delivering a \$1.4 billion redevelopment of Frankston Hospital. This is the largest ever health infrastructure investment in Melbourne's south-east. The redevelopment will transform services at the hospital, delivering a new tower with 12 levels of clinical services, extended mental health and oncology services and 15 new operating theatres. The redevelopment will also deliver expanded women's and children's services including new maternity, obstetrics and paediatric wards, a women's clinic and a special care nursery. A core pillar of this redevelopment is the co-design and implementation of culturally safe and inclusive maternity services tailored for First Nations women, developed in partnership with Koori Maternity Services and community leaders. The maternity service enhancements are built on four strategic objectives: • Deliver culturally safe, inclusive, and high-quality pregnancy care. • Acknowledge the lived expertise and community-led input from Koori Maternity Services.	New	

			- Embed Aboriginal cultural traditions, spiritual practices, and design into the design of maternity care services. - Foster an inclusive environment benefitting all women at Frankston Hospital through cultural integration and awareness.		
5.	Consumer feedback – guideline and procedure	Policy	Complaints and experience feedback service and processes	Up for review	Reviewed in light of First Nations, LGBTIQ+, disability, low socioeconomic background, NESB
6.	Infant Child and Youth 17 Yuille Street Redevelopment	Service	Construction of a new Infant, Child and Youth building for the Youth Community Stream (IYAT & ABC) within the Mental Health and Wellbeing Service.	Choose an item.New	Impacts considered: Gender; People who identify as Aboriginal and Torres Strait Islander; People of different sexual orientations; people with disability; People of different ages; People from culturally and linguistically diverse backgrounds; People of different religious faiths; People with mental health conditions; People in insecure housing or unhoused people; People in contact with the criminal justice system and people from various socio-economic backgrounds and different needs in relation to transport.
7.		Choose an item.		Choose an item.	
8.		Choose an item.		Choose an item.	
9.		Choose an item.		Choose an item.	
10.		Choose an item.		Choose an item.	

Section 1.3 Describing actions taken as a result of a GIA (required and recommended)

Ref #	F: Were actions taken as a result of the GIA? (required)	G: Describe the actions taken as a result of the GIA in order to: - Meet the needs of people of different genders; and/or - Promote gender equality; and/or - Address gender inequality. If you did not take action, write N/A here and explain why in (H). (required)	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here. (required)	I: Describe: How and why intersectionality was considered (or not) (required)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)? (recommended)
1.	Yes (go to column G)	Person centred, gender sensitive, trauma informed and culturally competent care to be provided to all consumers, at all times. This is to be supported by training, education and reflective practice in addition to ongoing requirements as per the Rainbow Tick accreditation held by Peninsula Care Group. New build mental health units (due to open early 2026) have more flexible spaces, including the ability to create 'pods' for more vulnerable consumer groups (women, transgender, young persons). It is recommended that these be used to support gender sensitive care and the principles of improving sexual safety on mental health inpatient units and learnings from this initiative. New build will also have single rooms and private bathrooms. Acknowledging the impact of cognitive decline on sexual safety and other behaviours of concern, the CPG promotes positive and therapeutic interventions (including	N/A	Conducting research for the EIA, the following needs were identified for each group. People of all genders, including non-binary or gender diverse people and people of different sexual orientations, LGBTQIA+ Needs - Gender sensitive practice - Gender sensitive language - Safe spaces - Orientation to mutual obligations around sexual safety and reporting Challenges - Mixed sex units - Stigma (including in reporting incidents and males reporting incidents) - Shared bathrooms	

		environmental and process adaptations) for consumers identified as being at risk of initiating or being the victim of a sexual safety incident. Accommodations for materials for older adults (format and word choice) developed in collaboration with consumers and clinicians. In collaboration with working group, YPARC manager working with clinical team, lived experience and consumers to adapt material to better appeal to young people. Acknowledging the impact of mental illness on sexual safety and other behaviours of concern, the CPG promotes positive and therapeutic interventions (including environmental and process adaptations) for consumers identified as being at risk of initiating or being the victim of a sexual safety incident.		• Being misgendered in person or within documentation • Gender specific staffing needs People of with a disability (cognitive, physical, sensory etc) Needs • Safe environment • Gender specific staffing needs (incl. assistance with self-care) • Privacy considerations during care needs • Challenges • Disinhibition due to cognitive impairments (incl. language, touching and disrobing) • Vulnerability from others • Witnessing actions of other consumers People of different life stages (children and young people, older adults) Needs • Safe environment • Orientation to mutual obligations around sexual safety and reporting • Gender sensitivity when assisting with personal care • Challenges • Gender specific staffing • Older and younger person may have differing knowledge and awareness of sexual safety People with mental health conditions Needs • Safe environment • Trauma informed care • Challenges • Increased experience of exposure to trauma, including sexual abuse • Fear of not being believed • Social isolation, low self-esteem and confidence • Impaired social and communication skills • Impaired judgment • Vulnerability	
2.	No (go to column H)		Longer term, it would be preferable to offer alternate days for the assessment clinic session- to meet the needs of carers who are in the workforce who may require more flexibility with appointment scheduling and travel to/from the clinics. However, presently the funding of the program is prohibitive as it only costs for one-day of funding for the Paediatrician per week.		

			As the program is newly developed and is piloting in the catchment, there are a number of improvement activities underway. The Pathway to Good Health team are working toward a video which will provide a culturally safe and equitable approach to information provision. This video will promote the needs of the child/ren to access the clinic, but also shows the environment, key staff members, parking facilities etc. This is designed as a response to the lower than average levels of health literacy which are common in the population of clients and families where Child Protection orders are in place.		
3.	Yes (go to column G)	• Extensive consultation with consumers and staff to ensure that the building design meets specific gendered needs and reduces barriers • Well lit, covered parking that is located close to the Main Entrance to enable safe access during off-peak times. • Multi-level car park includes fixed Help Points connected to a 24/7 Security Control Office, along with full CCTV coverage and sensor-activated lighting • Access control operates across the hospital to provide swipe card only entry to specific departments – such as birthing, special care nursery, paediatrics • Toilets are all gender and are secure, self-contained with a wash basin and have floor to ceiling walls. • Parent change rooms and wheelchair-accessible amenities are provided within each ward and public area. Staff-only end-of-trip facilities offer individual changing rooms and dry clothes areas for all genders. • Inpatient units are made up of 50% shared room with Ensuite and 50% single rooms to support separation of genders or vulnerable patients. Multi-bedrooms (for two patients) will only accommodate inpatients of the same sex. • All rooms in Mental Health and Wellbeing Services provide single ensuite accommodation with the ability to separate the floor into pods • Single rooms provide a comfortable sleep area for a carer or family member to meet the needs of patients who would prefer to have a carer or family member staying overnight • Play areas and spaces for families are located away from entry and exit points in waiting areas and within departments. • Wayfinding solution provides multiple options to support patient/ visitor needs including a digital solution supported by 6 language options, directory boards, strategically located volunteer and reception desks, strategic placement of signs and use of pictograms. • Reflective Space can be separated by a curtain to enable segregation of genders if that is culturally appropriate.	N/A	Religious beliefs, cultural background, LGBTIQ+. This focus acknowledges that women across these groups face multiple, intersecting inequalities. Women, men and gender diverse people have specific requirements and experiences of privacy, accessibility and safety. LGBTIQ+ people have lower health outcomes than cis-gendered heterosexual people. Building design can promote inclusion and acceptance from the outset by intentionally creating spaces that are accessible, welcoming, and responsive to the diverse needs, identities, and experiences of all users. Women often feel unsafe in public spaces and modify their behaviour to mitigate risks, particularly in the evenings. This fear is influenced by factors like inadequate lighting, lack of clear visibility, and perceptions of poorly designed public spaces. Children are more likely to be in the care of a woman when they attend ED or have an inpatient stay.	
4.	Yes (go to column G)	Design features	N/A	This initiative exemplifies how healthcare infrastructure can be thoughtfully co-designed	

