|  |
| --- |
|  |
| **Department for Health and Wellbeing Diversity and Inclusion Strategy and Plan 2020 - 2023** |
|  |

##

Table of Contents

# [**TThe DHW** **Diversity and Inclusion Strategy e DHW** **Diversity and Inclusion Strategy**4](#_Toc58829281)

[Acknowledgement of Country 4](#_Toc58829283)

[About the Department for Health and Wellbeing 4](#_Toc58829284)

[Our business 4](#_Toc58829285)

[Strategy 5](#_Toc58829286)

[Purpose 6](#_Toc58829287)

[Principles 6](#_Toc58829288)

[The DHW Diversity and Inclusion Plan 2020-2023 7](#_Toc58829289)

# [**TThe DHW Diversity and Inclusion Plan 2020-2023he DH**8](#_Toc58829290)

[Priority areas and goals 8](#_Toc58829292)

[The Inclusion Continuum 9](#_Toc58829293)

[Evaluation of actions 10](#_Toc58829294)

[Outcomes and Representation 11](#_Toc58829295)

[Aboriginal and Torres Strait Islander People 18](#_Toc58829296)

[Age 23](#_Toc58829297)

[Culturally and Linguistically Diverse People 26](#_Toc58829298)

[Disability 28](#_Toc58829299)

[Gender 32](#_Toc58829300)

[LGBTIQ People 34](#_Toc58829301)

# **The DHW** **Diversity and Inclusion Strategy**

## Introduction

The Department for Health and Wellbeing protects and improves the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

*This Diversity and Inclusion Strategy and Diversity and Inclusion Plan 2020-2023 (*D&I*)* are available on the SA Health website as a [PDF version (PDF 609KB)](https://www.sahealth.sa.gov.au/wps/wcm/connect/d6bb5de7-5ad5-4d74-acf9-7708a3be107e/DHW%2BDAIP%2B2020-24.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-d6bb5de7-5ad5-4d74-acf9-7708a3be107e-nlIIpWE) or an accessible [Word version (DOCX 423 KB)](https://www.sahealth.sa.gov.au/wps/wcm/connect/public%2Bcontent/sa%2Bhealth%2Binternet/resources/department%2Bfor%2Bhealth%2Band%2Bwellbeing%2Bdiversity%2Band%2Binclusion%2Bplan%2B2020-2023).

## Acknowledgement of Country

The Department for Health and Wellbeing (DHW) acknowledges and respects Aboriginal people as the State’s first people and recognises their traditional relationship with Country.

DHW acknowledges that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that the cultural and heritage beliefs, languages and laws are still of importance today.

## About the Department for Health and Wellbeing

## Our business

The Department for Health and Wellbeing is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care. SA Health is the brand name for the health portfolio of services and agencies, which includes the Department, responsible to the Minister for Health and Wellbeing.

The SA Health portfolio comprises:

* Department for Health and Wellbeing
* SA Ambulance Service
* Barossa Hills Fleurieu Local Health Network
* Central Adelaide Local Health Network which includes Statewide Services
* Eyre and Far North Local Health Network
* Flinders and Upper North Local Health Network
* Limestone Coast Local Health Network
* Northern Adelaide Local Health Network
* Riverland Mallee Coorong Local Health Network
* Southern Adelaide Local Health Network
* Women’s and Children’s Health Network
* Yorke and Northern Local Health Network

Attached agencies:

* Commission on Excellence and Innovation in Health
* Wellbeing SA

The Department assists the Minister for Health and Wellbeing to set the policy framework and strategic directions for SA Health. The Department supports the delivery of public health services, formulates health policy, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia’s health system by providing timely advice, research and administrative support.

No health services are provided direct to the community by DHW (with the exception of some COVID-19 responsibilities).

The Department provides important services to the South Australian community including:

* environmental health protection and regulation
* communicable disease control
* ageing well and seniors card program
* blood organ and tissue policy
* disaster preparedness and resilience
* statewide strategy and intergovernment relations

The Department also engages with some non-government and community service providers on a formal, contractual basis and more broadly, on policy and planning matters.

The Department has central responsibility for the communication of information about health services, clinical resources and health campaigns to the general public and is the first point of contact for other Health agencies in the state and nationally.

The Department houses the Clinical Collaborative which is made up of the Chief Medical Officer, Chief Nurse and Midwifery Officer, Chief Allied and Scientific Health Officer, Chief Pharmacist, Chief Public Health Officer, and the Chief Psychiatrist.

## Strategy

A diverse workforce is one that is made up of individuals with a wide range of characteristics, experiences, professional skills and perspectives. Diversity is the characteristic that make each of us different from each other. This may be our perspective on the world, our ideas, our cultural and religious background, our ethnicity, disability, age, gender, gender identity and sexual orientation or intersex variations.

Having diverse characteristics in our workforce means we are more likely to have a broad range of perspectives to draw upon and enables us to more easily respond to the needs of the community. A diverse workforce alone however will not engender any benefit without an organisational culture that embraces difference and is inclusive of it. An attitudinal and emotional shift is required in which active reflection on matters of diversity and inclusion is part of the discussion and the decisions made at all levels. That is, the concepts of diversity and inclusion are integrated into the culture and cultural narrative which sustains its significance across the Department for Health and Wellbeing (DHW) and more broadly across the SA Health system.

The DHW Diversity and Inclusion Strategy (the Strategy) provides a context for the use of the concepts of diversity and inclusion in DHW. It supports the DHW Diversity and Inclusion Plan (the Plan) and the implementation and embedding of the Plan in our business. The Strategy and Plan actively support DHW employees to feel valued and respected for who they are, and to work unimpeded by issues of racism, discrimination based on sexual orientation, gender, intersex variations, culture or religion, exclusion, and feelings of being unsafe. Where possible, considerations of socioeconomic status across the workforce, and within the diversity groups, will be included.

Inclusion primarily refers to a person’s experience of, and psychological response to, their workplace and colleagues. In an inclusive environment employees can feel safe to bring their whole and true selves to work which will optimise their contribution to the organisation because anxieties and negative emotions are less likely. They can be more focussed, enthusiastic, and potentially more innovative. Perceiving oneself as included is likely to contribute to the employee’s alignment with the values and purpose of the organisation. They will feel connected to their colleagues and engaged in their work and workplace.

DHW will work cohesively and collaboratively to achieve the outcomes of the Strategy through the actions outlined in the associated Plan. The Plan includes actions that will contribute to increasing the representation of diverse groups across SA Health through recruitment and retention strategies, and through digital systems and policies.

The Strategy aligns with and supports the following:

* the *Cultural Evolution Pathway* for improving culture through increasing the presence of value creating behaviours for psychological safety and strengthening both leadership and the cultural narrative.
* achievement of a number of the recommendations of the *Parliamentary Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services* published on February 18, 2020
* compliance with the *Work Health and Safety Act 2012 (SA)*, through the implementation of the Work Health and Safety Framework for Cultural Safety, which includes actions to promote cultural safety and a mentally healthy workplace
* compliance with the *Disability Inclusion Act 2018 (SA)*
* compliance with the Code of Ethics for the South Australian Public Sector
* the Premier’s Direction under section 10 of the Public Sector Act

## Purpose

The Strategy and the Plan seek to challenge the dominant organisational culture and decision makers to think beyond the mainstream experience and frame of reference. This includes looking beyond familiar characteristics and those that reflect one’s own appearance, thoughts and experience. We individually and collectively need to examine our biases. For example, challenging our expectation of the way in which leaders present themselves, or how people communicate and express themselves, may prepare us to more readily embrace a broader array of employees from different cultures and with different personal experience. Our preconceived ideas or unconscious bias may be creating unnecessary barriers to talented people succeeding in our organisation and may be demotivating for employees from diverse backgrounds.

Together the implementation of the Strategy and the Plan will support and foster a culture in which employees feel they belong and feel safe at work. The culture will encourage all people to use their talents and to be valued for their contributions.

Encouraging and supporting diversity of the workforce means that we can better reflect and represent our diverse community and achieve positive outcomes for the community.

The Strategy aims to support DHW and SA Health to encourage a culture in which employees can express their thoughts, opinions and ideas in a respectful and psychologically safe environment. It also aims to ensure that the voice of all people is heard.

DHW will be recognised by staff, consumers and community as an employer, and as a health care system, that values and promotes diversity, equity and inclusion.

DHW will more readily be compliant with the relevant legislations as outlined in *Attachment* 1.

