

2026 Progress report for: Bendigo Health

Cover page

Organisation name (required)	Bendigo Health
Total number of employees (and full-time equivalent FTE), as at 30 June 2025	Total employees: 5,421 Total FTE: 3,559
Response rate to employee experience survey	22% (1197 responses) – People Matter Survey conducted November 2025
Contextual information	Response rate to the employee experience survey was comparable across Bendigo Health's comparator grouping of like sized Victorian Public Health Services.
Location (metropolitan, regional or rural. If other, please specify)	Regional

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	Eileen Hannagan
Role title	Chief Executive Officer
Signed	
Date	27 April 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.	Specialist Dementia Care (SDCU) Unit	Program	The SDCU provides care for people exhibiting very severe behavioural and psychological symptoms of dementia which may also be described as responsive behaviours associated with dementia) who are unable to be effectively cared for by mainstream aged care services.	New	
2.	Free Tampons and Pads Program	Program	To provide free vending machines with pads and tampons in public places across Victoria	New	
3.	Antenatal Care Schedule - Midwife Led Care and Obstetrician Led Care Guideline	Policy	This guideline outlines the antenatal care schedule for low risk and high-risk pregnant women receiving antenatal care at Bendigo Health (BH)	Up for review	
4.	Anti-Racism Procedure and Guideline	Policy	Anti-racism procedure seeks to define direct and indirect racial discrimination so appropriate action can be taken using the avenues available within Bendigo Health and externally.	New	Women of colour often face both gender and racial discrimination. Men, particularly those from majority racial groups can benefit from education on the impacts of racism and the intersectional impacts faced by minority populations.
5.	Responsible use of Artificial Intelligence	Policy	This procedure details the requirements and process for the safe introduction and responsible use of Artificial Intelligence (AI) technologies at Bendigo Health (BH). BH embraces the use of AI to improve clinical outcomes and optimise operational efficiencies providing it delivers value, is ethical, reliable, transparent and secure, and complies with applicable laws and regulations.	New	

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)	The program has been developed for older people exhibiting very severe behavioural and psychological symptoms of dementia (BPSD). Which includes meeting the needs of those who might have disabilities, are from different cultural identities, ages, sexual orientations or religions.	N/A	The program has been developed for older people exhibiting very severe behavioural and psychological symptoms of dementia (BPSD). Which includes meeting the needs of those who might have disabilities, are from different cultural identities, ages, sexual orientations or religions.	
2.	Yes (go to column G)	Due to limited supply only 3 machines were available for the Female public toilet facilities, to address inequality for incontinent men and/or the trans community signage was designed and displayed in the male and disabled facilities.	N/A	Signage was made available for individuals using facilities where the machines were not on available (male and disabled facilities) to ensure equal access.	
3.	Yes (go to column G)	N/A	This policy required no further actions to address people of different genders,	Intersectionality was considered by ensuring information consent was to be	

			promote gender equality and/or gender inequality.	provided equitably for patients with a disability, of Aboriginal or Torres Strait Islander descent, requiring an interpreter or cultural safety representative, age, sexual representations and/or religion.	
4.	Yes (go to column G)	The proposed goal of this procedure is to impact positively on all of all marginalised groups, and reduce further trauma associated with experiences of racism.	N/A	*The procedure should be written in an accessible form so that people with a disability can access it. People with a disability face compounded discrimination if they are also from a minority racial group. People who are gender diverse also face unique challenges of discrimination on many levels.	
5.	Yes (go to column G)	N/A	As this policy is looking at the usage of AI for new services and clinical outcomes, it was determined that GIA implementation processes be mentioned within this new policy.	Same as addressing gender equity and equality, intersectionality will also be addressed by embedding GIA implementation processes within this new policy.	

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: 78.9%, Men 20.5%, SD 0.6% 2025: Women 79.2%, Men 20.5%, SD 0.2% Gender composition of part time workers in the duty holder organisation: 2023: Women 55.3%, Men 34.8%, SD 40% 2025: Women 71.7%, Men 47.8%, SD 63.6% Gender composition of senior leaders in the duty holder organisation: 2023: Women 77.5%, Men 22.5% 2025: Women 67.8%, Men 32.2%	Increased female representation in the workforce by 0.3%. Workforce analysis in Bendigo Health's workforce plan confirms growth with little change in workforce composition. Part time workers have increased across all gender categories. 67% of Bendigo Health's workforce is engaged on a part time basis, representing the largest employment mode. Growth in professional and community services roles across the organisation contribute significantly to this. The nursing profession which makes up approximately 48% of our workforce has a part time employment rate of 77%. Gender composition of senior leaders in the organisation saw a decrease of 9.6% across the reporting period	Yes	The overall workforce composition remains highly feminised and largely unchanged over the period. The proportion of women has increased marginally (+0.3 percentage points), while representation of men is static. The reduction in self-described employees suggests less diversity in gender identity reporting which requires further review, though the numbers are small. Whilst there has been no material shift toward a more balanced gender composition of the workforce, this is expected and consistent across the healthcare industry. During the reporting period, Bendigo Health developed a new workforce plan which required significant analysis of workforce metrics, including gender, profession, post code, exit and other relevant data. These metrics were compared over a 3 year period with trending undertaken. Our workforce has grown by 11%, with a significant expansion across care giving roles, however the gender composition has remained relatively unchanged. Growth across clinical roles has outpaced growth in non-clinical and administrative roles during this period. There has been a significant increase in part-time participation across all genders, most notably among women (+16.4 percentage points), but also among men (+13.0 percentage points) and self described (23.6 percentage points). This suggests that flexible work uptake has expanded organisation-wide, rather than remaining concentrated among women. Increased uptake of part-time work by men is a positive shift toward normalising flexible work across genders. Our People Matter data indicates part time preferences across the workforce to support work-life balance, caring responsibilities and for health and wellbeing. The proportion of women in senior leadership has declined by 9.7 percentage points, with a corresponding increase in male representation. While women continue to hold the majority of leadership roles, this represents a shift away from female representation at senior levels. Although the leadership cohort remains female-majority, the direction of change suggests potential emerging barriers to women's progression and/or retention in senior roles. As data collection has matured across the organisation, this has enabled the identification of trends and barriers to be addressed in our future GEAP. Based on the critical performance measure for indicator 1, Bendigo Health 's progress is mixed. However, broader quantitative measures indicates further progress. Improvements in data collection capacity and maturity have significantly strengthened our understanding of the workforce, enabling us to better identify issues and take targeted action to address barriers and areas of concern. A clear understanding of our workforce composition is essential for driving meaningful change. We will continue to enhance our data reporting capability, with additional actions to be outlined in the 2026–2030 GEAP.
2	Critical performance measures		No	Board appointments for public health services are governed by the Minister for Health, with appointments to public hospital boards made annually. Bendigo Health does not have direct involvement in, nor delegated