		- Welcome to Country installations, including a prominent sandstone entrance panel. - Environmental graphics and themed floors that for Level 3 – Women's Outpatients are celebrating Bass Strait ("Healing Country, Healing People") and for the Level 5 – Maternity, Birthing and Special Care Nursery floor celebrate Monmar/Point Nepean ("Sharing Knowledge"). - Integration of artefacts (coolamons, possum cloaks, beaded necklaces) and Aboriginal storytelling throughout public and clinical areas. Clinical Areas - Maternity Outpatient Area: culturally informed waiting & consult rooms, Indigenous art displays. - Birthing Suite: co-designed with Koori midwives, featuring timber-and-etched joinery, vinyl nature inlays, cultural artefact displays, and a birthing bath. - Inpatient Rooms: include graphic overlays in an inpatient room supported by a lounge, cultural artefact display that can be accessed by patients, an outdoor terrace and a bed for a family member to sleep over.		to uphold equity, respect, and empowerment for First Nations communities while honouring cultural identity, land connection, and traditional birthing practices. Key consumers are: - Aboriginal women - Women carrying Aboriginal babies - Extended families supporting pregnancy and birth Needs and Barriers Birth is often a deeply spiritual and culturally significant event for Aboriginal people, with strong connections to "country" (land) and traditional birthing practices. Hospital births can mean a separation from these cultural contexts and support systems. For many Aboriginal women, hospitals can feel like an alienating and unfamiliar environment. Contributors to the erosion of trust and anxiety may include: - Historical and ongoing experiences of racism and discrimination within the healthcare system - Impacts of intergenerational trauma, including through the Stolen Generations or through fears of involvement from the Department of Social Services. - Past negative experiences in healthcare settings can contribute to anxiety about future births in hospitals. Some women may have experienced disrespect, coercion, or lack of culturally safe care in previous encounters, leading to a reluctance to access hospital-based services. Aboriginal women and women who are mothers to Aboriginal children are likely to attend maternity visits accompanied by their small children.	
5.	Yes (go to column G)	Processes included to specifically address consumer with the following backgrounds: First Nations, LGBTIQ+, disability. No gender specific issues identified.	N/A	Reviewed in light of First Nations, LGBTIQ+, disability, low socioeconomic background, NESB. Gender: no known difference in male, female or non-binary access to feedback processes. LGBTIQ+: known to at times be reluctant to provide feedback due to past experience of discrimination. More likely to provide anonymous feedback as a result. However, this makes investigating those complaints more difficult. In the past have not tracked	

				complaints from this group, resulting inability to identify themes for this specific group. First Nations: known reluctance to provide feedback often as a result of historical issues with institutions and authority. May have less access to computers for online feedback processes. More likely to respond via relational lines. Disability: known restrictions in providing feedback depending on disability. May require additional supports to provide feedback. All current options rely on person providing the feedback to understand and write in English.	
6.	No (go to column H)	N/A	The building and service design features were incorporated from the outset to support accessibility, safety, and inclusivity for a diverse client base. Through the Equity Impact Assessment (EIA) process, these design decisions were reviewed and confirmed as effectively addressing the needs of clients across gender, cultural and religious backgrounds, as well as those experiencing mental health challenges and homelessness. The assessment verified that the existing design elements appropriately support equitable access, dignity, and wellbeing, and therefore no additional actions are required at this time. This includes: • All-gender toilets and a dedicated parent's room with breastfeeding and baby-change facilities included; private alternatives available if needed. • Aboriginal and Torres Strait Islander artwork selected with cultural approval; organisational materials support connection to liaison officers. • Universal design principles applied: accessible entry, drop-off zone, wide spaces, lift access, low-stimulus waiting areas, and reduced noise consultation rooms. • Service design aligned with LGBTQIA+ inclusion and Rainbow Tick standards. • Spaces cater to all ages: family-friendly waiting areas, pram accessibility, age-appropriate zones, and Wi-Fi access. • Clear, plain-English signage with visual aids; interpreting services supported, with further consideration for diverse language needs. • Religious and cultural inclusion considerations to be further addressed in service design. • Discreet building signage and quieter access points to protect privacy of consumers.	• Gender diversity: Barriers include lack of inclusive facilities, misgendering, discrimination, and stigma around gender identity. • Aboriginal and Torres Strait Islander people: Barriers include distrust due to intergenerational trauma, racism, and culturally unsafe care. • Disability: Barriers include physical inaccessibility, sensory overstimulation, navigation challenges (vision/hearing), and stigma. • Sexual orientation (LGBTQIA+): Barriers include fear of disclosure, stigma, and pathologising of identity. • Age groups: Barriers include lack of family facilities, environments not suited across age ranges, and mobility challenges for older adults. • Culturally and linguistically diverse communities: Barriers include language difficulties, cultural misunderstandings, and racism. • Religious backgrounds: Barriers include conflict with beliefs and risk of discrimination. • Mental health consumers: Barriers include stigma and fear of being seen accessing services. • Insecure or no housing: No major barriers identified, but ongoing consideration needed. • Justice-involved individuals: Barriers include stigma, discrimination, and need for safe, appropriate environments to manage risk. • Socio-economic disadvantage: Barriers include transport access and affordability issues.	

			• Safety features include duress systems, dual-exit rooms, and planned responses to aggression. • Accessible location with public transport and bike parking; service design to consider additional support for lower socio-economic groups.		
7.	Choose an item.				
8.	Choose an item.				
9.	Choose an item.				
10.	Choose an item.				