## Principles

The Strategy is underpinned by a set of principles which serve to guide the organisational culture and actions. These are:

**Human Rights:** Each person has a fundamental right to be treated with respect, dignity and fairness without distinction of any kind. Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe[[1]](#footnote-1). This means that people are treated without discrimination, and have the ability to make genuine choices in their daily lives.

**Equity and equality:** Everyone is treated equitably and has equal opportunity to access and participate meaningfully in all aspects of work activities. Equity means fairness of treatment for everyone according to their respective needs. This may include equal treatment, or treatment that is different but which is considered equivalent in terms of rights, benefits, obligations, and opportunities. If equality is the end goal, equity is the means to get there.

**Recognition:** Recognise the value and uniqueness of individual differences in the workplace. SA Health aims to be an Employer of Choice across all diverse, community groupings.

**Represent the community:** Ensure that our workforce is representative of the community that we serve. Consumers are likely to feel comfortable accessing services designed and provided by people who look like them and represent their community. Diversity, at all levels, will facilitate decision making and communication with the public and in turn will have positive effects on public satisfaction with SA Health services.

**Inclusion:** An inclusive environment is one that recognises an individual’s uniqueness and engenders a sense of belonging for all across work levels and roles. The opinions and expertise of those with lived experience are sought and valued in decisions that may affect them.

**Intersectionality:** this term recognises that individuals or groups may be identified as belonging to more than one social categorisation, such as race and gender, and this overlapping or intersection of categories may result in multiple or different forms of discrimination or disadvantage.

## The DHW Diversity and Inclusion Plan 2020-2023

In December 2019 the SA Public Sector Diversity and Inclusion Strategy (2019-21), developed by the Office of the Commissioner for Public Sector Employment (OCPSE), was endorsed by the South Australian Government’s Senior Management Council and launched. The associated Diversity and Inclusion Plan 2019-20 requires all public sector agencies to develop an agency-specific strategy, or align existing strategies/plans including associated measures, to the SA Public Sector Diversity and Inclusion Strategy.

The DHW Diversity and Inclusion Plan 2020-2023 aligns with the SA Public Sector Diversity and Inclusion Plan.

The Plan describes actions and strategies, common to all diversity groups, to increase diversity and inclusion in the workplace. It also includes a set of actions and strategies that are specific to each of the diversity groupings, which are Aboriginal and Torres Strait Islander people; age; cultural and linguistic diversity; disability; gender; gender identity; and LGBTIQ streams.

The Plan outlines the ways in which diversity and inclusion will be operationalised and embedded in our culture and business, and the measures that will be used to assess progress against the plan. The current status of DHW will be assessed and classified according to the Inclusion Continuum. Reporting and oversight of the Diversity and Inclusion Plan within DHW will be managed by Workforce Services. The plan is a living document which will be reviewed and updated as required.

# **The DHW Diversity and Inclusion Plan 2020-2023**

## Overarching plan for all diversity groups

### Priority areas and goals

|  |
| --- |
| *Overarching plan for all diversity groups* |
| Priority Areas and Goals: 1. Reflect the diverse communities that the public sector serves:
* Attraction and Recruitment practices: Recruitment practices are equitable and more people from diverse backgrounds are employed
* Retention:
	+ Ensure workplaces are inclusive, safe, and supportive
	+ The contribution and perspectives of all employees are valued
1. Build diversity and inclusion knowledge and capability
* Increase awareness and understanding of how to create and maintain inclusive workplaces
1. Be accountable for diversity and inclusion
* Maximise capabilities to monitor and measure progress, and the impact of diversity and inclusion across SA Health
 |

**NB.** **Please note that the actions contained in the first section of the following Department for Health and Wellbeing (DHW) Diversity and Inclusion Plan are to be implemented in consideration of all of the diversity groups across our workforce.**

### The Inclusion Continuum



(Adapted from Holvino 2014 by Angela Workman-Stark, PhD)

### Evaluation of actions

|  |
| --- |
| Evaluation of actions |
| Evaluation of actions can be achieved through the following:* Inclusion Continuum (see p9): Establish the status of the organisation on the Inclusion Continuum using diversity and inclusion assessment and audit tools, and the methods listed below

Data/indicators:* Number/percentage (proportion) of applicants from each diversity group
* Number/percentage of applicants from each diversity group progressing to interview/assessment phase
* The number and type of complaints made across the different methods available
* The number and type of legislative breaches
* The proportion of DHW workforce in flexible working arrangements
* Number of employees completing diversity training
* Number of staff exiting the organisation citing inequity or discrimination as the reason (see below)
* Number/percentage of employees in each diversity group and within classification levels in the diversity groups

Surveys:* Employee survey across various factors – include questions on recruitment experience, attraction and current engagement and satisfaction levels in DHW or more broadly across SA Health
* Employee survey specific to a diversity group or to an issue (e.g. bullying)
* Intention to stay surveys during on-boarding phase and beyond, and for different diversity groups across age groupings
* Compilation of e-Recruitment platform satisfaction survey results following the completion of candidate application survey
* Include questions in exit surveys/interviews e.g. number of staff exiting the organisation citing inequity or discrimination as the reason
* Consumer feedback surveys/focus groups/consultation

Audits:* Legislative compliance
* Existence/adequacy of policies
* Specific issues e.g. availability of flexible work arrangement information
 |

### Outcomes and Representation

|  |
| --- |
| Outcomes |
| Primary Outcomes: * Advancement on the Inclusion Continuum
* Increase in the number/percentage of employees from diversity groups

Contributing outcomes:* An increase in applications for vacancies over time from members of diverse groups in the population
* Increase in the number of people self- identifying as a member of a diversity groups at application stage and ongoing
 |
| Representation of the diversity groups in the South Australian population: |
| Population: At June 30 2019 there were 1,767.2 million people in South Australia and an annual growth rate of .87%, with migration contributing to 65% of the growth over the previous year[[2]](#footnote-2).SA Health has 42,076 employees[[3]](#footnote-3). Aboriginal and/or Torres Strait Islander people: In 2016 Aboriginal and/or Torres Strait Islander people made up 2.0% of the population (34,184 people). 49.3% were male and 50.7% were female. Aboriginal and Torres Strait Islanders make up 1.47% of the SA Health workforce.Age: At June 2018, South Australia (SA) had a median age (the age at which half the working population is older and half is younger) of 40.0 years The average age of SA Health employees as June 30, 2020 was 44.62 years.CALD: In South Australia, 30.6% of people had both parents born overseas. 11.2% had one parent born overseas. The most common countries of birth were England 5.8%, India 1.6%, China 1.5%, Italy 1.1% and Vietnam 0.9%. 78.2% of people only spoke English at home. Other languages spoken at home included Italian 1.7%, Mandarin 1.7%, Greek 1.4%, Vietnamese 1.1% and Cantonese 0.6%. Disability: Disability and the Labour Force: 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2018, Key Statistics for working age Australians (15-64years) in 2018: 53.4% of people with disability were in the labour force, compared with 84.1% of people without disability. Gender: In 2016, 49.3% of the population were male and 50.7% were female. At June 2018 the sex ratio (the number of males per 100 females) in SA was 97.6.At June 30 2020, SA Health was made up of 78.24% females, 21.74% males and .02% identifying as ‘other’. DHW was made up of 55.9% females, 46.0% males and nil ‘other’.LGBTIQ: The Australian Human Rights Commission suggests that up to 11%[[4]](#footnote-4) of Australians may have a diverse sexual orientation, sex, or gender identity. |