	Gender composition of the duty holder organisation's governing body: 2023: Women 50%, Men 50% 2025: Women 45%, Men 55%			authority over, the appointment of its governing body. As such, its role is limited to advocacy to support a governing body that reflects the diversity of the community it serves along with ensuring relevant governing body sub committees have appropriate gender representation. While the gender composition of the overarching governing body (Board) indicates a five per cent decline in female representation over the reporting period, this change is minor and attributable to a single appointment change. Work has been completed to review the gender composition of all governing body sub committees with data recorded to measure the gender composition and make realignments to committee membership when needed. Recent advocacy efforts for the governing body have resulted in the confirmed appointment of a First Nations representative to the governing body from 1 July 2025. As this occurred after the current reporting period, it will be reflected in future audit reporting. Bendigo Health will continue to work collaboratively with the Minister for Health and maintain its advocacy for future appointments to the governing body to ensure that gender diversity and broader inclusion principles are upheld whilst continuing to ensure that all governing body sub-committees reflect appropriate gender composition.																																																																														
3	Critical performance measures Mean total remuneration gender pay gap by occupation group: 2023 & 2025 <table border="1"> <thead> <tr> <th colspan="5">3.1 Mean total remuneration gender pay gap by occupation groups </th> </tr> <tr> <th rowspan="2">Occupation groups</th> <th colspan="2">Women</th> <th colspan="2">Self-described</th> </tr> <tr> <th>2023</th> <th>2025</th> <th>2023</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>1 - Managers</td> <td>21.2 %</td> <td>23.9 %</td> <td>***</td> <td>***</td> </tr> <tr> <td>2 - Professionals</td> <td>31.0 %</td> <td>32.8 %</td> <td>-10.3 %</td> <td>17.1 %</td> </tr> <tr> <td>3 - Technicians and Trades Workers</td> <td>4.2 %</td> <td>11.3 %</td> <td>***</td> <td>14.3 %</td> </tr> <tr> <td>4 - Community and Personal Service Workers</td> <td>-4.0 %</td> <td>-4.4 %</td> <td>***</td> <td>3.3 %</td> </tr> <tr> <td>5 - Clerical and Administrative Workers</td> <td>14.1 %</td> <td>11.1 %</td> <td>21.5 %</td> <td>***</td> </tr> <tr> <td>6 - Sales Workers</td> <td>***</td> <td>***</td> <td>***</td> <td>***</td> </tr> <tr> <td>7 - Machinery Operators and Drivers</td> <td>***</td> <td>-11.2 %</td> <td>***</td> <td>***</td> </tr> <tr> <td>8 - Labourers</td> <td>-5.0 %</td> <td>-0.4 %</td> <td>***</td> <td>***</td> </tr> <tr> <td>All occupations</td> <td>31.2 %</td> <td>32.4 %</td> <td>-8.8 %</td> <td>23.9 %</td> </tr> </tbody> </table> Summary *** means data is unavailable for this result Mean total remuneration senior leader gender pay gap: 2023 & 2025 <table border="1"> <thead> <tr> <th colspan="5">3.2 Mean total remuneration senior leader gender pay gap </th> </tr> <tr> <th></th> <th>2023</th> <th>2025</th> <th>% change</th> <th>Summary</th> </tr> </thead> <tbody> <tr> <td>Women</td> <td>26.4 %</td> <td>35.7 %</td> <td>9.3 %</td> <td rowspan="2">Between 2023 and 2025, the gender pay gap (average total earnings) between a given gender and men was as follows: - for women, increased from 26.4% to 35.7% - for people of self-described gender, data was unavailable in 2023 and 2025</td> </tr> <tr> <td>Self-described</td> <td>***</td> <td>***</td> <td>N/A</td> </tr> </tbody> </table> *** means data is unavailable for this result Supplementary measures Mean base salary pay gap: 2023: 31.1% 2025: 32.6% Median total remuneration pay gap: 2023: 14.5% 2025: 6.7% Median base salary pay gap: 2023: 14.5% 2025: 6.1%	3.1 Mean total remuneration gender pay gap by occupation groups 					Occupation groups	Women		Self-described		2023	2025	2023	2025	1 - Managers	21.2 %	23.9 %	***	***	2 - Professionals	31.0 %	32.8 %	-10.3 %	17.1 %	3 - Technicians and Trades Workers	4.2 %	11.3 %	***	14.3 %	4 - Community and Personal Service Workers	-4.0 %	-4.4 %	***	3.3 %	5 - Clerical and Administrative Workers	14.1 %	11.1 %	21.5 %	***	6 - Sales Workers	***	***	***	***	7 - Machinery Operators and Drivers	***	-11.2 %	***	***	8 - Labourers	-5.0 %	-0.4 %	***	***	All occupations	31.2 %	32.4 %	-8.8 %	23.9 %	3.2 Mean total remuneration senior leader gender pay gap 						2023	2025	% change	Summary	Women	26.4 %	35.7 %	9.3 %	Between 2023 and 2025, the gender pay gap (average total earnings) between a given gender and men was as follows: - for women, increased from 26.4% to 35.7% - for people of self-described gender, data was unavailable in 2023 and 2025	Self-described	***	***	N/A	Structural analysis and additional data: Level -9 Medical practitioner (Professionals), 197 clinical specialists, averaging \$406,499 base salary, 62.9% male dominated. Average salary scales by clinical stream with orthopaedics, cardiology & general surgery streams having the highest levels of male dominance. Entry & Exit data shows at this level, 37% women recruited during the reporting period, not matching the 45.2% exit rate.	Yes	The enterprise-level gender pay gap presents a mixed trend. The mean base salary gap increased by 1.5 percentage points from 31.1 in 2023 to 32.6% in 2025. In contrast, the median base salary gap improved significantly, decreasing by 8.4 percentage points from 14.5% to 6.1%. The divergence between mean and median measures indicates that the overall gap is not driven by widespread, systemic underpayment of women, but rather by structural factors. Specifically, the data is skewed by occupational segregation, with a highly concentrated cohort of higher-paid roles predominantly occupied by men. Bendigo Health's gender pay gap is largely attributable to clinical specialisation imbalance, rather than inequity within comparable roles. This applies to both the overall gender pay gap and the senior leader pay gap. Where clinical administrators are excluded from the senior leader calculations, the gender pay gap reduces significantly. This professional cohort differs materially from the organisation's overall workforce profile, comprising 62.9% men. Additionally, female medical specialists are exiting at a higher rate (45.2%) than being recruited (37%), highlighting a retention and pipeline issue which requires targeted action. When this cohort is excluded (representing 4% of the workforce), the mean gender pay gap reduces