Gender Impact Assessment (GIA) research in rural   
and regional councils and hospitals in Victoria

Final report: January 2025

# Overview and contents

## Introduction

This document serves as the final report for the Commission for Gender Equality in the Public Sector (the Commission) Gender Impact Assessment (GIA) research project in rural and regional councils and hospitals, supported by Right Lane Consulting.

**The aim of this document is to provide a synthesis of the insights on the identified strengths to build on and the challenges to address when conducting GIAs in councils and hospitals in rural and regional Victoria.**

These insights are informed by extensive stakeholder consultation, including:

* Interviews with external stakeholders (N=6) and selected councils (N=6) and hospitals (N=4).
* Online survey distributed to 48 councils and 60 hospitals across rural and regional Victoria.
* Focus group discussions with representatives from councils (N=11) and hospitals (N=9)​.
* Document review and consultation with the Commission project team.

It also includes a list of recommendations that would serve as the foundation to improve conducting GIAs in rural and regional councils and hospitals in Victoria.

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# Executive summary

This report presents the findings of the Gender Impact Assessment (GIA) research conducted by the Commission for Gender Equality in the Public Sector (the Commission) in collaboration with Right Lane Consulting, from May to November 2024. The 2024 progress reporting outcomes show that rural and regional councils and hospitals are falling behind in GIA compliance compared to their metropolitan counterparts. The compliance gap is particularly large in hospitals.

This research seeks to understand how rural and regional councils and hospitals are implementing GIAs, as well as the opportunities and challenges they encounter in the process. It is based on extensive consultations with organisations, including ~44% of councils, and 30% of hospitals in rural and regional Victoria as well as relevant peak bodies. It highlights the strengths and challenges these entities face when conducting GIAs and presents practical recommendations to improve GIA practices in these organisations.

**The research revealed several strengths in conducting GIAs within rural and regional councils and hospitals. Key strengths include:**

* Established communities of practice and support networks which provide a valuable platform for councils and hospitals for shared learning and problem-solving
* Visits from the Commissioner to raise awareness on the *Gender Equality Act 2020* including GIAs
* Awareness amongst the leadership team about their role in promoting gender equality, and their recognition of the importance of GIAs in driving better community and patient outcomes
* Availability of tailored GIA resources, either shared by peer organisations or developed internally.

**However, the research also identified significant challenges, compounded by specific issues faced by rural and regional councils and hospitals. Key challenges include:**

* Lack of awareness and capability gaps in understanding when and how to conduct GIAs, including applying an intersectional lens
* The absence of a clear governance structure, insufficient resourcing and funding within councils and hospitals
* The lack of active, visible sponsorship and limited understanding of GIA obligations among organisational leaders
* Staff resistance to conducting GIAs and limited cross-departmental collaboration
* Absence of effective information systems and lack of embedding GIAs into business-as-usual (BAU) processes
* Non-tailored and difficult-to-use resources and complex GIA processes.

To address these challenges, the recommendations are categorised into proposed actions for the Commission, defined entities (councils and hospitals), and the sector, including peak bodies, communities of practice and support networks. This research underscores the importance of tailored support and context-specific solutions to enable rural and regional councils and hospitals to fulfil their obligations under the *Gender Equality Act 2020*. By addressing these challenges and building on existing strengths, these organisations can drive meaningful progress towards gender equality in their communities.

# Context

**Gender Impact Assessments (GIAs) are a critical component of the *Gender Equality Act 2020*, requiring public sector organisations to proactively assess the gendered impacts of their policies, programs, and services.**

The Commission for Gender Equality in the Public Sector (the Commission) is at the forefront of Victoria’s efforts to embed gender equality across the public sector. the Commission supports the Public Sector Gender Equality Commissioner to implement the *Gender Equality Act 2020* and ensure the integration of gender equality principles into decision-making processes. At the heart of this mission lies the Gender Impact Assessment (GIA) framework—a powerful tool designed to evaluate how policies, programs, and services will meet the different needs of women, men, and gender diverse people.

GIAs are a cornerstone of the Act, requiring defined entities—including councils and hospitals—to identify and address potential gendered impacts of their work, with consideration for intersectionality. This process ensures that public sector decisions promote fairness and avoid unintended negative consequences to gender equality.

Best practice GIAs involve a systematic 4-step process that includes defining the issues, understanding the policy context, analysing options, and making recommendations. This process helps organisations to identify and address any potential gender biases or inequalities that may arise from their initiatives.[[1]](#footnote-2)

The role of the Commission in this ecosystem is multifaceted. It supports defined entities by providing guidance material, webinars and recorded training, a list of data sources, sector-specific advice, case studies, templates, toolkits, and other resources to demystify GIAs and equip staff with the skills to implement them effectively. the Commission also monitors progress, ensuring entities comply with the Act through regular reporting and accountability measures. Despite its small size, the Commission plays a crucial role in the ecosystem by offering a broad range of functions and ensuring compliance with the Act.

Since its inception, the Commission has positioned gender equality not only as a moral imperative but also as a critical driver of societal well-being. Through GIAs, public institutions in Victoria are empowered to create systemic change, fostering environments where individuals of all genders can thrive.

**Councils and hospitals in rural and regional Victoria have a lower GIA compliance rate than their metropolitan counterparts and encounter unique challenges in conducting GIAs.**

There are nearly 300 defined entities under the Gender Equality Act 2020 in Victoria, including 79 councils and 77 hospitals. Among these, 48 councils and 60 hospitals are located in rural and regional Victoria, playing a pivotal role in supporting their local communities. Although councils and hospitals in regional and rural Victoria have different operating contexts, they are among the most significant employers and essential service providers in their communities, often in resource-constrained environments. Their efforts to comply with GIA requirements under the Gender Equality Act 2020 reveal differences compared to their metropolitan counterparts:

* **Small gap in GIA compliance between regional and rural councils with metropolitan councils:** Approximately 83% of regional and rural councils demonstrated compliance in the GIA section of their Progress Reports, which is lower than the 87% compliance rate observed in metropolitan councils. Overall, the local government sector across the state shows a relatively high GIA compliance rate, with 84% of councils demonstrating compliance.
* **GIA compliance in regional and rural hospitals is only half that of their metropolitan counterparts:** Compliance rates for regional and rural hospitals are significantly lower, with only 34% meeting GIA progress reporting requirements. This is in stark contrast to metropolitan hospitals, where 67% met the requirements. Overall, the public health sector in Victoria has a lower compliance rate, with just 42% of hospitals across the state meeting GIA progress reporting requirements.

Rural and regional councils and hospitals face unique challenges in conducting GIAs due to their location. These organisations often operate in remote or sparsely populated areas, where limited access to resources, such as training and expertise, can hinder their capacity to implement GIAs effectively. Geographic isolation also reduces opportunities for collaboration and knowledge-sharing with other organisations, which are critical for building capacity and embedding good practices. Furthermore, the diverse needs of communities in these areas—ranging from cultural considerations to varying levels of socio-economic disadvantage—add complexity to conducting GIAs that accurately address local realities. Coupled with workforce shortages and stretched budgets, these challenges highlight the need for tailored support and context-specific solutions to enable rural and regional councils and hospitals to fulfil their obligations under the *Gender Equality Act 2020*.

Against this backdrop, the Commission has embarked on a research project to understand how rural and regional councils and hospitals are implementing GIAs, to understand the opportunities and challenges they face.

Implementing GIAs in rural and regional settings requires navigating unique circumstances, including diverse populations, geographic spread, and limited resources. At the heart of this initiative is the belief that no community should be left behind in the pursuit of gender equality. By aligning with the objectives of the *Gender Equality Act 2020*, the Commission aims to empower rural and regional councils and hospitals to lead transformative change in their communities.

The following sections present key findings, spotlighting the strengths and challenges identified by councils and hospitals. This research also aims to offer practical recommendations to better equip and support these entities to drive meaningful progress.

**The GIA research is underpinned by success factors framework and informed by extensive consultations with peak bodies as well as rural and regional councils and hospitals**

The Commission GIA research involved extensive consultations with ~44% of councils and 30% of hospitals in rural and regional Victoria as well as relevant peak bodies, to ensure a thorough understanding of the strengths, challenges, and opportunities in implementing GIAs. Given the unique and complex challenges faced by these organisations, it was critical to design a methodology that ensured broad representation across the regions. The following sections outline the research framework, research approach, participant selection process, key findings analysis and research limitations, providing a transparent overview of how the findings were developed.

## Research framework

The ‘success factors framework’ developed by Right Lane Consulting serves as the foundation for structuring this research. It guides the development of key findings, key recommendations, survey questions, and overall analysis. This framework encompasses four critical dimensions:

* **Capability:** This dimension examines the distinctive knowledge, skills, subject-matter proficiency, and capabilities required for effective GIA delivery.
* **Organisation:** This explores the governance structure, capacity, and resource allocation necessary for GIA implementation.
* **Culture and ways of working:** This dimension delves into the collective attitudes, beliefs, norms, and behaviours that influence GIA delivery.
* **Enabling infrastructure:** This dimension considers the tools, systems, processes,   
  and data required to facilitate GIA processes.

By using this structured approach, the research ensures a holistic exploration of the strengths, challenges, and opportunities related to GIAs, providing a clear and actionable basis for key findings and recommendations. *(Refer to page 14 for more details on success factors framework.)*

## Research approach

This project has adopted a mixed-methods approach, including:

* **Interviews** with external stakeholders (e.g., peak bodies including Victorian Women’s Health Services Network (WHSN) and Municipal Association of Victoria (MAV) (N=6), selected councils (N=6) and hospitals (N=4) to understand what is working well and the challenges of conducting GIAs. These interviews also served to test the key dimensions of the research framework.
* **Online survey** distributed to 48 councils and 60 hospitals across rural and regional Victoria to capture data and gain a broader understanding of the strengths and challenges associated with conducting GIAs. The survey received responses from 30 council participants and 16 hospital participants, providing valuable insights.
* **Focus group discussions** with representatives from councils (N=11) and hospitals (N=9)​ to test and build on the findings arising from interviews and surveys. These discussions also aimed to source recommendations for action.
* **Document review and consultation** with the Commission project team to ensure alignment with the project’s objectives and build a comprehensive understanding of the context for the research.

## Selection of participants

Efforts were made to ensure diverse and representative participation in this research, however limitations need to be acknowledged.

Councils and hospitals were divided into two tiers to guide their participation in the research:

* **Tier 1** councils and hospitals were selected for in-depth interviews, allowing for targeted consultations and ensuring a representative distribution of participants.
* **Tier 2** comprisedcouncils and hospitals invited to join focus groups, providing a broader platform for engagement for those who chose to participate.

Additionally, a survey was distributed to all councils and hospitals across both tiers, ensuring comprehensive data collection and representation.

We used available data from reliable government sources[[2]](#footnote-3) to categorise hospitals and councils based on four metrics:

1. **Number of GIAs conducted:** This metric considered the number of GIAs undertaken by councils and hospitals in the current reporting period, categorised as zero, 1-4, and more than 5.
2. **Size of the organisation:** Organisations were classified as small (below 200 staff), medium (201-400 staff), and large (above 400 staff).
3. **Rural health region:** This metric identified the rural health region where the organisation is located, including Barwon Southwestern, Gippsland, Grampians, Hume, and Loddon Mallee.
4. **Location within a regional city or rural town:** This metric distinguished whether the organisation is located in a regional big city or a rural town.

Tier 1 organisations were selected as a representative sample across these categories. Based on this selection, 6 councils out of 48 and 8 hospitals out of 60 were chosen as Tier 1 and invited to participate in interviews, ensuring a representative cross-section of categories. The remaining councils and hospitals were listed as Tier 2.

## Key findings analysis

The key findings from this research are organised into two main categories: **strengths to build on** and **challenges to address**. This categorisation is based on a comprehensive analysis of survey responses and observations gathered through consultations, ensuring a balanced and evidence-based approach.

* Findings were categorised as strengths if the survey responses demonstrated total positive views (Agree/Strongly agree) exceeding 50% and at least double the proportion of negative views (Disagree/Strongly disagree). Findings that did not meet the above criteria, were categorised as challenges to address unless strongly reinforced by stakeholder observations.
* It is important to note that key findings are not binary. A finding categorised as a strength may still have associated limitations and areas requiring improvement. Similarly, challenges may present opportunities for growth, and in some cases, organisations may already be effectively addressing these challenges as strengths.
* Observations from consultations are illustrative rather than exhaustive due to the scope of engagements and are intended to represent insights rather than reflecting all verbatim commentary.

## Research limitations

While this research provides valuable insights into the implementation of GIAs in rural and regional councils and hospitals, several limitations should be acknowledged.

* First, the scope and scale of consultations, while extensive, were not exhaustive, meaning that some perspectives may not have been fully captured.
* Second, the findings derived from interviews and focus groups are illustrative rather than comprehensive, as the qualitative nature of these methods may not fully reflect the diversity of experiences across all participating organisations.
* Additionally, the categorisation of strengths and challenges relied on a combination of survey data and observations, which may introduce subjective interpretations despite efforts to ensure balanced and evidence-based analysis.
* Finally, some insights are based on self-reported data, which could be influenced by individual perceptions or organisational priorities.

These limitations should be considered when interpreting the findings and applying them to broader contexts.

## Right Lane Consulting’s success factors framework for gender equality

Right Lane Consulting has developed a success factors framework that informed the structure of our research

**Capability**

Definition: Distinctive knowledge, skills, and subject-matter proficiency and capabilities required for GIA delivery.

Examples:

* Knowledge of the Commission’s latest requirements.
* Skills to identify and conduct gender equality practices (e.g., GIA).
* Research proficiency.

**Organisation**

Definition: Governance structure, capacity, and resource allocation for GIA delivery.

Examples:

* RASCI for gender equality delivery across the organisation (RASCI stands for Responsible, Accountable, Supportive, Consulted and Informed).
* Stakeholder engagement at the appropriate levels.
* Resources budgeted for gender equality delivery across the organisation.

**Culture and ways of working**

Definition: Collective attitudes, beliefs, norms, and behaviours for GIA delivery.

Examples:

* Defined and aligned attitudes, beliefs, norms, and behaviours on gender equality.
* Defined and aligned organisational focus on GIA delivery.

**Enabling infrastructure**

Definition: **Tools, systems, processes and data** required for GIA delivery.

Examples:

* Project management processes embedded with a GIA component.
* Information system that supports data collection.

**Nature of activity**

* Identify differences in activity levels for different categories of GIAs (e.g., program, policy).
* Identify specific incentives and barriers to completing particular categories of GIAs.

# Key findings

The following pages outline the key findings captured during consultation with rural and regional councils and hospitals, separated based on each sector.

Within each sector (council/hospital) these findings have been categorised into the strengths to build on and the challenges to address when conducting GIAs in rural and regional councils and hospitals.

These key findings are further grouped according to the dimensions of the success factors framework developed by Right Lane Consulting. These dimensions include Capability, Organisation, Culture and ways of working, and Enabling infrastructure. (Refer to the previous section for more details on the success factors framework.)

Each key finding comprises the main insights supported by survey findings and/or stakeholder observations.

These insights provide an understanding of the experiences of consulted stakeholders with conducting GIAs in rural and regional councils and hospitals, forming a foundation for potential recommendations to enhance these efforts.

The insights are presented in no particular order, and some conflicting views between strengths and challenges may appear, reflecting the diverse perspectives of participants.

## Rural and regional councils

### Identified strengths to build on in councils

Consultations with rural and regional councils identified strengths in conducting GIAs, such as the presence of collaborative networks and leadership’s recognition of their organisation’s role in advancing gender equality

**Observations and key findings on strengths to build on:**

* **Networking and collaboration:** 53% of councils agree that communities of practice and support networks are a valuable mechanism for addressing gender equality issues and conducting GIAs. Their impact is further enhanced when they are adequately resourced to provide clearer and more structured support through these forums.
* **Leadership:** 80% of council respondents believe their leadership team recognise the organisation’s role in advancing gender equality within the community. At the same time, 36% report visible and active sponsorship from leaders for conducting GIAs. This creates a clear opportunity to translate leadership awareness into more visible support for progressing gender equality initiatives.

**Insights into strengths in conducting GIAs, identified during consultations with rural and regional councils**

These insights[[3]](#footnote-4) are organised according to the dimensions of the success factors framework.

**Capability**

1. Communities of practice and support networks are valuable to gender equality representatives. There is also an opportunity to enable the provision of clearer and more structured support through these forums.
2. External consultants provide guidance and capability uplift for conducting GIAs.
3. Change champion network at councils (e.g., GIA champion) builds capacity, provides support, and effectively embeds GIAs across the organisation.

**Organisation**

1. Access to and support for organisational-wide participation in GIA training is essential to enable GIAs across the organisation.

**Culture and ways of working**

1. Visits from the Public Sector Gender Equality Commissioner promote awareness on GIAs and enhance leadership accountability.
2. Awareness of leaders about GIA obligations and their intrinsic motivation for gender equality creates an organisational culture that promotes GIA compliance.
3. Leadership awareness of the organisation’s role in promoting gender equality and the role of GIAs, enables better community outcomes.

**Enabling infrastructure**

1. Access to relevant GIA tools, provided by other councils or tailored by the organisation, enables and streamlines effective GIA delivery.

Detailed survey insights and stakeholder observations can be found on the following pages. These insights are further mapped to the recommendations, presented in the appendix.

#### Capability

Engaging with communities of practice and external consultants, and establishing change champion networks supports GIA activity in councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Communities of practice and support networks are valuable to gender equality representatives. There is also an opportunity to enable the provision of clearer and more structured support through these forums. | * A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 7% disagree, 23% neutral, 40% agree, 10% strongly agree and 13% don’t know.Half of council respondents (50%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs while only 14% disagree. * A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 20% disagree, 23% neutral, 50% agree, 0% strongly agree and 3% don’t know.Over half of council respondents (53%) agree that their interaction with other organisations on gender equality issues supports their ability to conduct GIAs while 23% disagree. | * *‘Having a community of practice that is well organised is a big enabler to implement GIAs.’* * *‘There are some benefits we are seeing with the collective work being done in our region.’* * *‘So, the focus of the new manager of people and safety is to look at how we can partner with other organisations to do some work in terms of GIA profiles and/or increasing the profile of GIAs by helping people with their understanding of what it means and how to complete these GIAs.’* * *‘We get like 80 odd people attend our network meetings every quarter.’*   *-----------------------------------------------------*   * However, peak bodies require further support in terms of funding and resources to provide support to councils: *‘We are not funded to support councils.’ ‘We need tailored tools. Give me a case study for local laws. Give me a case study for early years, we actually need to provide them with really tangible resources that they can go with.’* |
| 1. External consultants provide guidance and capability uplift for conducting GIAs. | * Not applicable. | * *‘We have also worked with (consultants) to conduct trainings and redevelop our GIA hub.’* * *‘Working with consultants for GIA training has helped us build capability.’* |
| 1. Change champion network at councils (e.g., GIA champion) builds capacity, provides support, and effectively embeds GIAs across the organisation. | * Not applicable. | * *‘We have 17-20 GIA champions within our organisation; we call them policy, program or service lead that conduct GIAs, and we discovered all of these things about implementing GIAs that we didn’t expect.’* * *‘We recognised that with only two staff members, we don’t have the resources to support 1,100 staff in completing the GIAs. To address this, we have initiated a GIA Champions program. The long-term goal is to have someone from every team in the organisation serve as a GIA champion to ensure the process is thoroughly integrated. Currently, we have seven champions, but we aim to expand this number.’* * *‘Having several officers trained up around GIAs, how to complete them, and how to support others completing them.’* * *‘Setting up a GIA Champions that has reflective practice sessions (is) only possible if well-resourced and supported by leadership.’* |

Note: The quotations on these pages are not exhaustive and not all verbatim; every effort was made to capture the content accurately and capture the essence of the conversation.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October).