**It should be noted that there is no comprehensive listing of the data required and the plan is therefore drawing on many sources with different methods of categorisation. It is anticipated that some aspects can be refined over time.**

|  |
| --- |
| 1. Reflect the diverse communities that the public sector serves |
| Actions: Attraction and Recruitment practicesGoal: Recruitment practices are equitable and more people from diverse backgrounds are employed | Stakeholder | When | Monitoring/Outcome |
| Review SA Health recruitment material and E-recruitment platform to eliminate bias and discrimination  | Workforce Services; Recruiting managers | 2020-2021 | Number of employees from diversity groups employed annually; Recruitment materials and communications reviewed |
| Develop specific EO programs to attract people from diverse backgrounds (DHW for SA Health – numbers maybe too low at any given location) | Workforce Services with LHNs | 2021-23  | EO Programs and recruitment protocols/guides established |
| Develop a communications plan, including recruitment material, to attract candidates from diverse backgrounds:* Create targeted campaigns for each of the diversity groups
* A general campaign highlighting Employer of Choice
 | Corporate Communications; Digital Health SA; Clinical Collaborative | 2020-21 | Communications plan established |
| HR processes are reviewed and updated in consideration of diversity groups and inclusion | Workforce Services | 2021 | HR Processes reviewed and updated |
| Strive for recognition of the organisation, by existing pathways, as diversity friendly (e.g. the Rainbow Tick; approved Reconciliation Action Plans (RAP); white ribbon) | Corporate Communications | 2023 | Recognition achieved |
| Actions: RetentionGoal: Ensure DHW/SA Health workplaces are inclusive, safe, supportive and that the contribution and perspectives of all employees are valued | Stakeholders | When | Monitoring/Outcome |
| Increase psychosocial safety in the workplace to enhance inclusiveness* Increase confidence of employees to identify as a member of a diversity group
* Adherence to legislative requirements and the Public Sector Code of Ethics
* Policies addressing bullying and harassment are enforced
 | Workforce Services; Corporate Communications | 2021-2022 | Increased identification in CHRIS21; Increased reporting of workplace harm; Reduced disciplinary hearings/action re misconduct |
| Equity in opportunity for employment, development and career progression, including accessibility | Workforce Services; DHW managers | 2022 | PR&Ds conducted; Mobility program established; Number of workplace adjustments  |
| Opportunity for cultural exchange between employees | All Divisions; Workforce Services  | 2021 and ongoing | Networks and events established |
| Flexible work arrangements (FWA) promoted and considered in earnest | Corporate Communications; Workforce Services  | 2021 | Increase in uptake of FWA |
| Celebrate significant dates for events and public days  | Workforce Services; Corporate Communications | 2021-22 | Events calendar established |
| Support for wellbeing through programs for workforce healthEnsure EAP information lists specialist providers for each of the diversity streams | Workforce Services | 2021-22 | Peer Support Program established or broaden existing with diversity considerations |
| Religious and cultural requirements of employees are respected and facilitated where possible (e.g. space for prayers) | All Divisions: Corporate Communications | 2021 | Training and fact sheets established |
| Ensure employees have an adequate skill and knowledge of diversity in order to conduct work with the diverse community members e.g. including finance, procurement and corporate communications.  | Workforce Services | 2021 | Training and fact sheets established |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Building diversity and inclusion knowledge and capability |  |  |  |
| Actions: Goal: Increase awareness and understanding of how to create and maintain culturally safe and inclusive workplaces | Stakeholders | When | Monitoring/Outcome |
| Resources: staff in people and culture/workforce services teams are dedicated to the issue and have responsibility for:* Improving the status of the organisation on the Inclusion Continuum
* Design for a diverse workforce: on an ongoing basis identify methods for meeting the needs of employees from diverse backgrounds
* Maintaining knowledge of current trends and best practice, and assessment of their possible application through, for example, membership of the Diversity Council of Australia
* Establishing communities of practice to ensure best practice
* Working with HR to develop and maintain expertise in recruitment for diversity
 | DCE Corporate & System Support Services;Workforce Services | 2021 | Dedicated human resources established |
| Develop a guide and information for committee/meeting Chairs in consideration of diversity | Workforce Services; Corporate Communications | 2021 | Guide for meeting Chairs developed and promoted |
| Training and development of leaders, both clinical and administrative* Training in understanding and creating an inclusive organisation for specific diversity groups (e.g. Disability Confidence Training) and fostering an inclusive culture and climate[[5]](#footnote-5) in their teams and workplaces
* All managers who responsible for recruitment undergo training in diversity and inclusion specific to the recruitment process
* Clinical Leads encourage training of clinicians in culturally appropriate care
* Ensure respect for the knowledge of colleagues from diverse backgrounds
 | Workforce Services; Clinical Collaborative;Divisional Managers; Recruitment Officers; Health Leadership |  | Training established/implementedCareer pipelines identified and promoted |
| Increase awareness and understanding of diversity matters in DHW employees through training, guides, communication and resource material. An inclusive language guide will be developed and will include ways to discuss disability and the use of gender neutral, non-binary pronouns | Corporate Communications Workforce Services;  | 2021 | Communications plan established & rolled out Inclusive language guide developed and distributed |
| Employee participation in any sector wide D&I discussions, initiatives and programs | Workforce Services | **2022** | Mechanisms for sector wide networking identified and promoted |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Be accountable for diversity and inclusion  |  |  |  |
| Actions:Goal: Maximise capabilities to monitor progress and to evaluate diversity and inclusion across SA Health | Stakeholders | When | Monitoring/Outcome |
| Establish the Diversity and Inclusion Advisory Group (DIAG): * The DIAG will be a senior level group of nominated participants from across SA Health (including those with lived experience) with the objective of being a voice for, and leading and supporting, diversity and inclusion across the workforce and service delivery areas
* DIAG will facilitate decisions that benefit the SA Health’s workforce and its organisational culture
* DIAG will leverage SA Health’s unique position in understanding and servicing the health and wellbeing needs of people from diverse backgrounds providing support, disseminating information, and linking to other services
 | Workforce Strategy to facilitate; Reports to Executive Leadership forum; Provides reports/information to Chief Executive’s Council | Feb 2021 | DAIG established |
| Establish annual reporting requirements to monitor accountabilities for D&I, such as the extent of diversity in the workforce | Health Executive; Workforce Services | 2021 | Regular reporting of progress against the plan; annual reporting requirements established |
| Embed accountabilities for D&I goals in the performance agreements of executives | Chief Executive Council; Office of the Chief Executive | 2021 | Accountabilities embedded in executive performance agreements |
| Conduct a gap analysis in relation to the South Australian Public Sector Work Health and Safety Framework for Cultural Safety to identify actions relevant to the D&I plan and clarify responsibilities | Workforce Strategy with Workforce Health | Early 2021 | Gap analysis completeResponsibilities assigned |
| Senior executive: * authorise and support the assessment of the organisation, according to the Inclusion Continuum (see p 9) to establish the baseline status
* authorise and support a high level gap analysis to establish the work required to progress up the Inclusion Continuum
 | Health Executive; Workforce Services | 2021 | DHW rated on the Inclusion ContinuumHigh level gap analysis completed |
| Leadership makes a clear and evident commitment* Develop a CE commitment statement that is made publicly available
* Leaders are role models of culturally safe and inclusive behaviours, and do not tolerate bullying/harassment or discrimination
 | Workforce Services | 2021 | Commitment statement made publicly available; Executive diversity champions are established |
| Diverse representation in decision making roles and bodies (e.g. Aboriginal employees in executive roles)  | Health Executive;  | 2021 | Incorporated into annual reporting |
| All diversity groups are represented in community consultation of general public interest matters  | Branches; Corporate Communications; Health Executive s | 2021 | Communicated and encouraged across DHW |
| Resourcing/budget is provided by the organisation to support implementation of the D&I initiatives (e.g. staffing; EO Programs) | Directors, Executive Directors, DCEs | 2021 | The DHW D&I Plan is resourced |
| Monitor the workplace culture for indicators of inclusion/exclusion: * Exclusion (e.g. discrimination; victimisation; bullying)
* Belonging
* Safety in identifying as a member of one or more diversity groups
 | Workforce Services | Early 2021 | Monitoring of the workplace culture through: Employee survey; SLS reporting; Complaints; Employee identification |
| Improve the demographic data and reporting:* Improve the specificity of the demographic data collected ( e.g. CALD groupings) Encourage employees to complete their personal information on the CHRIS21 system
* Reporting templates for dashboards reflect progress against the ‘target’ level of representation in the workforce for each group
* Allow for detailed examination of the workforce through data breakdowns for the profiling of the diversity group (e.g. people with disability across the occupational and classification levels) both in the standardised workforce reporting and in employee surveys
 | Workforce Services; OCPSE; Shared Services SA; SHARP | 2021-2022 | Demographic data is more specific, detailed and accurate |
| Audit compliance* Adequacy of current policies and the possible need for others (DHW for SA Health)
* Compliance with:
* Legislation (e.g. Part 3 of the Equal Opportunity Act 1984 (SA)
* Commissioner for Public Sector Employment determinations
* Premier’s Directives
* Code of Ethics- Professional Conduct Standards
* SA Health Policy Directive on Prevention and Management of Workplace Bullying and Harassment
 | Workforce Services; Safety and Quality Unit;Legal and Legislative Policy | 2022-2023 | Audit process developedAudit implemented and results reported to Health Executive |
| The workplace is free of stigma and all forms of discrimination and bullying/harassment* Improve our capability to collate data on all reports or identified workplace bullying and harassment incidents
 | Workforce Services; Corporate Communications; Health Executive | 20212020 started  | Employee survey resultsSLS; SA Health Hotline; Workers Compensation claims |
| Develop and implement a SA Health Policy Directive on: * Diversity and Inclusion (DHW for SA Health)
* Prevention of racism
 | Workforce Services; Corporate Communications | 2020-2021 | Policy Directive developed and implemented |
| All areas of business consider the impact of their activities on employees from diverse backgrounds. For example:* Consultation with employees from diverse backgrounds ensuring lived experience is incorporated into decision-making.
* Business areas responsible for Infrastructure incorporate the needs of a diverse workforce in planning new buildings, or refurbishment of existing, by using principles of universal design (e.g. breastfeeding rooms; prayer spaces etc.)
* Embedding diversity in supply arrangements
 | Workforce Services; Corporate Communications; Procurement & Supply Chain; Infrastructure | 2021-2022 | Consideration and consultation with employees from diverse backgrounds  |
| Ensure the diversity of the workforce is considered in responding to emergency health events when the diverse groups within the community require consideration in response arrangements | Communicable Disease Control; Disaster Preparedness & Resilience; Workforce Services; Clinical Collaborative | 2020-2021 | Consult with the relevant branches of DHW; HR and Workforce Strategy develop practice guides and support implementation  |