from 32.6% to 14.9%, reinforcing that the primary driver of the gap is role distribution rather than pay inequity across the whole organisation. Analysis across other professional groups supports this conclusion. For example: - Registered Nurses show a pay gap of -1.0% (favouring women) - Nurse Unit Managers show a negligible gap of 0.1% - General management and Administrative leadership role pay gap is 1.1% when clinical leadership is excluded from the cohort, further confirming the structural inequity that exists. These findings indicate that no material gender pay gap exists when comparing like-for-like roles. Structural drivers were not specifically identified in the 2021-2025 GEAP, where actions focussed on enterprise level activity, rather than on occupational segregation / structural actions. Our progress in this area is substantial, largely due to improved data collection, awareness and reporting capacity. Targeted strategies to address these structural drivers will be incorporated into the forthcoming Gender Equality Action Plan (GEAP). These actions will include specific recruitment and retention activities for senior medical staff along with review of existing structures across the medical cohort.
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4	Critical performance measures Anonymous experience rate of sexual harassment: 2023: 9% (223 survey respondents) 2025: 10% (125 survey respondents) Number of formal reports of sexual harassment: 2023: 0 2025: 4 Supplementary measures Participants who said they reported sexual harassment: 2023: 4% (People Matter Survey) 2025: 9% (People Matter Survey) Reasons for not making a formal sexual harassment complaint: 2023: Refer to column O (right) for data 2025: Refer to column O (right) for data Satisfaction with handling of workplace sexual harassment complaint: 2023: Data not collected 2025: Data not collected Satisfaction with handling of formal workplace sexual harassment complaint:	RespectX: <i>I feel confident using RespectX to report sexual harassment</i> 87% Agree or Strongly Agree RespectX: <i>Would you make a report If you experienced or witnessed bad behaviour?</i> 96% Yes RespectX: <i>I think the RespectX reporting platform will contribute to a more respectful culture</i> 83% Agree or Strongly Agree Additional data from RespectX: <i>The organisation has taken appropriate action</i> Average rating: 2.15 / 5 <i>I felt supported and protected</i>	Yes	Data for each performance measure has been taken from the People Matter Survey responses in 2023 and 2025 with the exception of Number of formal reports received. Rates of staff experiencing sexual harassment has remained relatively stable across the reporting period and further analysis of this shows 76% of reported perpetrators of sexual harassment are patients, clients or members of the public utilising our services. Many of our patients and clients have complex medical and mental health conditions which affect their behaviours when in our service. This represents a unique challenge when addressing the overall staff experience rate of sexual harassment. To assist in addressing this, Bendigo Health has implemented a proactive campaign for visitors and consumers of our service regarding behaviour expectations which addresses not only sexual harassment, but also violence and aggression. During the 2025 reporting period (from October 2024), Bendigo Health implemented a sexual harassment reporting platform (RespectX). The implementation included service wide training on sexual harassment, acceptable workplace behaviours and reporting options when concerns are identified. Bendigo Health is now able to track prevalence and reporting of sexual harassment complaints and concerns and better able to manage anonymous reports and provide improved wellbeing support when reports are made. Prevalence survey data noted shows the positive response the organisation has received to the implementation of this reporting platform. The 4 formal sexual harassment complaints reported in 2025 related to staff-to-staff sexual harassment and were all reported via the RespectX platform (3 Informal complaints and 1 Formal complaint). In future audit reporting, we will be equipped to provide the full data set required which will include the additional demographic fields. The increase in participants reporting sexual harassment between 2023 and 2025 indicates progress and positive change. Our experience over the reporting period indicates: - Greater awareness of what constitutes inappropriate behaviour (evidenced through People Matter survey response improvements to (“<i>I didn’t think it was serious enough</i>”)) - Better workplace training and clearer definitions – through enhanced mandatory training content and requirements for all staff - Clear reporting systems – implementation of RespectX reporting platform - Increased confidence that complaints will be taken seriously (evidenced through People Matter survey response improvements) It is acknowledged that the increase in formal reports of sexual harassment may also be attributed to previously unreported issues. Greater visibility ensures the organisation is aware of the issue and responds effectively. People Matter response data across the two reporting periods show the top two reasons for not making formal complaints to be: - I didn’t think it would make a difference (2023: 47%, 2025: 42%) - I didn’t think it was serious enough (2023: 45%, 2025: 38%) Across the reporting period, the data indicates Bendigo Health has made progress in addressing the two main reasons for not making formal sexual harassment complaints and intends to include ongoing actions in the 2026 GEAP. Enhancements to the reporting platform will occur, along with work to improve complaint handling satisfaction. Satisfaction with handling of sexual harassment complaints has not been collected in full across the reporting period, and direct comparison from 2023 to 2025 is unable to be made from the audit data. People Matter data was not collected or reported until 2025. A baseline for future monitoring and measurement is now available. Supplementary data has been sourced from our RespectX platform, providing data from 4 October 2024 – 30 June 2025 regarding complaint satisfaction for all users who have utilised the platform for reporting of formal and informal sexual harassment complaints. The 2025 satisfaction data available identifies the need for improvement to be made in the handling of formal sexual harassment complaints. Enhancements to the RespectX platform have been requested to

