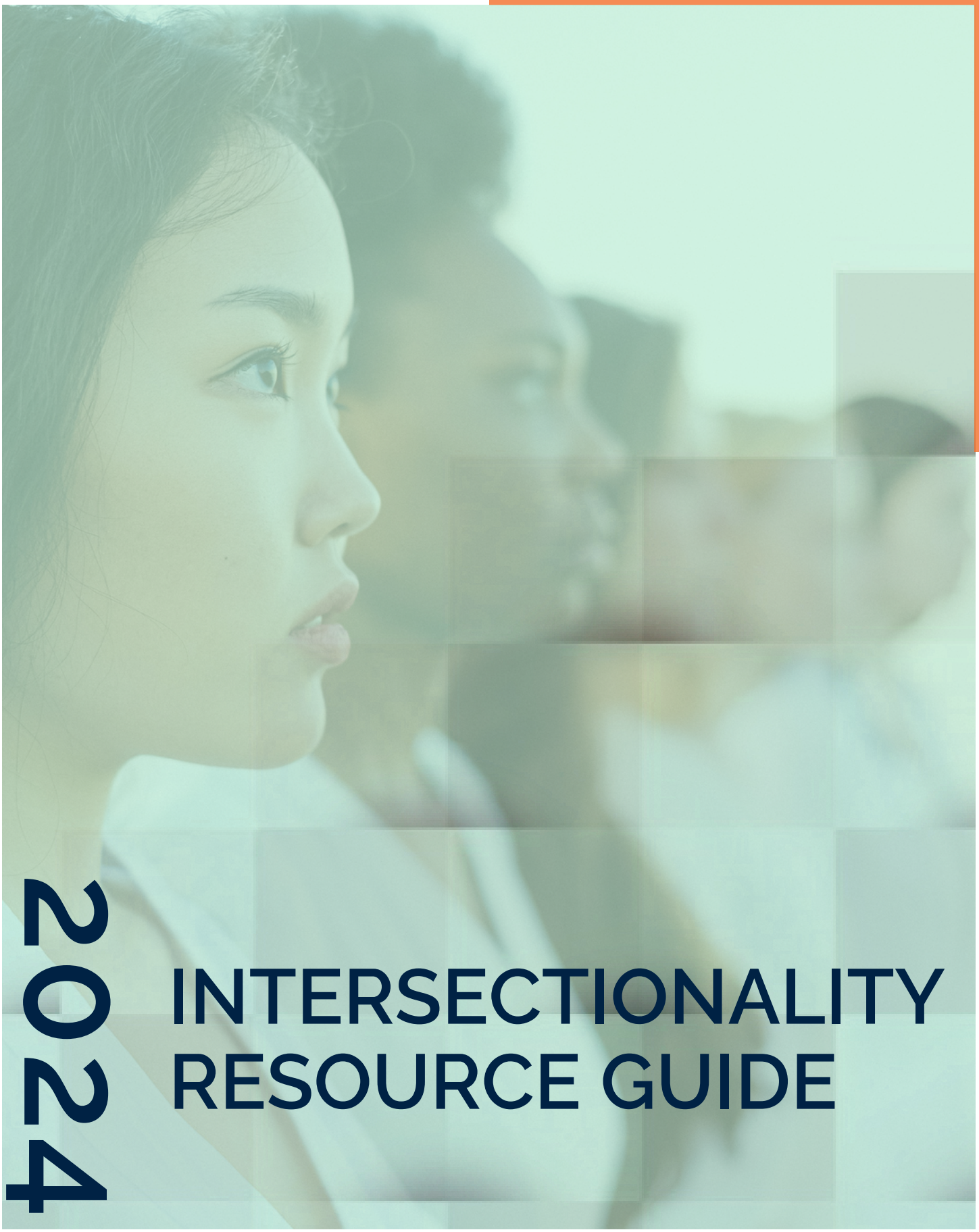

2024

INTERSECTIONALITY RESOURCE GUIDE

SAGE
SCIENCE IN AUSTRALIA GENDER EQUITY

MONASH University

ADVANCING WOMEN IN HEALTHCARE LEADERSHIP

THE GLOBAL INSTITUTE FOR WOMEN'S LEADERSHIP

MCHRI
Monash Centre for Health Research and Implementation

PREFACE

ACKNOWLEDGEMENT OF COUNTRY

Advancing Women in Healthcare Leadership (AWHL) acknowledges and pays respect to the Traditional Custodians of Country throughout Australia. We pay our respects to their Elders past and present, and recognise their extraordinary contributions to culture and society and their continuing connections to land, sea, and community. We acknowledge that sovereignty was never ceded.

AWHL is a national initiative led by the Partnership Centre for Gender Equity and Leadership Advancement which sits within the Monash Centre for Health Research and Implementation (MCHRI), Monash University. It involves 25 partner organisations in health and medical sciences - including Science in Australia Gender Equity (SAGE) - and is funded through National Health and Medical Research Council (NHMRC) Partnership Project Grants (APP1191837 & APP2018718) and partner contributions.

ACKNOWLEDGEMENTS

AWHL is a national initiative led by the Partnership Centre for Gender Equity and Leadership Advancement which sits within the Monash Centre for Health Research and Implementation (MCHRI), Monash University. It involves 24 partner organisations in health and medical sciences - including Science in Australia Gender Equity (SAGE) - and is funded through National Health and Medical Research Council (NHMRC) Partnership Project Grants (APP1191837 & APP2018718) and partner contributions.

ABOUT THIS GUIDE

This resource guide is an **adaptation of the *SAGE Guidance on Intersectionality for the SAGE Athena Swan Accreditation Pathway*** [1]. It is designed for healthcare organisations, professionals, policymakers, and advocates, providing practical, evidence-based tools and insights to promote intersectional approaches to gender equity, diversity, and inclusion initiatives. This guide aims to:

1. Foster a deeper understanding of intersectionality and highlight the importance of adopting an intersectional perspective in developing and implementing gender equity initiatives within the healthcare workforce.
2. Offer practical examples and actionable strategies for incorporating an intersectional lens in healthcare settings, enabling organisations to effectively address and dismantle structural barriers to gender equity.
3. Provide clear guidance on conducting intersectional analyses, ensuring that gender equity initiatives are informed by a comprehensive understanding of the diverse identities represented in the health workforce.
4. Support the development of an inclusive, equitable, and supportive healthcare workforce, where individuals feel seen, respected, and valued.

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1. Science in Australia Gender Equity (SAGE) (2021) Guidance for Intersectionality for the SAGE Athena Swan Accreditation Pathway

GENDER EQUITY IN HEALTHCARE LEADERSHIP

Despite significant efforts to address the underrepresentation of women in positions of leadership and influence within the Australian healthcare sector, progress towards gender equity remains slow. Although women constitute 75% of the workforce, they represent only 45% of public hospital board chairs, 29% of private hospital board chairs, 39% of private hospital CEOs and 44% of state and federal chief medical or health officers. This disparity indicates that the healthcare industry is not fully leveraging its workforce capabilities. Instead, existing policies and cultural norms perpetuate a "glass ceiling" that hinders women's career progression.