#### Organisation

Providing access to and support for organisational-wide GIA training enables broader participation in GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Access to and support for organisational-wide participation in GIA training is essential to enable GIAs across the organisation. | * The majority of council respondents (60%) agree that everyone in their organisations has access to and is supported to participate in relevant GIA trainings.   A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 13% disagree, 20% neutral, 50% agree, 10% strongly agree and 3% don’t know. | * *‘Previous investment in leading gender equality and leading GIA training and other DEI training has helped build a more strategic understanding of the WHY. Current focus is on HOW (to get quality and link back to action on recommendations).’* * *‘Training across Gender Impact (is key for effectively conducting GIAs).’* * *‘(We) embedded an online training module to support those managers and coordinators that are responsible.’* |

#### Culture and ways of working

Visits from the Commissioner and leadership attitudes towards gender equality and GIAs promote compliance in councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Visits from the Public Sector Gender Equality Commissioner promote awareness on GIAs and enhance leadership accountability. | * Not applicable. | * *‘We had the Commissioner, Niki Vincent, come and do a bit of a travelling roadshow across some of the rural and remote councils, and we were one of them. We discussed the impact of doing GIAs for the broader community.’* * *‘Niki’s efforts in communicating with leadership are outstanding. I admire her work and believe she should continue, as it enhances leadership accountability.’* |
| 1. Awareness of leaders about GIA obligations and their intrinsic motivation for gender equality creates an organisational culture that promotes GIA compliance. | * Most council respondents (70%) agree that their leadership team clearly understand that they must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public.  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 7% disagree, 13% neutral, 57% agree, 13% strongly agree and 7% don’t know. * The majority of council respondents (63%) agree that their leadership team clearly understands that they need to report their GIAs to the Commission every two years in their Progress Report.   A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 17% neutral, 53% agree, 10% strongly agree and 13% don’t know.   * Over half of council respondents (57%) agree that the leadership team understands that they should apply an intersectional lens when conducting GIAs.  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 30% neutral, 47% agree, 10% strongly agree and 7% don’t know. | * *‘Before (a female Executive) was appointed, the Executive Management Team had no female presence on it. Prior to her joining, there was a lack of understanding of what GIAs can achieve.’* * *‘The (GIA section of the progress report) has been a catalyst and has (allowed us to go to the Executive) and increase the profile, understanding and focus on the things we need to do to improve before the next GIA report.’* * *‘My people manager, unit manager and director were huge feminists and very passionate about equality, so they drove the conversation, and it was giving green lights everywhere.’* |

Councils identified leadership's understanding of their organisations’ role in advancing gender equality, including through GIAs, as a key strength.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Leadership awareness of the organisation’s role in promoting gender equality and the role of GIAs, enables better community outcomes. | * Most council respondents (80%) agree that their leadership team recognise their organisations’ role in progressing gender equality in the local community.   A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 10% neutral, 67% agree, 13% strongly agree and 3% don’t know.   * The majority of council respondents (63%) agree that their leadership team clearly understand the purpose and benefits of conducting GIAs within their organisations.  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 0% disagree, 30% neutral, 50% agree, 13% strongly agree and 3% don’t know. * The majority of council respondents (63%) agree that their leadership team understand how conducting GIAs directly enables their organisations to promote gender equality and deliver better outcomes to their community.  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 27% neutral, 53% agree, 10% strongly agree and 3% don’t know. | * *‘We are also training to upskill the leadership team, to support and understand the importance of GIAs, not just from a legislative perspective, but also recognising their actual value.’* |

#### Enabling infrastructure

Access to relevant GIA resources, provided by other councils or customised in-house, enables effective delivery of GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Access to relevant GIA tools, provided by other councils or tailored by the organisation, enables and streamlines effective GIA delivery. | * Over half of council respondents (57%) agree that their organisations have access to other relevant templates and toolkits to conduct GIAs.  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 7% disagree, 30% neutral, 50% agree, 7% strongly agree and 3% don’t know. | * *‘We are currently implementing an app developed by Mitchell Shire.’* * *‘We are currently working with our ICT services to develop an online system and simplify checklists and questions for GIAs.’* * *‘Organisational specific GIA template with flow chart created and consistently amended to respond to concerns/efficiencies/understandings.’* * *‘A council has developed a GIA app and kindly shared with anyone who wants to use it.’* |

### Identified challenges to address in in councils

Consultations with rural and regional councils revealed several challenges: lack of organisational-wide awareness of GIAs, inadequate governance structures, resourcing constraints, and resistance to GIAs

**Observations and key findings on challenges to address**

* **Lack of awareness on GIAs:** 60% of council respondents disagree that everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. This leads to a smaller group within the organisation taking primary responsibility for developing GIAs.
* **Governance structure:** 47% of council respondents feel that their organisations lack a clear governance structure for conducting GIAs, with only 27% agreeing that such a structure exists. This has led to resourcing assumptions that GIAs should be completed by a smaller group (e.g., People and Culture, Diversity, Equity & Inclusion teams) within the council instead of the wider organisation.
* **Resource constraints:** Most councils report insufficient resources for conducting GIAs, with 77% indicating inadequate budget, leading to 60% citing a lack of staffing. There is a perception amongst consulted stakeholders that resourcing constraints are less apparent in metro councils, which has enabled better outcomes from them.
* **Resistance towards GIAs:** While over half of council respondents (56%) believe that there is resistance from staff to conduct GIAs, only 33% of council respondents feel that their organisations have sufficient knowledge to effectively address and mitigate this resistance.

**Insights into challenges with conducting GIAs, identified during consultations with rural and regional councils**

These insights are organised according to the dimensions of the success factors framework.

**Capability**

1. Lack of awareness of when GIAs are required and the steps involved amongst council staff responsible for policies, programs, and services.
2. Insufficient knowledge in the organisation to apply an intersectional lens to GIAs.
3. Lack of data analytics and research capability required to conduct GIAs.
4. Knowledge gaps within the organisation due to staff turnover and lack of effective handover.
5. Fear of not conducting GIAs correctly, leading to delays or avoidance.

**Organisation**

1. Absence of a clear governance structure for conducting GIAs hindering accountability and ownership across the organisation.
2. Lack of clear direction, advice, and feedback from within the organisation (e.g., managers and colleagues) or externally (e.g., communities of practices or support networks).
3. Insufficient funding and staffing to provide gender equality expertise, conduct and oversee GIAs.

**Culture and ways of working**

* 1. Lack of active and visible sponsorship from leaders impeding other critical enablers for GIAs, such as resource allocation and formal governance structures.
  2. Lack of cross-team collaboration and shared learning to identify opportunities for improvement in how to conduct GIAs.
  3. Staff resistance to conducting GIAs, alongside a perceived lack of organisational knowledge to effectively address and mitigate this resistance.

**Enabling infrastructure**

* 1. Absence of an effective information system to support data collection when conducting GIAs.
  2. Insufficient GIA process documentation and lack of integration into regular business activities.
  3. Non-tailored and difficult to use the Commission’s GIA resources and tools including case studies, training resources, and templates.
  4. The GIA process is complex for rural and regional councils, with limited consideration for their unique operating environment.

Detailed survey insights and stakeholder observations can be found on the following pages. These insights are further mapped to the recommendations, presented in the appendix.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October).

#### Capability

Limited awareness of GIA requirements among council staff, coupled with insufficient knowledge to apply an intersectional lens, hinders effective GIA delivery.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of awareness of when GIAs are required and the steps involved amongst council staff responsible for policies, programs, and services. | * The majority of council respondents (60%) disagree that everyone responsible for developing or reviewing policies, programs and services in their organisations, knows how to identify when GIAs are required.   A percentage bar graph supporting the survey finding, outlines council responses as 17% strongly disagree, 43% disagree, 20% neutral, 13% agree, 3% strongly agree and 3% don’t know.   * Over half of council respondents (57%) disagree that everyone responsible for developing or reviewing policies, programs and services in their organisations, understands the steps required to undertake GIAs. A percentage bar graph supporting the survey finding, outlines council responses as 27% strongly disagree, 30% disagree, 27% neutral, 10% agree, 3% strongly agree and 3% don’t know. | * *‘I do not believe anyone here has any understanding of the GIA. I cannot find anything that supports that we’ve done any action on it. Honestly, there is very little understanding, and when I raised it, I got blank stares about where the GIA was for that project.’* * *‘(It is important to) understand when a GIA is required.’* * *‘Knowing who and when GIA is required and how it relates to the team (is key).’* * *‘Understanding the “why” of GIAs and how they relate to certain areas (is really important)… Staff (are) not familiar with the language and concepts around gender equality that are required to adequately complete a meaningful GIA.’* |
| 1. Insufficient knowledge in the organisation to apply an intersectional lens to GIAs. | * The majority of council respondents (66%) disagree that there is sufficient knowledge in their organisations on applying an intersectional lens to GIAs.   A percentage bar graph supporting the survey finding, outlines council responses as 23% strongly disagree, 43% disagree, 10% neutral, 17% agree, 3% strongly agree and 3% don’t know. | * *‘Many people lack an understanding of intersectionality, often confusing it with basic (concepts of) inclusion and diversity. Asking someone unfamiliar with reflecting on their own privilege to consider intersectionality is beyond their capability.’* |

Note: The quotations on this page are not exhaustive and not all verbatim; every effort was made to capture the content accurately and capture the essence of the conversation.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October).

Lack of capability, knowledge and confidence required for GIAs, compounded by staff turnover, makes conducting effective GIAs challenging.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of data analytics and research capability required to conduct GIAs. | * Not applicable. | * *‘With a huge body of data, how will you analyse and interpret it meaningfully without the necessary technical skills?’* * *‘The research component demands too much from people, often exceeding their job descriptions and requiring access to municipal council and health data, so there’s the need for specialised technical expertise.’* * *‘The research component is too demanding, causing those lacking time and capability to rely on AI for answers. It feels like (I am) completing a university degree again, with requirements for sources, data, etc.’* |
| 1. Knowledge gaps within the organisation due to staff turnover and lack of effective handover. | * Not applicable. | * *‘(GIAs) have all historically fallen on one officer (prior to the last couple of months), who has now moved on to a different role, leaving knowledge gaps.’* * *‘One of our biggest challenges has been the turnover of key staff members who were initially introduced as Champions. They took control and drove the process, but unfortunately, they’ve since left the organisation. This has created a gap, leaving others unsure of what it means for them. As a result, the momentum has slowed, and things have slipped somewhat while new staff take time to step in and find their footing.’* |
| 1. Fear of not conducting GIAs correctly, leading to delays or avoidance. | * Not applicable. | * *‘Fear of not doing GIA correctly; this fear can make staff avoid or delay them, which impacts the community outcomes.’* * *‘I think there’s a fear if (GIAs are) not done right or it’s like more bad than good, like you can get so scared they’re going to throw the baby out with the bathwater.’* |

#### Organisation

The absence of a clear governance structure and lack of direction within the organisation create challenges for councils to conduct GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Absence of a clear governance structure for conducting GIAs hindering accountability and ownership across the organisation. | * Almost half of council respondents (47%) disagree that there is a clear governance structure to conduct GIAs in their organisations, while only 27% agree.   A percentage bar graph supporting the survey finding, outlines council responses as 17% strongly disagree, 30% disagree, 23% neutral, 20% agree, 7% strongly agree and 3% don’t know. | * *‘Previously, there was no formal governance structure for GIAs, leading to inconsistencies (of engaging with the leadership team). The Inclusion & Diversity team is now focusing on establishing a governance structure and engaging more consistently with the leadership team.’* * *‘GIAs need ownership across the organisation, even though some areas are doing this well. It is not working to just have People & Culture teams skilled up, as we are missing the opportunity at the multiple touch points across council.’* |
| 1. Lack of clear direction, advice, and feedback from within the organisation (e.g., managers and colleagues) or externally (e.g., communities of practices or support networks). | * Almost half of council respondents (46%) disagree that there is clear direction, advice and feedback from internal sources within their organisations on how to conduct GIAs, while only 20% agree.   A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 33% disagree, 30% neutral, 17% agree, 3% strongly agree and 3% don’t know.   * Only 37% of council respondents agree that there is clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs, while 23% disagree and 37% are neutral.   A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 10% disagree, 37% neutral, 0% agree, 37% strongly agree and 3% don’t know.   * Almost half of council respondents (43%) think there is sufficient information on gender equality issues within the sector and local community to conduct GIAs while the other half either disagree (20%) or remain neutral (30%).   A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 17% disagree, 30% neutral, 40% agree, 3% strongly agree and 7% don’t know. | * *‘As a member of staff, I’m not getting reminded that we’ve got these requirements and obligations. I’m not getting reminded that GIAs are required and that we need to think about them.’* |

Resource constraints pose challenges for councils when conducting GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Insufficient funding and staffing to provide gender equality expertise, conduct and oversee GIAs. | * Most council respondents (77%) disagree that there is sufficient budget allocated to conduct GIAs.   A percentage bar graph supporting the survey finding, outlines council responses as 40% strongly disagree, 37% disagree, 10% neutral, 10% agree, 0% strongly agree and 3% don’t know.   * The majority of council respondents (60%) disagree that there is sufficient staffing allocated to conduct GIAs.   A percentage bar graph supporting the survey finding, outlines council responses as 30% strongly disagree, 30% disagree, 20% neutral, 17% agree, 0% strongly agree and 3% don’t know.   * The majority of council respondents (67%) disagree that there is sufficient staffing dedicated to overseeing GIAs process and providing organisational gender equality expertise. A percentage bar graph supporting the survey finding, outlines council responses as 27% strongly disagree, 40% disagree, 17% neutral, 13% agree, 0% strongly agree and 3% don’t know. | * *‘Their capacity is not there. They’re already overwhelmed with other commitments and varieties. So, they say GIA is on the back burner.’* * *‘Our metro and regional councils are doing this so well, they’re well resourced, they’ve got full teams working in this space… there’s an opportunity for us smaller and rural councils that really struggle to get any type of resourcing and funding in terms of supporting this type of work.’*   *-----------------------------------------------------*   * As a workaround, some councils are leveraging on the Free From Violence staff: *‘We’ve already made some headway where the council has put in a little bit of additional funding to enable the free from violence worker to also have some gender focus.’* |

#### Culture and ways of working

Limited leadership sponsorship hinders key enablers for GIAs, such as resource allocation and governance structures, resulting in siloed efforts and insufficient shared learning across councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of active and visible sponsorship from leaders impeding other critical enablers for GIAs, such as resource allocation and formal governance structures. | * One third of council respondents (30%)  do not agree that there is active and visible sponsorship from leaders in their organisations to conduct GIAs while another third (30%) are neutral and 36% agree.  A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 23% disagree, 30% neutral, 33% agree, 3% strongly agree and 3% don’t know. | * *‘Getting buy-in from leadership and top-level management (is key), because that then translates into formal governance and formal resource allocation that are enablers for people to be able to do the work in GIAs.’* * *‘Unless you have support from within, it’s hard to gather support. People hear it differently when they hear it from within.’* * *‘(We) really (need) getting Executive and leadership team on board, getting that support and providing examples of how things could work.’* * *‘Leadership is engaged and supportive of the work, but their visibility could be improved.’* |
| 1. Lack of cross-team collaboration and shared learning to identify opportunities for improvement in how to conduct GIAs. | * Almost half of council respondents (43%) disagree that there is a strong sense of teamwork and collaboration across different teams in their organisations when conducting GIAs, while only 13% agree.   A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 33% disagree, 37% neutral, 10% agree, 3% strongly agree and 7% don’t know.   * One third of council respondents (34%) disagree that in their organisations, everyone actively learns from each other’s experiences and identifies opportunities for improvement in how to conduct GIAs. Only 16% agree, while half remain neutral or uncertain. A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 27% disagree, 43% neutral, 13% agree, 3% strongly agree and 7% don’t know. | * *’The organisation’s size means there are (GIA) initiatives in different areas that could be connected, but there’s a lack of awareness.’* * *’Moving forward, I’d like to try and work in more of a team environment when completing the GIAs as I think that it’d work better for us anyway.’* * *’The sharing of information across the organisation is probably tricky because we are quite a big council, so knowing what each different area is doing, like that sort of siloed effect is tricky as well.’* |

Resistance from staff to conducting GIAs, combined with a lack of organisational expertise to address this challenge, limits the effectiveness of GIA delivery.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Staff resistance to conducting GIAs, alongside a perceived lack of organisational knowledge to effectively address and mitigate this resistance. | * Almost half of council respondents (47%) agree that their organisations have collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities they serve, while the other half either disagree (20%) or remain neutral (30%).  A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 17% disagree, 30% neutral, 40% agree, 7% strongly agree and 3% don’t know. * Over half of council respondents (56%) believe that staff are resistant to conducting GIAs, while only 20% believe there is no resistance.  A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 43% disagree, 20% neutral, 20% agree, 0% strongly agree and 3% don’t know. * Almost half of council respondents (47%) believe that their organisations lack knowledge to effectively mitigate staff resistance to conducting GIAs, while 33% believe their organisations are equipped to do soA percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 40% disagree, 17% neutral, 33% agree, 0% strongly agree and 3% don’t know. | * *‘I feel like, the more specialised or technical a person gets, the more resistance you get from staff. Staff see it as a redundant exercise and duplication.’* * *‘Staff already have so many assessments and templates to fill in… this becomes one of the many.’* * *‘I think that once people have education around how to do it, why you need to do it and why it’s important, then I think they will do it. But getting them to see the training benefits them and that they need to do it, is another thing.’*   *---------------------------------------------------*  However, a few councils observed positive organisational culture around gender equality and GIAs:   * *‘There is a shared belief in the value of creating gender equality.’* * *‘The entire organisation is surprisingly receptive to conducting GIAs, recognising their benefits and understanding their importance across various levels.’* |