	2023: Data not collected 2025: 36% Yes, 45% No, 18% Don't Know	Average rating: 2.46 / 5 3. <i>I believe it is safe to speak up</i> Average rating 2.98 / 5		provide comparison between People Matter satisfaction data and actual formal complaint satisfaction data. We expect these enhancements to be available throughout 2026 and reported in the next progress audit. Actions to address satisfaction with handling of sexual harassment complaints will be included in the 2026 GEAP.
5	Critical performance measures Gender composition of recruited employees: 2023: Women 74%, Men 26% 2025: Women 71%, Men 29% Gender composition of employees who were promoted: 2023: Data not collected 2025: Data not collected Perceptions of recruitment, by gender: 2023: Data not collected 2025: Data not collected Perceptions of promotion, by gender: 2023: Data not collected 2025: Data not collected	People Matter data provides baseline data that is not differentiated by gender. 2025 Aggregated data shows 58% of staff believe the recruitment processes in our organisation are fair. People Matter data provides baseline data that is not differentiated by gender. 2025 Aggregated data reports 47% of staff believe the promotion processes in our organisation are fair; and that staff have an equal change at promotion in our organisation.	No	A 3% change in the gender composition of recruited employees has occurred between 2023 and 2025. Whilst modest, this represents a negative numerical change. This outcome is predominately attributable to the -Level 9 workforce where an 8.2% disparity exists between senior clinical women exiting at a higher rate than are being recruited. Since the COVID-19 pandemic, the health sector has experienced significant workforce shortages which have at times influenced recruitment outcomes. This has been particularly evident in our regional location where talent pools have been smaller compared with those in metropolitan areas. During the reporting period, Bendigo Health has relied on increased international and interstate recruitment, often involving relocation or significant travel, this has contributed to the numerical change. As a regional health service, location plays a key role in shaping both the size and composition of recruitment pools, including gender balance. These challenges are influenced by demographic, economic, social and infrastructure factors that differ from metropolitan settings, especially for senior, technical, or specialised roles. Evidence also indicates that regional locations can affect women's workforce participation, as women are statistically more likely than men to modify employment in response to family relocation. Promotion data based on gender has not been collected during the reporting period. Action to collect promotion data and gender composition for promotions has already occurred and ensures that the data will be reported in future audits and progress reporting periods. Further actions will be included in the 2026-2030 GEAP.
6	Critical performance measures Average weeks of parental leave, by gender: 2023 & 2025		Yes	Small progress has been made in the reporting period regarding the data collection of leave and working arrangements that support staff with family or caring responsibilities. A plan is in place for data gaps to be captured for future reporting and actions will be included in the 2026 GEAP. An increase in the average period of parental leave taken for both Women and Men has occurred across the reporting period. Positive changes in parental leave entitlements have been implemented since 2023, with the majority of enterprise agreements improving and enhancing parental leave provisions for primary and non-primary care givers, including additional paid and unpaid provisions. Of significance, an increase in both long and short parental leave payments has occurred, along with the provision for superannuation