Recently, the focus has shifted from "fixing" individual women to addressing the structural and systemic factors that sustain gender inequity. However, for strategies, interventions, and policies to be truly effective and equitable, it is crucial to recognise that women are not a monolithic group. One-size-fits-all solutions to gender equity fall short, as the factors influencing women's workplace experiences and career advancement extend beyond gender alone. It is essential to consider the diverse and nuanced ways in which various social identities intersect to shape lived experiences.

Without leaders that reflect the diversity of the Australian community the healthcare industry will continue to perpetuate an inequitable health system. To foster genuine progress, it is imperative to embrace an intersectional approach that acknowledges and addresses the multifaceted barriers faced by women in healthcare leadership. In doing so, we can work towards a more inclusive and representative healthcare sector that benefits all.

TERMINOLOGY

Gender language statement

Throughout this report we use a gender-additive approach to language to acknowledge biological sex and respect gender identities. We use gender-neutral terms such as “employees” or “individuals” when sex and gender specification is nonessential. Importantly, while embracing a broader gender discourse, this report retains the use of “woman/women,” ensuring it holistically encompasses all who identify with this term.[2]

Gender equity

Gender equity refers to the processes and practices required to create gender equality. It means "fairness of treatment for women and men, according to their respective needs and interests. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities".[3]

Gender equality

Gender equality is the goal. It involves "equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviours, aspirations and needs".[4] It does not mean that men and women are the same, but that their rights, responsibilities[5] and opportunities do not depend on biological sex.[6] Gender equality is a UN sustainability development goal.

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2. Garad R, Bahri-Khomami M, Busby M, et al. Breaking Boundaries: Toward Consistent Gender-Sensitive Language in Sexual and Reproductive Health Guidelines. *Seminars in Reproductive Medicine*, https://doi.org/ 10.1055/s-0043-1777323, 2023.
3. International Labour Office. ABC of Women Workers' Rights and Gender Equality, Geneva 2017
4. Policy Commons, www.policycommons.net/topics/gender-equality
5. UNICEF, Gender equality: Glossary of terms and concepts, Nov 2017
6. UN Sustainable Development Goals Report, 2022, www.un.org/sustainabledevelopment/gender-equality/

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WHAT IS INTERSECTIONALITY?

Intersectionality recognises that a person's identity is shaped by a range of factors including age, mental health, racial and ethnic background, disability status, gender identity and expression, caring responsibilities, religion and belief, sexuality, socioeconomic background, and professional identity. These factors intersect to constitute an individual with unique lived experience and, as a result, unique thinking, knowledge, skills, and networks.

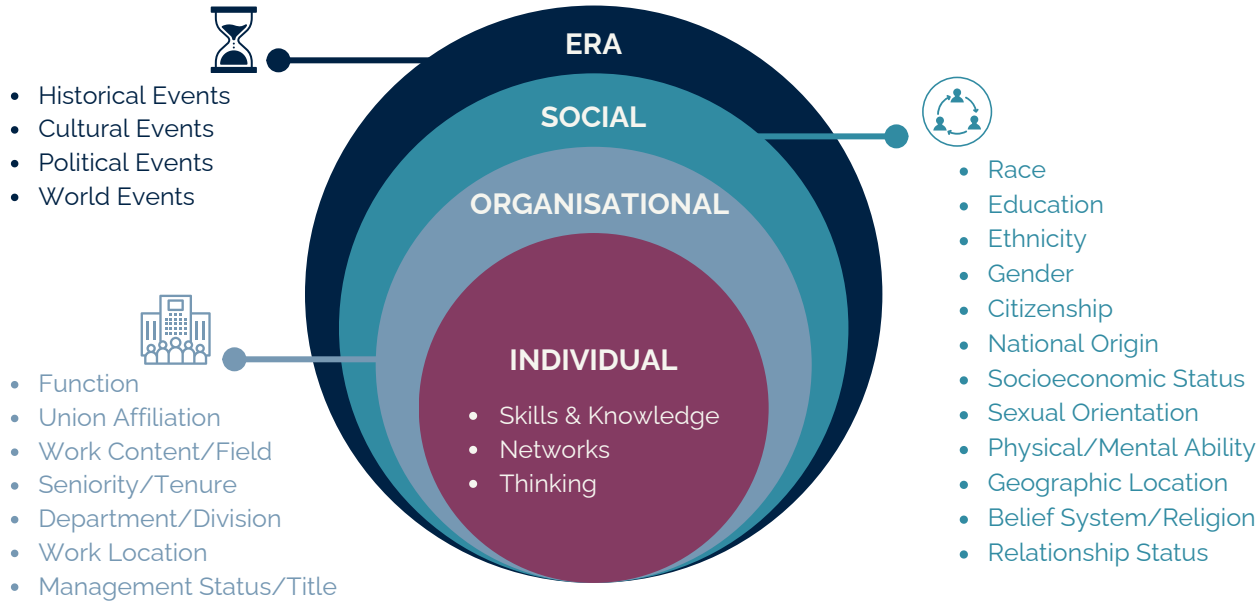

Figure 1. The aspects of an individual's identity interact to create a unique individual with intrinsic diversity of thinking, and acquired diversity of knowledge and skills, as well as networks. Adapted from Thomas et al (2021) [1]

Intersectionality interrogates how social identities interact with systems and structures of privilege and oppression (such as racism, sexism, classism etc), in a given context, to manifest and compound disadvantage and amplify inequity.

The concept of Intersectionality was introduced in the late 80s by Kimberlé Crenshaw,[2] whose work focused on the intersection of race and gender. Crenshaw highlighted how, by viewing racial and sex discrimination as distinct issues, the law failed to adequately consider the experiences of black women. Being both black and female, these women are subject to discrimination based on their race, their gender and, often, a combination of the two.

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[1] Thomas C, MacMillan C, McKinnon M, Torabi H, et al (2021) 'Seeing and overcoming the complexities of intersectionality', Challenges, 12(1):5.
[2] Crenshaw K (1989) 'Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics', University of Chicago Legal Forum, 1989(1):8.

Core principles of intersectionality

1. Human experiences are layered, complex, and multidimensional. Lived realities are nuanced, and cannot be accurately understood by focusing on a single identity category (i.e. gender, race, ability, socioeconomic status) [3]

2. Social identities such as race, gender, ability, and socio-economic status intersect with broader societal processes and structures like sexism, racism, classism, and ableism. This interplay creates various forms of power dynamics and oppression which are context specific and change over time [4]

3. Structures of inequality (such as sexism, racism, ableism, ageism etc) are "intrinsically entwined; they mutually constitute and reinforce one another and as such cannot be disentangled from one another." [5]

4. When examining social issues, the significance of any identity category or macro-level structure cannot be predetermined [6]

5. Individuals can experience both privilege and disadvantage at the same time, depending on the context. For example, a Black woman healthcare executive may experience privilege due to her position within the organisational hierarchy and socioeconomic status, but may also experience disadvantage due to gendered racism.