#### Enabling infrastructure

The absence of an effective data collection system and limited integration of GIA processes into BAU activities hinder the effective delivery of GIAs in councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Absence of an effective information system to support data collection when conducting GIAs. | * Almost half of council respondents (44%) disagree that their organisations have a supportive information system for data collection informing GIAs, while only 20% agree.  A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 37% disagree, 30% neutral, 17% agree, 3% strongly agree and 7% don’t know. | * *‘Our data collection is a bit challenging; we can’t extract (data) easily.’* * *‘We lack a centralised system for accessing all GIAs across the council. While one team may have access, other teams working on similar projects do not, which limits collaboration.’* |
| 1. Insufficient GIA process documentation and lack of integration into regular business activities. | * Over half of council respondents (53%), believe that their organisations lack GIA processes that are seamlessly integrated into their regular business-as-usual activities, while 13% believe the opposite. A percentage bar graph supporting the survey finding, outlines council responses as 23% strongly disagree, 30% disagree, 30% neutral, 10% agree, 3% strongly agree and 3% don’t know. * Almost half of council respondents (46%) agree that their organisations have clearly documented GIA processes while the other half either disagree (26%) or remain neutral (23%).   A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 23% disagree, 23% neutral, 43% agree, 3% strongly agree and 3% don’t know. | * *‘Individual local governments often lack the capacity or interest to develop their own tools. We would greatly appreciate a functional tool or system from the Commission that we can embed into our business processes (although I’m not a systems specialist, it’s crucial to map out where the data fits within our existing framework).’* * *‘Currently (GIA processes are) not embedded fully into day-to-day practices but willingness to support is there.’* * *‘I wonder if there are lessons, we can learn from Occupational Health and Safety - which is so embedded into BAU (but if you cast your mind back 20 years, it wasn’t). What was it about that movement that worked well, can we learn from that?’*   *-------------------------------------------------*  However, a few councils have proactively documented these processes to facilitate future integration:   * *‘We have created a flow chart to help staff navigate the process.’* * *‘(We) developed a framework to record GIAs’ specifics as we go (and) to input into reporting platform more efficiently.’* |

GIA resources are difficult to use and do not reflect the unique contexts of councils, creating challenges for end users in councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Non-tailored and difficult to use the Commission’s GIA resources and tools including case studies, training resources, and templates. | * One third of council respondents (30%) disagree that their organisations have access to relevant best practice examples of GIAs to inform their approach while another third are neutral (30%) and 36% agree. A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 20% disagree, 30% neutral, 33% agree, 3% strongly agree and 3% don’t know. * 43% of council respondents agree that the Commission provides relevant and useful resources about GIAs while the remaining respondents either disagree (20%), remain neutral (23%) or are unsure (13%).  A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 10% disagree, 23% neutral, 40% agree, 3% strongly agree and 13% don’t know. * Only 27% of council respondents agree that the Commission provides helpful advice and feedback about GIAs whereas the remaining respondents either disagree (23%), remain neutral (37%) or are unsure (13%).  A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 13% disagree, 37% neutral, 20% agree, 7% strongly agree and 13% don’t know. | ***Training/guiding resources:***   * *‘Staff training and resources provided by the Commission are not usable/understood within our workforce.’* * *‘(We need to) simplify the resources, writing them in a way that assumes the person completing the GIA has no experience in having thought about a gendered or intersectional lens before.’* * *‘All of the resources that the Commission has provided are not user-friendly for under-resourced rural and remote councils.’*   ***Case studies and best practice examples:***   * *‘(We need) case studies on practical application across different council function areas e.g., infrastructure projects, policy development, community engagement and consultation, events, programs, etc.’* * *‘(We need) regional versions of case studies that make sense for local government. e.g., how would someone practically complete a GIA on an Arts & Culture Strategy or a Tourism Strategy, or on a Council Plan? Something interactive that staff could use as a guide.’* * *‘(Best practice example) exists, but it’s labour-intensive to find it and teach other staff about it. (We need) specific examples of how GIAs relate to all work across councils’ remit including waste management, roads and infrastructure.’* |

The Commission’s GIA resources are not tailored and are difficult to use, which, combined with the complex GIA process, create challenges for councils in conducting GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Non-tailored and difficult to use the Commission’s GIA resources and tools including case studies, training resources, and templates. | * (See previous page) | ***Tools and templates:***   * *‘The first thing we did was to create a simplified three-page version that we use internally because the templates on the Commission’s site are not user-friendly at all; they are fiddly and cause data loss.’* * *‘The original templates from the Commission’s site were a major complaint among staff due to their repetitive nature and the need to fill out four different forms.’* * *‘We are utilising the (Commission's) website for templates etc., but we need to work on customising these for us.’* * *‘We need to meet people where they’re at - we need to meet them and not make them feel dumb/inadequate - this is a journey - a lot of the questions in the current template are so beyond where people are at - making them feel dumb -it needs to be so simplistic.’* * *‘We need tools that start simple and can scale up, allowing users to engage at different levels based on their journey. These tools should be accessible for beginners but also offer more complex and nuanced options as users advance.’* * *‘I believe the tools, templates, and processes are quite divisive. They seem to push people away, even those who want to support gender equality. When you present them with such a tool and say, “This is what we need you to do to progress gender equality,” it often leads to frustration and anger, creating resistance instead of fostering participation.’* * *‘The GIA tool lacks sufficient analysis, testing and research to determine its viability given the circumstances of its implementation among defined entities, such as limited time, resources and qualifications.’* |
| 1. The GIA process is complex for rural and regional councils, with limited consideration for their unique operating environment. | * Not applicable. | * *‘The process does need to be simplified but it also needs to make sense for rural areas - the case studies and resources produced by the Commission are not always applicable or transferable to our context.’* * *‘Simplify the process, make it relatable.’* * *‘The process feels too detailed for some teams to complete, and they are opting out.’* * *‘(We need) better resources available that are specific to councils. Using much simpler language, simplifying all steps and resources, strip it down to the basics, otherwise people do not engage with it.’* |

## Rural and regional hospitals

### Identified strengths to build on in hospitals

Consultations with rural and regional hospitals identified strengths in conducting GIAs, such as collaborative networks and GIA resources provided by the Commission or other defined entities

**Observations and key findings on strengths to build on**

* **Collaborative networks:** Most hospital respondents (75%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs. However, there is an opportunity to strengthen these interactions further, as only half currently feel that these networks enable them to conduct GIAs effectively.
* **GIA resources:** The majority of hospital respondents (69%) find the Commission’s resources relevant and useful. Building on this feedback, there is an opportunity to enhance these resources with more tailored templates and healthcare-specific examples. Notably, some hospitals have developed or adapted templates to better meet their unique needs.

Insights into strengths in conducting GIAs, identified during consultations with rural and regional hospitals.   
These insights are organised according to the dimensions of the success factors framework.

**Capability**

1. Communities of practice, support networks, and partnerships facilitate knowledge exchange and learning, with potential to enhance their impact through clearer and more structured support through these forums.

**Culture and ways of working**

1. Visits from the Public Sector Gender Equality Commissioner have been significantly impactful in promoting GIAs. Hospitals should follow up with an organisation-wide communication of key messages to build staff buy-in.
2. Highlighting the importance of gender equality during onboarding embeds it into organisational culture.
3. Leadership’s acknowledgement of their organisation’s role to promote gender equality, along with recognising GIA as a tool to advance this goal, improves the quality of patient and community outcomes.

**Enabling infrastructure**

1. Feedback and advice from the Commission provide clarity on conducting GIAs.
2. GIA resources from the Commission are relevant and useful, sometimes being the only resources available to hospitals. There is an opportunity for more tailored resources.
3. Access to customised GIA templates and toolkits, provided by other defined entities or tailored by the organisation, supports effective GIA delivery.

Detailed survey insights and stakeholder observations can be found on the following pages. These insights are further mapped to the recommendations, presented in the appendix.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

#### Capability

Engaging with communities of practice, support networks, and partnerships fosters knowledge exchange, with an opportunity to provide clearer and more structured support for conducting GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Communities of practice, support networks, and partnerships facilitate knowledge exchange and learning, with potential to enhance their impact through clearer and more structured support through these forums. | * Most hospital respondents (75%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 13% disagree, 0% neutral, 69% agree, 6% strongly agree and 0% don’t know. | * *‘We (community of practice) communicate with our champions of change network which is made up of health services across the region and there are opportunities in those meetings to share lessons and celebrate the successes in conducting GIAs.’* * *‘Having a community of practice (enables) people to learn from each other; information sharing and education but how do we then make this sustain beyond us.’* * *‘(There is) a good support network in Barwon South West region with Women’s Health & Wellbeing Network; however, all organisations are experiencing the same issues.’* * *‘(We have) access to a local gender equality network (Barwon South West Health and Wellbeing Network) for sharing of experiences and information.’* * *‘We lead the regional prevention partnership called Building A Respectful Community, so that includes 9 organisations that are defined entities. And in terms of our Gender Equality Act work, it is where we put our emphasis on providing training and some consultancy with established partners such as local government and other organisations.’* * *‘We’re a key partner of Melbourne University who assist us with our GIA plans, and it was their idea that it would be good to look at staff attitudes, beliefs and behaviours around gender equality.’* * *‘We work collaboratively with Women’s Health in the Southeast, partnering with them on various initiatives. This partnership has been helpful, especially in the early days, as we tried to understand how to move forward with such a complex concept. People often struggle to understand the systemic drivers of gender inequality.’* |

Note: The quotations on these pages are not exhaustive and not all verbatim; every effort was made to capture the content accurately and capture the essence of the conversation.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

#### Culture and ways of working

Visits from the Commissioner and early introduction to GIAs are key to embedding GIAs within hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Visits from the Public Sector Gender Equality Commissioner have been significantly impactful in promoting GIAs. Hospitals should follow up with an organisation-wide communication of key messages to build staff buy-in. | * Not applicable. | * *‘When Niki spoke to us directly, it had a more significant impact than any other initiatives we’ve undertaken.’* * *‘The visit from the Commissioner and the key messaging provided could be delivered organisation-wide to get greater staff buy-in.’* |
| 1. Highlighting the importance of gender equality during onboarding embeds it into organisational culture. | * Not applicable. | * *‘During onboarding and orientation, we flagged that this is the work we do, so everyone in the organisation has some awareness of what gender equality means. We have also done some work in various departments, looking at what Gender (and gender equality) means, with posters and other materials.’* |

Leadership’s recognition of GIAs as quality improvement tools drives better patient and community outcomes.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Leadership’s acknowledgement of their organisation’s role to promote gender equality, along with recognising GIA as a tool to advance this goal, improves the quality of patient and community outcomes. | * The majority of hospital respondents (69%) agree that their leadership team recognise their organisation’s role in progressing gender equality in the local community. A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 13% neutral, 56% agree, 13% strongly agree and 0% don’t know. * The majority of hospital respondents (69%) believe that their leadership team understand the purpose and benefits of conducting GIAs within their organisations. A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 13% neutral, 56% agree, 13% strongly agree and 0% don’t know. * The majority of hospital respondents (63%) agree that their leadership team understand how conducting GIAs directly enables their organisations to promote gender equality and deliver better outcomes to their community.   A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 19% neutral, 50% agree, 13% strongly agree and 0% don’t know. | * *‘Getting leadership to see GIAs as a quality improvement tool is necessary.’* * *‘(Our) small Executive Management Team (EMT) and Senior Management Team (SMT) help People and Culture to educate on GIA principles and delivery.’* * *‘(Our) Executive Management Team (EMT) and Senior Management Team (SMT) are committed to the principles of gender equality and GIAs.’* * *‘We did a lot of work bringing on board the understanding of the demands, requirements, and the work needed to move ahead in thinking about what gender equality looks like in our organisation and to unpack some of the myths, we worked with senior staff groups, our Executive team, and department heads to build that capacity.’* |

#### Enabling infrastructure

GIA resources provided by the Commission or customised by other defined entities enable hospitals to conduct GIAs effectively

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Feedback and advice from the Commission provide clarity on conducting GIAs. | * The majority of hospital respondents (69%) agree that the Commission provides helpful advice and feedback about GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 6% disagree, 19% neutral, 56% agree, 13% strongly agree and 0% don’t know.. | * *Not applicable.* |
| 1. GIA resources from the Commission are relevant and useful, sometimes being the only resources available to hospitals. There is an opportunity for more tailored resources. | * The majority of hospital respondents (69%) believe that the Commission provides relevant and useful resources about GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 0% strongly disagree, 13% disagree, 19% neutral, 50% agree, 19% strongly agree and 0% don’t know. | * *‘Resource from Commission (is an enabler in conducting GIAs).’* * *‘Some of the Commission’s resources are useful, especially examples of GIAs and their outcomes. These help in guiding approaches and considerations. (would like more health-based examples).’* * *‘Commission’s toolkit and templates are the only resources we have utilised at this stage.’* |
| 1. Access to customised GIA templates and toolkits, provided by other defined entities or tailored by the organisation, supports effective GIA delivery. | * The majority of hospital respondents (62%) agree that their organisations have access to other relevant templates and toolkits to conduct GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 25% disagree, 0% neutral, 56% agree, 6% strongly agree and 0% don’t know. | * *‘We do have a template which we developed as a region. So, we’ve all got similar templates that we use and look at intersectionality within that template.’* * *‘Organisational or sector specific templates and resources, wherein some defined entities have adapted the Commission’s toolkit to suit their organisation’s context.’* * *‘Early stages of developing (organisation-specific) tools but those developed have been effective.’* * *‘The Women’s Health and Wellbeing Barwon South West with the Mitchell Shire were developing an app to use when creating a GIA that was to be shared with health services.’* |

### Identified challenges to address in hospitals

Consultations with rural and regional hospitals highlight several challenges: resource constraints, perceptions of GIAs, capability gaps, insufficient leadership support, governance issues and limited tailored resources

**Observations and key findings on challenges to address**

* **Resource constraints:** Limited staffing, funding, and capacity within resource-constrained health organisations hinder effective GIA implementation. Existing staff are stretched thin, lacking both the time and resources needed to build GIA expertise and manage workloads. This shortage not only makes current expectations unsustainable but also limits the organisation’s ability to build internal capability and affects staff willingness to engage meaningfully without additional support.
* **Perceptions of GIAs in healthcare:** Almost half of hospital respondents (44%) believe that staff are resistant to conducting GIAs. Stakeholder consultations highlight a common perception that gender equality issues (and GIAs) are less relevant in a female-dominated healthcare sector.
* **Lack of leadership buy-in:** Although the majority of leadership teams in hospitals (69%) recognise their organisation’s role in promoting gender equality and are aware of the benefits of GIAs, there remains a need for comprehensive leadership engagement and visible support to ensure GIA compliance.

**Insights into challenges with conducting GIAs, identified during consultations with rural and regional hospitals**

These insights are organised according to the dimensions of the success factors framework.

**Capability**

1. Lack of awareness among healthcare staff of GIAs and how it links to patient outcomes.
2. Insufficient knowledge amongst healthcare staff who are responsible for developing policies, programs, and services of when GIAs are required and how to undertake them effectively.
3. Insufficient knowledge on how to apply an intersectional lens to GIAs.
4. Insufficient data analytics and research capabilities to conduct GIAs.
5. Limited training resources and opportunities that are contextualised to the healthcare sector.
6. Limited understanding of the local community’s demographics and their unique needs.

**Organisation**

1. Lack of a clear governance structure, roles and responsibilities for conducting GIAs hindering ownership across the organisation.
2. Limited access and support for organisational-wide participation in GIA training due to capacity constraints and competing priorities.
3. Lack of clear guidance, advice and feedback from within the organisation (such as colleagues and managers) or externally (such as communities of practice and support networks) on how to conduct GIAs.
4. Insufficient resourcing to conduct GIAs, compounded by budget cuts and a resource-constrained environment.

**Culture and ways of working**

1. Staff resistance to conducting GIAs, with a perception that gender equality issues (and GIAs) are less relevant in a female-dominated healthcare sector.
2. Limited cross-department collaboration and teamwork when conducting GIAs.
3. Limited leadership awareness of when GIAs are required and how to conduct them, although they are aware of the reporting cycle.
4. Lack of active and visible sponsorship from leaders to conduct GIAs.

**Enabling infrastructure**

1. Lack of an effective information system to support data collection when conducting GIAs.
2. Limited integration of GIA processes into business-as-usual (BAU) activities.
3. Non-tailored and difficult to use the Commission’s GIA resources including case studies, training resources, templates, and the GIA Hub.
4. Complex GIA process, given the operating context of the healthcare environment, compounded by resource and time constraints.

Detailed survey insights and stakeholder observations can be found on the following pages. These insights are further mapped to the recommendations, presented in the appendix.

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

#### Capability

Limited awareness and understanding of GIAs, their link to patient outcomes, and the application of an intersectional lens pose significant challenges in GIA delivery in hospitals..