6.1 Average weeks of parental leave Critical measure

Average weeks (#) of parental leave (paid and unpaid)

	2023	2025	# change	Summary
Women	20.1	27.6	7.6	Between 2023 and 2025, the average number of weeks of parental leave taken by each gender group was as follows: - for women, increased from 20.1 to 27.6 - for men, increased from 2.3 to 4.1 - for people of self-described gender, data was unavailable in 2023 and 2025
Men	2.3	4.1	1.7	
Self-described	***	***	N/A	
*** means data is unavailable for this result				

Uptake of flexible work, by gender:

- 2023: Data not collected
- 2025: Data not collected

Perceptions of flexible work culture, by gender: 2023 & 2025

6.3 Perception of flexible work culture 

 Critical measure

% of respondents that agreed with the statement "I am confident that if I request a flexible work arrangement, it would be given due consideration"

	2023	2025	% change	Summary
Women	68.3 %	72.8 %	4.4 %	Between 2023 and 2025, the proportion of respondents who believed that requests for flexible work arrangements would be given due consideration at our organisation was as follows. - for women, increased from 68.3% to 72.8% - for men, increased from 69.3% to 79.0% - for people of self-described gender, decreased from 71.4% to 50.0%
Men	69.3 %	79.0 %	9.6 %	
Self-described	71.4 %	50.0 %	-21.4 %	

*** means data is unavailable for this result

Supplementary measures

Gender composition of parental leave takers: 2023 & 2025

6.4 Gender composition of parental leave takers 📄 🔍 📄

Gender gap in carer's leave: 2023 & 2025

6.5 Gender difference in carer's leave 

 Supplementary measure

	2023	2025	% change	Summary
Women	27.6 %	36.1 %	8.5 %	Between 2023 and 2025, the proportion of employees who took carer's leave was as follows. - for women, increased from 27.6% to 36.1% - for men, increased from 13.5% to 26.0% - for people of self-described gender, increased from 16.7% to 25.0%
Men	13.5 %	26.0 %	12.5 %	
Self-described	16.7 %	25.0 %	8.3 %	
*** means data is unavailable for this result				

People Matter data from 2023 and 2025 shows 75% of staff report they utilise various forms of flexible work arrangements. This data is not differentiated by gender. The most common form is part time employment, closely followed by flexible start and finish times.

payments to be made on periods of unpaid parental leave. This provision significantly supports addressing the long term impact on women's superannuation resulting in reducing the boarder gender retirement savings gap that has occurred when women take extended or repeated periods of unpaid leave for care giving.

Utilising the insights from the People Matter demographic data shows 75% of Bendigo Health's workforce report they utilise a type of flexible work arrangement. This metric has remained stable between 2023 and 2025. Bendigo Health is seeking to implement a system to capture specific flexible work arrangement details and additional demographic data. Comprehensive entitlements and processes are in place across the organisation that support flexible working, however data capture has been limited by an aging system that does not have the capacity to report on specific flexible work arrangements. A project is in progress for system replacement in May 2027.

Overall satisfaction with our flexible work culture has improved, as shown in our People Matter data. Whilst not aggregated in the reporting received, favourable responses which demonstrate improvement over multiple reporting periods are noted regarding confidence that managers will give flexible work requests due consideration and that managers support staff working flexibly. Over the reporting period, there was a 3% reduction in staff reporting barriers to success at work due to their flexible working arrangements. These metrics demonstrate and support that Bendigo Health has made progress in the adoption and accessibility of flexible working arrangements.

Gender composition of parental leave takers is highly skewed to women. This is consistent with the gender composition of our workforce and social patterns.

Carer's leave uptake increased across all genders between 2023 and 2025. Notably, the proportion of men taking carer's leave grew at a faster rate than that of women, indicating progress toward a more balanced distribution of caring responsibilities.

The entitlement is accessed by 40.2% of active employees, indicating that it is a mainstream workforce behaviour. Women are at the centre of that pattern: they account for 82.5% of carers leave takers and also access carers leave at a materially higher rate than men. The occupational picture shows that carers leave access is strongly concentrated in the professional and health workforce by volume, but also that some smaller segments show particularly high rates of access.

7

Critical performance measures

Occupational gender segregation:

2021:

Level 1 Managers: Women 56%, Men 44%

Level 2 Professionals: Women 77%, Men 23%

Data from 2021 has been included in column L to demonstrate progress over an extended reporting period.

Yes

Progress across the 2023–2025 reporting period shows mixed results; however, when reviewed over a longer timeframe, progress is more clearly identifiable and demonstrable. An increase in women's representation in Level 1 and 2 roles is a positive outcome and reflects a composition more closely aligned with Bendigo Health's overall gender profile.