Step 2: Reporting on progress against the indicators

Section 2.1 Describing progress against the workplace gender equality indicators (required and recommended)

K: Indicator *	L: Progress data (required)	M: Additional progress data (recommended)	N: Has progress been made? (required)	O: Explain how the data does (or does not) demonstrate progress. (required)
1	Critical performance measures Gender composition of the duty holder organisation: 2023: Women 79.1% Men 20.8% Self-described 0.1% 2025: Women 79.1% Men 20.9% Gender composition of part time workers in the duty holder organisation: 2023: Women 67.7% Men 48% Self-described 75.0% 2025: Women 68.2% Men 48.2% Self-described 50.0% Gender composition of senior leaders in the duty holder organisation: 2023: Women *** Men *** Self-described *** 2025: Women 63.0% Men 37.0% Self-described 0.0% (*** Means data is unavailable for this result)		No	The gender composition of the organisation's workforce remained unchanged between 2023 and 2025, with women comprising 79.1% of employees in both periods. The proportion of men increased marginally from 20.8% to 20.9%, while representation of self-described employees was minimal and not reported in 2025. This stability indicates that no material progress has been made in shifting overall workforce gender balance and reflects broader sector-wide trends of persistent feminisation of the health workforce. Analysis of part-time employment shows that women continue to have a higher representation in part-time work arrangements, increasing slightly from 67.7% in 2023 to 68.2% in 2025. Men's participation in part-time work remained relatively stable (48.0% to 48.2%). This indicates that part-time work continues to be more strongly associated with women, consistent with national patterns where women disproportionately undertake caring responsibilities and utilise flexible work arrangements as reported in the Australian government Gender Equality Strategy, in the Status of Women section. Representation of self-described employees in part-time work decreased from 75.0% to 50.0%, though the small cohort size limits interpretation. While broader workforce trends and sector demographics influence gender composition, we recognise the need for continued action to support greater gender balance across occupational groups. This will be considered as part of the next Bayside GEAP through targeted strategies to improve equitable participation and representation. In relation to senior leadership, 2025 data indicate that women comprise 63.0% of senior leaders, compared to 37.0% men. While no comparative data is available for 2023, this suggests that women are well represented at senior levels, exceeding gender parity. In a sector where women are the majority of the workforce, this may indicate alignment between workforce composition and leadership representation, rather than underrepresentation of men in leadership roles. The data demonstrates stability rather than significant change in workforce gender composition. Women remain the majority of the workforce, including in part-time roles and senior leadership, reflecting broader workforce patterns in the Australian public health sector. However it is recognised that broader sector trends do not remove the need for continued organisational focus and targeted action to progress gender equality outcomes.
2	Critical performance measures Gender composition of the duty holder organisation's governing body: 2023: Women 77.8% Men 22.2% Self-described 0.0% 2025: Women 50.0% Men 50.0% Self-described 0.0%		Yes	Between 2023 and 2025, there has been a significant shift toward gender balance in the composition of the organisation's governing body. The proportion of women decreased from 77.8% in 2023 to 50.0% in 2025, while the proportion of men increased from 22.2% to 50.0%. This represents a transition from a female-majority governing body to full gender parity. The achievement of a 50:50 gender composition at the governing body level is a positive indicator of structural equity in leadership and decision-making, supporting more balanced governance and oversight. This is particularly relevant in a sector where workforce composition is predominantly female, as it demonstrates a move toward gender diversity at the highest levels of organisational leadership. No representation of self-described gender categories is recorded in either reporting period, which limits assessment of inclusivity beyond the binary gender categories and highlights an opportunity to strengthen diversity and data capture practices at the governance level. Overall, the data demonstrates clear and meaningful progress toward gender equality in governance, with the organisation achieving gender parity on its governing body between 2023 and 2025. This represents a strong outcome in the context of the Australian public health sector and reflects alignment with broader gender equality objectives.