6. An intersectional approach explicitly focuses on transformative change, the promotion of social justice, and building coalitions between diverse groups [3,7]

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[3] Hankivsky O, Grace D, Hunting G, Giesbrecht M, et al (2014) An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. International journal for equity in health, 13 (119)
[4] Bowleg L (2012) The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. American journal of public health, 102(7), 1267–1273.
[5] Veenstra G (2011) Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada. International Journal for Equity in Health
[6] Hankivsky O (2014) Intersectionality 101
[7] Roth, S (2021) Intersectionality and coalitions in social movement research—A survey and outlook. Sociology Compass, 15: e12885.

WHY DOES INTERSECTIONALITY MATTER?

Until recently, many organisations focused their attention on increasing diversity by creating strategies to recruit and retain underrepresented groups. While it is true that each 'diversity group' has its own set of challenges that need to be understood and addressed, these siloed approaches rarely accounted for the ways in which various aspects of a person's identity interact to create additional challenges and barriers. As such, initiatives to address the needs of a particular group often only truly assisted a subset of the group.

A siloed approach to increasing diversity risks perpetuating or worsening inequities in other diversity dimensions.

A focus on one dimension of identity sends a subtle message to those with additional historically marginalised identities that some parts of their identity are more important, and more valued, than others.

Intersectionality reminds us that people of any particular gender identity are not a homogenous group. For organisations to gain a nuanced understanding of the lived experiences of employees, and the barrier to attraction, retention and progression, they need to adopt an intersectional approach to their self-assessment process.

Similarly, **Intersectionality must be considered when devising and implementing actions** to remove or reduce these barriers, **and when evaluating the impact of actions.**

Not doing so runs the risk of only addressing the barriers faced by a subset of the target group, for example improving the lot of white, heterosexual, women without disability, to the exclusion of other women.

Example: Intersectionality and speaker panels

Many organisations have implemented some version of the Panel Pledge, in which individuals pledge to 'increase the visibility and contribution of women leaders in public and professional forums' [8]

However, most of these pledges are not explicitly intersectional, meaning that gender balance of speakers could be achieved without consideration of other forms of diversity.

Revising the pledge and its wording to encompass speaker diversity more broadly takes an intersectional approach to the initiative and is more likely to result in the elevation of the voices of a diversity across all genders.

[8] Male Champions of Change (2019) The Panel Pledge: Gender balance in every forum.

Mckinsey & Company. Women in the healthcare industry: An update [9]

McKinsey & Company's report offers a comprehensive look at the landscape of the representation of women within the healthcare sector in the United States and Canada. The report shows that within those two countries, the healthcare sector leads the charge in the representation, recruitment, and advancement of women, suggesting admirable strides towards closing the gender leadership gap in healthcare.

However, a closer examination of the data reveals a more complex picture, drawing attention to the nuanced challenges that remain unaddressed. Critically, the data underscores a pressing need to direct greater attention towards dismantling the obstacles that disproportionately hinder the career progression of women of colour in healthcare. Whilst there is an increase in the percentage of women in senior leadership roles, a closer look reveals that these positions are predominantly held by White women. For example, 28% of C-suite executives are white women, compared to 4% of women of colour. When examining leadership at the presidential level within health organisations - both vice and senior vice presidents - white women occupy 72% of those roles while women of colour hold only 17%. Furthermore, the data informs us that women of colour experience the steepest drop in representation throughout the healthcare career pipeline.

This report highlights the importance of adopting comprehensive, intersectional, and nuanced approaches to diversity policies. Such approaches are vital for recognising and addressing intra-group differences. Failure to do so risks perpetuating inequities and invisibilising the unique realities of specific groups.

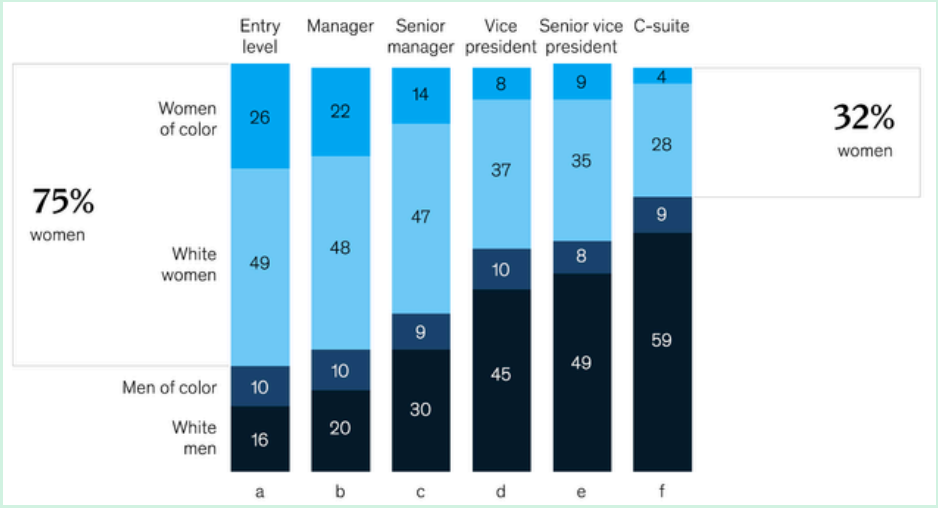


Figure 2. Employees in healthcare at each employment level, 2022 report [4]
Percentage of White women and percentage of women of colour may not sum to overall percentage of women because overall figure includes employees with race not reported

[9] McKinsey & Company. Women in the healthcare industry: An update

POSITIONALITY & REFLEXIVITY

In our work, it is useful to remember that both disadvantage *and* advantage/privilege may be compounded (Fig. 2).

Positionality refers to how differences in social position, professional identities, and power shape identities and access to opportunities at work and in society.

Reflexivity involves a continuous commitment to introspection and growth, recognizing how identities, personal experiences, and social conditioning might influence approaches to patient care, research interpretations, and interactions with colleagues. Embedding reflexivity into professional practice fosters inclusive and equitable healthcare organisations.

Positionality and reflexivity are important to consider at the organisational and individual levels paying particular attention to interplay with, and influence of, the system (Fig. 3).