	Level 3 Technicians & Trades Workers: Women 51%, Men 49% Level 4 Community & Personal Services Workers: Women 88%, Men 12% Level 5 Clerical and Admin: Women 90%, Men 12 Level 6 Sales Workers: Nil Level 7 Machine Operators & Drivers: Women 31%, Men 69% Level 8 Labourers: Women 89%, Men 11% 2023 & 2025 7.1 Occupational gender segregation <table><tr><th rowspan="2">Occupation groups</th><th colspan="2">Women</th><th colspan="2">Men</th><th colspan="2">Self-described</th></tr><tr><th>2023</th><th>2025</th><th>2023</th><th>2025</th><th>2023</th><th>2025</th></tr><tr><td>1 - Managers</td><td>68.9 %</td><td>66.7 %</td><td>31.1 %</td><td>33.3 %</td><td>***</td><td>***</td></tr><tr><td>2 - Professionals</td><td>75.7 %</td><td>77.6 %</td><td>23.5 %</td><td>22.1 %</td><td>0.8 %</td><td>0.2 %</td></tr><tr><td>3 - Technicians and Trades Workers</td><td>58.8 %</td><td>41.7 %</td><td>41.2 %</td><td>57.5 %</td><td>***</td><td>0.8 %</td></tr><tr><td>4 - Community and Personal Service Workers</td><td>87.5 %</td><td>86.4 %</td><td>12.5 %</td><td>13.1 %</td><td>***</td><td>0.5 %</td></tr><tr><td>5 - Clerical and Administrative Workers</td><td>88.1 %</td><td>92.2 %</td><td>11.3 %</td><td>7.8 %</td><td>0.5 %</td><td>***</td></tr><tr><td>6 - Sales Workers</td><td>***</td><td>***</td><td>***</td><td>100.0 %</td><td>***</td><td>***</td></tr><tr><td>7 - Machinery Operators and Drivers</td><td>***</td><td>41.7 %</td><td>100.0 %</td><td>58.3 %</td><td>***</td><td>***</td></tr><tr><td>8 - Labourers</td><td>84.0 %</td><td>84.6 %</td><td>16.0 %</td><td>15.4 %</td><td>***</td><td>***</td></tr><tr><td>All occupations</td><td>79.0 %</td><td>79.2 %</td><td>20.4 %</td><td>20.5 %</td><td>0.6 %</td><td>0.2 %</td></tr><tr><td>Summary</td><td colspan="6">*** means data is unavailable for this result</td></tr></table>	Occupation groups	Women		Men		Self-described		2023	2025	2023	2025	2023	2025	1 - Managers	68.9 %	66.7 %	31.1 %	33.3 %	***	***	2 - Professionals	75.7 %	77.6 %	23.5 %	22.1 %	0.8 %	0.2 %	3 - Technicians and Trades Workers	58.8 %	41.7 %	41.2 %	57.5 %	***	0.8 %	4 - Community and Personal Service Workers	87.5 %	86.4 %	12.5 %	13.1 %	***	0.5 %	5 - Clerical and Administrative Workers	88.1 %	92.2 %	11.3 %	7.8 %	0.5 %	***	6 - Sales Workers	***	***	***	100.0 %	***	***	7 - Machinery Operators and Drivers	***	41.7 %	100.0 %	58.3 %	***	***	8 - Labourers	84.0 %	84.6 %	16.0 %	15.4 %	***	***	All occupations	79.0 %	79.2 %	20.4 %	20.5 %	0.6 %	0.2 %	Summary	*** means data is unavailable for this result								Level 3 records the most significant decrease in women’s representation, indicating an area that requires further analysis and targeted action within the 2026–2030 GEAP. Changes in distribution at Level 4, including increased representation of men and self-described genders, demonstrate movement toward a more balanced workforce aligned with the organisation’s overall gender composition. Representation of women in clerical and administrative roles at Level 5 & 8 remains disproportionately high compared to the organisation's broader gender profile. While this trend is consistent with industry norms, it highlights ongoing gender segregation in occupational roles, reinforcing the need for strategies that support greater gender diversity across all role types and levels.
Occupation groups	Women		Men		Self-described																																																																																		
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*Indicators (column K)

1. Gender composition of all levels of the workforce
2. Gender composition of the governing body
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
4. Sexual harassment in the workplace
5. Recruitment and promotion practices in the workplace
6. 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
7. 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 progress?*(required)	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)
1 Gender composition of all levels of the workforce	☐ None ☐ a ☐ b ☐ c ☐ d ☐ e ☐ f ☒ g	Genuine attempts by the organisation to make progress on Indicator 1 have occurred. It is noted one action out of seven has not been completed, which is explained in section 3.1 below and will be carried forward to the next GEAP. The gender composition of our workforce continues to be female dominated, with a number of occupational levels identified as	- Review of gender equality objectives included in the organisations performance review and development policy - Monitoring and reporting data on training and performance - Development of internal and external communications that celebrate, share stories and build awareness of gender equality and inclusivity across the organisation - New strategic plan and workforce plan that considers the additional barriers to representation experienced by women from culturally linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds in gender strategy and planning processes - Tracking and reporting terminations including resignations annually and identify trends in resignations and terminations including departure of staff during parental or other leave associated with carer responsibilities.
2 Gender composition of the governing body	☐ None ☐ a ☐ b ☒ c ☐ d ☐ e ☐ f ☒ g	Genuine attempts by the organisation to make progress on Indicator 2 have occurred. As noted in the commentary above in section 2.1 (2) Board appointments for public health services are governed by the Minister for Health. Bendigo Health does not have direct involvement in, nor delegated authority over, the appointment of its governing body in line with requirements that apply to the organisation under the relevant state Act. Work has been completed to review the gender composition of all governing body sub committees with data recorded to measure the gender composition and make realignments to committee membership when needed.	Track and maintain gender representation within organisational committees
3 Equal remuneration	☐ None ☒ a ☐ b ☐ c ☒ d ☐ e ☐ f ☒ g	Genuine attempts by the organisation to make progress on Indicator 3 have occurred. Overall, progress has been achieved, however occupational segregation has been identified as a key barrier to further progress and will be addressed. A deeper analysis of pay gap data has occurred highlighting root causes of the contrast between the mean and median base salary gap. The divergence between mean and median measures has highlighted structural factors impacting greater progress. Specifically, the data is skewed by occupational segregation, with a highly concentrated cohort of higher-paid roles predominantly occupied by men. Limitations acknowledged are also recognised – that is, our regional location where suitable talent in senior specialised roles is smaller. Location plays a key role in shaping both the size and composition of our occupational levels.	- Analysis of existing pay gap data to determine gender pay gap - Review high percentage of women employed in part time and casual roles and determine underlying causes - Pay gap issues paper to Executive - Pay gap progress report to Executive Committee - Review remuneration policies
4 Sexual Harassment	☒ None ☐ a ☐ b ☐ c ☐ d ☐ e ☐ f ☐ g	N/A	- Confidence of staff to report sexual harassment and harm by building awareness and knowledge, improving support and improving reporting mechanisms - Implementation of RespectX - Partner with expert external organisation to deliver sexual harassment awareness, prevention and response training – Partnership with RespectX
5 Recruitment &	☐ None ☐ a ☐ b	Genuine attempts by the organisation to make progress on Indicator 5 have occurred.	- Identify resources and tools to build understanding of gender equality and to identify opportunities to remove gender and intersectional barriers - Commence formal data capturing of commencements