**The following is divided into parts of the plan dedicated to each of the diversity groups outlining actions specific to them:**

* **Aboriginal and Torres Strait Islander**
* **Age**
* **CALD people**
* **Disability**
* **Gender**
* **LGBTIQ people**

**Dedicated diversity group actions**

## Aboriginal and Torres Strait Islander People

|  |
| --- |
| Department for Health and Wellbeing Diversity and Inclusion Plan 2020- 2023Aboriginal and Torres Strait Islander People  |
| In 2016 Aboriginal and/or Torres Strait Islander people made up 2.0% of the South Australian population (34,184 people). 49.3% were male and 50.7% were female.At June 30 2020 there were 619 (1.47%) employees identifying as Aboriginal and/or Torres Strait Islander in SA Health. In DHW 1.35% of the 1,412 employees identified as Aboriginal or Torres Strait Islander or both.1.29% of these Aboriginal and/or Torres Strait Islander employees identified as having a disability in SA Health. |

|  |
| --- |
| 1. Reflect the diverse communities that the public sector serve |
| Actions: Attraction and Recruitment practices | Stakeholders | When | Monitoring/Outcome |
| Use of the Equal Opportunity Act Exemptions:* Utilise section 65 of the *Equal Opportunity Act 1984 (SA)*
* Utilise the exemption from sections 30(1), 52(1) and 103 of the *Equal Opportunity Act 1984 (SA)* to support the employment of Aboriginal people into ‘identified’ positions

  | Workforce Services;Aboriginal Health; Aboriginal Health Council of South Australia (AHCSA) | 2023 | The number of ‘identified’ positions filled by Aboriginal and Torres Strait Islander people  |
| Use of Aboriginal and/or Torres Strait Islander Health Worker ‘identified roles’ * Merit based processes for recruitment and selection
* Selections panels include a staff member who identifies as Aboriginal or Torres Strait Islander
* Confirmation of Aboriginality provided for ‘Identified’ positions and functions\*
 | Workforce Services; Aboriginal Health; (AHCSA) | 2021 | Number of ‘identified’ positions filled by Aboriginal and Torres Strait Islander people ; Number of Aboriginal or Torres Strait Islander staff on panels  |
| Establish a SA Health Aboriginal and Torres Strait Islander employment pool and career pipeline for the recruitment of Aboriginal and Torres Strait Islander people including: EO Programs and traineeships; cadets, trainees and graduates; and use of the provision under section 65 *Equal Opportunity Act 1984 (SA)* | Workforce Services;  (OCPSE) | 2023 | SA Health Aboriginal employment pool established Utilisation monitored |
| On-boarding * Encourage employee identification as one or more of the diversity groups
* Provide information on informal Aboriginal staff networks and the SA Health Aboriginal Workforce Network (SHAWN)
 | Workforce Services; Aboriginal and Torres Strait Islander people employees  | 2021 | Information provided to new staff about the informal and formal networks.  |
| Vacancy advertising in Aboriginal and Torres Strait Islander print and digital media  | Corporate Communications Aboriginal and Torres Strait Islander workforce  | 2021 | The number of advertisements in Aboriginal and Torres Strait Islander print and digital media |
| Promote the roles of Aboriginal and Torres Strait Islander Health Worker and Aboriginal and Torres Strait Islander Health Practitioner in SA Health | Aboriginal and Torres Strait Islander people | 2023 | Increase in the awareness of the roles |
| Develop information packs, targeted at Aboriginal and Torres Strait Islander people, on how to answer selection criteria, and provide assistance to applicants throughout the application process. | Workforce Services; Aboriginal people/employees | 2022 | Information packs developedThe number of downloads of the information packs |
| Actions: Retention |  |  |  |
| Support the development of career pipelines:* Place university graduates and Aboriginal Health Practitioners through the SA Health Better Placed Clinical Placement Program
* Support connections with TAFE and RTOs, and Higher Education providers
* Targeted programs such as cadetships, traineeships, graduates programs
 | Chief Allied & Scientific Health Officer SA Health; Better Placed Team d | 2023 | Number of placements through the SA Health Better Placed Clinical Placement Program: number of Graduate Nurses applying; successful TPPPT completion |
| Reconciliation Action Plan is in place and current  | RAP steering committee members | 2021 started | RAP endorsed by Reconciliation Australia and is current |
| Safety * Increase employee confidence to report incidents of workplace harm; speak out; express opinions; report racism in the workplace including lateral violence
* Adherence to legislative requirements: Code of Ethics for the SA Public Sector, the National Safety and Quality Health Service (NSQHS) Standards and User Guide (Action 1.21)
 | Workforce Services  | 2021 | The number of incidents reported in SLSEmployee survey results  |
| Development* Offer development through temporary assignments at a higher classification, for both clinical and non-clinical roles to facilitate career advancement
* Offer informal professional development through the SHAWN network,
* Offer opportunities to shadow a manager, supervisor or attend an event/conference
* All PR&D reports for Aboriginal staff are reviewed by HR/OD to identify themes for training and professional development
* Encourage supervisors to nominate Aboriginal employees for leadership/manager training
* Support short term secondments to external Aboriginal-led community organisations
 | Workforce Services Supervisors of Aboriginal and Torres Strait Islander staff ;OCPSE | 2023 | The number of Aboriginal people acting in higher classifications The number of SHAWN members; The number of PRD’s provided to HR/OD;The number of nominations for lleadership/manager training  |
| Flexible work arrangements are available:* Job sharing opportunities
* Support from supervisors for Aboriginal and Torres Strait Islander staff to take FWA and other leave options e.g. cultural leave, study leave, leave without pay
 | Workforce Services; OCPSE | 2023 | Available and promoted |
| Support for wellbeing* Support staff participation in SHAWN and the annual forum
* Promote the Employee Assistance Program (EAP) which provides culturally sensitive counsellors and Aboriginal traditional healing services, and vocational counselling; access to the healing services of Aboriginal Traditional Healers (Ngangkari)
 | Workforce Services; EAP providers; SHAWN membership  | 20202021 | SHAWN established; SHAWN forum hosted; An increase in Aboriginal and Torres Strait Islander employees accessing EAP services  |
| Religious and cultural requirements of employees are respected and facilitated * Promote and celebrate cultural events of significance such as NAIDOC week and Reconciliation Week
 | Workforce Services; Aboriginal Health  | 2023 | Increase in attendance at the NAIDOC and Reconciliation week events  |

|  |
| --- |
| 2. Build diversity and inclusion knowledge and capability |
| Actions: | Stakeholders | When | Monitoring/Outcome |
| Completion of the *SA Health Aboriginal Cultural Learning Framework* training – levels 1, 2 and 3, by all staff | Workforce Services; Aboriginal Health  | 2023 | The number of and % of staff completions of level 1, 2 and 3 training  |
| Celebrate significant dates * Dedicated staff both Aboriginal and non-Aboriginal staff to manage events; Host a cultural event during Reconciliation Week and NAIDOC Week; Support all staff attendance
 | Workforce Services; Aboriginal Health | 2021 | The number of events held and staff participation |
| Information: Employees and managers have access to information and tools to enhance cultural competency and inclusion of Aboriginal employees in the workplace | Workforce Services  | 2023 | Tools available  |
| Knowledge sharing* Establishment of an Aboriginal workforce ‘communities of practice’ group with voluntary membership from DHW, LHNs and SAAS but having a whole of SA Health perspective
 | Workforce Strategy; SA Health employees | 2022 | Community of practice group established |
| Reflect and improve: supervisors, managers and directors, have questions about their Aboriginal workforce included in their PR&D discussions e.g. What actions have you taken to recruit Aboriginal people? How many Aboriginal employees have you recruited and retained?  | Workforce Services  | 2021 | Results of PR&D discussions  |