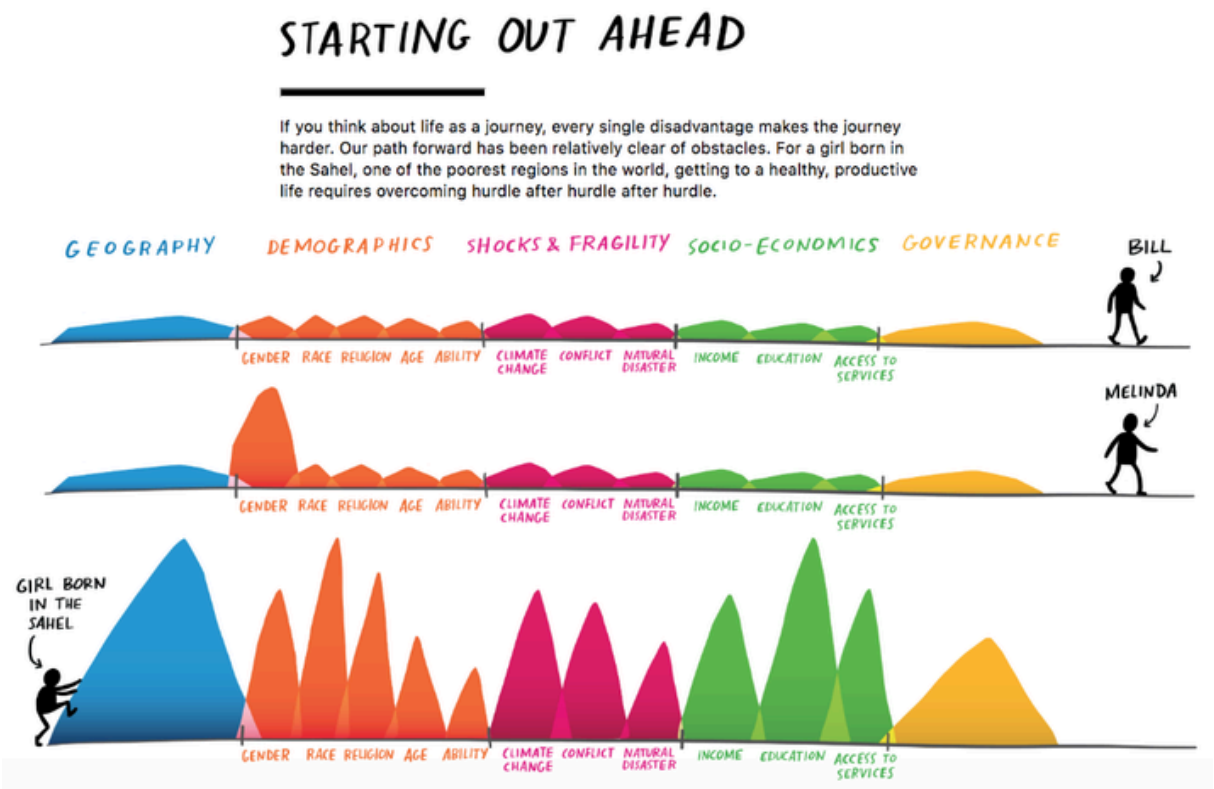


Figure 2. For Bill and Melinda Gates, advantage and privilege has compounded to provide a relatively easy path through life. For a girl born in the Sahel, one of the poorest regions in the world, disadvantage compounds. Achieving a healthy, productive life requires overcoming hurdle after hurdle after hurdle.

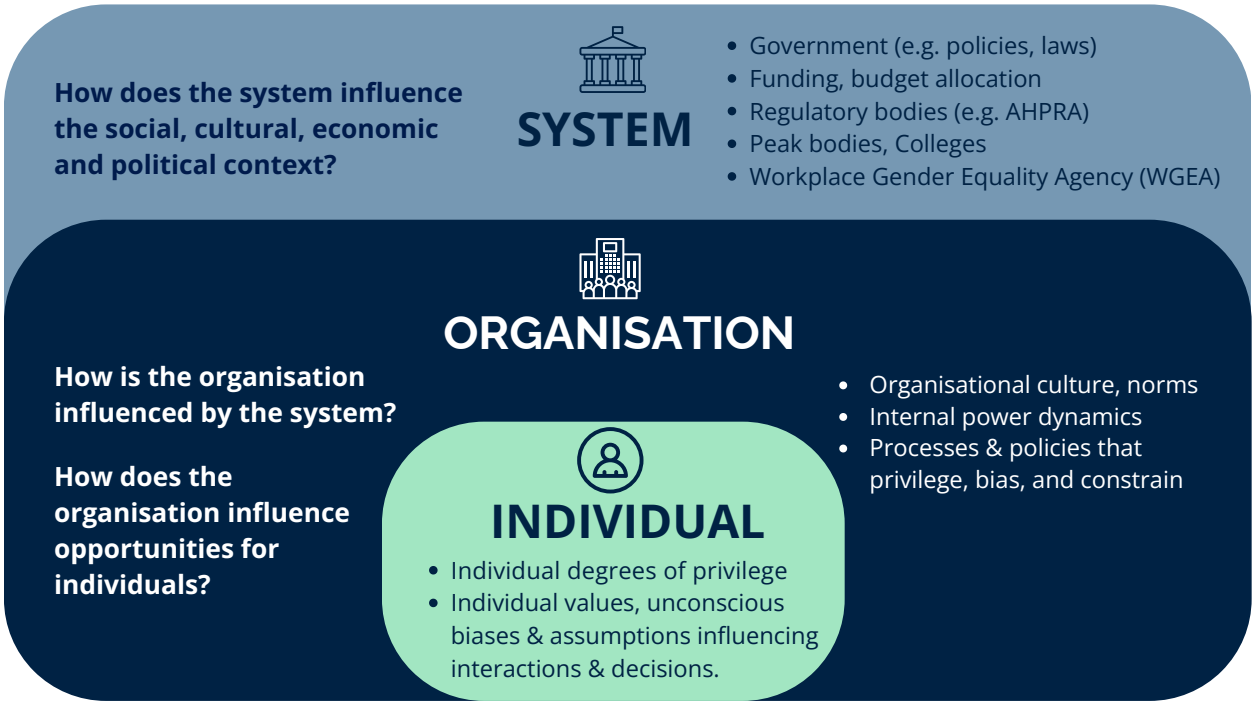


Figure 3. Positionality and reflexivity are important to consider at the organisational and individual levels paying particular attention to interplay with and influence of the system.

SYSTEM LEVEL

It is essential to consider how the the system influences the social, cultural, economic and political context. Laws and policies (e.g., Workplace Gender Equality Act 2012, Respect at Work Act 2022), budget allocation, societal and cultural norms and biases, and regulatory bodies all have a role in the system which directly impacts organisations and individuals.

ORGANISATION LEVEL

It is also vitally important to consider organisational positionality and reflexivity which involves recognising how the organisation interacts with, and is influenced by, its social, cultural, economic, and political context. Organisational positionality also involves acknowledging the ways in which an organisation's culture, norms, values, internal power dynamics, privileges, biases, and constraints, inform its decisions and actions.

INDIVIDUAL LEVEL

Healthcare practitioners and researchers should carefully consider their individual positionality to identify the unique identities and degrees of privilege that they bring to each interaction. Embedding reflexivity into our professional practice fosters inclusive and equitable healthcare organisations. recognizing how our identities, personal experiences, and social conditioning might influence our approach to patient care, research interpretations, and interactions with colleagues.