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of awareness among healthcare staff of GIAs and how it links to patient outcomes. | * Half of hospital respondents (50%) disagree that everyone working on policy, programs and services in their organisations is aware that they must conduct GIAs when developing or reviewing work that has a direct and significant impact on the public, 44% agree with this statement. A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 19% disagree, 6% neutral, 38% agree, 6% strongly agree and 0% don’t know. | * *‘I think in public health, in particular, being a female dominated industry and certainly rural and regional health more specifically, there’s a real challenge to how this benefits public policy, because there is a general perception that there isn’t a gender problem that requires solving.’* * *‘Staff don’t see the need for drawing on data and evidence, need for community engagement, or need to work across the organisation.’* |
| 1. Insufficient knowledge amongst healthcare staff who are responsible for developing policies, programs, and services of when GIAs are required and how to undertake them effectively. | * Over half of hospital respondents (56%) disagree that everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 25% disagree, 0% neutral, 19% agree, 25% strongly agree and 0% don’t know. * The majority of hospital respondents (63%) disagree that everyone responsible for developing or reviewing policies, programs and services understands the steps required to undertake GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 25% disagree, 0% neutral, 19% agree, 19% strongly agree and 0% don’t know. | * *‘Most managers are health professionals, and understanding the legislation requirements requires special knowledge and resources. (They do not view this as part of managing their service offering.)’* |
| 1. Insufficient knowledge on how to apply an intersectional lens to GIAs. | * The majority of hospital respondents (69%) disagree that there is sufficient knowledge in their organisations on applying an intersectional lens to GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 44% strongly disagree, 25% disagree, 19% neutral, 13% agree, 0% strongly agree and 0% don’t know. | * *‘Yeah, that intersectional lens might be missing because they’re not seeing it.’* * *‘(The) local community may not have representation across intersectional marginalised groups.’* * *‘The concept of intersectionality is somewhat understood, but the practical application—especially regarding intersectional gender-transformative practices—is where significant barriers arise. It’s important to ensure that any recommendations moving forward are grounded in an intersectional lens as a foundational baseline and integrated into our practices. Otherwise, we risk having to revisit and redo this work later to incorporate that intersectional perspective.’* |

Note: The quotations on these pages are not exhaustive and not all verbatim; every effort was made to capture the content accurately and capture the essence of the conversation.  
Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

Challenges in conducting GIAs in hospitals arise from existing capability gaps and limited training, further complicated by insufficient understanding of the needs of rural communities.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Insufficient data analytics and research capabilities to conduct GIAs. | * Not applicable. | * *‘The Commission expects us to analyse data, even though we may not have that skill set. As a result, we must fumble our way through, which affects reliability and accuracy of the data. Consequently, strategies and objectives based on this data might not be entirely correct.’* * *‘There is a lack of research skills and access to information, which creates data gaps when attempting to do GIAs.’* * *‘The team that has the knowledge (People & Culture) are not equipped to do this on behalf of the organisation, and the teams that have access to the programs, etc., don’t have the knowledge or the time. The ones that have capacity, don’t have either the knowledge or the scope.’* * *‘Data analysis is a significant gap. Small health services may not have the skills and knowledge to undertake accurate data analysis.’* |
| 1. Limited training resources and opportunities that are contextualised to the healthcare sector. | * Not applicable. | * *‘There is only blanket capability building rather than nuanced, tailored approaches and meeting people where they are at (are needed).’* * *‘Mixed capabilities across organisations. GIAs can be quite foreign concepts for some staff - regardless of their level of support for the work. They need training with a strong practical component and then ongoing support when doing the work.’* * *‘The Commission should develop a training module that uses storytelling to highlight the personal and organisational benefits of diversity and inclusion. This module, inspired by successful programs, can be integrated into the Learning Management system (LMS) for new employee induction.’* * *‘It’s important for training and resources to be contextualised to healthcare sector because a lot of the resources that are available today and the Commission’s platform are generic because it obviously caters to a broad range of defined entities.’* * *‘Training for all levels within health services (is needed).’* * *‘The Commission (needs to) provide Executive level education opportunities, bringing CEO’s together to raise awareness.’* * *‘Education and training needs to be tailored, not a one-size-fits-all approach.’* |
| 1. Limited understanding of the local community’s demographics and their unique needs. | * Not applicable. | * *‘Reflecting on our GIAs, it’s evident that there is a significant lack of education and understanding, especially regarding rural communities (older farmers, wives, widows, and widowers). I had to contact the council to find out how to reach out to people for consultation.’* * *‘We believe we understand our community, but this process has highlighted gaps in our knowledge and approach.’* |

#### Organisation

Lack of a governance structure and limited support for organisation-wide GIA training hinder effective GIA delivery in hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of a clear governance structure, roles and responsibilities for conducting GIAs hindering ownership across the organisation. | * One third of hospital respondents (32%) disagree that their organisations have a clear governance structure to conduct GIAs, while another third are neutral (31%) and 38% believe such a structure exists.   A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 13% disagree, 31% neutral, 25% agree, 13% strongly agree and 0% don’t know. | * *‘(There are) unclear roles and responsibilities around conducting gender impact assessments and who’s responsible in conducting gender impact assessments.’* * *‘Even if you’ve got your CEO who is all on board, you’ve still got many management with a lot of power and budget allocation. So, I think leadership at different levels needs to be in place (with) accountability for that.’* |
| 1. Limited access and support for organisational-wide participation in GIA training due to capacity constraints and competing priorities. | * Half of hospital respondents agree that everyone in their organisations has access to and is supported to participate in relevant GIA trainings, however the other half either disagree (32%) or remain neutral (19%).  A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 19% disagree, 19% neutral, 44% agree, 6% strongly agree and 0% don’t know. | * *‘Education and awareness are key to fostering a more inclusive environment. Instead of just focusing on compliance, we need to show the value and benefits of these efforts to get genuine buy-in and engagement from everyone.’* * *‘Learning opportunities have been available; however, limited resources do not enable a wider level of participation.’* * *‘There has been no additional resourcing available to support a GIA Committee - staff are not supported to step off the floor to attend the committee or training to understand the importance of GIAs.’* |

Limited internal and external guidance hinders effective GIA delivery in hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of clear guidance, advice and feedback from within the organisation (such as colleagues and managers) or externally (such as communities of practice and support networks) on how to conduct GIAs. | * Over half of hospital respondents (56%) believe that there is no clear direction, advice and feedback from internal sources within their organisations on how to conduct GIAs while only 25% have an opposing view.A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 25% disagree, 19% neutral, 25% agree, 0% strongly agree and 0% don’t know. * Over half of hospital respondents (57%) believe there is no clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs.A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 38% disagree, 31% neutral, 13% agree, 0% strongly agree and 0% don’t know. * Although 44% of hospital respondents agree that their organisations have sufficient information on gender equality issues within their sector and local community to conduct GIAs, the remaining respondents either disagree (25%) or remain neutral (31%).   A percentage bar graph supporting the survey finding, outlines hospital responses as 0% strongly disagree, 25% disagree, 31% neutral, 44% agree, 0% strongly agree and 0% don’t know.   * Although half of hospital respondents agree that their interaction with other organisations on gender equality issues supports their ability to conduct GIAs, the remaining respondents either disagree (31%) or remain neutral (19%).A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 25% disagree, 19% neutral, 31% agree, 19% strongly agree and 0% don’t know. | * *‘A lack of internal support for staff to build their capabilities while conducting a GIA (e.g., whether there is no one to contact, or only one or a few people who have limited skills in this space, or just one person who has the capabilities to support this work but then becomes responsible for everything and can burn out).’* |

Budget cuts and resource constraints in the sector hinder sufficient resourcing for effective GIA delivery in hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

|  |  |  |
| --- | --- | --- |
| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| 1. Insufficient resourcing to conduct GIAs, compounded by budget cuts and a resource-constrained environment. | * Most hospital respondents (75%) disagree that there is sufficient staffing allocated to conduct GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 44% strongly disagree, 31% disagree, 6% neutral, 13% agree, 6% strongly agree and 0% don’t know. * Most hospital respondents (87%) disagree that there is sufficient budget allocated to conduct GIAs.  A percentage bar graph supporting the survey finding, outlines hospital responses as 56% strongly disagree, 31% disagree, 6% neutral, 0% agree, 6% strongly agree and 0% don’t know. * Most hospital respondents (88%) disagree that there is sufficient staffing dedicated to overseeing the GIA process and providing organisational gender equality expertise.  A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 50% disagree, 6% neutral, 6% agree, 0% strongly agree and 0% don’t know. | * *‘The organisation has relied on the health promotion team to implement the gender equality plan, but their capacity is limited.’* * *‘Given health service cuts, the workforce is exhausted for a start. They’re understaffed, they’re having their budget cuts so it’s a tough place I think to get traction in GIAs.’* * *‘(We need to ensure) that there’s adequate time and recognition that is built into people’s workloads, not just in terms of doing the actual GIAs but also time in building up the capacity and skills to be able to do GIAs.’* * *‘We have limited resourcing as far as staffing to drive the change and (build) the knowledge base.’* * *‘When this piece of work landed, it was horrendous for hospitals to grapple with the work and in our region, the hospitals collectively put money into saying: “Can you provide someone to work with us to support us with this because we just do not have capacity?”‘* * *‘Within the small organisation, everybody wears multiple hats, and we’re stretched out to do a lot of work that is important and foundational. It’s important for us to make the shifts and change across the industry, but it’s hard going with a small organisation and a small Executive team.’* * *‘Resourcing and funding are the only ways to address the gaps. They are not gaps of capability or willingness to learn rather they are workload management. People Managers cannot be continuously asked to do more and more without a commensurate investment in additional resources.’* * *‘Given that each GIA requires an estimated 12-13 hours of total time allocation, not to mention the various participants required, the requirement from a non-funded base for (conducting) GIAs is unreasonable and unachievable. While our CEO is very supportive, resourcing in a very restrictive budget environment is a big mountain to climb.’* * *‘There is no resourcing at the organisation to deliver training, provide SME, conduct data analysis, or assist in the delivery of GIAs.’* * *‘Funding for this is a huge issue and is preventing a dedicated resource, rather we have different resources do small parts which is diluting our capability.’* * *‘There needs to be an identified responsible delegate to drive it within an organisation, but it needs to be funded and recognised.’* |

#### Culture and ways of working

Staff resistance to conducting GIAs, viewing it as a redundant exercise, and limited cross-department collaboration pose challenges to effective delivery of GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Staff resistance to conducting GIAs, with a perception that gender equality issues (and GIAs) are less relevant in a female-dominated healthcare sector. | * Half of hospital respondents agree that their organisations have a collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities they serve, while the other half either disagree (38%) or remain neutral (13%). A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 13% disagree, 13% neutral, 44% agree, 6% strongly agree and 0% don’t know. * Almost half of hospital respondents (44%) believe that staff are resistant to conducting GIAs while only 19% believe there is no resistance. A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 31% disagree, 38% neutral, 13 % agree, 6% strongly agree and 0% don’t know. * Almost half of hospital respondents (44%) believe that their organisations lack knowledge to effectively mitigate staff resistance to conducting GIAs while 37% believe their organisations are equipped to do so.   A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 38% disagree, 19% neutral, 31% agree, 6% strongly agree and 0% don’t know. | * *‘The biggest resistance in particular is units do not see any value in conducting GIAs.’* * *‘Staff who don’t understand the need for this work, only see it as a compliance piece. Some staff will see this as a tick box activity and not put any time or thought into the GIA because they don’t see how an issue can be gendered.’* * *‘I could say that at the Executive and senior management levels, there is a better understanding of the significance of this issue, but it is still somewhat limited. The challenge is getting this understanding to permeate below the senior management level, where there is often a lack of awareness about how it contributes.’* * *‘(It is) challenging to attract candidates to support this work.’*   *-------------------------------------------------*  While the data indicates a degree of staff resistance to conducting GIAs, some hospitals have noted progress in fostering collective participation and understanding of GIA principles within their teams:   * *‘The entire team participates in conducting a GIA, bringing diverse perspectives to the process.’* * *‘Awareness is growing around the principles and requirements of GIAs in the organisation.’* |
| 1. Limited cross-department collaboration and teamwork when conducting GIAs. | * Almost half of hospital respondents (44%) disagree that there is a strong sense of teamwork and collaboration across different departments in their organisations, when conducting GIAs, while 38% agree.   A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 25% disagree, 19% neutral, 38% agree, 0% strongly agree and 0% don’t know. | However, some hospitals are showing more collaborative approach to conduct GIAs:   * *‘Project Managers lead the effort, and any available team member is encouraged to contribute. This collaborative approach ensures it’s a conversation rather than a solitary task. The Project Manager first inputs the information into the template to provide a clear example for everyone.’* |

Limited leadership’s knowledge of GIA obligations hinders the promotion of compliant GIAs within hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Limited leadership awareness of when GIAs are required and how to conduct them, although they are aware of the reporting cycle. | * Although 51% of hospital respondents agree that their leadership team clearly understand that they must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public, the remaining respondents either disagree (38%) or remain neutral (13%). A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 25% disagree, 13% neutral, 38% agree, 13% strongly agree and 0% don’t know. * The majority of hospital respondents (69%) agree that their leadership team clearly understand that they need to report GIAs to the Commission every two years in the Progress Report. A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 0% disagree, 25% neutral, 50% agree, 19% strongly agree and 0% don’t know. * Although the majority of hospital respondents (62%) agree that their leadership team understand that they should apply an intersectional lens when conducting GIAs, 31% disagree with that. A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 25% disagree, 6% neutral, 56% agree, 6% strongly agree and 0% don’t know. | * *‘Identifying voices and champions, building traction, securing support, and helping leadership understand the importance and benefits of this work can be incredibly hard, particularly in a work context that may not fully recognise its value, may be reluctant to support it, or, in some cases, actively resists or pushes back against it. This challenge seems more (pronounced) in the health sector.’* |

The lack of active and visible leadership sponsorship presents a significant challenge for hospitals in conducting GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of active and visible sponsorship from leaders to conduct GIAs. | * Over half of hospital respondents (57%) agree that there is active and visible sponsorship from leaders in their organisations to conduct GIAs, while 31% disagree. A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 6% disagree, 13% neutral, 44% agree, 13% strongly agree and 0% don’t know. | * *‘(We require) commitment from Executive to improve in this space.’* * *‘If the GIA initiative needs to be collectively owned across the service delivery area, which makes up a significant part of our healthcare organisation, where do you think would be a good starting point from a management perspective to secure the leadership buy-in?’* * *‘You're not able to achieve a lot of things without funding and leadership support.’* * *‘If we had to pick our top three (enablers), we were saying that leadership support is crucial.’* * *‘I agree that leadership buy-in (is an enabler) and it is because it is a very operational function that is required at multiple levels rather than just senior leadership, depending on the size of the organisation.’*   *-------------------------------------------------*  Although the data highlights the need for more active and visible sponsorship from leaders, some hospitals have acknowledged strong support from their leadership teams in conducting GIAs.   * *‘Support from Board/CEO level is strong.’* * *‘(We have) early commitment from Board and strengthened commitment from the new CEO.’* |

#### Enabling infrastructure

The absence of an effective information system and limited integration of GIAs into business-as-usual processes hinder effective GIAs

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Lack of an effective information system to support data collection when conducting GIAs. | * The majority of hospital respondents (69%) disagree that their organisations have a supportive information system for data collection informing GIAs. A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 44% disagree, 6% neutral, 25% agree, 0% strongly agree and 0% don’t know. | * *‘Poor/lack of systems for collecting disaggregated data at the local level, especially for intersectional analysis (is a challenge).’* * *‘(We have) no mechanisms for collecting data in a systematic way that can allow for sex or gender disaggregated analysis or analysis by intersectional attribute.’* * *‘(There is a) lack of systems to support the learning and to assist in capturing the data.’* * *‘Without investment from the Department of Health, the information technology system gaps will not be ameliorated.’* * *‘No quick wins, requires a full overhaul of systems and recording/reporting to bring rural (hospitals) to the same level as metro.’* * *‘Manual systems currently limit data collection and reliable data analysis.’* |
| 1. Limited integration of GIA processes into business-as-usual (BAU) activities. | * Over half of hospital respondents (57%) do not think that GIA processes are seamlessly integrated into their organisations’ regular business-as-usual activities.   A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 19% disagree, 25% neutral, 19% agree, 0% strongly agree and 0% don’t know. | * *‘Appetite of Executive team is high; however, embedding (GIAs) into daily practice is a challenge.’* * *‘(We need to) identify quick win ways of embedding GIAs into BAU across the organisation.’* * *‘The principles of GIAs are easier to embed as opposed to the practical application and how to incorporate it into business as usual.’* |

The Commission’s GIA resources are not tailored and are difficult to use, which, combined with the complex GIA process, create challenges for hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Insights** | **Survey findings** | **Illustrative stakeholder observations** |
| --- | --- | --- |
| 1. Non-tailored and difficult to use the Commission’s GIA resources including case studies, training resources, templates, and the GIA Hub. | * Almost half of hospital respondents (44%) disagree that their organisations have access to relevant best practice examples of GIAs to inform their approach, while 31% agree.   A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 31% disagree, 25% neutral, 31% agree, 0% strongly agree and 0% don’t know. | ***Training/guiding resources:***   * *‘the Commission’s virtual roadshows on successful GIAs will help understand what success looks like.’* * *‘Fit for purpose resources or toolkit would help.’*   ***Case studies and best practice examples:***   * *‘Case studies and storytelling are powerful tools for illustrating the effectiveness of diversity and inclusion initiatives.’* * *‘It’d be good to see a case study or have some research that would be good for medical staff to see. That’ll give it more of a reason and understanding of reasons why they should consider gender equality in their work.’* * *‘Examples of successes at other organisations where a GIA has made a lasting and real impact would help staff understand the necessity of a GIA and drive uptake in individual organisations.’*   ***Tools and templates:***   * *‘The template is too broad, making it difficult to complete with any rigour without a deeper understanding.’* * *‘The Commission needs to provide better templates and case studies that are applicable to the health sector and deliver training or provide resources.’* * *‘Tools from the Commission are too generic and so many defined entities creating their own tools as a result.’* * *‘If you look at how Strengthening Hospital Responses to Family Violence (SHRFV) was rolled out, we were given the tools to support this roll out, so not every health service is making up something new.’* * *‘Website is really hard and clunky to follow and to find information.’* |
| 1. Complex GIA process, given the operating context of the healthcare environment, compounded by resource and time constraints. | * Not applicable. | * *‘Systems to record and support reporting, (is) currently too labour intensive.’* * *‘A briefer, simpler and easy to follow process and template to documenting steps taken to complete GIAs would be helpful.’* * *‘Time to complete (is a challenge).’* * *‘The GIA process seems complex and daunting.’* |

# Recommendations

## Overview

**The following pages present a list of recommendations aimed at improving the effectiveness and efficiency of conducting GIAs in rural and regional councils and hospitals across Victoria.**

These recommendations address challenges identified during stakeholder consultations and outline actions for the Commission, councils and hospitals, and the broader sector (including peak bodies, communities of practice and support networks). It recognises the significant role and strong influence that the sector has on councils and hospitals, with further potential to integrate GIAs into standard practice.

It is important to note that any implementation of these recommendations will be subject to funding and resource availability.

The recommendations are mapped against the key dimensions of the success factors framework: Capability, Organisation, Culture and ways of working, and Enabling infrastructure.

Each recommendation is assessed for its potential impact on GIAs and the effort required to implement it. This assessment informs the proposed implementation timeframe, by categorising actions as short-, medium-, or long-term initiatives.

## Recommendations for the Commission

**Proposed recommendations for the Commission to address challenges with conducting GIAs in rural and regional councils and hospitals**

|  | **A. Proposed recommendations for the Commission** | **Aim** | **Impact** | **Effort** | **Proposed implementation timeframe** | **Recommendations to address challenges across the following success factor dimensions** |
| --- | --- | --- | --- | --- | --- | --- |
| **A1** | Design a structured engagement plan to guide interactions with council and hospital leadership teams (e.g., Executive teams, Board, and Councillors) through, for example Commissioner visits, communications, webinars, roadshows, and other forums to:   * Explain how GIAs help councils and hospitals achieve their strategic goals, such as improving community and patient outcomes. * Provide clear and concise sector-specific messaging on GIA obligations that can be circulated to the broader organisation. * Highlight priority actions to be taken by leadership teams e.g., building organisation-wide capability to conduct GIAs, ensuring resource allocation is sufficient   The engagement plan should reflect the strategic targeting of councils and hospitals with the highest need. | To promote leadership awareness and accountability and enable leadership teams to take an active and visible role in GIA implementation and resourcing. | **High** | **Medium** | **Medium-term** | **✓ Capability**  **✓ Organisation**  **✓ Culture and  ways of working** |
| **A2** | Develop and disseminate high-level guidelines on best practice GIA governance and resource allocation. Ensure this reflects that responsibility is shared across an organisation. | To support organisations to establish clear governance structures and allocate sufficient resources for conducting GIAs. | **High** | **Medium** | **Medium-term** | **✓ Organisation** |
| **A3** | Engage with communities of practice and support networks in a more structured way and provide them with clear guidance and advice where possible. | To leverage the strengths of communities of practice and support networks and equip them with relevant and useful information. | **High** | **Low** | **Medium-term** | **✓ Organisation** |
| **A4** | Consider cohort-specific (e.g., geography, size, sector) GIA approaches to reflect the unique contexts and specific needs of rural and regional councils and hospitals. | To recognise specific challenges encountered by rural and regional councils and hospitals in conducting GIAs, particularly the resource constraints that these organisations experience. | **High** | **Medium** | **Short-term** | **✓ Organisation**  **✓ Enabling  infrastructure** |
| **A5** | Update GIA resources and tools to be more tailored to councils and hospitals’ context and easier to use, including:   * Simplify templates, using plain language where possible. * Continue to build the repository of case studies with examples for policies, programs, and services. * Provide more guidance about how much analysis a GIA requires. | To provide relevant, easy-to-use resources that enable higher quality and quantity of GIAs. | **High** | **High** | **Short-term** | **✓ Capability**  **✓ Enabling  infrastructure** |
| **A6** | Raise awareness of existing resources available on the Commission’s GIA Hub. | To ensure existing resources are fully utilised to address capability gaps. | **High** | **Low** | **Short-term** | **✓ Capability\***  **✓ Enabling  infrastructure** |

Note: \* Capability challenge(s) is more relevant to hospitals.