3	Critical performance measures Mean total remuneration gender pay gap by occupation group: • 2023: <table><tr><th>Occupation Grp</th><th>Women</th><th>Self- described</th></tr><tr><td>1 Managers-</td><td>5.0%</td><td>***</td></tr><tr><td>2 Professionals</td><td>40.2%</td><td>59.3%</td></tr><tr><td>3 Technicians and Trade workers</td><td>1.2%</td><td>***</td></tr><tr><td>4 Community and Personal Service</td><td>-1.4%</td><td>16.1%</td></tr><tr><td>5 Clerical and Admin Workers</td><td>24.2%</td><td>***</td></tr><tr><td>6 Sales Workers</td><td>***</td><td>***</td></tr><tr><td>7 Machinery Operators and Drivers</td><td>0.6%</td><td>***</td></tr><tr><td>8 Labourers</td><td>2.3%</td><td>1.1%</td></tr><tr><td>All Occupations</td><td>35.2%</td><td>55.1%</td></tr></table> (*** Means data is unavailable for this result) • 2025: <table><tr><th>Occupation Grp</th><th>Women</th><th>Self- described</th></tr><tr><td>1 Managers-</td><td>1.6%</td><td>***</td></tr><tr><td>2 Professionals</td><td>39.9%</td><td>50.3%</td></tr><tr><td>3 Technicians and Trade workers</td><td>3.7%</td><td>***</td></tr><tr><td>4 Community and Personal Service</td><td>0.5%</td><td>***</td></tr><tr><td>5 Clerical and Admin Workers</td><td>26.4%</td><td>***</td></tr><tr><td>6 Sales Workers</td><td>***</td><td>***</td></tr><tr><td>7 Machinery Operators and Drivers</td><td>15.6%</td><td>***</td></tr><tr><td>8 Labourers</td><td>2.5%</td><td>7.2%</td></tr><tr><td>All Occupations</td><td>35.2%</td><td>55.1%</td></tr></table> (*** Means data is unavailable for this result) Mean total remuneration senior leader gender pay gap: • 2023: Women *** Self-described *** • 2025: Women 28.8% Self-described *** (*** Means data is unavailable for this result) Supplementary measures Mean base salary pay gap: • 2023: Women 36.2% Self-described 52.1% • 2025: Women 35.4% Self-described 49.8% Median total remuneration pay gap: • 2023: Women 14.0% Self-described 36.6% • 2025: Women 14.0% Self-described 30.5%	Occupation Grp	Women	Self- described	1 Managers-	5.0%	***	2 Professionals	40.2%	59.3%	3 Technicians and Trade workers	1.2%	***	4 Community and Personal Service	-1.4%	16.1%	5 Clerical and Admin Workers	24.2%	***	6 Sales Workers	***	***	7 Machinery Operators and Drivers	0.6%	***	8 Labourers	2.3%	1.1%	All Occupations	35.2%	55.1%	Occupation Grp	Women	Self- described	1 Managers-	1.6%	***	2 Professionals	39.9%	50.3%	3 Technicians and Trade workers	3.7%	***	4 Community and Personal Service	0.5%	***	5 Clerical and Admin Workers	26.4%	***	6 Sales Workers	***	***	7 Machinery Operators and Drivers	15.6%	***	8 Labourers	2.5%	7.2%	All Occupations	35.2%	55.1%		No	Between 2023 and 2025, the overall mean total remuneration gender pay gap for women remained unchanged at 35.2%, indicating no measurable progress at an aggregate level. The pay gap for self-described employees also remained high (55.1%), although interpretation is limited by incomplete data. At an occupational level, there is mixed movement across groups. The pay gap in Manager roles decreased (5.0% to 1.6%), indicating improvement toward pay equity in this category. In contrast, gaps remained consistently high among Professionals (40.2% to 39.9%) and increased in Clerical and Administrative roles (24.2% to 26.4%), highlighting ongoing inequity in large and highly feminised occupational groups. There were also notable increases in pay gaps in some areas, including Technicians and Trades Workers (1.2% to 3.7%) and Machinery Operators and Drivers (0.6% to 15.6%), indicating emerging or widening disparities. Community and Personal Service Workers moved from a negative gap (-1.4%) to near parity (0.5%), while Labourers remained relatively stable with a small increase (2.3% to 2.5%). The mean total remuneration gender pay gap for senior leaders was 28.8% in 2025. This indicates a substantial gap at senior levels, suggesting that gender pay inequity persists even where women are relatively well represented in leadership roles. Supplementary indicators show limited improvement overall. The mean base salary pay gap decreased slightly (36.2% to 35.4%), while the median total remuneration gap remained unchanged at 14.0%. The median base salary gap reduced from 5.8% to 3.9%, indicating some improvement at the midpoint of earnings. Pay gaps for self-described employees decreased across measures but remain significantly higher than for women, highlighting continued inequity for gender-diverse employees. The data indicates limited progress in reducing gender pay inequity between 2023 and 2025. While there have been incremental improvements in some areas, these are uneven and offset by persistent and, in some cases, widening gaps across key occupational groups. Overall, gender pay gaps remain substantial and largely unchanged at the organisational level. The findings suggest that structural factors, including occupational segregation and distribution across roles and seniority, are likely to contribute to observed outcomes. Strengthening pay equity outcomes will require targeted focus on high-gap occupational groups, remuneration practices within senior roles, and improved data capture for gender-diverse employees.
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	Median base salary pay gap: 2023: Women 5.8% Self-described 26.3% 2025: Women 3.9% Self-described 23.3%																																																																									
4	Critical performance measures Anonymous experience rate of sexual harassment: 2023: Women 7.2% Men 4.1% Self-described 18.8% 2025: Women 7.4% Men *** Self-described *** (*** Means data is unavailable for this result) Number of formal reports of sexual harassment: 2023: Women 4 Men 1 Self-described *** Other(+) *** 2025: Women 7 Men 2 Self-described *** Other(+) *** (*** Means data is unavailable for this result) + includes mixed gender and prefer not to say Supplementary measures Participants who said they reported sexual harassment: 2023: Women *** Men *** Self-described *** 2025: Women 5% Men *** Self-described *** (*** Means data is unavailable for this result) Reasons for not making a formal sexual harassment complaint: <table><tr><th>Response options</th><th colspan="2">Women</th><th colspan="2">Men</th><th colspan="2">Self Described</th></tr><tr><th></th><th>2023</th><th>2025</th><th>2023</th><th>2025</th><th>2023</th><th>2025</th></tr><tr><td colspan="7">Reasons indicating inadequate information and appropriate guidance</td></tr><tr><td>I didn't know how to make a complaint</td><td>***</td><td>10.5 %</td><td>***</td><td>***</td><td>***</td><td>***</td></tr><tr><td>I didn't know who to talk to</td><td>***</td><td>5.3%</td><td>***</td><td>***</td><td>***</td><td>***</td></tr><tr><td>I didn't think it was serious enough</td><td>57.4 %</td><td>36.8 %</td><td>***</td><td>***</td><td>***</td><td>***</td></tr><tr><td>I was advised not to</td><td>***</td><td>0.0%</td><td>***</td><td>***</td><td>***</td><td>***</td></tr><tr><td colspan="7">Reasons indicating a lack of trust and confidence in reporting process and/or outcomes</td></tr><tr><td>I believed there would be negative consequences for my career (eg. Opportunities for promotion, risk of being fired)</td><td>***</td><td>10.5 %</td><td>***</td><td>***</td><td>***</td><td>***</td></tr><tr><td>I believed there would be negative consequences for my reputation (eg. That I would be blamed or not</td><td>***</td><td>15.8 %</td><td>***</td><td>***</td><td>***</td><td>***</td></tr></table>	Response options	Women		Men		Self Described			2023	2025	2023	2025	2023	2025	Reasons indicating inadequate information and appropriate guidance							I didn't know how to make a complaint	***	10.5 %	***	***	***	***	I didn't know who to talk to	***	5.3%	***	***	***	***	I didn't think it was serious enough	57.4 %	36.8 %	***	***	***	***	I was advised not to	***	0.0%	***	***	***	***	Reasons indicating a lack of trust and confidence in reporting process and/or outcomes							I believed there would be negative consequences for my career (eg. Opportunities for promotion, risk of being fired)	***	10.5 %	***	***	***	***	I believed there would be negative consequences for my reputation (eg. That I would be blamed or not	***	15.8 %	***	***	***	***		No	The rate of sexual harassment experienced by women remained relatively unchanged between 2023 and 2025 (7.2% to 7.4%), indicating no meaningful reduction in prevalence. Data for men and self-described employees is unavailable for 2025, limiting assessment across all gender groups While initiatives have been implemented to improve awareness and capability, we acknowledge these actions have not yet translated into measurable reductions in sexual harassment experiences. Formal reports of sexual harassment increased from 5 to 9 between 2023 and 2025. This may indicate greater use of reporting mechanisms. Supplementary data indicates improved awareness, with a decrease in respondents reporting incidents were “not serious enough” to report (57.4% to 36.8%). Despite this, formal reporting remains low, with only 5% of women indicating they reported incidents in 2025. The primary barrier is a perceived lack of impact, with 63.2% of women believing reporting would not make a difference, alongside ongoing concerns about psychological safety, including reputational and career risks. Overall, the data suggests progress in awareness and reporting culture, but does not demonstrate a reduction in the prevalence of sexual harassment, indicating further work is needed to strengthen trust and confidence in organisational responses
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5	Critical performance measures Gender composition of recruited employees: 2023: Women 75.8% Men 23.9% Self-described 0.3% 2025: Women 69.7% Men 30.3% Self-described 0.0% Gender composition of employees who were promoted: 2023: Women *** Men *** Self-described *** 2025: Women *** Men *** Self-described *** (*** Means data is unavailable for this result) Perceptions of recruitment, by gender: 2023: Women 69.3% Men 68.0% Self-described 62.5% 2025: Women 64.3% Men 68.6% Self-described *** (*** Means data is unavailable for this result) Perceptions of promotion, by gender: 2023: Women 53.2% Men 53.3% Self-described *** 2025: Women 48.9% Men 60.0% Self-described ***		No	As a public primary health service, these results should be considered in the context of the Australian healthcare sector, where women have historically been and continue to be overrepresented in the workforce. While broader sector trends contribute to these outcomes, we recognise the importance of continued organisational focus and targeted actions to progress gender equality. Between 2023 and 2025, there has been progress toward a more balanced gender composition in recruitment outcomes, with men recruited increasing from 23.9% to 30.3%. However, women continue to comprise the majority of recruited employees. Data on the gender composition of employees who were promoted is unavailable for both reporting periods. Improving workforce reporting to enable analysis of promotion outcomes and equitable career progression will be a priority in the next Bayside GEAP. Perceptions of recruitment processes declined among women (69.3% to 64.3%), while men's perceptions remained stable (68.0% to 68.6%). This suggests that, despite strong representation in recruitment outcomes, women's confidence in fairness and transparency has softened.																																																								