> We engage in self-reflexivity…to intervene in our own complicity of the perpetuation of the status quo by unpacking the politics inherent in our lived experience [10]

[10] Jones RG & Calafell BM (2012) Contesting Neoliberalism Through Critical Pedagogy, Intersectional Reflexivity, and Personal Narrative: Queer Tales of Academia. Journal of Homosexuality, 59(7), 957–981.

Some questions to support organisational positionality and reflexivity

1

What is the organisational context in which decisions are made? What are the values, demographics, and histories of the organisation? [11]

2

Which people or groups hold power and/or privilege within the organisation? Are there certain social and professional identities that might be markers of privilege – or, conversely, of marginalisation – within the organisation? [11,12]

3

What are the structures and systems through which organisational power and privilege are gained, expressed, and perpetuated? What values confer this power and privilege on certain people or groups, and not on others? [11]

4

What organisational processes are in place that embrace diversity as a collective responsibility? Which people or groups are subject to discriminatory actions, e.g., intrusive supervision, limited scope of practice, excluded from tasks? [13]

Diagram adapted from Topp et al (2021) [14]

[11] Western Sydney University (2022). Draft Inclusive Policy Framework. Unpublished.
[12] Pincha Baduge M, Mousa M, Garth B, Boyd L, Teede H (2023) Organisational Strategies for Women Nurses to Advance in Healthcare Leadership: A Systematic Review, Jn Nurs Man.
[13] Pincha Baduge M, Garth B, Mousa M, Boyd L, et al (in press) Advancing women nurses in healthcare leadership: unique barriers and facilitators for racial and ethnical minority including migrants: Meta-synthesis.
[14] Topp SM, Schaaf M, Sriram V, Scott K, et al (2021) 'Power analysis in health policy and systems research: a guide to research conceptualisation', BMJ Global Health, 6(11).

Some questions to support individual positionality and reflexivity [15]

1

What social and professional identities – such as race, gender, sexual orientation, age, socioeconomic status, education, organisational level and others - do I identify with and how important is each one to my professional practice?

2

In what ways do my social and professional identities represent privilege or marginalisation within my professional and personal communities? How might my privileges, or lack thereof, impact my capacity to understand and empathise with individuals from different backgrounds?

3

What beliefs, values, and characteristics do I have? How have they shaped the assumptions I bring to my interactions with others? How might I be engaging in actions that marginalise others?

4

What type of training and experiences do I have? How have they shaped my knowledge, perspectives, and actions, and how might they positively or negatively impact people I interact with?

A 2018 report [16] in the UK found clear evidence of gender and ethnicity pay gaps in Higher Education. The report found that:

- Typically women earn less than men.
- Most broad ethnic minority groups earn less than both White men and White women.
- Black men and Black women earn the least on average relative to White men.
- There was no evidence of a compounded pay gap for Black women with no pay gap between Black men and Black women.
- There is a significant pay gap between Asian men and women, suggesting an intersectional or compounded pay penalty due to both ethnicity and gender.
- Overall, the pay penalty experienced by ethnic minority women in the sector is more likely to be due to factors associated with their ethnicity than their gender.

These findings demonstrate that an intersectional approach is required to move beyond the simplified claim that men earn more than women. A more nuanced approach that accounts for gender and other factors such as ethnicity is needed.

[15] Adapted from Harrington (2022) Reflect on your positionality to ensure student success
[16] Hopkins L & Salvestrini V (2018) Caught at the crossroads? An intersectional approach to gender and ethnicity pay gaps in higher education, Universities and Colleges Employers Association.

Advancing Women in Healthcare Leadership: what works?

To guide development of interventions, the Advancing Women in Healthcare Leadership (AWHL) initiative conducted a comprehensive, cross sector systematic literature review to capture evidence on effective organisational strategies that effectively advance women in leadership, including considerations of intersectionality [17]. Analysis of studies with comparable effects for the health sector identified that **organisational leadership, commitment and accountability were vital for driving organisational change**. All strategies have been organised under 5 main categories:

ORGANISATIONAL PROCESSES
Policies and practices that address structural barriers and gender bias, with reporting and enforcement mechanisms

AWARENESS AND ENGAGEMENT
Organisational strategies that publicise and promote solutions related to gender equity addressing entrenched barriers within workforce culture

LEADERSHIP DEVELOPMENT
Structured leadership development program with content elements that equip women with the skills and capabilities for increased self-confidence with actionable follow up

MENTORING AND NETWORKING
A range of formal and informal approaches for women to identify mentors and participate in effective networks.

SUPPORT TOOLS
Organisational tools that support recruitment, retention and promotion practices free from gender bias, including measurement and evaluation tools to develop a culture of continuous improvement

How might we address these categories, using an intersectional lens?

[17] Mousa M, Boyle J, Skouteris H, Mullins A et al (2021) Advancing women in healthcare leadership: A systematic review and meta- synthesis of multi-sector evidence on organisational interventions. EClinicalMedicine

Advancing Women in Healthcare Leadership: some key considerations when applying an intersectional lens

These considerations are informed by interviews conducted by AWHL researchers with healthcare leaders across Australia, as well as the AWHL Community of Practice members

LEADERSHIP COMMITMENT AND ACCOUNTABILITY

- **Prioritise gender equity, diversity and inclusion as core values of the organisation.**
- **Ensure that intersectionality is actively considered in leadership and decision-making.**
- **Conduct consultations that include intersectional perspectives when developing and implementing gender equity initiatives [18].**
- **Consider the imagery and language used in organisational publications. Are these inclusive? Are they representative of the workforce and the community being served?**
- **Collect and transparently report disaggregated employee demographic and experience data to identify trends or gaps in recruitment, pay, development, retention, and promotion.**

ORGANISATIONAL CULTURE, AWARENESS, AND ENGAGEMENT

- Create and explicitly communicate strategic plans and actions that reflect organisation's commitment to improving equity, diversity, and inclusion.
- Identify and acknowledge culturally significant values, communication styles, and leadership approaches.
- Identify and address the systems, structures, and power dynamics that adversely impact workplace experiences and career progression outcomes.
- Celebrate days of significance including cultural and religious dates and important diversity and inclusion days of celebration, solidarity, commemoration, and awareness,
- Establish accountability measures to ensure that discriminatory behaviours, and non-compliance with equity-promoting initiatives, are met with clear and consistent consequences.
- Provide mandatory training to build employee competence. Relevant topics include: unconscious bias, microaggressions and inclusive language, bystander intervention, antiracism, and cultural humility.