| 3. Be accountable for diversity and inclusion |
| --- |
| Actions: | Stakeholders | When | Monitoring/Outcomes |
| Executives to demonstrate their commitment to increase Aboriginal and Torres Strait Islander employment  | SA Health Executive; Directors  | 2021 | Through executive’s PR&D  |
| Ensure appropriate consideration of Aboriginal perspectives when reviewing and developing policy through engagement with relevant Aboriginal stakeholders and application of the Aboriginal Health Impact statement assessment  | Aboriginal Health; | 2021 | Increase in the number of AHIS conducted |
| Leadership makes a clear and evident commitment to:* Appoint a DHW Executive champion for Aboriginal and Torres Strait Islander workforce
* Develop a public commitment statement and pledge
* Participate in the Office for the Commissioner for Public Sector Employment mentoring program for Aboriginal trainees
* Senior leaders to publicly support anti-discrimination initiatives against racism; support the commitment to Reconciliation Action Plans, *Uluru from the Heart* and *Racism it stops with me* campaign
* Have Senior executive act as a visible role models and advocates
 | SA Health Executive; OCPSE;Commissioner on Aboriginal Engagement;Corporate CommunicationsWorkforce Services | 2023 | Appointment of Executive champion/s for Aboriginal and Torres Strait Islander workforce Leadership commitment statement, launch with pledge  |
| Resourcing/budget is provided by the organisation:* Investment in South Australian Aboriginal facilitators to deliver Aboriginal cultural learning
* Leadership development for Aboriginal staff
* To establish a ‘hotline’ for racism incidents –see below
 | Workforce Services  | 2023 | Funding available for Aboriginal facilitators and leadership development Hotline established  |
| Monitoring and evaluating:* Review the results and recommendations of the SA Health Performance Council Institutional racism tool
* Create a systematic approach and best-practice guideline for data about the Aboriginal and Torres Strait Islander health workforce.
* Monitor the career progression of Aboriginal workforce throughout SA Health
* Monitor the extent to which Aboriginal and Torres Strait Islander people are leaving employment
 | Workforce Services; Senior Officers on Aboriginal Health  | 2023 | Audit results and actions plans developed to address.   |
| Visible support for Aboriginal and Torres Strait Islander people:* Through economic participation of Aboriginal people through Procurement and Supply Chain Management and contracts for the procurement of services to DHW
* Represent Aboriginal history in the physical environment through images and artwork as per Aboriginal Cultural Learning Framework, Level 3
 | Procurement & Supply Chain Management;Infrastructure;RAP steering committee  | 2021 | Increase in the number and value of procurement of Aboriginal suppliers and businesses  |
| Bullying/harassment is not tolerated and the workplace is free of stigma andDiscrimination e.g. Establish a specialised hotline for Aboriginal staff to report racist incidents or concerns Establish protocols for a response to racist incidents | Workforce Services  | 2021 | Hotline establishedProtocols established  |
| Embed Diversity and inclusion into all policies* Establish a Confirmation of Aboriginality Policy Directive
* Aboriginal perspectives included when reviewing and developing policy
 | Workforce Services; Aboriginal Health  | 2022 | Policy Directive approved and implemented  |
| Meetings indicate respect for diversity:* Commence with Acknowledgement of Country
* Conduct meetings with consideration and respect, and remind participants to behave in a respectful manner
 | All Divisions;RAP steering committee | 2021 | Policy Directives implemented -tools available to staff. Meeting protocol established  |

**\*** Aboriginal and/or Torres Strait Islander Health Practitioner, Aboriginal and/or Torres Strait Islander Health Worker (Clinical), Aboriginal Health Worker, Aboriginal Cultural Consultant, Aboriginal Mental Health Worker, Aboriginal Mental Health Consultant, Aboriginal Hospital Liaison Officer, Aboriginal Social and Emotional Well-Being Worker, Aboriginal Maternal and Infant Care worker, Director and Manager of Aboriginal Health, Aboriginal Patient Pathway Officer, and Aboriginal Project/Program Office

## Age

|  |
| --- |
| Department for Health and Wellbeing Diversity and Inclusion Plan 2020- 2023 *Age* |
| Representation of age groups in the South Australian population:The average age of SA Health employees as at June 30, 2020 was 44.62 years. At June 2019, South Australia had a median age (the age at which half of the population is older and half is younger) of 40.0 years. This was the second highest of all states and territories.At June 2020, the average age of the Department for Health and Wellbeing was 47.04 years. Of the 1,412 employees 182 were over 60; 384 from 50-60; 426 from 40-50; 350 from 30-40; 70 below 30years. |

|  |
| --- |
| 1. Reflect the diverse communities that the public sector serves |
| Actions: Attraction and Recruitment practices | Stakeholders | When | Monitoring/Outcome |
| Review SA Health recruitment material for bias and indications of inclusiveness e.g.Promote an age inclusive culture; no assumptions in job descriptions and selection criteria about the stage of career; remove age identifiers in application requirements | Workforce Services | 2021 | Review and resulting actions completed |
| Build relationships with training organisations e.g. connect with students to promote SA Health as an employer, participate in career expos (online and live)/events  | Workforce Services; providers | Dec 2021 | Relationships established; Plans for careers promotion in place |

|  |  |  |  |
| --- | --- | --- | --- |
| Actions: Retention | Stakeholders | When | Monitoring/Outcome |
| Prevent career stagnation: * Managers actively encourage upskilling/reskilling opportunities
* Mature age workers are encouraged to use the full scope of their skills
* New ventures are actively embraced by all age groups
 | Workforce Services; Divisions; Executive and Managers | 2022 | Exit rates reduce; A spread of ages are represented across the levels; A spread of ages are represented in training  |
| Equity in opportunity* Development needs are considered in PR&D sessions regardless of mature age
* Mature age and younger workers are encouraged to work at higher levels
* Consult with mature and younger employees over their needs
 | Workforce Services; Divisions; Executive and Managers | 2022 | Age of those given opportunity for higher duties/short term contracts/ ongoing advancement through the E-Recruitment platform and CHRIS21 data |
| Support all learning styles: virtual vs actual demonstration; written vs aural etc.  | Workforce Services; LMS | 2023 | Researched, reviewed and changes implemented  |
| Facilitate networks to support age cohorts (e.g. Young Professionals Group) | Workforce Services;  | 2021 | Networks established |
| Support for wellbeing: * Career counselling is available through EAP
* Consideration of opportunities for access to physical and psychological well being
* Offer financial planning support
* Manage injury or health risks associated with working from home
 | Workforce Services; Executive and Managers | 2022 | Career counselling, financial planning established; further targeted wellbeing strategies implemented; working from home requirements reviewed and updated  |

|  |
| --- |
| 2. Building diversity and inclusion knowledge and capability |
| Actions:  | Stakeholders | When | Monitoring/Outcome |
| Create an intergenerational culture: Valuing / exchanging perspectives of the generations, generating new ideas through discussion sessions; knowledge transfer through cross-generational mentoring relationships:  | Workforce Services with Divisional representatives | 2021 | Methods developed and discussions and mentoring relationships established |
| Training and development of leaders:* Enable leaders to reflect on their own practices to avoid biases and favouritism e.g. favouring those like themselves
* Participation in the workforce without age-related barriers; harness the potential of all employees regardless of age making no assumptions based on age stereotypes
* Increase awareness and understanding of age related matters: Provide tool kits/guides to meet specific business needs in DHW
* Develop and publicise profiles of employees at both ends of the age spectrum
 | Workforce Services;;SA Health Executive Workforce Services; Corporate Communications | 2021 | Training sourced and provided |
| 2022 | Toolkits and Guides established |
| Consult with the age cohorts in DHW over issues and decisions that may affect them  | Workforce Services | 2022 and ongoing | Consultation methods reference groups established |