	(*** Means data is unavailable for this result)			Perceptions of promotion processes also declined for women (53.2% to 48.9%) while increasing for men (53.3% to 60.0%), creating a widening gap in perceived fairness. While foundational actions have commenced through leadership development and recruitment improvements, further work is required to understand and address differences in employee experiences. Overall, the data suggests partial progress in recruitment outcomes; however, this has not translated into improved perceptions of fairness. These findings will inform development of targeted strategies in the Bayside GEAP.																								
6	Critical performance measures Average weeks of parental leave, by gender: 2023: Women 53.5 Men 1.6 Self-described *** 2025: Women 52.4 Men 3.0 Self-described *** (*** Means data is unavailable for this result) Uptake of flexible work, by gender: 2023: Women 4.9% Men 1.2% Self-described *** 2025: Women 1.7% Men 0.5% Self-described *** (*** Means data is unavailable for this result) Perceptions of flexible work culture, by gender: 2023: Women 64.3% Men 65.7% Self-described 62.5% 2025: Women 75.0% Men 77.1% Self-described *** (*** Means data is unavailable for this result) Supplementary measures Gender composition of parental leave takers: 2023: Women 94.4% Men 5.6% Self-described *** 2025: Women 83.3% Men 16.7% Self-described *** (*** Means data is unavailable for this result) Gender gap in carer’s leave: 2023: Women 30.7% Men 22.1% Self-described 25.0% 2025: Women 34.0% Men 23.6% Self-described *** (*** Means data is unavailable for this result)		No	The data indicates mixed progress in relation to parental leave and flexible work, with some positive shifts alongside ongoing structural gender differences. The average duration of parental leave taken by women remains significantly higher than for men, decreasing slightly from 53.5 weeks in 2023 to 52.4 weeks in 2025. In contrast, men’s average parental leave increased from 1.6 weeks to 3.0 weeks over the same period. While this represents a positive increase in men’s uptake, the overall disparity remains substantial, reflecting ongoing gender norms in caring responsibilities consistent with national trends. This pattern is reinforced by the gender composition of parental leave takers. While women continue to account for the majority of leave takers, their proportion decreased from 94.4% in 2023 to 83.3% in 2025, with a corresponding increase in men’s uptake (5.6% to 16.7%). This shift suggests emerging progress toward a more equitable distribution of caregiving responsibilities, although women remain significantly overrepresented. The gender gap in access to carer’s leave has widened slightly. Women’s utilisation increased from 30.7% to 34.0%, while men’s increased from 22.1% to 23.6%. This indicates that women continue to bear a disproportionate share of caring responsibilities, despite some increase in men’s participation. Uptake of flexible work arrangements decreased substantially for both women and men between 2023 and 2025. Women’s uptake declined from 4.9% to 1.7%, and men’s from 1.2% to 0.5%. This reduction may indicate changes in organisational usage patterns, access, or reporting, and suggests that flexible work is being utilised at relatively low levels overall. In contrast, perceptions of flexible work culture improved significantly across both groups. Positive perceptions increased from 64.3% to 75.0% for women and from 65.7% to 77.1% for men. This suggests that while confidence in organisational support for flexible work has strengthened, this has not translated into increased uptake. This divergence may indicate the presence of structural or operational barriers to accessing flexible work arrangements, despite a positive cultural shift. Overall, the data suggests incremental progress in men’s participation in parental leave and caregiving. However, gender disparities persist and further work is required to understand barriers and strengthen equitable access to flexible work and caring arrangements.																								
7	Critical performance measures Occupational gender segregation: 2023: <table><tr><td>2023</td><td>Women</td><td>Men</td><td>Self-described</td></tr><tr><td>1 Managers</td><td>73.1%</td><td>26.9%</td><td>***</td></tr><tr><td>2 Professionals</td><td>79.3%</td><td>20.7%</td><td>0.0%</td></tr><tr><td>3 Technicians and Trades Workers</td><td>60.8%</td><td>39.2%</td><td>***</td></tr><tr><td>4 Community & Personal Service Workers</td><td>89.0%</td><td>10.8%</td><td>0.2%</td></tr><tr><td>5 Clerical & Administrative Workers</td><td>82.7%</td><td>17.3%</td><td>***</td></tr></table>	2023	Women	Men	Self-described	1 Managers	73.1%	26.9%	***	2 Professionals	79.3%	20.7%	0.0%	3 Technicians and Trades Workers	60.8%	39.2%	***	4 Community & Personal Service Workers	89.0%	10.8%	0.2%	5 Clerical & Administrative Workers	82.7%	17.3%	***		No	Overall workforce composition remained largely unchanged between 2023 and 2025 (79.1% women in both years), indicating that no material shift in overall gender balance has occurred. This stability suggests that progress in occupational gender equity is occurring, if at all, within occupational categories rather than across the workforce as a whole. Changes within occupational groups There are mixed shifts across occupational categories, with some movement toward and away from gender balance: - Managers: The proportion of women increased significantly from 73.1% to 83.9%, while men decreased from 26.9% to 16.1%. While this reflects strong representation of women in leadership, it does not indicate improved gender balance, but rather increased female concentration in management roles. - Professionals: No change (79.3% women, 20.7% men). This indicates ongoing occupational segregation, with women remaining highly concentrated in professional roles. Note that nursing roles sit within this category; this is a key consideration, as the nursing workforce is highly feminised (approximately 85–90% female), which may influence overall gender distribution within this occupational group.
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1 Managers	73.1%	26.9%	***																									
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1 Managers	83.9%	16.1%	***																																										
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*Indicators (column K)