ORGANISATIONAL PROCESSES, PRACTICES, AND POLICIES

- Develop and implement policies that take into account the diverse needs of employees (e.g. flexible work arrangements, cultural and ceremonial leave, religious accommodations).
- Carefully examine recruitment and promotion procedures and practices. Use diverse recruitment channels. Develop application materials that are free from bias and meet the accessibility standards. Ensure equitable screening processes (e.g. blind recruitment, structured interviews, diverse hiring panels).
- Implement targets or quotas to address unconscious bias and unfair recruitment practices.
- Conduct regular assessments of the organisations' DEI climate and progress, to identify areas of improvement.
- Create a continuous feedback loop where employees can suggest improvements to practices that may inadvertently disadvantage certain groups.

[18] Commission for Gender Equality in the Public Sector. Applying Intersectionality

Advancing Women in Healthcare Leadership: some key considerations when applying an intersectional lens

MENTORING AND PROFESSIONAL NETWORKS

- Offer flexible mentorship models that accommodate diverse needs and preferences. This may include: formal one-on-one mentorship, group mentoring, virtual mentoring, or peer-to-peer mentorship.
- Highlight the achievements and contributions of leaders and role models with diverse identities, within the organisation.
- Consider targeted mentoring and networking programs designed for women who share intersecting identities (e.g. a network specifically for women with disabilities).
- Establish employee resource groups to provide support and help in career development, and to create a safe space where employees can bring their whole selves to the table.

LEADERSHIP TRAINING AND DEVELOPMENT

- Embed leadership development offerings that are relevant to all employees, irrespective of their career stage.
- Offer professional development programs tailored to the unique needs of individuals with intersecting identities.
- Provide financial support for training and development through scholarships and grants to undertake further studies, and leadership and professional development.

ORGANISATIONAL SUPPORT TOOLS

- Acknowledge the 'minority woman tax' phenomenon, where women from underrepresented groups are expected to shoulder the responsibility of developing or leading diversity initiatives. Actively work to reduce this burden and ensure equitable workload distribution.
- Create "brave and safe spaces" to promote authentic and deliberate dialogue about experiences of marginalisation. A high level of psychological safety is crucial for the success of such spaces.
- Partner with external organisations that support diverse communities to stay informed about best practices, and to extend support beyond the workplace.

CONDUCTING & DESIGNING AN INTERSECTIONAL ANALYSIS

Further detail is provided in the Appendices

Dealing with small numbers

A common challenge for undertaking intersectional data analysis is small numbers [19]. Ironically, these 'small number' categories are usually underrepresented or historically excluded groups – the same groups that organisations are trying to attract, retain or progress using the findings from their intersectional analyses.

If organisations only analyse their data by one dimension (e.g. gender) instead of two (e.g. gender × ethnicity) to avoid dealing with small numbers, they risk obscuring within-group differences. Analyses based on small numbers may still allow inferences to be made and provide a starting point for further investigation.

To maintain individual privacy and confidentiality, data may be presented as ≤6 where fewer than 6 (but more than 0) people identify in a category.

Use models that are multiplicative rather than additive

Multivariate data analysis can reveal interactive effects of multiple factors, i.e., gender × ethnicity, or gender × ethnicity × disability status. A fully intersectional analysis enables greater depth of understanding of systemic disadvantage.

Where to find existing data sets for intersectional analysis

- Workplace Gender Equality Agency (WGEA)
- The Commission for Gender Equality in the Public Sector

Collecting multivariate data sets

Organisations can lack systems for collecting intersectional data. This may be due to the omission of relevant response fields (e.g. in staff induction forms) or data collection items set as non-mandatory.

Organisations should invest in system upgrades to allow more detailed data collection and analysis. Rigorous planning is needed here to identify required data to avoid detection of consistently missing data.

Most organisations undertake some form of Culture Survey to understand the experiences of staff and identify barriers to attraction, retention and progression. These surveys provide an excellent opportunity to collect staff demographic data and take an intersectional approach to understand workplace experiences.

Consider individual & structural data

Focusing on individual-related data while ignoring the systems and cultures people work within can produce flawed insights. Context should be considered to better understand the interaction of identity and environment.

Ways to encourage staff to disclose intersectional data

1. **Create a supportive and inclusive workplace culture where individuals feel safe to disclose**
2. **Provide practical opportunities for disclosure**
3. **Communicate the case for disclosure**
4. **Draft appropriate disclosure questions and ensure accessibility**

[19] Monash Centre for Health Research and Implementation. (2024). Gender equity and equality reporting for healthcare leadership: a review to inform development of a national gender equity and equality in healthcare leadership data framework. MCHRI: Monash University.

HOW TO DESIGN INTERSECTIONAL ACTIONS

If intersectionality is not considered during action planning, underrepresentation of particular groups may persist even after countermeasures are put in place.

Organisations should set themselves up for success by applying an intersectional lens to all equity initiatives from the start.

Taking an intersectional approach to designing actions and initiatives requires organisations to consider the experiences, perspectives and needs of a diversity of people.

To develop effective DEI initiatives, organisations must adopt a bottom-up approach that involves all stakeholders, particularly those who are the most disadvantaged by current structures, systems and culture.

Relying on a top-down approach where actions are planned solely by senior leaders (who are often not a very diverse group) is likely to result in equity for some, but not all, people of a particular gender.

One way to ensure diverse perspectives are included in the action planning process is to ensure the **involvement of, and engagement with a broad cross-section of people.**

Ensuring representation of people from underrepresented groups on project teams – ideally in leadership and decision-making roles – is essential, though organisations must be mindful of tokenism, othering, and overburdening.

It is also important to avoid interpreting the experiences of one individual as representative of the experiences of a whole group – the concept of intersectionality shows us that everyone's experience is different.

Genuinely co-designed actions to remove/reduce barriers are more likely to:

- work at a systemic level
- stop the perpetuation of deficit models through responses targeted at the individual level
- be successfully implemented due to reduced resistance and backlash and greater championing of change [19]
- have positive impact and fewer unintended negative consequences, since a diverse group will have assessed potential impact (formally or informally) in the development phase.

Example: Intersectionality in website image diversity

As part of its Gender Action Plan, Alpine Ridge Medical Centre revises the images on its website to achieve gender balance. Lakeshore Medical Centre implements a similar action; however, it consciously considers visible intersections in its image selection, resulting in a much more diverse representation of people on its website.

The Diversity & Inclusion team at Lakeshore are unlikely to request a revision of the website in 12 months' time when they refresh their Cultural Inclusion Action Plan; Alpine Ridge Medical Centre is much more likely to do so.

[20] Flood M, Dragiewicz M & Pease B (2018) Resistance and backlash to gender equality: An evidence review, Crime and Justice Research Centre, Queensland University of Technology.