## Recommendations for councils

**Proposed recommendations for rural and regional councils and hospitals to address challenges with conducting GIAs**

|  | **B. Proposed recommendations for councils and hospitals** | **Aim** | **Impact** | **Effort** | **Proposed implementation timeframe** | **Recommendations to address challenges for the following success factor dimensions** |
| --- | --- | --- | --- | --- | --- | --- |
| **B1** | Factor GIA obligations and requirements into organisational resourcing/funding processes. | To ensure GIA obligations are appropriately resourced. | **High** | **High** | **Long-term** | **✓ Organisation**  **✓ Culture and  ways of working** |
| **B2** | Communicate consistently about how GIAs enable the organisation to achieve better patient/community outcomes, leveraging material from the Commission’s GIA Hub. | To build awareness of how GIAs are linked to wider organisational outcomes, and address staff resistance towards conducting GIAs. | **High** | **Low** | **Short-term** | **✓ Capability\***  **✓ Culture and  ways of working** |
| **B3** | Articulate clear responsibilities and governance structures for conducting GIAs within the organisation, informed by the proposed guidance from the Commission in recommendation A2. | To establish clear governance structures for conducting GIAs and ensure responsibility is shared across an organisation. | **High** | **Medium** | **Medium-term** | **✓ Organisation**  **✓ Culture and  ways of working** |
| **B4** | Develop and reinforce GIA capability across the organisation, ensuring this is not limited to People & Culture or Diversity, Equity & Inclusion teams:   * Develop a structured learning plan, consisting of training, application, and on-the-job coaching to uplift GIA capability across the organisation. For example, include GIA introduction in onboarding, conduct periodic GIA training and refreshers, provide the opportunity to be involved in GIA delivery, and on-the-job coaching. * Actively support staff to participate in GIA training. * Include GIAs in the role description and performance expectations for relevant roles. | To build sufficient capability to conduct GIAs in all staff who develop policies, programs, and services. | **High** | **High** | **Medium-term** | **✓ Capability**  **✓ Organisation**  **✓ Culture and  ways of working** |
| **B5** | Join communities of practice (CoPs) and support networks to exchange knowledge and resources with other councils and hospitals. | To build organisational capability and access sector-specific peer support. | **Medium** | **Low** | **Short-term** | **✓ Capability**  **✓ Organisation** |
| **B6** | Ensure GIAs are considered at the start of policy, program, or service development. This could be done by referencing GIA steps within templates, checklists, and other project material. | To encourage more effective GIAs and avoid GIAs being done retrospectively. | **High** | **High** | **Medium-term** | **✓ Capability**  **✓ Culture and  ways of working\*\***  **✓ Enabling  infrastructure** |
| **B7** | Streamline organisation-wide data collection and storage processes, including capturing gender-disaggregated data that can be used for GIAs. | To support more evidence-based GIAs. | **High** | **High** | **Medium-term** | **✓ Enabling  infrastructure** |
| **B8** | Document GIA processes and relevant material. | To mitigate the loss of contextual knowledge related to GIAs from staff turnover. | **High** | **Medium** | **Medium-term** | **✓ Capability\*\*\***  **✓ Enabling  infrastructure** |

Note: \* Capability challenge(s) are more relevant to hospitals; \*\* Culture and ways of working challenge(s) are more relevant to hospitals; \*\*\* Capability challenge(s) are more relevant to councils.

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May - December).

## Recommendations for the sector

**Proposed recommendations for the sector (peak bodies, communities of practice and support networks) to address challenges with conducting GIAs in rural and regional councils and hospitals**

|  | **C. Proposed recommendations for the sector** | **Aim** | **Impact** | **Effort** | **Proposed implementation timeframe** | **Recommendations to address challenges for the following success factor dimensions** |
| --- | --- | --- | --- | --- | --- | --- |
| **C1** | Leverage existing forums to facilitate collaboration and information sharing between organisations in developing GIAs on common/shared areas of work. For example\*\*:   * Councils: GIAs for community engagement, policy development, events, infrastructure projects, etc. * Hospitals: GIAs for medical research, treatment protocols, women’s pain management, patient care policies, service delivery frameworks, etc.   Individual duty holders at councils and hospitals would still be responsible for conducting GIAs across various policies, programs, and services. | To leverage the strength of communities of practice and support networks that exist across the sector in:   * facilitating collaboration and exchange of information, at a community level * facilitating knowledge-sharing and exchange of resources amongst peer councils and hospitals * facilitating leadership buy-in on GIAs through engagement * facilitating sector-wide contextualisation of the Commission’s GIA resources to suit the needs of councils and hospitals. | **Medium** | **Low** | **Short-term** | **✓ Capability** |
| **C2** | Facilitate online and in-person knowledge-sharing sessions among councils and hospitals to exchange templates, case studies for their relevant areas of work, best practices, and other resources. |  | **High** | **Medium** | **Medium-term** | **✓ Capability**  **✓ Organisation**  **✓ Culture and  ways of working** |
| **C3** | Work with the Commission to facilitate leadership buy-in on conducting meaningful GIAs, providing opportunities for the leaders of councils and hospitals with a less mature GIA practice to learn from their more established counterparts. |  | **High** | **Medium** | **Medium-term** | **✓ Culture and  ways of working** |
| **C4** | Facilitate discussions on sector-wide contextualisation of standard GIA resources from the Commission, including training materials and GIA template prompts, to better suit the needs of councils and hospitals. |  | **High** | **High** | **Medium-term** | **✓ Capability\*\***  **✓ Organisation**  **✓ Enabling  infrastructure** |

Note: \* Note that these are non exhaustive, illustrative examples; \*\* Capability challenge(s) is more relevant to hospitals.

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

# Appendix

## A. GIA insights mapped against the recommendations

### Councils: Observations and key findings on strengths to build on

**Consultations with rural and regional councils identified key strengths in conducting GIAs. These strengths lay a foundation for recommendations across the Commission, councils, and the broader sector to build upon**

* **Networking and collaboration**: 53% of councils agree that communities of practice and support networks are a valuable mechanism for addressing gender equality issues and conducting GIAs. Their impact is further enhanced when they are adequately resourced to provide clearer and more structured support through these forums.
* **Leadership**: 80% of council respondents believe their leadership team recognise the organisation’s role in advancing gender equality within the community. At the same time, 36% report visible and active sponsorship from leaders for conducting GIAs. This creates a clear opportunity to translate leadership awareness into more visible support for progressing gender equality initiatives.

Insights into strengths in conducting GIAs, identified during consultations with rural and regional councils. These insights are organised according to the dimensions of the success factors framework and mapped against the recommendations presented in the previous section, which will use these insights to build upon.

#### Capability

**Insights**

1. Communities of practice and support networks are valuable to gender equality representatives. There is also an opportunity to enable the provision of clearer and more structured support through these forums.
2. External consultants provide guidance and capability uplift for conducting GIAs.
3. Change champion network at councils (e.g., GIA champion) builds capacity, provides support, and effectively embeds GIAs across the organisation.

**Recommendations to build on the strengths**

1. A3, B5, C1, C2, C3, C4
2. B1
3. B3

#### Organisation

**Insights**

1. Access to and support for organisational-wide participation in GIA training is essential to enable GIAs across the organisation.

**Recommendations to build on the strengths**

1. A1, B1, B4

#### Culture and ways of working

**Insights**

1. Visits from the Public Sector Gender Equality Commissioner promote awareness on GIAs and enhance leadership accountability.
2. Awareness of leaders about GIA obligations and their intrinsic motivation for gender equality creates an organisational culture that promotes GIA compliance.
3. Leadership’s awareness of the organisation’s role in promoting gender equality and the role of GIAs, enables better community outcomes.

**Recommendations to build on the strengths**

1. A1
2. A1, B1, B2, B6, C3
3. A1, B1, B2, C3

#### Enabling infrastructure

**Insights**

1. Access to relevant GIA tools, provided by other councils or tailored by the organisation, enables and streamlines effective GIA delivery.

**Recommendations to build on the strengths**

1. B5, C1, C2, C4

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October).

### Councils: Observations and key findings on challenges to address

Consultations with rural and regional councils revealed several challenges. These challenges will be addressed through recommendations identified across the Commission, councils, and the broader sector

* **Lack of awareness on GIAs:** 60% of council respondents disagree that everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. This leads to a smaller group within the organisation taking primary responsibility for developing GIAs.
* **Governance structure:** 47% of council respondents feel that their organisations lack a clear governance structure for conducting GIAs, with only 27% agreeing that such a structure exists. This has led to resourcing assumptions that GIAs should be completed by a smaller group (e.g., People and Culture, Diversity, Equity & Inclusion teams) within the council instead of the wider organisation.
* **Resource constraints:** Most councils report insufficient resources for conducting GIAs, with 77% indicating inadequate budget, leading to 60% citing a lack of staffing. There is a perception amongst consulted stakeholders that resourcing constraints are less apparent in metro councils, which has enabled better outcomes from them.
* **Resistance towards GIAs:** While over half of council respondents (56%) believe that there is resistance from staff to conduct GIAs, only 33% of council respondents feel that their organisations have sufficient knowledge to effectively address and mitigate this resistance.

Insights into challenges with conducting GIAs, identified during consultations with rural and regional councils. These insights, organised according to the dimensions of the success factors framework, are mapped against the recommendations presented in the previous section. These recommendations will be used to address the identified challenges.

#### Capability

**Insights**

1. Lack of awareness of when GIAs are required and the steps involved amongst council staff responsible for policies, programs, and services.
2. Insufficient knowledge in the organisation to apply an intersectional lens to GIAs.
3. Lack of data analytics and research capability required to conduct GIAs.
4. Knowledge gaps within the organisation due to staff turnover and lack of effective handover.
5. Fear of not conducting GIAs correctly, leading to delays or avoidance.

**Recommendations to address the challenges**

1. A1, A5, B4, B5, B6, C1, C2
2. B4, B5, C1, C2
3. B4
4. B4, B8
5. B4, B5, C1, C2

#### Organisation

**Insights**

1. Absence of a clear governance structure for conducting GIAs hindering accountability and ownership across the organisation.
2. Lack of clear direction, advice, and feedback from within the organisation (e.g., managers and colleagues) or externally (e.g., communities of practices or support networks).
3. Insufficient funding and staffing to provide gender equality expertise, conduct and oversee GIAs.

**Recommendations to address the challenges**

1. A2, B3
2. A3, B4, B5, C2, C4
3. A1, A2, A4, B1

#### Culture and ways of working

**Insights**

1. Lack of active and visible sponsorship from leaders impeding other critical enablers for GIAs, such as resource allocation and formal governance structures.
2. Lack of cross-team collaboration and shared learning to identify opportunities for improvement in how to conduct GIAs.
3. Staff resistance to conducting GIAs, alongside a perceived lack of organisational knowledge to effectively address and mitigate this resistance.

**Recommendations to address the challenges**

1. A1, B1, B4, C3
2. B3
3. A1, B2, C2

#### Enabling infrastructure

**Insights**

1. Absence of an effective information system to support data collection when conducting GIAs.
2. Insufficient GIA process documentation and lack of integration into regular business activities.
3. Non-tailored and difficult to use the Commission’s GIA resources and tools including case studies, training resources, and templates.
4. The GIA process is complex for rural and regional councils, with limited consideration for their unique operating environment.

**Recommendations to address the challenges**

1. B7
2. B6, B8
3. A5, A6, C4
4. A4

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October).

### Hospitals: Observations and key findings on strengths to build on

Consultations with rural and regional hospitals identified strengths in conducting GIAs. These strengths lay a foundation for recommendations across the Commission, hospitals, and the broader sector to build upon

* **Collaborative networks**: Most hospital respondents (75%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs. However, there is an opportunity to strengthen these interactions further, as only half currently feel that these networks enable them to conduct GIAs effectively.
* **GIA resources**: The majority of hospital respondents (69%) find the Commission’s resources relevant and useful. Building on this feedback, there is an opportunity to enhance these resources with more tailored templates and healthcare-specific examples. Notably, some hospitals have developed or adapted templates to better meet their unique needs.

Insights into strengths in conducting GIAs, identified during consultations with rural and regional hospitals. These insights are organised according to the dimensions of the success factors framework and mapped against the recommendations presented in the previous section, which will use these insights to build upon.

#### Capability

**Insights**

1. Communities of practice, support networks, and partnerships facilitate knowledge exchange and learning, with potential to enhance their impact through clearer and more structured support through these forums.

**Recommendations to build on the strengths**

1. A3, B5, C1, C2, C3, C4

#### Culture and ways of working

**Insights**

1. Visits from the Public Sector Gender Equality Commissioner have been significantly impactful in promoting GIAs. Hospitals should follow up with an organisation-wide communication of key messages to build staff buy-in.
2. Highlighting the importance of gender equality during onboarding embeds it into organisational culture.
3. Leadership’s acknowledgement of their organisation’s role to promote gender equality, along with recognising GIA as a tool to advance this goal, improves the quality of patient and community outcomes.

**Recommendations to build on the strengths**

1. A1
2. B4
3. A1, B1, B2, C3

#### Enabling infrastructure

**Insights**

1. Feedback and advice from the Commission provide clarity on conducting GIAs.
2. GIA resources from the Commission are relevant and useful, sometimes being the only resources available to hospitals. There is an opportunity for more tailored resources.
3. Access to customised GIA templates and toolkits, provided by other defined entities or tailored by the organisation, supports effective GIA delivery.

**Recommendations to build on the strengths**

1. A5
2. A5, A6
3. B5, C1, C2, C4

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

### Hospitals: Observations and key findings on challenges to address

Consultations with rural and regional hospitals highlight several challenges. These challenges will be addressed through recommendations identified across the Commission, hospitals and the broader sector

* **Resource constraints:** Limited staffing, funding, and capacity within resource-constrained health organisations hinder effective GIA implementation. Existing staff are stretched thin, lacking both the time and resources needed to build GIA expertise and manage workloads. This shortage not only makes current expectations unsustainable but also limits the organisation’s ability to build internal capability and affects staff willingness to engage meaningfully without additional support.
* **Perceptions of GIAs in healthcare:** Almost half of hospital respondents (44%) believe that staff are resistant to conducting GIAs. Stakeholder consultations highlight a common perception that gender equality issues (and GIAs) are less relevant in a female-dominated healthcare sector.
* **Lack of leadership buy-in:** Although the majority of leadership teams in hospitals (69%) recognise their organisation’s role in promoting gender equality and are aware of the benefits of GIAs, there remains a need for comprehensive leadership engagement and visible support to ensure GIA compliance.

Insights into challenges with conducting GIAs, identified during consultations with rural and regional hospitals. These insights, organised according to the dimensions of the success factors framework, are mapped against the recommendations presented in the previous section. These recommendations will be used to address the identified challenges.

#### Capability

**Insights**

1. Lack of awareness among healthcare staff of GIAs and how it links to patient outcomes.
2. Insufficient knowledge amongst healthcare staff who are responsible for developing policies, programs, and services of when GIAs are required and how to undertake them effectively.
3. Insufficient knowledge on how to apply an intersectional lens to GIAs.
4. Insufficient data analytics and research capabilities to conduct GIAs.
5. Limited training resources and opportunities that are contextualised to the healthcare sector.
6. Limited understanding of the local community’s demographics and their unique needs.

**Recommendations to address the challenges**

1. A1, B2, B4, C2
2. A1, A5, B4, B5, B6, C1, C2
3. B4, B5, C1, C2
4. B4
5. A5, A6, B4, B5, C4
6. B4, B5, C1, C2

#### Organisation

**Insights:**

1. Lack of a clear governance structure, roles and responsibilities for conducting GIAs hindering ownership across the organisation.
2. Limited access and support for organisational-wide participation in GIA training due to capacity constraints and competing priorities.
3. Lack of clear guidance, advice and feedback from within the organisation (such as colleagues and managers) or externally (such as communities of practice and support networks) on how to conduct GIAs.
4. Insufficient resourcing to conduct GIAs, compounded by budget cuts and a resource-constrained environment.

**Recommendations to address the challenges**

1. A2, B3
2. A1, B1, B4
3. A3, B4, B5, C2, C4
4. A1, A2, A4, B1

#### Culture and ways of working

**Insights**

1. Staff resistance to conducting GIAs, with a perception that gender equality issues (and GIAs) are less relevant in a female-dominated healthcare sector.
2. Limited cross-department collaboration and teamwork when conducting GIAs.
3. Limited leadership awareness of when GIAs are required and how to conduct them, although they are aware of the reporting cycle.
4. Lack of active and visible sponsorship from leaders to conduct GIAs.

**Recommendations to address the challenges**

1. A1, B2, C2
2. B3
3. A1, B1, B6, C3
4. A1, B1, B4, C3

#### Enabling infrastructure

**Insights**

1. Lack of an effective information system to support data collection when conducting GIAs.
2. Limited integration of GIA processes into business-as-usual (BAU) activities.
3. Non-tailored and difficult to use the Commission’s GIA resources including case studies, training resources, templates, and the GIA Hub.
4. Complex GIA process, given the operating context of the healthcare environment, compounded by resource and time constraints.

**Recommendations to address the challenges**

1. B7
2. B6, B8
3. A5, A6, C4
4. A4

Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), hospital interviews (N=4 participants), focus groups (N=9 participants) and survey (N=16 participants). (2024, July-October).

## B. List of organisations consulted

Six initial interviews were conducted with selected rural and regional councils, hospitals, and peak bodies between July and August 2024.

|  |  | **Size\* (Number of employees)** | **Rural health regions** | **Rural town or regional city** |
| --- | --- | --- | --- | --- |
| **Councils** | 1. **Greater Bendigo City Council** | Large | Loddon Mallee | Regional city |
|  | 1. **Horsham Rural City Council** | Medium | Grampians | Regional city |
| **Hospitals** | 1. **Echuca Regional Health** | Large | Loddon Mallee | Rural town |
|  | 1. **Kyabram and District Health Service** | Medium | Hume | Rural town |
| **Peak bodies** | 1. **Municipal Association of Victoria (MAV)** | NA | NA | NA |
|  | 1. **Victorian Women’s Health Services Network (WHSN)** | NA | NA | NA |

Note: \* Size – Small (200), Medium (201-400), Large (>401)

Sources: Victoria’s regions – Regional Development Victoria. Rural health regions and locations – Department of Health. Number of employees by organisation 2023 - Victorian Public Sector Commission. Commission for Gender Equality in the Public Sector. (2024). Right Lane Consulting. (2024).