- Gender composition of all levels of the workforce
- Gender composition of the governing body
- Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
- Sexual harassment in the workplace
- Recruitment and promotion practices in the workplace
- Availability and utilisation of terms, conditions and practices relating to: family violence leave, flexible working arrangements, and working arrangements supporting employees with family or caring responsibilities
- Gendered segregation within the workplace

Section 2.2 Describing factors limiting and contributing to progress (required)

P: Indicator	Q: Did any of the factors listed below limit or contribute to your	R: Explain how any factor(s) limited or contributed to your progress. If ‘none’ is selected, write N/A and move to (S) (required)	S: List the strategies implemented that contributed to or aligned with the indicator. (required)
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	progress?*(required)		
1	☐ None ☐ a ☒ b ☐ c ☐ d ☐ e ☐ f ☐ g	The gender profile of Victoria's public health workforce reflects the predominance of roles such as nursing, midwifery and allied health, which have historically attracted a higher proportion of women. This is reinforced by strong female representation in relevant education pathways and the availability of flexible and stable working conditions within the public sector. Collectively, these factors contribute to a workforce that is predominantly female workforce, although gender distribution may vary across occupational groups and seniority levels. While broader sector trends contribute to these outcomes, we recognise the importance of continued organisational focus and targeted actions to drive progress toward gender equality.	- Reviewed and updated Recruitment and Selection Policy to improve equitable hiring - Updated recruitment tools and templates for consistent practices which aligned with the organisations people capability framework - Embedded unconscious bias and inclusive recruitment training in leadership programs - Increased visibility and uptake of flexible work options - Highlighted on the Careers Portal accessible to all staff - Embedded into the annual performance conversations procedure - Delivered leadership capability programs (e.g. Leading Other, Leading Teams and Manager Essentials) to support equitable decisions - Progressed Aboriginal Employment Strategy to strengthen workforce diversity - Delivered mandatory and targeted training (e.g. Appropriate Workplace Behaviour) to support inclusive culture
2	☐ None ☐ a ☐ b ☒ c ☐ d ☐ e ☐ f ☐ g	Board Director recruitment process is managed by Department of Health, Peninsula Care Group does not have access to any documentation relating to this.	Board Director recruitment process is managed by Department of Health, Peninsula Care Group does not have access to any documentation relating to this.
3	☐ None ☐ a ☒ b ☐ c ☒ d ☐ e ☐ f ☐ g	Progress in reducing the gender pay gap across occupation groups was influenced by a range of structural, workforce, and operational factors. The award structures and classification systems that the public health workforce operates under, can constrain remuneration flexibility, influencing pay gap outcomes. Occupational distribution may also contribute to pay gap outcomes. The size and occupational complexity of the organisation, with a large, highly segmented workforce spanning clinical, operational, and corporate roles continues to drive variation in pay outcomes. This is reflected in persistent gaps in Professional roles (39.9% in 2025, largely unchanged) and Clerical and Administrative roles (increasing from 24.2% to 26.4%), where gender concentration and classification structures influence remuneration outcomes. Improvements in Manager roles (reduction from 5.0% to 1.6%) suggest progress at senior levels, although this is not yet consistently reflected across the broader workforce. The nature and circumstances of the health workforce, including gendered workforce distribution (e.g. higher proportions of women in part-time, lower-paid, or award-classified roles), may be an influence. Regulatory and industrial frameworks, including enterprise agreements, award classifications, and public sector remuneration settings, constrain the organisation's ability to directly adjust pay at an individual or role level. While these frameworks ensure equity and consistency, they limit flexibility to rapidly address identified pay disparities within occupational groups. Initial movement in previously negative or low-gap areas (e.g. Community and Personal Services shifting from -1.4% to 0.5%), reflecting more consistent remuneration patterns overall, while underlying structural drivers continue to limit rapid change in mean pay gap measures, there is evidence of incremental progress in areas within organisational influence. Sustained improvement will depend on longer-term strategies addressing workforce composition, career progression, and representation across occupation groups. Resourcing of roles to develop and enact longer-term strategies also impacted progress, with only .5 FTE available.	0.5 FTE appointed to Gender Program Manager in Organisational Development Team. - Progressed development of Over Award Policy Guideline and Procedure to ensure more consistent and transparent pay decisions - Strengthened governance and oversight of remuneration practices, including executive and committee review in the Remuneration Committee. - Built leader capability (e.g. Leading Others, Leading Teams & Manager Essentials) in equitable decision-making for recruitment, performance and remuneration - Supported career progression to increase representation of underrepresented genders in higher-paid roles such as: - Approved Strong and Skilled business case to develop and deliver leadership programs - Updated the Development Conversations template to encourage rich and meaningful conversation on development opportunities, aligned with Peninsula Care Group's People Capability Framework