|  |
| --- |
| 3. Be accountable for diversity and inclusion knowledge  |
| Actions: | Stakeholders | When | Monitoring/Outcome |
| Executive Champions: reflect and champion the age cohorts | Workforce Services; D&I Advisory Group | 2022 | Increased retention and training |
| Promotions or development opportunities (e.g. acting in roles) are transparent and reflect merit based assessments | Workforce Services; Health Executive | 2022 | Age profiles of those promoted gaining development; Audit of panel recommendations |
| Community consultation: ensure all age groups are represented on relevant subject matter | Divisions  | 2021 | Audit methods and success in gaining information |
| Meetings indicate respect for age differences (see overarching part of plan)  | Workforce Services with Divisions | 2022-23 | Employee survey; A guide to running meetings in a respectful manner |
| Organisational activities: consider their impact on employees in different age ranges* The lived experience of diverse age cohorts is incorporated into decision-making
* Infrastructure uses principles of universal design to accommodate specific needs
 | Workforce Services; Infrastructure;  | 2023 | Consultation process implemented; Universal design principles implemented |
| Emergency health events: Ensure the age of the workforce is considered in responding to emergency health events, especially when the age of people within the community requires consideration in the response arrangement | Chief Public Health Officer; Safety & Quality Unit; Workforce Services; Office for Ageing Well; Digital Health SA; Corporate Communication | 2021 | Age appropriate information is provided to the community |

## Culturally and Linguistically Diverse People

|  |
| --- |
|  Department for Health and Wellbeing Diversity and Inclusion Plan 2020 – 2023 *Culturally and Linguistically Diverse* Representation in the South Australian population: The 2016 Census shows that two thirds (67%) of the Australian population were born in Australia. Nearly one in five (18%) were born overseas. In SA 400,000 (15%) were born overseas (mainly India, China, Italy, Vietnam, Philippines, Germany, Greece, Malaysia and South Africa). 270,000 speak a language other than English at home (mainly Italian, Mandarin, Greek, Vietnamese, Cantonese, Punjabi, Arabic, Hindi, German, Polish and Spanish).At June 2020, DHW had 767 or 54.2% employees were identified as having a CALD\* background. At June 2020 SA Health had 21,169 employees, approximately 50% of the workforce, identified as from a CALD background. \*CALD status is based on country of birth, main language other than English spoken at home & country of birth of mother and father, and Aboriginal & Torres Strait Islander heritage. |

|  |
| --- |
| 1. Reflect the diverse communities that the public sector serves
 |
| Actions  | Stakeholders | When | Monitoring/Outcome |
| Initiate an end-to-end review of our recruitment processes and the e-Recruitment platform to remove cultural biases and assumptions around verbal and non-verbal communication | Workforce Services | 2021  | Increased number of applications from people of CALD background.  |
| Include a statement in job descriptions that attracts CALD candidates e.g. ‘familiarity with diverse communities and languages’ as one of the ‘Desirable Characteristics’ | Workforce Services | 2023 | Increased number of applications from people of CALD background |
| CALD data collection and self-identification: including CALD heritage, non-English language language(s) spoken at home and religion, and increase our employees’ confidence to self-identify CALD information on HR21  | Workforce Services; OCPSE; SSSA  | 2023 | Increased number of employees self-identify their CALD heritage  |
| Establish, maintain and promote reflection rooms for prayer, meditation and personal reflection | Infrastructure; Workforce Services | 2023 | Appropriate facilities made available for people of faith |

|  |
| --- |
| 1. Build diversity and inclusion knowledge and capability
 |
| Actions | Stakeholders | When | Monitoring/Outcome |
| Build intercultural competency and awareness by acknowledging and celebrating events of particular significance with Managers supporting staff to access leave to attend important cultural and religious holidays/events | Workforce Services; Infrastructure; Leaders | 2022 | Questions included in the employee survey re psychosocial safety; Number of events celebrated |
| Encourage discussion about difference in values and practices that vary across different cultures to reduce any confusion or potential misunderstanding (e.g. clothing, humour, language, use of slang) | Health Executive; Workforce Services | 2023 | Employee survey of satisfaction levels/feedback; cultural safety; sense of belonging; complaints (CALD demographic included)  |
| Training and development: Identification and promotion of resources/training opportunities to develop talent and address skill shortages amongst the CALD workforce, and to increase job satisfaction and engagement of CALD employees in the workplaceSource cultural awareness training to be conducted/available for all DHW  | Workforce Services; Executive and Managers; | 2023 | Training sourced and providedData on training/development provided (CALD status included) |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Be accountable for diversity and inclusion |  |  |  |
| Actions | Stakeholders | When | Monitoring/Outcome |
| Leaders to model and champion inclusive behaviours and cultures | Executive; Managers | 2022 | Number of leaders completing cultural competency training |
| Monitoring and evaluation of cultural awareness and inclusiveness in the workplace (i.e. reduction in discrimination based on race); discrimination based on religious belief or activity; increased cultural safety in the workplace; improved satisfaction with supervisor/leaders effectiveness in working with people from diverse heritages | Workforce Services | 2023 | Employee survey; Number of employees of CALD background reporting |
| Audit: SA Health’s compliance with the provisions under section 22 of the *South Australian Multicultural and Ethnic Affairs Commission Act 1980* to formulate a policy governing the provision of services by that department to the various ethnic groups in the community  | Executive and Managers; Workforce Services | 2023 | An anti-racism policy established |
| Hold ourselves accountable by actively encouraging employees to complete the [Workplace Cultural Diversity Tool](https://culturaldiversity.humanrights.gov.au/), developed by the Australian Human Rights Commission | Executive and Managers; Workforce Services | Late 2021 and ongoing | Assessment completed and results analysed to measure our progress on an annual basis.  |
| Communications on prevention of bullying and harassment are inclusive of cultural identity | Workforce Services;  | 2021 and ongoing | Increased reporting of workplace harm/discrimination by CALD groups |

## Disability

|  |
| --- |
| Department for Health and Wellbeing Diversity and Inclusion Plan 2020- 2023*Disability*  |
| This Plan will be reconciled with the DHW Disability Access and Inclusion Plan (DAIP) 2020-2024OCPSE recommends reconciliation of *The South Australian Public Sector Disability Employment Strategy* with the requirements the Disability Access and Inclusion Plan (DAIP), under the *Disability Inclusion Act 2018 (SA),* with the focus on employment covering:Collaboration: 2. Accountability 3. Prioritisation of the DAIP is endorsed by the leadership team 4. Evaluation 5. Resources The Strategy is supported by the *South Australian Public Sector Disability Employment Plan*. The Plan specifies a number of actions that agencies are required to undertake to deliver on the three priorities of the Strategy: Enabling Inclusive, Accessible, Safe and Informed Workplaces; Facilitating Improved Recruitment, Retention and Career Development Strategies; Improving Monitoring and Reporting CapabilitiesRepresentation of people with disability in the South Australian population:19.4% of South Australians identified as having a disability in 2018[[6]](#footnote-6) Department for Health and Wellbeing (DHW): At June 2020, .85% of the DHW workforce (1,412 people) identified as having disability, and .72% of the total workforce in SA Health (42,076 people).Representation of people with disability in the Australian population: See Disability and the Labour Force: 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2018 (Australian Bureau of Statistics (ABS). Further statistics can be found at: [Link: https://www.and.org.au/pages/disability-statistics.html](https://www.and.org.au/pages/disability-statistics.html) |

|  |
| --- |
| Overarching Principles |
| Dignified access for an employee/consumer with disability means that a design or process enables\*:More independent access to premises, goods and services: it doesn't assume that assistance is required.Equitable or fair access: it doesn't take longer or make you go further.Participation of people experiencing a disability as a natural and expected thingA place where people feel at-ease, safe and connected. Universal Design: Taking a universal design approach to programs, services and facilities is an effective way to remove barriers that exclude people with disability. Universal design allows everyone, to the greatest extent possible, and regardless of age or disability, to use buildings, transport, products and services without the need for specialised or adapted features. Universal design assists everyone, not just people with disability. (*National Disability Strategy 2010-2020*).\*Adapted from Australian Network on Disability, Design for Dignity, <https://designfordignity.com.au/retail-guidelines/dfd-04-01-designing-for-dignity.html> |
| 1. Reflect the diverse communities that the public sector serves |
| Actions: Attraction and Recruitment practices | Stakeholders | When | Monitoring/Outcome |
| Consider the establishment of targets for the employment of people with disability | SA Health Executive; Workforce Services; DIAG  | 2021 | Consideration and decision achieved |
| Establish EO programs specific to people with disability (e.g. traineeships; cadetships etc.)  | Workforce Services | Feb 2022 | EO Programs established |
| Explore the services of Disability Employment Service (DES) | Workforce Services | 2021 | Discussion with DES  |
| DHW vacancies are made available to the general public through external websites such as Disability Works Australia specialising in placement of people with disability | Workforce Services | 2021 | DHW vacancies available on external websites  |
| Investigate the viability of implementing the Commonwealth’s RecruitAbility model in SA Health: RecruitAbility is an affirmative measure that provides for progression of applicants with disability to the next stage in a selection process if they have been assessed as meeting the minimum requirements of the job  | Workforce Services | 2021 | Viability of RecruitAbility model assessed |
| Flexibility in job design: in consultation with the candidate/employee consider hours of work, location, nature of duties etc. | Workforce Services | March 2021 | Job design is considered |