Example: Intersectional actions for recruiting gender diverse people

As part of their efforts to increase the number, and diversity, of women, trans and gender diverse people recruited, Casuarina Community Health Service implements a number of initiatives such as:

- Including an explicit diversity statement in the job advertisement
- Ensuring all application forms and supporting material are available in accessible formats, and making all diversity policy/strategies available to applicants
- Asking all applicants proceeding to interview whether they require any adjustments or assistance to participate in the interview
- Interviewing any suitably qualified person who identified as trans or gender diverse during the application process
- Co-operating with other small health services to achieve diversity on recruitment panels, and including DE&I considerations in mandatory training for all panel members
- Excluding from recruitment panels anyone accused of inappropriate behaviour (e.g. discrimination, bullying, harassment)
- Publicly opposing exclusionary behaviours
- Implementing diversity guidelines, encompassing all forms of diversity, for the health service's communications and media team
- Ensuring the health service's website is accessible
- Providing visible indicators of inclusion in interview rooms/waiting areas

To gain broad input, experience and expertise, and avoid tokenism and burden, it may be useful to connect with specialist external organisations and/or employee networks (where these exist). In fact, if such networks do not exist, it may be worth exploring their establishment.

Some organisations may have informal versions of these groups that provide peer support and allyship.

However, **formalised and well-resourced employee networks have stronger potential to advocate for their members, educate the broader institution community and act as agents for change to create more inclusive environments.[21]**

Naturally, these groups must in themselves be intersectional and not siloed.

[21] For an example of how employee resource groups can be used as a mechanism to promote disability inclusion, see: Gould R, Harris SP, Mullin C & Jones R (2020) 'Disability, diversity, and corporate social responsibility: Learning from recognized leaders in inclusion', Journal of Vocational Rehabilitation, 52(1):29–42.

Example: Intersectional improvements to leave entitlements

Currong Centre for Health Research conducts a review of their leave policies and provisions. Following widespread consultation with staff members, they decide to:

- Include a provision for additional medical leave for trans and intersex staff, as well as for staff of any gender undergoing fertility treatment
- Broaden the definition of 'family' for carers and compassionate leave to encompass cultural definitions of family, as well as chosen family
- Make their definitions for parental leave more inclusive, with explicit incorporation of surrogacy
- Extend the return to work supports and provisions to anyone returning from any kind of extended leave (e.g. due to ill health)
- Allow staff to donate personal leave to colleagues who have exhausted their own leave allocation

Example: Considering intersectionality in the selection of an external service provider

Coranderrk Hospital is reviewing its Employee Assistance Program (EAP) provider as part of its work on preventing and responding to bullying, harassment and discrimination. It hopes to use the EAP as a mechanism to collect intersectional data on the incidence of bullying, harassment and discrimination in cases where these are not formally reported, in addition to the EAP's role in supporting those who have experienced such behaviour.

Through its self-assessment, Coranderrk learns that:

- Few employees have used the EAP. Awareness of the service is high, but people are choosing not to use it. The main reason is a lack of confidence in the provider's ability to understand and assist.
- There are no male:female differences in employee confidence in the EAP, but trans and gender diverse staff have low levels of confidence in the provider.
- Aboriginal and Torres Strait Islander staff of all genders have very low levels of confidence in the provider.
- Gay, lesbian and bisexual (GLB) staff have as much confidence in the provider as straight staff. However, GLB staff from religious minority groups have extremely low levels of confidence.

Coranderrk determines that:

- The selected EAP provider must be willing to collect and provide the institution with disaggregated, anonymised demographic data on who is using the service, and particularly on cases relating to bullying, harassment and discrimination.
- The provider must have counsellors with diverse identities and lived experiences who are trained to provide relevant and responsive services.
- The provider's promotional materials must be inclusive.
- The EAP must be able to apply a trauma-informed approach when dealing with bullying, harassment and discrimination.

When investigating providers, Coranderrk identifies that none have sufficient diversity of counsellors to meet the identified needs. It decides to offer employees a choice of EAP, and provides comparative information to help staff select the most appropriate one for their needs. It also establishes an advisory group to liaise with the EAPs to ensure needs are met and data collected. The group also assists in promoting and minimising stigma about using the EAP.

SUMMARY

What is intersectionality?
Intersectionality recognises that a person's identity is shaped by a range of internal, external and contextual factors that intersect to constitute an individual with unique lived experience and, as a result, unique thinking, knowledge, skills, and networks.

Intersectionality is often used to describe how various aspects of a person's identity interact to compound and amplify inequity and disadvantage.

An intersectional approach is not at odds with a focus on gender equity, neither is it just relevant for individuals who identify as women. Rather, it ensures that initiatives to attract, retain and progress individuals do not only assist a subset, typically those already most advantaged.

Why does intersectionality matter?
An intersectional approach to the self-assessment and action planning process is essential to gain a nuanced understanding of:

- gender inequities that exist in the organisation
- barriers to attraction, retention and progression encountered by particular groups
- impact of actions implemented
- challenges to building an environment that is safe and inclusive for all

Key points for designing and conducting an intersectional analysis

- Organisations may experience *challenges* to undertaking an intersectional quantitative data analysis. A lack of data should not preclude addressing the compounded inequities experienced by underrepresented groups.
- Low numbers can make an intersectional analysis difficult, failing to disaggregate can hide within-group differences, and the resulting interventions may benefit only a subset of the target group. While small numbers are not ideal, they may allow inferences to be made and provide a starting point for further investigation. Uncovering very small numbers may, in itself, signal a need for intervention.
- Culture Surveys provide an excellent opportunity to collect demographic data and to understand the experiences of staff and must be carefully planned to maximise the value of these surveys for intersectional analysis.
- Actions are more likely to be implemented successfully and have positive impact when organisations: conduct meaningful consultation that centres the voices of individuals with intersectional identities; ensure inclusion of diverse perspectives in the action planning process; and co-design actions to remove/reduce barriers to attraction, retention and progression.

APPENDICES

HOW TO DESIGN AND CONDUCT AN INTERSECTIONAL ANALYSIS

Dealing with small numbers

A commonly cited issue when organisations begin to undertake intersectional data analysis is that 'the numbers are too small'. This is often the case for small organisations or departments. Even large organisations may be reluctant to disaggregate data on a broad group, since disaggregation results in small numbers within each category. Ironically, these 'small number' categories are usually underrepresented or historically excluded groups – the same groups that organisations are trying to attract, retain or progress using the findings from their intersectional analyses.

However, **if organisations only analyse their data by one dimension (e.g. gender) instead of two (e.g. gender × ethnicity) to avoid dealing with small numbers, they risk obscuring within- group differences** that are linked to the non-gender dimensions. Consequently, the interventions they choose might benefit only a subset of the target group (e.g. White women to the detriment of Women of Colour).

Clearly, an analysis based on small numbers will not reveal statistically significant results or provide a complete picture of the situation. However, it may allow inferences to be made and provide a starting point for further investigation.

To maintain individual privacy and confidentiality, data may be presented as ≤6 where fewer than 6 (but more than 0) people identify in a category.