Four small group interviews were planned for the first two weeks of October 2024, providing an opportunity for selected rural and regional councils and hospitals to participate.

|  |  | **Size\* (Number of employees)** | **Rural health regions** | **Rural town or regional city** |
| --- | --- | --- | --- | --- |
| **Councils** | 1. **Ararat Rural City Council** | Small | Grampians | Rural town |
|  | 1. **Bass Coast Shire Council** | Medium | Gippsland | Rural town |
|  | 1. **Geelong City Council** | Large | Barwon South West | Regional city |
|  | 1. **Mansfield Shire Council** | Small | Hume | Rural town |
| **Hospitals** | 1. **Beaufort and Skipton Health Service** | Small | Grampians | Rural town |
|  | 1. **Goulburn Valley  Health Services** | Large | Hume | Regional city |

Note: \* Size – Small (200), Medium (201-400), Large (>401)

Sources: Victoria’s regions – Regional Development Victoria. Rural health regions and locations – Department of Health. Number of employees by organisation 2023 - Victorian Public Sector Commission. Commission for Gender Equality in the Public Sector. (2024). Right Lane Consulting. (2024).

Two focus groups were held in the final two weeks of October 2024, providing rural and regional councils with the opportunity to participate

|  |  | **Size\* (Number of employees)** | **Rural health regions** | **Rural town or regional city** |
| --- | --- | --- | --- | --- |
| **Councils** | 1. **Ballarat City Council** | Large | Grampians | Regional city |
|  | 1. **Campaspe Shire Council** | Large | Loddon Mallee | Rural town |
|  | 1. **Golden Plains Shire Council** | Medium | Grampians | Rural town |
|  | 1. **Hindmarsh Shire Council** | Medium | Grampians | Rural town |
|  | 1. **Macedon Ranges Shire Council** | Large | Loddon Mallee | Rural town |
|  | 1. **South Gippsland Shire Council** | Medium | Gippsland | Rural town |
|  | 1. **Towong Shire Council** | Medium | Hume | Rural town |
|  | 1. **Yarriambiack Shire Council** | Medium | Grampian | Rural town |

Note: \* Size – Small (200), Medium (201-400), Large (>401)

Sources: Victoria’s regions – Regional Development Victoria. Rural health regions and locations – Department of Health. Number of employees by organisation 2023 - Victorian Public Sector Commission. Commission for Gender Equality in the Public Sector. (2024). Right Lane Consulting. (2024).

Two focus groups were held in the final two weeks of October 2024, providing rural and regional hospitals with the opportunity to participate

|  |  | **Size\* (Number of employees)** | **Rural health regions** | **Rural town or regional city** |
| --- | --- | --- | --- | --- |
| **Hospitals** | 1. **Casterton Memorial Hospital** | Small | Barwon South West | Town |
|  | 1. **Colac Area Health** | Medium | Barwon South West | Town |
|  | 1. **Echuca Regional Health** | Large | Loddon Mallee | Town |
|  | 1. **Great Ocean Road Health** | Medium | Barwon South West | Town |
|  | 1. **Hesse Rural Health Service** | Medium | Barwon South West | Town |
|  | 1. **Latrobe Regional Hospital** | Large | Gippsland | Regional city |
|  | 1. **Seymour Health** | Medium | Hume | Town |
|  | 1. **Western District Health Service** | Large | Grampians | Town |
|  | 1. **Yarrawonga Health** | Medium | Hume | Town |

Note: \* Size – Small (200), Medium (201-400), Large (>401)

Sources: Victoria’s regions – Regional Development Victoria. Rural health regions and locations – Department of Health. Number of employees by organisation 2023 - Victorian Public Sector Commission. Commission for Gender Equality in the Public Sector. (2024). Right Lane Consulting. (2024).

## C. Interview and focus group guides

### Interview guide for rural and regional councils or hospitals and peak bodies

| **Commission Interview guide** | **Context** | **Question** |
| --- | --- | --- |
| **Meeting date:**  Various dates between July-August 2024  **Location:**  Via MS Teams  **Interviewees:**  List of consulted organisations is presented in Appendix B section.  **Interviewer:**  Radhika Chelliah/ Afsaneh Rashidi | As you know, Right Lane Consulting is undertaking a research project for the Commission for Gender Equality in the Public Sector to understand barriers, enablers, and embed good practices for GIAs in rural and regional councils and hospitals across Victoria.  As we finalise our approach for this research project, we are conducting a series of exploratory online interviews/focus groups to gather initial insights and test our approach. | ***Overview***   1. *What are the current practices concerning GIAs in your organisation? Do you incorporate an intersectionality lens in your GIAs where practicable? Please explain why or why not?* 2. *What have you observed concerning GIAs in other rural and regional councils/hospitals?*   ***What’s working well?***   1. *What would you describe as good or best practice concerning GIAs, are there any examples of this?* 2. *What factors can enable/motivate rural and regional councils/hospitals to implement GIAs and achieve meaningful gender equality outcomes?* 3. *What have you observed as the impact of these GIA good practices in the local community (e.g., access and inclusion, quality of service delivery, community engagement)?*   ***Challenges and opportunities for improvement***   1. *What are the barriers/pain points to conducting GIAs in rural and regional councils/hospitals?* 2. *Are there any particular types of barriers that you feel warrant further exploration?*   ***Research framework***   1. *Do you have any feedback on the framework that will be utilised to structure this research?* |

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

### Small group interview guide for rural and regional councils

| **Commission interview guide** | **Context** | **Question** |
| --- | --- | --- |
| **Meeting date:**  Various dates in the first two weeks of October 2024  **Location:**  Via MS Teams  **Interviewees:**  List of consulted organisations is presented in Appendix B section.  **Interviewer:**  Radhika Chelliah/ Afsaneh Rashidi | As you know, Right Lane Consulting is undertaking a research project for the Commission for Gender Equality in the Public Sector to understand barriers, enablers, and embed good practices for GIAs in rural and regional councils and hospitals across Victoria.  We have conducted exploratory interviews and a survey to gather initial insights.  The purpose of this small group interview is to further unpack the insights from the project to date and better understand some of the barriers and enablers specific to your context.  We will ask questions on each area of the success factors framework and also ask a few overall questions to get your views on the most important barriers and enablers to address. | ***Overall introductory questions***   1. *What would you describe as good or best practice on GIAs and can you tell us about any examples of this from your organisation or others? What is the impact of this good practice in the local community (e.g., access and inclusion, quality of service delivery, community engagement)?* 2. *In your opinion, what factors would have the greatest impact on enabling/motivating rural and regional councils to implement GIAs and achieve meaningful gender equality outcomes?* 3. *What are the most significant barriers/pain points to conducting GIAs in rural and regional councils? What might be the ways to address these barriers?*   ***Capabilities***   1. *What are the main challenges to understanding GIA requirements and their impact among staff responsible for policies, programs, and services? How could these challenges be addressed?* 2. *How does your organisation incorporate an intersectionality lens to conducting GIAs? What do you think could be effective in increasing knowledge in regional and rural councils about the importance of applying an intersectional lens to GIAs?*   ***Organisation***   1. *We understand that lack of appropriate governance structures, staffing and budget are all key barriers to undertaking GIAs. Across these, what works well in your organisation, and what doesn’t work as well?* 2. *Within the current legislative framework, do you have any ideas or examples of how the GIA process could be made more efficient or less resource intensive particularly given resource constraints organisations face? Are there any resources that could support this?*   ***Culture and ways of working***   1. *We understand there can still be mixed support and some staff resistance across organisations to conduct GIAs. What are the key factors driving staff resistance?* 2. *What resources or support would be helpful to mitigate staff resistance? What types of learning opportunities would you find most beneficial in supporting GIAs and increasing collaboration within teams?*   ***Enabling infrastructure***   1. *What works well in your organisation across processes, data and systems? What doesn’t work well?* |

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

### Small group interview guide for rural and regional hospitals

| **Commission interview guide** | **Context** | **Question** |
| --- | --- | --- |
| **Meeting date:**  Various dates in the first two weeks of October 2024  **Location:**  Via MS Teams  **Interviewees:**  List of consulted organisations is presented in Appendix B section.  **Interviewer:**  Radhika Chelliah/ Afsaneh Rashidi | As you know, Right Lane Consulting is undertaking a research project for the Commission for Gender Equality in the Public Sector to understand barriers, enablers, and embed good practices for GIAs in rural and regional councils and hospitals across Victoria.  We have conducted exploratory interviews and a survey to gather initial insights.  The purpose of this small group interview is to further unpack the insights from the project to date and better understand some of the barriers and enablers specific to your context.  We will ask questions on each area of the success factors framework and also ask a few overall questions to get your views on the most important barriers and enablers to address. | ***Overall introductory questions***   1. *What would you describe as good or best practice on GIAs and can you tell us about any examples of this from your organisation or others? What is the impact of this good practice in the local community (e.g., access and inclusion, quality of service delivery, community engagement)?* 2. *In your opinion, what factors would have the greatest impact on enabling/motivating rural and regional hospitals to implement GIAs and achieve meaningful gender equality outcomes?* 3. *What are the most significant barriers/pain points to conducting GIAs in rural and regional hospitals? What might be the ways to address these barriers?*   ***Capabilities***   1. *What are the main challenges to understanding GIA requirements and their impact among staff responsible for policies, programs, and services? How could these challenges be addressed?* 2. *How does your organisation incorporate an intersectionality lens to conducting GIAs? What do you think could be effective in increasing knowledge in regional and rural hospitals about the importance of applying an intersectional lens to GIAs?*   ***Organisation***   1. *We understand that lack of appropriate governance structures, staffing and budget are all key barriers to undertaking GIAs. Across these, what works well in your organisation, and what doesn’t work as well?* 2. *Within the current legislative framework, do you have any ideas or examples of how the GIA process could be made more efficient or less resource intensive particularly given resources constraints organisations face? Are there any resources that could support this?*   ***Culture and ways of working***   1. *We understand there can be some staff resistance across organisations to conduct GIAs. What are the key factors driving staff resistance?* 2. *What resources or support would be helpful to mitigate staff resistance? What types of learning opportunities would you find most beneficial in supporting GIAs and increasing collaboration within teams?*   ***Enabling infrastructure***   1. *What works well in your organisation across processes, data and systems? What doesn’t work well?* |

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

### Focus group guide for rural and regional councils

| **Commission interview guide** | **Context** | **Question** |
| --- | --- | --- |
| **Meeting date:**  Various dates in the final two weeks of October 2024  **Location:**  Via MS Teams  **Interviewees:**  List of consulted organisations is presented in Appendix B section.  **Interviewer:**  Radhika Chelliah/ Afsaneh Rashidi | As you know, Right Lane Consulting is undertaking a research project in partnership with the Commission for Gender Equality in the Public Sector to understand barriers, enablers, and embed good practices for GIAs in rural and regional councils and hospitals across Victoria.  We have conducted stakeholder consultation and a survey to gather initial insights.  The purpose of this focus group is to further unpack the insights from the project to date and better understand some of the barriers and enablers specific to your context.  We will ask questions on each area of the success factors framework and also ask a few overall questions to get your views on the most important barriers and enablers to address. | ***Overall introductory questions***   1. *Based on your observations, do staff understand how GIAs contribute to improving public policies, programs and services for better outcomes in the community?* 2. *What would you describe as good or best practice on GIAs and can you tell us about any examples of this from your organisation or others?* 3. *In your opinion, what factors would have the greatest impact on enabling/motivating rural and regional councils to implement GIAs and achieve meaningful gender equality outcomes?* 4. *What are the most significant barriers/pain points to conducting GIAs in rural and regional councils? What are the ways to address these barriers?*   ***Capabilities***   1. *Where are the biggest capability gaps in conducting GIAs? I.e., understanding the legislative requirements, understanding when a GIA is required, conducting a GIA through the 4-step process, documenting outcomes, incorporating intersectionality, etc.* 2. *How might we address capability gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Organisation***   1. *We understand that lack of appropriate governance structures, staffing and budget are all key barriers to undertaking GIAs. Within the current legislative framework, do you have any ideas or examples of how the GIA process could be made more efficient or less resource intensive particularly given resource constraints organisations face?* 2. *How might we address organisational structure and resourcing gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Culture and ways of working***   1. *Given the opportunities and constraints in this operating environment, what would increase staff buy-in of GIAs?* 2. *How might we address culture gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Enabling infrastructure***   1. *We know that robust systems and processes are critical to good reporting outcomes. Are there any quick wins in this area? E.g., embedding GIAs into BAU processes.* 2. *How might we address system and process gaps through initiatives (i) led by the organisation and (ii) led by the Commission?* |

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

### Focus group guide for rural and regional hospitals

| **Commission interview guide** | **Context** | **Question** |
| --- | --- | --- |
| **Meeting date:**  Various dates in the final two weeks of October 2024  **Location:**  Via MS Teams  **Interviewees:**  List of consulted organisations is presented in Appendix B section.  **Interviewer:**  Radhika Chelliah/ Afsaneh Rashidi | As you know, Right Lane Consulting is undertaking a research project in partnership with the Commission for Gender Equality in the Public Sector to understand barriers, enablers, and embed good practices for GIAs in rural and regional councils and hospitals across Victoria.  We have conducted stakeholder consultation and a survey to gather initial insights.  The purpose of this focus group is to further unpack the insights from the project to date and better understand some of the barriers and enablers specific to your context.  We will ask questions on each area of the success factors framework and also ask a few overall questions to get your views on the most important barriers and enablers to address. | ***Overall introductory questions***   1. *Based on your observations, do staff understand how GIAs contribute to improving public policies, programs and services for better outcomes in the community?* 2. *What would you describe as good or best practice on GIAs and can you tell us about any examples of this from your organisation or others?* 3. *In your opinion, what factors would have the greatest impact on enabling/motivating rural and regional hospitals to implement GIAs and achieve meaningful gender equality outcomes?* 4. *What are the most significant barriers/pain points to conducting GIAs in rural and regional hospitals? What are ways to address these barriers?*   ***Capabilities***   1. *Where are the biggest capability gaps in conducting GIAs? I.e., understanding the legislative requirements, understanding when a GIA is required, conducting a GIA through the 4-step process, documenting outcomes, incorporating intersectionality, etc.* 2. *How might we address capability gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Organisation***   1. *We understand that lack of appropriate governance structures, staffing and budget are all key barriers to undertaking GIAs. Within the current legislative framework, do you have any ideas or examples of how the GIA process could be made more efficient or less resource intensive particularly given resource constraints organisations face?* 2. *How might we address organisational structure and resourcing gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Culture and ways of working***   1. *Given the opportunities and constraints in this operating environment, what would increase staff buy-in of GIAs?* 2. *How might we address culture gaps through initiatives (i) led by the organisation and (ii) led by the Commission?*   ***Enabling infrastructure***   1. *We know that robust systems and processes are critical to good reporting outcomes. Are there any quick wins in this area? E.g., embedding GIAs into BAU processes.* 2. *How might we address system and process gaps through initiatives (i) led by the organisation and (ii) led by the Commission?* |

Source: Commission for Gender Equality in the Public Sector GIA research project in rural and regional councils and hospitals, supported by Right Lane Consulting. (2024, May-December).

## D. Detailed survey outcomes

### Overview

Over two weeks (late August to early September 2024), Right Lane Consulting in collaboration with the Commission, conducted a survey to gather insights into the strengths and challenges of conducting GIAs in rural and regional councils and hospitals.

The survey was distributed to 48 councils and 60 hospitals across rural and regional Victoria, yielding 30 and   
16 responses respectively.

This section outlines the distribution of survey participants and presents the results based on Right Lane Consulting’s success factors framework including Capability, Organisation, Culture and ways of working and Enabling infrastructure.

Survey responses have been analysed using the original scale categories provided in the survey (Strongly disagree, Disagree, Neutral, Agree, Strongly agree, Don’t know).

Responses are categorised by sector (council or hospital) and have been de-identified to ensure no direct references to specific councils or hospitals.

### Distribution of survey participants

|  |  |
| --- | --- |
| **Which sector are you working for?**  In response to this question, a percentage column graph outlines survey respondents as 65% council and 35% hospital. | **As part of a council organisation, what is your role in conducting GIAs?**  **40% conduct GIAs for projects I directly manage, 47% provide organisation-wide support and expertise in conducting GIAs, 3% review and approve GIAs and 10% other.**  **As part of a hospital organisation, what is your role in conducting GIAs?**  6% conduct GIAs for projects I directly manage, 82% provide organisation-wide support and expertise in conducting GIAs, 6% review and approve GIAs and 6% other. |

### Overview

Over half of respondents who completed the survey were from rural and regional councils, while the remainder were from rural and regional hospitals.

**87%** of council respondents either directly conduct GIAs or provide organisation-wide support and expertise in conducting GIAs.

While **82%** ofhospital respondents only provide organisation-wide support and expertise in conducting GIAs.

**The survey was issued to 48 councils and 60 hospitals in rural and regional Victoria and was open for 2 weeks.**

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

### D.1 Survey responses from rural and regional councils

#### Councils: Capability

There is low awareness and understanding of GIAs requirements among council respondents.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Capability 1:** Everyone working on policy, programs, and services in my organisation is aware that they must conduct gender impact assessments when developing or reviewing work that has a direct and significant impact on the public. | A percentage bar graph supporting the survey finding, outlines council responses as 17% strongly disagree, 30% disagree, 3% neutral, 43% agree, 3% strongly agree and 3% don’t know. | Almost half of council respondents (47%) disagree that their organisations are aware that they must conduct GIAs when developing and reviewing work that has a direct and significant impact on the public, while the other half (46%) disagree. |
| **Capability 2:** Everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. | A percentage bar graph supporting the survey finding, outlines council responses as 17% strongly disagree, 43% disagree, 20% neutral, 13% agree, 3% strongly agree and 3% don’t know. | The majority of council respondents (60%) disagree that everyone responsible for developing or reviewing policies, programs and services in their organisations, knows how to identify when GIAs are required. |
| **Capability 3:** Everyone responsible for developing or reviewing policies, programs and services understands the steps required to undertake GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 27% strongly disagree, 30% disagree, 27% neutral, 10% agree, 3% strongly agree and 3% don’t know. | Over half of council respondents (57%) disagree that everyone responsible for developing or reviewing policies, programs and services in their organisations, understands the steps required to undertake GIAs. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Council respondents identify knowledge gaps in applying an intersectional lens to GIAs but rate engagement with communities of practice or support networks highly

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Capability 4**: There is sufficient knowledge in my organisation on applying an intersectional lens to GIAs (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc). | A percentage bar graph supporting the survey finding, outlines council responses as 23% strongly disagree, 43% disagree, 10% neutral, 17% agree, 3% strongly agree and 3% don’t know. | The majority of council respondents (66%) disagree that there is sufficient knowledge in their organisations on applying an intersectional lens to GIAs. |
| **Capability 5:** My organisation networks and connects with other organisations to discuss gender equality issues and gender impact assessments. (e.g., sector communities of practice or support networks). | A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 7% disagree, 23% neutral, 40% agree, 10% strongly agree and 13% don’t know. | Half of council respondents (50%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs while only 14% disagree. |
| **Capability 6:** My interaction with other organisations on gender equality issues supports my ability to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 20% disagree, 23% neutral, 50% agree, 3% strongly agree and 0% don’t know. | Over half of council respondents (53%) agree that their interaction with other organisations on gender equality issues supports their ability to conduct GIAs while 23% disagree. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Councils: Organisation

Council respondents emphasised major challenges with conducting GIAs such as lack of a clear governance structure as well as insufficient staffing and funding.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Organisation 1:** There is a clear governance structure to conduct GIAs in my organisation (i.e., I know who is responsible, accountable, supporting, etc.). | A percentage bar graph supporting the survey finding, outlines council responses as 17% strongly disagree, 30% disagree, 23% neutral, 20% agree, 7% strongly agree and 3% don’t know. | Almost half of council respondents (47%) disagree that there is a clear governance structure to conduct GIAs in their organisations, while only 27% agree. |
| **Organisation 2:** There is sufficient staffing allocated to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 30% strongly disagree, 30% disagree, 20% neutral, 17% agree, 0% strongly agree and 3% don’t know. | The majority of council respondents (60%) disagree that there is sufficient staffing allocated to conduct GIAs. |
| **Organisation 3:** There is sufficient budget allocated to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 40% strongly disagree, 37% disagree, 10% neutral, 10% agree, 0% strongly agree and 3% don’t know. | Most council respondents (77%) disagree that there is sufficient budget allocated to conduct GIAs. |

Note: Totals may not sum to 100% due to rounding.