|  |  |  |  |
| --- | --- | --- | --- |
| Actions: Retention  | Stakeholders | When | Monitoring/Outcome |
| Assess the accessibility of the built environment and remove barriers when identifiedInfrastructure ensures accessibility (consulting the State Disability Inclusion Plan toolkit) e.g. Ensure clearly signed, safe and accessible paths of travel throughout all DHW facilities and grounds; Appropriate types of signage and maps of direction e.g. way finding assistance such as braille; colours of wording and lighting is considered; use of technology etc.; Information provided on websites regarding methods of access Ensures the needs of assistance dogs/animals are considered (i.e. water; toileting). The *Disability Discrimination Act 1992 (Cth)* (DDA) in Section 9, sets out the legal definition of an assistance animal as a dog or other animal; Signage regarding the acceptance of support animals is displayed | Infrastructure | Audit by Sept 2021 | Annual audit |
| Website accessibility and provision of information, including social media:* Increase the accessibility of websites through software and assistive technologies (e.g. screen-readers/translates text to auditory message or e-text; allows change of colours; voice recognition) Consult the SA Government Online Accessibility Toolkit <https://www.accessibility.sa.gov.au/>
* Ensure web content developers for the SA Health intranet and internet, undertake web accessibility training to meet Web Content Accessibility Guidelines
* Advise consumers -alternative formats on request (for example in braille, audio and e-text)
 | Corporate Communications;Digital Health SA | Audit completed March 2021; accessibility updated users informed Feb 2022 | Accessibility is improved and website users are informed that assistance is available |
| Communications are reviewed, and ongoing, are sensitive and have current acceptance in their wording and messaging: emphasis is on the person i.e. the person with disability | Corporate Communications | Review -June 2021 | Communications are appropriate |
| The lived experience of employees with disability: is sought and considered in all matters affecting their experience and conditions of work:* Facilitate the establishment of a network for employees with disability with whom consultation could occur and through which support for individual employees could occur
* Involve employees with disability in the review of policy, training, etc.
 | Workforce Services | March 2021 | Network of employees with disability established for consultation |

|  |
| --- |
| 2. Build diversity and inclusion knowledge and capability |
| Actions: | **Stakeholders** | **When** | **Monitoring/Outcome** |
| Disability awareness training: is identified/revised and made available to all staff ongoing | Workforce Services | March 2021 | Disability awareness training established |
| ‘Disability Confident Employer’: Complete and maintain accreditation in ‘Disability Confident Recruiter’ training through the Australian Network on Disability | Workforce Services | March 2021 | Accreditation achieved |
| Lived experience: Ensure the lived experience of people with disability is included in all training | Workforce Services | June 2021  | People with lived experience included in training |
| Assistance animals: Staff are informed of protocols, and support, for the access of service dogs/animals | Infrastructure | Dec 2021 | Protocols provided |
| National Relay Service (NRS): Provide training to relevant employees on how to receive and make calls through the NRS, promote service on all websites | Digital Health SA | June 2021 | NRS training available |
| Use of ‘disability confident’ service providers (as per Australian Network on Disability training) | Procurement & Supply Chain; DAIG | March 2021 | Disability confident providers identified |
| Procurement of IT systems and hardware include accessibility considerations (as per DHW Disability Access and Inclusion Plan 2021-2024) | Procurement & Supply Chain | Sept 2021 | Accessibility improved |
| Stay informed: Keep abreast of new initiatives in inclusiveness by dedicated organisations, such as Vision Australia, for possible implementation  | Corporate Communications; Workforce Services; DAIG | Ongoing | Information sourced and shared |

|  |
| --- |
| 3. Be accountable for diversity and inclusion |
| Actions: | Stakeholders | When | Monitoring/Outcome |
| SA Health demonstrates commitment to improving the circumstances of people with disability through creating opportunities for financial independence, and consequently provides economic benefit to the state | DAIG; SA Health Executive | February 2021 | Demonstrable commitment achieved |
| Commit to reviewing and releasing the DHW Disability Access and Inclusion Plan every 3 years | DAIG; SA Health Executive |  | Commitment to review of DAIP every 3 years |
| Ensuring access and equity requirements are included in key provider/agent contracts | Procurement & Supply Chain | June 2021 | Providers meet accessibility and equity requirements |
| Business branches report on their contribution and initiatives enabling the employment of people with disability and inclusiveness  | All branches; Workforce Services | 6 monthly April 2021; October 2021 | Reporting implemented |

## Gender

|  |
| --- |
| **Department for Health and Wellbeing Diversity and Inclusion Plan 2020- 2023:** ***Gender***  |
| **Representation of gender in the Australian community:** Population data (ABS) – At June 2018 the sex ratio (the number of males per 100 females) in SA was 97.6, the lowest of all states and territories in Australia.**SA Health**: As at June 30, 2020, SA Health was made up of 78**.**24% females and 21**.**74% males, with **.**02% identifying as ‘other’. At this time SA Health had 117 Executives in total, with a composition of 64 females (54**.**7%) and 53 males (45**.**3%).**DHW** was made up of 55**.**9% females, 46**.**0% males, and nil ‘other’. Of the 46 executives 23 (50%) were male and 23 (50%) were female.**SA Health has two distinct areas of gender inequality**: 1) An under-representation of males across the organisation relative to the gender composition of the SA population 2) An under-representation of females in leadership positions relative to the gender composition of the organisation. |

|  |
| --- |
| **1. Reflect the diverse communities that the public sector serves** |
| **Actions: Attraction and recruitment practices**  | Stakeholders | When | Monitoring/Outcome |
| **Develop specific programs to attract people from diverse backgrounds** Identify and promote equitable recruitment to ensure the pool of candidates includes: * + A higher proportion of females for leadership positions, and
	+ A higher proportion of males for roles where there is currently low representation of males
	+ Increased numbers of non-binary and gender diverse people across SA Health (pending possible changes to employee data collection)

Share these aspirations with recruitment and labour suppliers, and encourage them to partner to achieve these targets2, 3  | Workforce Services;Gender Equality and Diversity Steering Committee (GED) | 2023 | Equitable recruitment aspirations will be developed and promoted. |
| **Showcase employees** across the gender spectrum in leadership roles and in non-traditional roles, in particular discuss their education and career path and goals | Corporate Communications  | 2022 | Employees from across the gender spectrum visibly showcased in non-traditional roles.  |
| Centrally track applicants of all gender identities who apply for non-traditional roles, and monitor and evaluate the effectiveness of attraction strategies  | Workforce Services | 2021 baseline | E-recruitment platform tracks applicants  |

Initiatives of the *Gender Equality and Diversity Steering Committee Work Plan 2020-2023:* 2. Define relevant metrics used to evaluate gender equality and diversity and then maintain regular reviews and oversight of these metrics in order to evaluate SA Health’s performance.3. Engage with the process of negotiating SLAs between DHW and LHN Governing Boards, to ensure that performance measures for gender equality and diversity are included.