promotion practices in the workplace	☐ c ☐ d ☐ e ☐ f ☒ g		• Introduction of bias mitigation strategies including – targeted recruitment strategies and measures to ensure the diversity of the community is reflected in our workforce, reviewing recruitment content and language, monitoring recruitment process for gender balance amongst candidates • Investigation of improvements in promotional opportunities and outcomes for women • Implementation of initiatives to support staff of any gender to effectively incorporate child bearing, child raising and other family responsibilities into their care plans.
6 Availability & utilisation of leave	☐ None ☐ a ☐ b ☐ c ☐ d ☐ e ☐ f ☒ g	Genuine attempts by the organisation to make progress on Indicator 6 have occurred.	• Staff survey undertaken to gauge the current utilisation of flexible work practices, barriers that might prevent staff from utilising the arrangements available, suitability of existing arrangements and areas for potential improvement • Flexible work project undertaken supported by key findings from the survey and staff consultation • Provide ongoing and regular communication and education about family violence and continue to build awareness of available workplace support and leave options.
7 Gendered segregation	☐ None ☐ a ☐ b ☐ c ☐ d ☐ e ☐ f ☒ g	Genuine attempts by the organisation to make progress on Indicator 7.	• Investigation of gender imbalance within occupation groups, and possible barriers • Monitoring of gender impact on new starters and separations • Undertaken research of successful strategies and broaden search processes to attract senior women particularly in underrepresented disciplines.

*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)

A number of strategies were not completed in our GEAP. Details include:

Action 1.1

Strategy: Develop a framework for succession planning and talent identification to support equitable career development

Reason for non completion: This action has been delayed and will be included in our next GEAP – we intend to complete this action by the end of 2026. The establishment of this framework was reliant on the development of an updated workforce plan with the data and workforce insights identified in the workforce plan to be used in this framework development. The Bendigo Health workforce plan was approved in February 2026 with actions noted to achieve implementation by December 2026.

Action 5.2

Strategy: Commence formal data capturing of commencements, higher duties and promotions at all levels – this action has been partially completed.

Reason for non-completion: Formal data capturing of commencements is in place, however data capture of higher duties and promotions at all levels has not yet been achieved. Our existing payroll system does not currently have capacity to track this data and a new payroll system is to be implemented in May 2027 which will allow automation of this data capture. Whilst working with our current vendor it was determined the information could not be captured within the existing system. As an interim measure, a manual data capture process will be adopted from April 2026 to

Action 5.4

Strategy: Set targets for the representation of women in senior positions and in traditional domains

Reason for non-completion: Bendigo Health experienced significant changes in leadership in the governing body and executive team during the current GEAP. New leadership determined that more time and data was needed before setting targets for women in senior positions. The organisations two most senior roles (Head of organisation and Board Chair) have both transitioned to women (from men) during the GEAP period which is significant progress. Consideration for target setting in traditional domains, including in our senior medical workforce group will be considered in the future.

Section 3.2 Describing achievements, challenges and learnings (recommended)

Our key achievements aligned with our GEAP along with additional workplace activities and actions have included:

- Improved data collection and reporting with a revised plan and new system for data collection – our learnings from enhanced data collection and analysis have informed key workplace activities and actions, which were not available prior to collecting this data. Understanding our workforce composition and areas of gendered and occupational segregation has been beneficial for us to develop and implement plans to address. These plans will inform our new GEAP.
- Embedding of GIAs across the service – in depth education, resources and toolkits available and embedded across the organisation. This was an area of challenge to achieve progress in due to the size and breadth of our workforce and service provision. After taking a considerable amount of time to plan and roll out this process we are pleased with our progress which continues to expand each month.
- Improved communication on diversity & inclusion matters across our workforce – For example; annual recognition of Pride Week, IDAHOBIT day, Closing the Gap, International Women's Day, International Men's Day, White Ribbon day & participating in 16 days of activism against gendered based violence. Our staff have provided positive feedback on personal stories shared and improved communication and recognition of diversity and inclusion matters.
- Participation in networks that consider gender & intersectionality issues, both within Bendigo and for the Loddon Mallee Region – establishing and embedding support networks has been challenging however an appetite across the region exists to continue to enhance and improve our networks and share resources and learnings.
- Departure tracking – volume and departure reasons, analysing and follow up of any departures relating flexible work or caring responsibilities where satisfaction was not achieved. This has allowed us to identify in real time any hot spots across the organisation where support or management of needs have not been met. We continue to enhance our manager training and education regarding flexible work.
- Development of a new workforce plan and strategic plan that focuses on cultural safety & inclusion, where “everyone is welcome here” along with an action plan to support career development and capacity building – The development of these two key plans has been enhanced by our improved data collection and reporting and understanding of our workforce. This has allowed us to highlight cultural safety and inclusion as key organisational priorities that go across our workforce and all services. This will enhance our staff and patient experience significantly.
- Implementation of a mobile sexual harassment reporting platform (RespectX) available to staff and students – allowing reports to be made 24/7 via any mobile device. This achievement has completed our sexual harassment actions outlined in the GEAP which were specifically to; increase confidence of staff to report sexual harassment and harm, and partnering with an expert external organisation to deliver sexual harassment awareness, prevention and response training. We have achieved this and continue to progress further enhancements.
- Development of Aboriginal Employment Plan that seeks to address intersectionality issues, cultural safety and expansion of our aboriginal workforce to ensure our workforce is representative of our community and that we are providing a culturally safe workplace for all. Expansion of designated roles for Aboriginal Women, scholarships and additional career pathways are being implemented to increase retention rates and aboriginal participation in our workforce.
- Expansion of family violence provisions that go above and beyond minimum workplace requirements- a key achievement in ensuring those affected by gendered based violence are supported in the workplace and outside the workplace above minimum legislative requirements, ensuring Bendigo Health is leading the way in support for those affected by family violence.
- Additional staff survey (in addition to People Matters) conducted to measure discrimination, flexible work arrangement access and satisfaction, recruitment & promotion perceptions and satisfaction – a significant investment above minimum requirements in seeking to better understand the needs and experience of our staff.

Additional actions undertaken that supports progress towards gender equality not outlined in our GEAP:

- Implementation of paid and unpaid leave provisions to support gender affirmation– a new leave provision to support encourage a workplace culture that is supportive of transgender and gender diverse staff, providing a safe environment for staff undertaking gender affirmation. New organisational policies, procedures and guidelines have been developed and implemented
- Implementation of enhanced parental leave provisions and flexible working arrangements – supporting our primary care givers (primarily women) to receive additional paid leave as well as superannuation payments whilst on unpaid parental leave.

- Participation in the Carer Inclusive Workplace Initiative – we recognise a large component of our workforce are also unpaid carers (primarily women). As a first step in achieving formal accreditation, Bendigo Health achieved a 98% self assessment score for our commitment to carer inclusivity in our workplace. We intend to expand on this further by seeking to achieve Level 1 accreditation as a Carer Inclusive Workplace in the near future.

Section 3.3 Providing other updates on implementation (recommended)

Our GEAP has provided insights and a new level of understanding regarding our workforce, and the barriers that exist in achieving gender equality. We recognise and understand the benefit not only to the organisation but the wider community in ensuring changes occur to reduce and remove barriers and inequities across our workforce. Our focus remains on embedding sustainable change in accordance with the Act and continued pursuit of a regional support model that enhances gender equality across the Loddon Mallee Region.

The focus of our first GEAP was at the enterprise level. Our focus now shifts to developing and taking further action in areas where we have identified barriers and segregation exist which impacts our ability to achieve greater progress.

Section 3.4 Describing resourcing allocation (required)

Bendigo Health's Gender Equality Action Plan (GEAP) has been led by the Chief People Officer and Chief Executive Officer, with shared responsibility distributed across a range of teams and key partners to support implementation. Each strategy has been assigned to a senior leader, ensuring clear accountability and ongoing progress reporting.

Resource allocation has included:

- Investment in system and process enhancements to improve data collection, including separate Payroll, ICT, and People & Culture projects to support more robust and accurate reporting.
- Establishment of a Gender Equality Project Officer role (2020–2024), responsible for oversight and project management of GEAP implementation, as well as providing support across the wider Loddon Mallee Health Network.
- Integration of the Gender Equality portfolio into Health Promotion, Aboriginal Services, and Diversity teams, strengthening capacity to deliver Gender Impact Assessment education and support.
- Establishment of Committee and Board-level oversight to review and guide all Gender Equality initiatives.

Throughout the implementation of the GEAP, Bendigo Health experienced significant changes at the Board, CEO, and Executive levels. Transitional arrangements were maintained to ensure that actions and strategies continued to progress wherever possible.

In addition, significant budget constraints affecting non-patient-facing services have been in place since the financial year commencing 1 July 2024. These constraints have limited the organisation's ability to allocate additional dedicated resources to GEAP initiatives. However, they have also driven more innovative approaches, including the use of technology and the integration of GEAP responsibilities across existing portfolios, ensuring continued progress despite these challenges.

Any other additions or comments (optional)