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

There are concerns about insufficient guidance on conducting GIAs and the provision of organisational gender equality expertise among council respondents

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Organisation 4:** There is sufficient staffing dedicated to overseeing GIAs process and providing organisational gender equality expertise. | A percentage bar graph supporting the survey finding, outlines council responses as 27% strongly disagree, 40% disagree, 17% neutral, 13% agree, 0% strongly agree and 3% don’t know. | The majority of council respondents (67%) disagree that there is sufficient staffing dedicated to overseeing GIAs process and providing organisational gender equality expertise. |
| **Organisation 5:** There is clear direction, advice and feedback from internal sources within my organisation (colleagues, managers) on how to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 33% disagree, 30% neutral, 17% agree, 3% strongly agree and 3% don’t know. | Almost half of council respondents (46%) disagree that there is clear direction, advice and feedback from internal sources within their organisations on how to conduct GIAs, while only 20% agree. |
| **Organisation 6:** There is clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 10% disagree, 37% neutral, 37% agree, 0% strongly agree and 3% don’t know. | Only 37% of council respondents agree that there is clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs, while 23% disagree and 37% are neutral. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Councils: Culture and ways of working

Staff resistance to conducting GIAs, combined with a lack of active sponsorship from leaders, creates significant barriers to implementing GIAs within councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Culture and ways of working 1:** There is a collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities we serve. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 17% disagree, 30% neutral, 40% agree, 7% strongly agree and 3% don’t know. | Almost half of council respondents (47%) agree that their organisations have collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities they serve, while the other half either disagree (20%) or remain neutral (30%). |
| **Culture and ways of working 2:** There is active and visible sponsorship from leaders in the organisation to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 23% disagree, 30% neutral, 33% agree, 3% strongly agree and 3% don’t know. | One third of council respondents (30%) do not agree that there is active and visible sponsorship from leaders in their organisations to conduct GIAs while another third (30%) are neutral and 36% agree. |
| **Culture and ways of working 3:** There is no resistance from staff to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 13% strongly disagree, 43% disagree, 20% neutral, 20% agree, 0% strongly agree and 3% don’t know. | Over half of council respondents (56%) believe that staff are resistant to conducting GIAs, while only 20% believe there is no resistance. |

Survey highlights gaps in organisational knowledge on mitigating staff resistance to GIAs and limited cross-department collaboration when conducting GIAs in councils

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Culture and ways of working 4:** My organisation knows how to effectively mitigate resistance from staff to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 40% disagree, 17% neutral, 33% agree, 0% strongly agree and 3% don’t know. | Almost half of council respondents (47%) believe that their organisations lack knowledge to effectively mitigate staff resistance to conducting GIAs, while 33% believe their organisations are equipped to do so. |
| **Culture and ways of working 5:** There is a strong sense of teamwork and collaboration across different departments when conducting GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 33% disagree, 37% neutral, 10% agree, 3% strongly agree and 7% don’t know. | Almost half of council respondents (43%) disagree that there is a strong sense of teamwork and collaboration across different teams in their organisations when conducting GIAs, while only 13% agree. |
| **Culture and ways of working 6:** In my organisation, everyone actively learns from each other's experiences and identify opportunities for improvement in how to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 27% disagree, 43% neutral, 13% agree, 3% strongly agree and 7% don’t know. | One third of council respondents (34%) disagree that in their organisations, everyone actively learns from each other’s experiences and identifies opportunities for improvement in how to conduct GIAs. Only 16% agree, while half remain neutral or uncertain. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Councils: Leadership

Councils identified leadership's understanding of GIA benefits in advancing gender equality and delivering community outcomes as a key strength.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Leadership 1:** My leadership team recognises our organisation’s role in progressing gender equality in our local community. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 10% neutral, 67% agree, 13% strongly agree and 3% don’t know. | Most council respondents (80%) agree that their leadership team recognise their organisations’ role in progressing gender equality in the local community. |
| **Leadership 2:** My leadership team understands the purpose and benefits of conducting GIAs within our organisation. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 0% disagree, 30% neutral, 50% agree, 13% strongly agree and 3% don’t know. | The majority of council respondents (63%) agree that their leadership team clearly understand the purpose and benefits of conducting GIAs within their organisations. |
| **Leadership 3:** My leadership team understands how conducting GIAs directly enables our organisation to promote gender equality and deliver better outcomes to our community. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 27% neutral, 53% agree, 10% strongly agree and 3% don’t know. | The majority of council respondents (63%) agree that their leadership team understand how conducting GIAs directly enables their organisations to promote gender equality and deliver better outcomes to their community. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

The survey reflects a strong understanding of GIA requirements, reporting and the application of an intersectional lens among council leadership

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Leadership 4:** My leadership team clearly understands that we must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 7% disagree, 13% neutral, 57% agree, 13% strongly agree and 7% don’t know. | Most council respondents (70%) agree that their leadership team clearly understand that they must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public. |
| **Leadership 5:** My leadership team clearly understands that we need to report our GIAs to the Commission every two years in our Progress Report. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 17% neutral, 53% agree, 10% strongly agree and 13% don’t know. | The majority of council respondents (63%) agree that their leadership team clearly understand that they need to report their GIAs to the Commission every two years in their Progress Report. |
| **Leadership 6:** My leadership team understands that when conducting GIAs, we should apply an intersectional lens (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc.). | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 3% disagree, 30% neutral, 47% agree, 10% strongly agree and 7% don’t know. | Over half of council respondents (57%) agree that the leadership team understand that they should apply an intersectional lens when conducting GIAs. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Councils: Enabling infrastructure

While there are positive views on access to GIA trainings amongst council respondents, there is an opportunity for the Commission to improve the provision of feedback and resources.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **\* Enabling infrastructure 1:** In my organisation, everyone has access to and is supported to participate in relevant GIA trainings. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 13% disagree, 20% neutral, 50% agree, 10% strongly agree and 3% don’t know. | The majority of council respondents (60%) agree that everyone in their organisations has access to and is supported to participate in relevant GIA trainings. |
| **Enabling infrastructure 2:** The Commission for Gender Equality in the Public Sector provides helpful advice and feedback about GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 13% disagree, 37% neutral, 20% agree, 7% strongly agree and 13% don’t know. | Only 27% of council respondents agree that the Commission provides helpful advice and feedback about GIAs whereas the remaining respondents either disagree (23%), remain neutral (37%) or are unsure (13%). |
| **Enabling infrastructure 3:** The Commission for Gender Equality in the Public Sector provides relevant and useful resources about GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 10% disagree, 23% neutral, 40% agree, 3% strongly agree and 13% don’t know. | 43% of council respondents agree that the Commission provides relevant and useful resources about GIAs while the remaining respondents either disagree (20%), remain neutral (23%) or are unsure (13%). |

Note: Totals may not sum to 100% due to rounding. \* Listed under Organisation dimension in the key findings section.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

The survey indicates that councils have access to GIA tools, but there is room to improve the availability of gender equality information and GIA best practices both internally and across the sector.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Enabling infrastructure 4:** In my organisation, we have access to other relevant templates and toolkits to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 7% disagree, 30% neutral, 50% agree, 7% strongly agree and 3% don’t know. | Over half of council respondents (57%) agree that their organisations have access to other relevant templates and toolkits to conduct GIAs. |
| **\* Enabling infrastructure 5:** In my organisation, we have sufficient information on gender equality issues within our sector and local community to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 17% disagree, 30% neutral, 40% agree, 3% strongly agree and 7% don’t know. | Almost half of council respondents (43%) think there is sufficient information on gender equality issues within the sector and local community to conduct GIAs while the other half either disagree (20%) or remain neutral (30%). |
| **Enabling infrastructure 6:** In my organisation, we have access to relevant best practice examples of GIAs to inform our approach. | A percentage bar graph supporting the survey finding, outlines council responses as 10% strongly disagree, 20% disagree, 30% neutral, 33% agree, 3% strongly agree and 3% don’t know. | One third of council respondents (30%) disagree that their organisations have access to relevant best practice examples of GIAs to inform their approach while another third are neutral (30%) and 36% agree. |

Note: Totals may not sum to 100% due to rounding. \* Listed under Organisation dimension in the key findings section.

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

The survey highlights a lack of supportive data collection systems and limited integration of GIA processes into BAU activities within councils.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Council overall responses** | **Overview** |
| --- | --- | --- |
| **Enabling infrastructure 7:** In my organisation, we have a supportive information system for data collection informing GIAs. | A percentage bar graph supporting the survey finding, outlines council responses as 7% strongly disagree, 37% disagree, 30% neutral, 17% agree, 3% strongly agree and 7% don’t know. | Almost half of council respondents (44%) disagree that their organisations have a supportive information system for data collection informing GIAs, while only 20% agree. |
| **Enabling infrastructure 8:** In my organisation, we have clearly documented GIAs processes. | A percentage bar graph supporting the survey finding, outlines council responses as 3% strongly disagree, 23% disagree, 23% neutral, 43% agree, 3% strongly agree and 3% don’t know. | Almost half of council respondents (46%) agree that their organisations have clearly documented GIA processes while the other half either disagree (26%) or remain neutral (23%). |
| **Enabling infrastructure 9:** In my organisation, GIAs processes are seamlessly integrated into our regular business-as-usual activities. | A percentage bar graph supporting the survey finding, outlines council responses as 23% strongly disagree, 30% disagree, 30% neutral, 10% agree, 3% strongly agree and 3% don’t know. | Over half of council respondents (53%), believe that their organisations lack GIA processes that are seamlessly integrated into their regular business-as-usual activities, while 13% believe the opposite. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

### D.2 Survey responses from rural and regional hospitals

#### Hospitals: Capability

The hospital survey revealed limited awareness and understanding of GIA requirements and impact among staff responsible for policies, programs and services.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Capability 1:** Everyone working on policy, programs, and services in my organisation is aware that they must conduct gender impact assessments when developing or reviewing work that has a direct and significant impact on the public. | A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 19% disagree, 6% neutral, 38% agree, 6% strongly agree and 0% don’t know. | Half of hospital respondents (50%) disagree that everyone working on policy, programs and services in their organisations is aware that they must conduct GIAs when developing or reviewing work that has a direct and significant impact on the public, 44% agree with this statement. |
| **Capability 2:** Everyone responsible for developing or reviewing policies, programs and services, knows how  to identify when GIAs are required. | A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 25% disagree, 19% neutral, 25% agree, 0% strongly agree and 0% don’t know. | Over half of hospital respondents (56%) disagree that everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. |
| **Capability 3:** Everyone responsible for developing or reviewing policies, programs and services understands  the steps required to undertake GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 25% disagree, 19% neutral, 19% agree, 0% strongly agree and 0% don’t know. | The majority of hospital respondents (63%) disagree that everyone responsible for developing or reviewing policies, programs and services understands the steps required to undertake GIAs. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Hospital respondents note gaps in applying an intersectional lens to GIAs. Separately, respondents highly value engagement with communities of practice and support networks.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Capability 4:** There is sufficient knowledge in my organisation on applying an intersectional lens to GIAs (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc.). | A percentage bar graph supporting the survey finding, outlines hospital responses as 44% strongly disagree, 25% disagree, 19% neutral, 13% agree, 0% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) disagree that there is sufficient knowledge in their organisations on applying an intersectional lens to GIAs. |
| **Capability 5:** My organisation networks and connects with other organisations to discuss gender equality issues and gender impact assessments. (e.g., sector communities of practice or support networks). | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 13% disagree, 0% neutral, 69% agree, 6% strongly agree and 0% don’t know. | Most hospital respondents (75%) agree that their organisations network and connect with other organisations to discuss gender equality issues and GIAs. |
| **\* Capability 6:** My interaction with other organisations on gender equality issues supports my ability to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 25% disagree, 19% neutral, 31% agree, 19% strongly agree and 0% don’t know. | Although half of hospital respondents agree that their interaction with other organisations on gender equality issues supports their ability to conduct GIAs, the remaining respondents either disagree (31%) or remain neutral (19%). |

Note: Totals may not sum to 100% due to rounding. \* Listed under Organisation dimension in the key findings section.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Hospitals: Organisation

Insufficient budget allocation, inadequate staffing, and the absence of a clear governance structure make conducting GIAs in hospitals challenging.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Organisation 1:** There is a clear governance structure to conduct GIAs in my organisation (i.e., I know who is responsible, accountable, supporting, etc.). | A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 13% disagree, 31% neutral, 25% agree, 13% strongly agree and 0% don’t know. | One third of hospital respondents (32%) disagree that their organisations have a clear governance structure to conduct GIAs, while another third are neutral (31%) and 38% believe such a structure exists. |
| **Organisation 2:** There is sufficient staffing allocated to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 44% strongly disagree, 31% disagree, 6% neutral, 13% agree, 6% strongly agree and 0% don’t know. | Most hospital respondents (75%) disagree that there is sufficient staffing allocated to conduct GIAs. |
| **Organisation 3:** There is sufficient budget allocated to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 56% strongly disagree, 31% disagree, 6% neutral, 0% agree, 6% strongly agree and 0% don’t know. | Most hospital respondents (87%) disagree that there is sufficient budget allocated to conduct GIAs. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

The survey highlighted a lack of sufficient staffing to oversee GIA process and clear guidance from both internal and external sources for conducting GIAs in hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Organisation 4:** There is sufficient staffing dedicated to overseeing GIAs process and providing organisational gender equality expertise. | A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 50% disagree, 6% neutral, 6% agree, 0% strongly agree and 0% don’t know. | Most hospital respondents (88%) disagree that there is sufficient staffing dedicated to overseeing the GIA process and providing organisational gender equality expertise. |
| **Organisation 5:** There is clear direction, advice and feedback from internal sources within my organisation (colleagues, managers) on how  to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 31% strongly disagree, 25% disagree, 19% neutral, 25% agree, 0% strongly agree and 0% don’t know. | Over half of hospital respondents (56%) believe that there is no clear direction, advice and feedback from internal sources within their organisations on how to conduct GIAs while only 25% have an opposing view. |
| **Organisation 6:** There is clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 38% disagree, 31% neutral, 13% agree, 0% strongly agree and 0% don’t know. | Over half of hospital respondents (57%) believe there is no clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Hospitals: Culture and ways of working

Hospital respondents agree on the importance of GIAs but highlight the need for stronger sponsorship from leaders to reduce resistance from staff and enable the delivery of GIAs.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Culture and ways of working 1:** There is a collective agreement on the importance  of GIAs as a fundamental way to enable better outcomes for the communities we serve. | A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 13% disagree, 13% neutral, 44% agree, 6% strongly agree and 0% don’t know. | Half of hospital respondents agree that their organisations have a collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities they serve, while the other half either disagree (38%) or remain neutral (13%). |
| **Culture and ways of working 2:** There is active and visible sponsorship from leaders in the organisation to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 6% disagree, 13% neutral, 44% agree, 13% strongly agree and 0% don’t know. | Over half of hospital respondents (57%) agree that there is active and visible sponsorship from leaders in their organisations to conduct GIAs, while 31% disagree. |
| **Culture and ways of working 3:** There is no resistance from staff to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 31% disagree, 38% neutral, 13% agree, 6% strongly agree and 0% don’t know. | Almost half of hospital respondents (44%) believe that staff are resistant to conducting GIAs while only 19% believe there is no resistance. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Limited organisational knowledge to mitigate staff resistance to GIAs and a lack of cross-department collaboration make conducting GIAs challenging for hospitals.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Culture and ways of working 4:** My organisation knows how to effectively mitigate resistance from staff to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 5% strongly disagree, 38% disagree, 19% neutral, 31% agree, 6% strongly agree and 0% don’t know. | Almost half of hospital respondents (44%) believe that their organisations lack knowledge to effectively mitigate staff resistance to conducting GIAs while 37% believe their organisations are equipped to do so. |
| **Culture and ways of working 5:** There is a strong sense of teamwork and collaboration across different departments when conducting GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 19% strongly disagree, 25% disagree, 19% neutral, 38% agree, 0% strongly agree and 0% don’t know. | Almost half of hospital respondents (44%) disagree that there is a strong sense of teamwork and collaboration across different departments in their organisations, when conducting GIAs, while 38% agree. |
| **Culture and ways of working 6:** In my organisation, everyone actively learns from each other's experiences and identify opportunities for improvement in how to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 31% disagree, 25% neutral, 38% agree, 0% strongly agree and 0% don’t know. | Hospital respondents show a mixed perspective on the level of active learning and improvement in GIA practices within the organisation, with 38% agree and 37% disagree. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Hospitals: Leadership

There is strong consensus among hospital respondents that their leadership team recognise and understand the impact of GIAs within the organisation and the community.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Leadership 1:** My leadership team recognises our organisation’s role in progressing gender equality in our local community. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 13% neutral, 56% agree, 13% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) agree that their leadership team recognise their organisations’ role in progressing gender equality in the local community. |
| **Leadership 2:** My leadership team understands the purpose and benefits of conducting GIAs within our organisation. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 13% neutral, 56% agree, 13% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) believe that their leadership team understand the purpose and benefits of conducting GIAs within their organisations. |
| **Leadership 3:** My leadership team understands how conducting GIAs directly enables our organisation to promote gender equality and deliver better outcomes to our community. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 13% disagree, 19% neutral, 50% agree, 13% strongly agree and 0% don’t know. | The majority of hospital respondents (63%) agree that their leadership team understand how conducting GIAs directly enables their organisations to promote gender equality and deliver better outcomes to their community. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Hospital respondents agree that there is a need to enhance leadership’s understanding of GIA requirements, although there is awareness on the reporting cycle.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Leadership 4:** My leadership team clearly understands that we must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public. | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 25% disagree, 13% neutral, 38% agree, 13% strongly agree and 0% don’t know. | Although 51% of hospital respondents agree that their leadership team clearly understand that they must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public, the remaining respondents either disagree (38%) or remain neutral (13%). |
| **Leadership 5:** My leadership team clearly understands that we need to report our GIAs to the Commission every two years in our Progress Report. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 0% disagree, 25% neutral, 50% agree, 19% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) agree that their leadership team clearly understand that they need to report GIAs to the Commission every two years in the Progress Report. |
| **Leadership 6:** My leadership team understands that when conducting GIAs, we should apply an intersectional lens (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc.). | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 25% disagree, 16 neutral, 56% agree, 6% strongly agree and 0% don’t know. | Although the majority of hospital respondents (62%) agree that their leadership team understand that they should apply an intersectional lens when conducting GIAs, 31% disagree with that. |