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions: Retention** | Stakeholders | When | Monitoring/Outcome |
| **Requirements of employees are respected and facilitated where possible** e.g. Ensure dress code requirements are flexible and inclusive of the needs of employees of all gender identities | Workforce Services | 2021 | Dress code requirements are flexible |
| **Gender inclusive facilities are provided** (e.g. bathrooms; change rooms) | Infrastructure | 2022 | Worksites have gender inclusive facilities |
| **Review DHW policies and procedures to ensure language use is inclusive** of employees of all gender identities, especially those in non-traditional roles | Workforce Services | 2021 | Language of policies and procedures is inclusive of males and females |
| **Support for wellbeing** -Establish specific employee network groups for employees of all gender identities including non-binary and gender diverse employees, in non-traditional roles to improve support, mentoring and share experiences (for example ‘men in nursing’ network) | Workforce Services | 2022 | Sustainable and high-functioning employee network groups for employees of all gender identities in non-traditional roles  |
| **Flexible work arrangements available and considered in earnest**Provide support for employees of all gender identities to resume and perform their roles after periods of extended leave (especially parental/carers leave) or time in corporate roles within the organisation | Workforce Services | 2021 | Support to resume roles after periods of extended leave (especially parental leave)  |

|  |
| --- |
| **2. Build diversity and inclusion knowledge and capability** |
| **Actions: Increase capacity to create and maintain an inclusive workplace**  | Stakeholders | When | Monitoring/Outcome |
| (see overarching plan for actions such as ‘acknowledging dates of significance’ and ‘encourage discussion about difference’ which will support gender equality) |
| 1. **Be accountable for diversity and inclusion**
 |
| **Actions:** | Stakeholders | When | Monitoring/Outcome |
| **Gender based bullying/harassment is not tolerated**: reduce stigma and discrimination | Workforce Services | 2022 | Messaging on bullying/harassment is inclusive of gender |
| Review the complaint/incident reporting processes to include gender related incidents | Workforce Services | 2022 | DHW reporting supports the reporting of gender-based offensive behaviours. |

## LGBTIQ People

|  |
| --- |
| **Department for Health and Wellbeing Diversity and Inclusion Plan 2020-2023:** ***LGBTIQ People*** |
| **Representation of LGBTIQ people in the South Australian population:**The Australian Human Rights Commission suggests that **up to 11%[[7]](#footnote-7)** of Australians may have a diverse sexual orientation, sex, or gender identity. **Sex and Gender Diversity in the 2016 Census**: 1,260 sex and/or gender diverse people (provided a valid and intentional sex/gender diverse response) identified in the 2016 census of Australia, a rate of 5.4 per hundred thousand people[[8]](#footnote-8). This is likely to be a significant underestimate. **At June 30 2020, SA Health was made up of 78.24% females, 21.74% males and .02% identifying as ‘other’. DHW was made up of 55.9% females, 46.0% males and nil ‘other’****LGBTIQ** stands for Lesbian, Gay, Bisexual, Transgender and gender diverse, Intersex, Queer and questioning. It is an acronym widely used to collectively describe three distinct attributes: sexual orientation, gender identity and sex characteristics. Although LGBTIQ people do not constitute a single demographic, they are frequently grouped together because of their shared experience of prejudice and social exclusion. The use of LGBTIQ in this plan is intended to be all-inclusive. Gender, sex and sexuality are separate concepts: **Gender** is part of how you understand who you are and how you interact with other people. Many people understand their gender as being female or male. Some people understand their gender as a combination of these or neither (e.g. non-binary). Gender can be expressed in different ways, such as through behaviour or physical appearance; **Sex** refers to a person’s biological sex characteristics. This has historically been understood as either female or male. However, we now know that some people are born with natural variations to sex characteristics, often grouped together under the umbrella term ‘intersex’; *Sexuality* or *sexual orientation* describes a person’s romantic and/or sexual attraction to others e.g. bisexual, heterosexual etc. A person’s sex characteristics do not determine gender does not necessarily mean they have particular sex characteristics or a particular sexuality, or vice versa. |

|  |
| --- |
| **1. Reflect the diverse communities that the public sector serves** |
| **Actions: Attraction and Recruitment Practice** | Stakeholders | When | Monitoring/Outcome |
| **Showcase our LGBTIQ employees across DHW**  | Corporate Communications | 2022 | LGBTIQ employees visibly showcased  |
| **Centrally track applicants** who identify as LGBTIQ, and monitor the effectiveness of attraction strategies  | Workforce Services | 2021 baseline | Mechanisms for tracking LGBTIQ applicant are in place |
| **HR Processes*** Capture data on LGBTIQ, through the E-Recruitment platform, during the job application process in de-identified form for workforce analysis purposes
 | Workforce Services | 2021 | Applicants can identify as LGBTIQ  |
| * Update the ‘Personal: Equal Opportunities’ section of HR21 to include more specific gender identity (not simply ‘other-please specify’ or ‘unspecified/indeterminate’)and sexual orientation diversity, and actively encourage staff to self-identify
 | Workforce Services; SSSA;OCPSE | 2021 | Employees can self- identify  |
| * Consider the inclusion of diverse LGBTIQ people in the pool of candidates for roles, in alignment with the requirements of the role, including intersectionality
 | Workforce Services | 2021 | Increase in the opportunity for candidates from across the diversity  |
| **Actions: Retention** | Stakeholders | When | Monitoring/Outcome |
| **Requirements of employees are respected and facilitated where possible*** Dress code requirements are flexible and inclusive
* Require all new buildings and major upgrades to include provision of gender neutral toilets and shower/change facilities
 | Workforce Services; Infrastructure; Procurement and Supply Chain;  | 20212022 | Dress code requirements are flexibleAll new buildings and major upgrades will include provisions |
| * Gender affirmation **-**develop a document outlining the procedure for gender affirmation and transition in the workplace for DHW
 | Workforce Services; Office of the Chief Psychiatrist; GED Steering Committee | 2022 | A document outlining the process for gender affirmation and transition in the workplace |
| * Ensure guides and toolkits addressing bullying and harassment include gender identity- or sexuality-based offensive behaviours
 | Workforce Services | 2021 on  | Included in guides and toolkits addressing bullying and harassment  |
| * Create resources for LGBTIQ employees where people can share information about: how to improve their workplace experience; support services- refer to DHS website
 | Workforce Services | 2023 | Resources available to all DHW LGBTIQ employees  |
| * Establish a specific employee network group for LGBTIQ or link to public sector wide networks and promote in DHW, to improve support, mentoring and share experiences.
 | Workforce Services | 2022 | DHW will have a sustainable LGBTIQ employee network  |

|  |
| --- |
| **2. Build diversity and inclusion knowledge and capability** |
| **Actions: Increase capacity to create and maintain an inclusive workplace**  | Stakeholders | When | Monitoring/Outcome |
| Work with the Office of the Chief Psychiatrist to ensure that latest research and advice is reflected in advice on matters of health and wellbeing for the LGBTIQ workforce (capitalising on the South Australian LGBTIQ+ Roundtable, and report and recommendations by the South Australian Rainbow Advocacy Alliance) | Workforce Services | Ongoing | Informed advice is provided |
| *(see overarching plan for actions such as ‘acknowledging dates of significance’ and ‘encourage discussion about difference’ to support LGBTIQ employees)* |
| **3. Be accountable for diversity and inclusion** |
| **Actions** | Stakeholders | When | Monitoring/Outcome |
| Establish champions for the LGBTIQ employees and ally network | Workforce Services; SA Health Executive | 2022 | LGBTIQ champions established |
| Investigate ways to improve data collection and analysis of reported or identified workplace gender identity or sexuality-based harassment and discrimination  | Workforce Services | 2022 | DHW monitors gender identity- or sexuality-based offensive behaviours |
| Develop and implement an evidence based DHW ‘Responding to gender identity and sexuality discrimination’ protocol | Workforce Services | 2022 | Evidence based protocol established |

1. <https://humanrights.gov.au/about/what-are-human-rights> [↑](#footnote-ref-1)
2. Australian Bureau of Statistics (ABS) 2016 Census demographic statistics for South Australia (SA) [↑](#footnote-ref-2)
3. Office of the Commissioner for Public Sector Employment (OCPSE) workforce data as at June 30, 2020 [↑](#footnote-ref-3)
4. DoH, Aus Gov, *National Lesbian, Gay Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*, 2012 [↑](#footnote-ref-4)
5. Climate describes the shared perceptions of the people in a group or organisation; culture includes how people feel about the organisation and the beliefs, values, and assumptions that provide the identity and set the standards of behaviour (Stolp & Smith, 1995) [↑](#footnote-ref-5)
6. ABS 430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2018 [↑](#footnote-ref-6)
7. DoH, Aus Gov, *National Lesbian, Gay Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*, 2012 [↑](#footnote-ref-7)
8. Intersex 3.2%; Trans male 5.5%; Trans female 7.5%; Intersex/Indeterminate 3.2%; Trans male 5.5%; Transgender not elsewhere classified 13.2%; Non-binary 17.3%; Another gender 18.1%; other not further defined 34.9% [↑](#footnote-ref-8)