4	☐ None ☒ a ☒ b ☒ c ☐ d ☐ e ☐ f ☐ g	Progress on Indicator 4 was influenced by a combination of workforce, cultural, and system-level factors within a large metropolitan Victorian public health provider. Addressing sexual harassment within public health settings is complex due to the size and diversity of the workforce, 24/7 operational environments, multidisciplinary teams and interactions with patients, consumers and the broader community. These factors can create challenges in ensuring consistent awareness, prevention and reporting practices across all areas. As a public health service, some incidents involve patients, consumers or visitors, making prevention more complex while not reducing the organisation's responsibility. While these complexities influence how initiatives are embedded, we recognise the need for continued focus on strengthening prevention, trust in reporting processes and safe, respectful workplace cultures. Importantly, the data indicates mixed progress in reporting confidence and behaviour: Formal reports have increased (from 5 total in 2023 to 9 in 2025), which may indicate improved awareness and willingness to report, rather than an increase in incidents. Low reporting rates remain (only 5% of women who experienced harassment reported in 2025), highlighting ongoing barriers. Survey results show ongoing perceptions that reporting “would not make a difference” (63.2%) and concerns about career or reputational impacts. While the 2025 People Matter Survey response rate was low (4%) and should be interpreted with caution, we will continue to monitor confidence and trust in reporting processes. Sustained improvement will require ongoing focus on leadership behaviour, psychological safety, visibility of outcomes from complaints, and targeted interventions to address trust and confidence in reporting processes across all workforce groups.	- Achieved over 90% completion of mandatory Appropriate Workplace Behaviour training, strengthening awareness of sexual harassment and expected conduct - Embedded sexual harassment prevention and respectful workplace content into leadership programs (e.g. Manager Essentials) which equipped managers with skills in supporting team members who experienced inappropriate behaviour and where to find additional support and resources.
5	☐ None ☐ a ☐ b ☒ c ☒ d ☐ e ☐ f ☐ g	Career progression within the organisation is influenced by the structure of the Victorian public health sector, where many clinical and operational roles have defined career pathways linked to industrial classifications, qualifications, credentialing requirements and the availability of funded positions. In contrast, non-clinical and corporate roles generally provide greater flexibility in career pathways and progression opportunities. These structural differences influence workforce movement and the opportunities available to employees across different occupational groups. Recruitment outcomes are also influenced by workforce availability across professions, with recruitment reflecting the gender composition of applicant pools for many clinical occupations. While the proportion of men recruited increased during the reporting period, continued attention is required to ensure recruitment processes remain equitable and support gender diversity where opportunities exist. The organisation was unable to assess progress in promotion outcomes due to workforce reporting limitations, as comparable promotion data was unavailable for both reporting periods. Strengthening workforce reporting capability to improve visibility of promotions, acting opportunities, higher duties and career development pathways has been identified as a key area of focus. This will enable more robust monitoring of career progression and inform targeted strategies to support equitable career progression across all genders. Improving the availability and quality of this data has been identified as a priority for the next GEAP as Bayside Health.	- Reviewed and updated the Recruitment and Selection Policy to strengthen alignment with diversity and inclusion objectives - Strengthened fair recruitment practices through updated interview guides, question banks and recruitment checklists to support merit-based hiring decisions. - Embedded inclusive recruitment and unconscious bias training through leadership programs and online training modules building manager capability in fair recruitment, selection and decision-making. (e.g. Manager Essentials and Equal Employment Opportunity 251 recruiting managers have completed the Equal Employment Opportunity training and 98.5% reported an increase in knowledge and awareness of practices to support equal opportunity practices in recruitment. 98% of survey respondent felt confident to use the skills and knowledge covered in the Manager Essentials Effective Hiring Workshop (64 participants) - Increased transparency and access to flexible work options through intranet promotions and All Staff communications, supporting equitable participation and career progression - Continued implementation of diversity and inclusion initiatives (e.g. Aboriginal Employment Strategy) to broaden representation and access to opportunities - Engagement and partnerships with tertiary education providers ie Monash University
6	☐ None ☐ a ☒ b ☐ c ☐ d ☐ e ☐ f ☒ g	Workforce shortages and sustained service delivery pressures within the public health system can limit the practical uptake of flexible work arrangements, despite improvements in organisational culture and perceived support. Clinical services must maintain safe staffing levels, meet patient demand, and ensure continuity of care, which can reduce the feasibility of redesigning rosters or redistributing workloads to accommodate flexible arrangements. As a result, flexibility is often constrained by operational requirements, particularly in frontline and shift-based roles. Workforce changes must therefore be carefully balanced with quality and safety considerations. Role interdependencies, minimum staffing ratios, and the need for specialised skills coverage can make it more challenging to implement flexible arrangements such as reduced hours, job sharing,	- Increased visibility and promotion of flexible working arrangements through the Careers Portal and integration into Performance Development Review processes - Embedded consideration of flexible work and employee needs into leadership capability programs (e.g. Manager Essentials) as well as the Development Conversation procedures to encourage open dialogue. - Delivered Appropriate Workplace Behaviour training (90%+ completion), reinforcing inclusive, respectful workplace expectations

		or altered shift patterns at scale. This can contribute to lower uptake in practice, even where policies and leadership messaging are supportive. At the same time, there is evidence of increased male participation in parental leave and a shift in workplace norms regarding care responsibilities. Greater access to employer-funded parental leave, policy reforms, and broader societal changes have contributed to normalising men's use of leave entitlements. Improved perceptions of flexible work culture, along with increased visibility of male leaders taking parental leave, are also supporting this trend. While uptake remains lower compared to women, this gradual increase reflects progress toward more equitable sharing of caregiving responsibilities and may, over time, contribute to more balanced utilisation of flexible work arrangements across the workforce.	Continued refinement of communication and messaging (via diversity committees and networks) to improve awareness of available supports, including flexible work and safe workplace policies
7	☐ None ☐ a ☒ b ☐ c ☐ d ☐ e ☐ f ☐ g	Occupational gender segregation within Victorian public health organisations reflects entrenched workforce composition, education pathways, and historical norms associated with caregiving roles. Structural factors, including enterprise agreement classifications, defined clinical progression pathways, and work design characteristics, reinforce occupational boundaries and influence participation across roles. While women comprise the majority of the workforce overall, gender distribution varies by occupation and seniority, with ongoing impacts from both horizontal and vertical segregation patterns. While women are well represented in the overall workforce, men may be disproportionately represented in senior medical, technical, or executive roles. This vertical segregation can influence perceptions of career pathways and reinforce occupational stereotypes. Roles that offer part-time work, predictable rostering or flexibility, common in nursing and some allied health roles, can attract a higher proportion of women, particularly those balancing caring responsibilities. In contrast, roles with longer hours, on-call requirements or private practice opportunities may see higher male participation.	- Strengthened equitable recruitment and selection practices through policy updates and standardised tools such as updated interview guides, question banks, recruitment checklist supporting hires based on merit aligned with the People Capability Framework - Delivered leadership capability programs (e.g. Manager Essentials) to support equitable workforce decisions, including hiring, unconscious bias, inclusive recruitment, development and progression - Continued implementation of the Aboriginal Employment Strategy, broadening diversity across workforce groups

*Factors (column Q):

- a. the size of the organisation, including the number of employees
- b. the nature and circumstances of the organisation, including any barriers to making progress
- c. requirements that apply to the organisation under any other Act, including an Act of the Commonwealth
- d. the organisation's resources
- e. the organisation's operational priorities and competing operational obligations
- f. the practicability and cost to the organisation of making progress; and
- g. genuine attempts made by the organisation to make progress.