Note: Totals may not sum to 100% due to rounding.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Hospitals: Enabling infrastructure

Hospitals have sufficient access to helpful advice and useful resources from the Commission, however, there is a need for more support for organisation-wide GIA training.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **\* Enabling infrastructure 1:** In my organisation, everyone has access to and is supported to participate in relevant GIA trainings. | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 19% disagree, 19% neutral, 44% agree, 6% strongly agree and 0% don’t know. | Half of hospital respondents agree that everyone in their organisations has access to and is supported to participate in relevant GIA trainings, however the other half either disagree (32%) or remain neutral (19%). |
| **Enabling infrastructure 2:** The Commission for Gender Equality in the Public Sector provides helpful advice  and feedback about GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 6% disagree, 19% neutral, 56% agree, 13% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) agree that the Commission provides helpful advice and feedback about GIAs. |
| **Enabling infrastructure 3:** The Commission for GenderEquality in the Public Sector provides relevant and  useful resources about GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 0% strongly disagree, 13% disagree, 19% neutral, 50% agree, 19% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) believe that the Commission provides relevant and useful resources about GIAs. |

Note: Totals may not sum to 100% due to rounding. \* Listed under Organisation dimension in the key findings section.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

The survey highlights the availability of other GIA tools for hospitals but identifies room for improvement in providing information on gender equality issues and GIA best practices.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Enabling infrastructure 4:** In my organisation, we have access to other relevant templates and toolkits to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 25% disagree, 0% neutral, 56% agree, 6% strongly agree and 0% don’t know. | The majority of hospital respondents (62%) agree that their organisations have access to other relevant templates and toolkits to conduct GIAs. |
| **\* Enabling infrastructure 5:** In my organisation, we have sufficient information on gender equality issues within our sector and local community to conduct GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 0% strongly disagree, 25% disagree, 31% neutral, 44% agree, 0% strongly agree and 0% don’t know. | Although 44% of hospital respondents agree that their organisations have sufficient information on gender equality issues within their sector and local community to conduct GIAs, the remaining respondents either disagree (25%) or remain neutral (31%). |
| **Enabling infrastructure 6:** In my organisation, we have access to relevant best practice examples of GIAs to inform our approach. | A percentage bar graph supporting the survey finding, outlines hospital responses as 13% strongly disagree, 31% disagree, 25% neutral, 31% agree, 0% strongly agree and 0% don’t know. | Almost half of hospital respondents (44%) disagree that their organisations have access to relevant best practice examples of GIAs to inform their approach, while 31% agree. |

Note: Totals may not sum to 100% due to rounding. \* Listed under Organisation dimension in the key findings section.  
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Hospital respondents believe they lack supportive infrastructure for data collection and embedding GIA into their regular activities.

**A key for the survey response graphs highlighted that responses read from left to right as: Strongly disagree, Disagree, Neutral, Agree, Strongly agree, and Don't know.**

| **Questions** | **Hospital overall responses** | **Overview** |
| --- | --- | --- |
| **Enabling infrastructure 7:** In my organisation, we have a supportive information system for data collection informing GIAs. | A percentage bar graph supporting the survey finding, outlines hospital responses as 25% strongly disagree, 44% disagree, 6% neutral, 25% agree, 0% strongly agree and 0% don’t know. | The majority of hospital respondents (69%) disagree that their organisations have a supportive information system for data collection informing GIAs. |
| **Enabling infrastructure 8:** In my organisation, we have clearly documented GIAs processes. | A percentage bar graph supporting the survey finding, outlines hospital responses as 6% strongly disagree, 38% disagree, 13% neutral, 31% agree, 13% strongly agree and 0% don’t know. | The hospital respondents are equally divided with their views on clearly documented GIA processes in their organisations, where 44% disagree and 44% agree. |
| **Enabling infrastructure 9:** In my organisation, GIAs processes are seamlessly integrated into our regular business-as-usual activities. | A percentage bar graph supporting the survey finding, outlines hospital responses as 38% strongly disagree, 19% disagree, 25% neutral, 19% agree, 0% strongly agree and 0% don’t know. | Over half of hospital respondents (57%) do not think that GIA processes are seamlessly integrated into their organisations’ regular business-as-usual activities. |

Note: Totals may not sum to 100% due to rounding.   
Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

### D.3 Qualitative analysis

#### Councils & hospitals

Survey respondents outlined the collaborative networks they connect with as well as suggestions for improving the Commission’s resources.

| **Questions** | **Insights** |
| --- | --- |
| 1. **Which network or organisations does your organisation connect with?** | * **Women’s Health Networks:** Hospitals collaborate with regional women’s health networks, including Women’s Health Grampians, Women’s Health and Wellbeing Barwon South West, the Victorian Health Organisation Gender Equity Network (VHOGEN) and Women’s Health Loddon Mallee. * **Municipal Association of Victoria (MAV):** Councils engage significantly with MAV, particularly its Gender Equality Network and other related initiatives. * **Local councils:** Collaboration with local councils is highly valued. * **Specialised groups:** Respondents appreciate connections with specialised groups like Safe and Equal, the Free from Violence Network, and GenderWorks Australia. |
| 1. **How can the GIA resources provided by the Commission be improved?** | * **Expand and tailor resources for diverse context and capacities:** Develop resources, including case studies, to support various project types (policy, program, and services) that meet legislative requirements and are easy to use for staff with differing levels of expertise. Adapt resources to address specific sector needs, such as healthcare and rural areas. * **Deliver GIA awareness training:** Conduct regular workshops tailored to all staff levels. Enhance communication with clear, concise flowcharts or diagrams in plain English. Develop videos on topics such as uncovering unconscious bias and offer bite-sized learning opportunities, including masterclasses for hands-on project work. * **Simplify the GIA process:** Make the process more user-friendly and less burdensome by considering and providing differentiated guidance for high-level and smaller-scale GIAs. * **Establish a feedback mechanism:** Implement a dedicated helpdesk to offer regular feedback opportunities and address user concerns effectively. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Survey respondents highlighted the unique challenges of operating as a rural or regional organisation, citing significant barriers to conducting GIAs such as limited resources, knowledge gap and resistance to change.

| **Questions** | **Insights** |
| --- | --- |
| 1. **How does being a regional or rural organisation affect your organisation’s ability to conduct GIAs?** | * **Limited staffing and funding:** Smaller councils often have fewer staff and constrained budgets, limiting their capacity to allocate resources for conducting GIAs effectively. * **Expensive and hard-to-schedule training:** Training is more expensive and harder to schedule due to distance and travel costs. * **Lack of knowledge and expertise:** There is often a lack of knowledge and expertise in conducting GIAs, emphasising the need for targeted guidance and sector-specific support. * **Traditional gender norms:** Gender stereotypes and norms tend to be more pronounced in rural communities, creating additional resistance to implementing gender equality measures. * **Insufficient data access:** Limited availability of relevant data and resources restricts the organisations’ ability to conduct thorough GIAs. * **Competing organisational priorities:** Leadership teams are often overburdened with multiple priorities, leaving little room to focus on GIAs. |
| 1. **What is the most significant barrier impacting on your organisation's ability to conduct GIAs? Can you explain why this is the most significant barrier?** | * **Limited staffing and funding:** There is no direct budget or dedicated resources for completing GIAs. * **Time constraints:** Competing priorities and insufficient time hinder the effective completion of GIAs. * **Knowledge and expertise gaps:** There is a limited knowledge base to effectively support GIA processes. Training large workforces on gender equality remains challenging, further compounded by the complexities of legislation. * **Resistance to change:** There is resistance from staff and leadership to implementing GIAs, often perceived as additional administrative tasks. * **Lack of leadership support:** Shifting the organisational culture and securing leadership support for GIAs remain significant challenges. * **Inadequate systems and processes:** The absence of systems to support recording and project management for GIAs creates barriers to implementation. * **Embedding GIAs into business processes:** GIAs are not yet embedded into business or project planning processes, which leads to missed opportunities for conducting them. * **Fear of incorrect implementation:** There is a fear of not conducting GIAs correctly, which leads to avoidance or delays. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

Survey respondents explained the significant enablers enhancing their organisation’s ability to conduct GIAs, such as dedicated staffing and funding, practical resources, leadership support as well as training.

| **Questions** | **Insights** |
| --- | --- |
| 1. **What is the most significant enabler of your organisation's ability to conduct GIAs? Can you explain why this is the most significant enabler?** | * **Dedicated staffing and funding:** Allocating funding and dedicated staff, even on a short-term basis, to support, establish and embed GIA processes significantly enhances GIA implementation. * **Practical resources:** Access to practical and simplified resources and solutions that are easy to follow and understand, enable more effective delivery of GIAs. * **Leadership support:** Strong commitment and support from leadership, including CEOs and Executive managers, drive and sustain GIA initiatives. * **Training and capacity building:** Ongoing training and capacity-building efforts equip staff with the knowledge and skills required to effectively conduct GIAs. * **Integration into organisation processes:** Embedding GIA requirements into existing project management frameworks and regular business-as-usual (BAUs) activities ensures seamless implementation and compliance. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

### D.4 Survey questions

#### Councils & hospitals

| **Identifying questions** |  |
| --- | --- |
| 1. **Which sector do you work for?** | * Council * Hospital |
| 1. **Please select your organisation's name. (Councils)** | * Alpine Shire Council * Ararat Rural City Council * Ballarat City Council * Bass Coast Shire Council * Baw Gender Works Shire Council * Benalla Rural City Council * Borough of Queenscliffe * Buloke Shire Council * Campaspe Shire Council * Central Goldfields Shire Council * Colac Otway Shire Council * Corangamite Shire Council * East Gippsland Shire Council * Gannawarra Shire Council * Glenelg Shire Council * Golden Plains Shire Council * Greater Bendigo City Council * Greater Geelong City Council * Greater Shepparton City Council * Hepburn Shire Council * Hindmarsh Shire Council * Horsham Rural City Council * Indigo Shire Council * Latrobe City Council * Loddon Shire Council * Macedon Ranges Shire Council * Mansfield Shire Council * Mildura Rural City Council * Mitchell Shire Council * Moira Shire Council * Moorabool Shire Council * Mount Alexander Shire Council * Moyne Shire Council * Murrindindi Shire Council * Northern Grampians Shire Council * Pyrenees Shire Council * South Gippsland Shire Council * Southern Grampians Shire Council * Strathbogie Shire Council * Surf Coast Shire Council * Swan Hill Rural City Council * Towong Shire Council * Wangaratta Rural City Council * Warrnambool City Council * Wellington Shire Council * West Wimmera Shire Council * Wodonga City Council * Yarriambiack Shire Council |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

| **Identifying questions** |  |
| --- | --- |
| 1. **Please select your organisation's name. (Hospitals)** | * Albury Wodonga Health * Alexandra District Health * Alpine Health * Bairnsdale Regional Health Service * Barwon Health * Bass Coast Health * Beaufort and Skipton Health Service * Beechworth Health Service * Benalla Health * Bendigo Health Care Group * Boort District Health * Casterton Memorial Hospital * Central Gippsland Health Service * Central Highlands Rural Health * Cohuna District Hospital * Colac Area Health * Corryong Health * Dhelkaya Health * East Grampians Health Service * East Wimmera Health Service * Echuca Regional Health * Gippsland Southern Health Service * Goulburn Valley Health Services * Grampians Health * Great Ocean Road Health * Heathcote Health * Hesse Rural Health Service * Heywood Rural Health * Inglewood and Districts Health Service * Kerang District Health * Kooweerup Regional Health Service * Kyabram and District Health Service * Latrobe Regional Hospital * Mallee Track Health and Community Service * Mansfield District Hospital * Maryborough District Health Service * Mildura Base Public Hospital * Moyne Health Services * NCN Health * Northeast Health Wangaratta * Omeo District Health * Orbost Regional Health * Peninsula Health * Portland District Health * Robinvale District Health Services * Rochester and Elmore District Health Service * Rural Northwest Health * Seymour Health * South Gippsland Hospital * South West Healthcare * Swan Hill District Health * Tallangatta Health Service * Terang and Mortlake Health Service * Timboon and District Healthcare Service * West Gippsland Healthcare Group * West Wimmera Health Service * Western District Health Service * Yarram and District Health Service * Yarrawonga Health * Yea and District Memorial Hospital |
| 1. **What is your position title in your organisation?** |  |
| 1. **What is your role in conducting GIAs in your organisation?** | * I conduct GIAs for projects I directly manage * I provide organisation-wide support and expertise in conducting GIAs * I review and approve GIAs * Other |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Capability

|  |
| --- |
| **To what extent do you agree with the following statements about the capability to conduct GIAs in your organisation?** |
|  |
| **Please consider each statement carefully and select the answer that best represents your perspective.** |

|  |  |
| --- | --- |
| **1** | Everyone working on policy, programs, and services in my organisation is aware that they must conduct gender impact assessments when developing or reviewing work that has a direct and significant impact on the public. |
| **2** | Everyone responsible for developing or reviewing policies, programs and services, knows how to identify when GIAs are required. |
| **3** | Everyone responsible for developing or reviewing policies, programs and services understands the steps required to undertake GIAs. |
| **4** | There is sufficient knowledge in my organisation on applying an intersectional lens to GIAs (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc.). |
| **5** | My organisation networks and connects with other organisations to discuss gender equality issues and gender impact assessments. (e.g. sector communities of practice or support networks). |
| **6** | My interaction with other organisations on gender equality issues supports my ability to conduct GIAs. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Organisation

|  |
| --- |
| **To what extent do you agree with the following statements about your organisation’s governance structures and enablers to conduct GIAs?** |
|  |
| **Please consider each statement carefully and select the answer that best represents your perspective.** |

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| --- | --- |
| **1** | There is a clear governance structure to conduct GIAs in my organisation (i.e., I know who is responsible, accountable, supporting, etc.). |
| **2** | There is sufficient staffing allocated to conduct GIAs. |
| **3** | There is sufficient budget allocated to conduct GIAs. |
| **4** | There is sufficient staffing dedicated to overseeing GIAs process and providing organisational gender equality expertise. |
| **5** | There is clear direction, advice and feedback from internal sources within my organisation (colleagues, managers) on how to conduct GIAs. |
| **6** | There is clear direction, advice and feedback from sector communities of practice or support networks on how to conduct GIAs. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Culture and ways of working

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| **To what extent do you agree with the following statements about your current organisation’s ways of working on GIAs?** |
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| **Please consider each statement carefully and select the answer that best represents your perspective.** |

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| **1** | There is a collective agreement on the importance of GIAs as a fundamental way to enable better outcomes for the communities we serve. |
| **2** | There is active and visible sponsorship from leaders in the organisation to conduct GIAs. |
| **3** | There is no resistance from staff to conduct GIAs. |
| **4** | My organisation knows how to effectively mitigate resistance from staff to conduct GIAs. |
| **5** | There is a strong sense of teamwork and collaboration across different departments when conducting GIAs. |
| **6** | In my organisation, everyone actively learns from each other's experiences and identify opportunities for improvement in how to conduct GIAs. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Leadership

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| **To what extent do you agree with the following statements about your leadership team (e.g., Executive team and senior management)?** |
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| **Please consider each statement carefully and select the answer that best represents your perspective.** |

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| --- | --- |
| **1** | My leadership team recognises our organisation's role in progressing gender equality in our local community. |
| **2** | My leadership team understands the purpose and benefits of conducting GIAs within our organisation. |
| **3** | My leadership team understands how conducting GIAs directly enables our organisation to promote gender equality and deliver better outcomes to our community. |
| **4** | My leadership team clearly understands that we must conduct GIAs when developing and reviewing policies, programs and services that have a direct and significant impact on the public. |
| **5** | My leadership team clearly understands that we need to report our GIAs to the Commission every two years in our Progress Report. |
| **6** | My leadership team understands that when conducting GIAs, we should apply an intersectional lens (considering the compounding factors of gender inequality in the community with other forms of discrimination, i.e., aboriginality, age, disability, race, religion, sexual orientation, etc.). |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Enabling infrastructure

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| **To what extent do you agree with the following statements about the GIA resources and processes in your organisation?** |
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| **Please consider each statement carefully and select the answer that best represents your perspective.** |

|  |  |
| --- | --- |
| **1** | In my organisation, everyone has access to and is supported to participate in relevant GIA trainings. |
| **2** | The Commission for Gender Equality in the Public Sector provides helpful advice and feedback about GIAs. |
| **3** | The Commission for Gender Equality in the Public Sector provides relevant and useful resources about GIAs. |
| **4** | In my organisation, we have access to other relevant templates and toolkits to conduct GIAs. |
| **5** | In my organisation, we have sufficient information on gender equality issues within our sector and local community to conduct GIAs. |
| **6** | In my organisation, we have access to relevant best practice examples of GIAs to inform our approach. |
| **7** | In my organisation, we have a supportive information system for data collection informing GIAs. |
| **8** | In my organisation, we have clearly documented GIAs processes. |
| **9** | In my organisation, GIAs processes are seamlessly integrated into our regular business-as-usual activities. |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

#### Survey questions – Qualitative questions

|  | **Please respond to the following questions concisely, limiting your answers to a maximum of 50 characters.** |
| --- | --- |
| **1** | Which network or organisations does your organisation connect with? |
| **2** | How can the GIA resources provided by the Commission be improved? |
| **3** | How does being a regional or rural organisation affect your organisation’s ability to conduct GIAs? |
| **4** | What is the most significant barrier impacting on your organisation's ability to conduct GIAs? Can you explain why this is the most significant barrier? |
| **5** | What is the most significant enabler of your organisation's ability to conduct GIAs? Can you explain why this is the most significant enabler? |

Source: Commission for Gender Equality in the Public Sector GIA survey in rural and regional councils and hospitals in Victoria (N=46), facilitated by Right Lane Consulting. (2024, August-September).

1. Source: Commission for Gender Equality in the Public Sector and Right Lane Consulting. (2024). [↑](#footnote-ref-2)
2. Victoria’s regions – Regional Development Victoria. Rural health regions and locations – Department of Health. Number of employees by organisation 2023 - Victorian Public Sector Commission. Commission for Gender Equality in the Public Sector. [↑](#footnote-ref-3)
3. Source: Commission for Gender Equality in the Public Sector GIA in rural and regional councils and hospitals – Stakeholder interviews (N=6 participants), council interviews (N=6 participants), focus groups (N=11 participants) and survey (N=30 participants). (2024, July-October). [↑](#footnote-ref-4)