Step 3: Reporting on GEAP strategies

Section 3.1 Explaining incomplete strategies (if any) (required)

Several strategies within the Peninsula Care Group's GEAP were actions were that were designed as ongoing or required more complex implementation than initially anticipated. Specifically: • Action 1.1 (development pathways and secondments) remains in progress. While leadership programs and coaching initiatives have been implemented, broader elements such as structured mentoring, scholarship pathways and formal secondment programs have not yet been fully established and embedded across the organisation. • Action 4.2 (targeted support in response to sexual harassment concerns) has progressed through high training completion rates and inclusion in leadership programs; however, more targeted, localised interventions based on employee feedback are still being refined and embedded. • Action 4.3 (refinement of messaging through diversity committees and networks) has not been fully completed, as work is ongoing to develop consistent communication approaches and improve awareness of sexual harassment prevention, equitable recruitment, and flexible work options across all areas. • Action 3.1 (review of allowances and remuneration impacts), while initially marked as completed, has required further detailed analysis and policy development (including development of an Over Award Policy Guideline and Procedure) and remains an ongoing body of work to ensure outcomes are robust and sustainable. The primary reasons for these delays were: • the ongoing, behaviour and culture-focused nature of several actions, which require sustained effort over time rather than one-off delivery • the need for deeper analysis, governance oversight and policy development, particularly in relation to remuneration • the dependency on system and data improvements (e.g. HRIS and reporting capability) to support effective implementation and measurement Despite not being fully completed, all actions have progressed and have been incorporated into business-as-usual activities or will continue under the Bayside GEAP to ensure ongoing improvement.

Section 3.2 Describing achievements, challenges and learnings (recommended)

Key achievements • Successful review and update of Recruitment and Selection Policy and practices, improving alignment with diversity and inclusion objectives • Implementation of People Hub (HRIS) recruitment functionality, including new templates and tools to support consistent and equitable hiring practices • Achievement of over 90% completion of mandatory Appropriate Workplace Behaviour training, strengthening awareness of sexual harassment and expected behaviours • Introduction of the Manager Essentials program to uplift manager capability in key people practices, including managing performance, recruitment and workplace behaviours. The program embeds unconscious bias, inclusive recruitment practices and respectful workplace behaviours to support fair decision-making and create safe and inclusive teams. • Increased visibility and accessibility of flexible work options through the Careers Portal and inclusion in Development Conversation (Performance Development Review) processes • Continued implementation of the Aboriginal Employment Strategy, supporting more inclusive workforce outcomes • Delivery of civility and respectful workplace initiatives, reinforcing organisational values and behaviours • Successfully created the Equity Impact Assessment toolkit, manager training sessions and dedicated intranet page to support teams in completing these assessments. 84 managers attended EIA information sessions. 41 managers provided feedback with 97% confirming their knowledge of EIAs had increased and 100% confirming they know where to go for further support. Key challenges • Delivery of actions requiring sustained cultural and behavioural change (e.g. leadership capability, sexual harassment prevention, communication through diversity networks), which extend beyond a single reporting period • Complexity of remuneration-related work (allowances and pay gap analysis), requiring deeper data analysis, governance oversight and policy development than initially anticipated • Ensuring consistency of implementation across a large, operationally diverse organisation with varying local priorities • Resource and operational pressures, impacting the pace and breadth of delivery for some initiatives • Limitations in data capture, reporting capability and system maturity, affecting the ability to measure outcomes and track progress effectively Key learnings • The importance of focusing on a smaller number of high-impact, clearly defined actions aligned to organisational capacity • The need to embed gender equality initiatives into business-as-usual processes, rather than treating them as standalone activities • The critical role of data, systems and reporting capability in enabling meaningful measurement and informed decision-making

- The value of clear accountability and governance structures to support delivery and sustain progress
- Recognition that culture and behaviour change requires ongoing, long-term effort and should be reflected in future planning and timeframes

Section 3.3 Providing other updates on implementation (recommended)

- A strategic decision has been made to transition to a refreshed Gender Equality Action Plan, with a focus on fewer, higher-impact actions that are more achievable and measurable
- Many Peninsula Care Group's GEAP actions have now been embedded into business-as-usual processes (e.g. recruitment, leadership development, performance development and training), supporting sustainability beyond the life of the current plan
- Continued progress has been made to strengthen system capability, including enhancements to People Hub and exploration of improved gender data reporting (e.g. development of gender dashboards)
- Governance and oversight mechanisms (including committee structures and leadership programs) have been reinforced to support ongoing accountability for gender equality outcomes
- A stronger focus has been placed on leadership capability uplift, recognising the role of leaders in embedding gender equality, inclusion and respectful workplace behaviours
- Ongoing alignment has been maintained with broader organisational strategies, including Diversity and Inclusion initiatives and the Reconciliation Action Plan
- Work has commenced to ensure the Bayside GEAP is data-informed, with improved baseline metrics and clearer outcome measures to support more robust monitoring and evaluation
- Insights from the current reporting period are being used to inform future prioritisation, including the need for clearer ownership, stronger measures of success and alignment to organisational capacity

Section 3.4 Describing resourcing allocation (required)

The implementation of Peninsula Care Group's (PCG) GEAP strategies has been supported through a combination of dedicated people resources, existing organisational capability and integration into business-as-usual activities.

- Oversight and coordination of PCG's GEAP delivery has been led by the People and Culture function, with responsibility for driving key initiatives including recruitment, workforce capability, policy development and reporting
- Senior leadership and governance structures (including executive and relevant committees) have provided strategic direction, oversight and accountability for gender equality outcomes
- A number of initiatives have been delivered through existing organisational programs and resources, including:
 - leadership development programs (e.g. Manager Essentials, leadership capability programs)
 - mandatory and targeted training (e.g. Appropriate Workplace Behaviour, cultural awareness training)
 - recruitment and workforce systems (e.g. People Hub)
- PCG GEAP actions have been increasingly embedded into business-as-usual processes at Peninsula Care Group, reducing the need for stand-alone resourcing and supporting sustainability over time
- Subject matter expertise has been leveraged across the organisation, including HR, Organisational Development, Diversity and Inclusion leads and operational leaders, to support implementation within local contexts
- System and data capability uplift has been prioritised, with investment in HR systems and reporting improvements to enable better tracking, analysis and decision-making
- Some initiatives have required additional time and effort due to complexity, particularly those relating to remuneration analysis and policy development, which have been supported through existing governance and specialist input
- Allocation of a 0.5 FTE focused on progressing Gender Equality Obligations
- Overall, resourcing has been balanced within existing organisational capacity, with a continued focus on aligning effort to high-impact, sustainable actions

Any other additions or comments (optional)

The organisation has taken a deliberate and reflective approach to reviewing the effectiveness of the Peninsula Care Group GEAP, with a focus on embedding sustainable change rather than delivering one-off initiatives.

This reporting period has strengthened understanding of the importance of aligning gender equality actions with organisational capacity, governance, and enabling systems. It has also reinforced the role of leadership in driving meaningful and lasting outcomes.

Insights gained through implementation will inform the development of the Bayside GEAP, which will focus on fewer, more targeted actions with clearer measures of success and improved data capability to support monitoring and accountability.

The organisation remains committed to progressing gender equality as an ongoing priority, building on the foundations established through this plan.