Example: Exit rate of women with disability

In 2020, the Coolabah Institute had 38 women staff members with disabilities (3.5% of total staff). By 2021, six of these women had left (~16% of the subgroup), compared to an overall female attrition rate of 5%. [22]. Recognizing the higher attrition rate among women with disabilities, Coolabah analyzed data by sub-groups (e.g., gender × disability).
To understand why these women were leaving and how to retain them, Coolabah collected qualitative data through interviews and focus groups. The small numbers simplified organizing and facilitating these sessions. They ensured the data collection was sensitive, systematic, ethical, and flexible, allowing for follow-up questions and unexpected information.

[22] When compared to the average staff turnover rate in Australia of 8.5%. Source: Ai Group Economics and Research Team (2019), Economics fact sheet: Labour turnover in 2019.

Example: Using Published Research and Experts to Inform Initiatives

No staff member at WellCare Australia has identified as trans or gender diverse. The Institute realises this does not mean they have only cisgender staff, but they know that is a possibility because:

- Research shows that trans applicants are less likely to be interviewed and recruited than cis applicants, even where the trans candidate is better qualified
- they have detected biases against other underrepresented groups in their recruitment practices.
- Trans and gender diverse staff may be scared to disclose their identity. Disclosure requires the assurance of psychological safety and a good level of staff competence.

WellCare Australia intends to thoroughly revise and eliminate systematic bias from their recruitment process. The organisation forms a working group to lead this project, but is aware that it has no trans representation on the group, and no known existing pool of trans or gender diverse staff from which to seek a representative.

WellCare Australia decides to study some of the available research on good practice for recruiting trans/gender diverse employees, and to engage an expert in trans/gender diverse recruitment to assist. [23]

In some cases, an organisation's intersectional analysis might reveal only one or two people with a particular intersection. Instead of seeing these small numbers as a "dead end" for further analysis or action, the organisation should treat them as a **potential indicator of serious inequity.** The organisation could then try to understand whether the small numbers are a result of barriers to attraction (i.e. they almost never recruit any people from this group), retention (i.e. they recruit people from this group who subsequently leave) or both. This knowledge will help the organisation tailor their intervention to the specific barrier(s).

Alternatively, the organisation may have more staff with this intersection, but those individuals **chose not to disclose** their relevant identities (particularly in cases where the identity can be 'hidden'). **This suggests that a culture change is needed in the organisation** to create an environment where individuals feel safe to disclose these elements of their identity (see: Ways to encourage staff disclosure of demographic data).

Where very few or no people are identified through quantitative data collection, it is not feasible for institutions to undertake in-house qualitative data collection to get a representative view of the needs of these groups. In that case, organisations should **consult the literature for good practice guidance, or seek advice from organisations that focus on improving workplace representation and inclusion for people from underrepresented groups.** [24]

[23] For example: AWEI (2021) AWEI practice points: Inclusion of Diverse Gender Employees & those with a Trans Experience, Pride in Diversity – ACON.
[24] For example: Reconciliation Australia, Australian Network on Disability, Pride in Diversity, Diversity Council Australia.

Ways to encourage staff disclosure of intersectional data

Data collection can be hampered by individual reluctance to disclose certain aspects of their identity, particularly aspects that are easily hidden, less socially accepted and/or carry a higher risk of discrimination. However, not having this data may result in nuances being lost, so organisations should try to maximise disclosure where they can.

Naturally, **an organisation cannot, and should not, force disclosure of identity data**. Rather, it should consider how it can encourage and enable staff disclosure. Many organisations will likely benefit from making "enabling and encouraging disclosure" a specific item in their action planning.

Here are a few things an organisation can do to encourage and enable disclosure. [25,26]

1 Create a supportive and inclusive workplace culture where individuals feel safe to disclose

This can be developed through:

- Executives, senior leaders, and managers publicly committing to, and championing, Diversity, Equity, and Inclusion (DE&I)
- Reviewing imagery and language in all internal and external publications to ensure inclusivity of individuals with intersectional identities
- Including the voices and expertise of a diversity of individuals in policy-making, and in the planning and governance of DE&I initiatives
- Exhibiting commitment to DE&I during recruitment and induction
- Providing DE&I training for all staff
- Celebrating "diversity days" to celebrate differences
- Conducting equity impact assessments of policies, practices and procedures

> I think the key is genuine awareness and genuine desire and understanding and belief in diversity
>
> *Male health leader, Administration, QLD*

> An engaged workforce is a workforce that feels safe at work, that feels included at work, and it feels respected at work
>
> *Female health leader, Allied Health, VIC*

[25] For best practices in inviting disclosure of potentially sensitive identity information, including case examples, see: Moore S (2009) Developing staff disclosure: A guide to collecting and using equality data, Equality Challenge Unit.
[26] Commission for Gender Equality in the Public Sector. Applying intersectionality.

2 Provide practical opportunities for disclosure

Employees should be given opportunities to disclose demographic information **throughout their period of employment**, not just at the beginning. New employees may not feel comfortable disclosing sensitive information at first. Their circumstances may also change during their employment period, e.g. if they develop a disability or choose to affirm their gender. Enabling staff to disclose later, and to easily update information about themselves, may encourage disclosure. It is important to acknowledge that gender identity can change over time.

For example, opportunities for disclosure may be provided:

- In job application and/or interviews
- During induction
- During performance & development reviews
- In staff surveys (annual/pulse)
- At promotion (or similar)
- Through a ·self-service HR system (with periodic reminders)
- When requesting certain types of leave
- When requesting specific support or accommodation (parking permits, fire evacuation plans, reasonable adjustments)
- In exit interviews

Remember, these are merely opportunities: disclosure cannot be mandated and overwhelming staff with requests for personal information may reduce response rates. It is also useful to **ensure the same information is requested in the same way at the various disclosure points** to enable consistent data capture, analysis and comparison.

3 Communicate the case for disclosure

In their communication and engagement with staff, **organisations must be clear about why they are requesting disclosure and pre-emptively address potential concerns**. Questions are likely to arise around:

- The purpose for which the information is being requested
- How the data will be used
- When and where the data will be used/reported/published
- How the data will be stored, and who will have access to the data
- How privacy and confidentiality will be protected
- Whether the data is being collected for purely statistical purposes or whether there is likely to be any follow-up

Organisations should also **consider promoting the benefits of disclosure** before data collection occurs, whether it is for ongoing disclosures or one-off collection opportunities. They could do this by explaining how the data will be acted on, and how staff will be notified of any action taken in response to the information disclosed. Organisations may also work with employee networks, unions and advocacy organisations to increase staff buy-in.

4 Draft appropriate disclosure questions and ensure accessibility

The way questions are framed, or the options available from a drop-down list, can influence disclosure rates. The ideal questions are easy to understand, written using inclusive language and show institutional commitment to equity. Online forms and systems must also be accessible for people with disability.

The organisation may have current employee networks with whom they work to ensure that questions are appropriate, and systems are accessible, or they may again need to consult with other organisations or advocacy groups.

The above principles also apply when consulting with underrepresented groups to identify or find ways to remove institutional barriers. Consultations should always be respectful and culturally appropriate, and centre the voices of underrepresented groups.

Employees should be given opportunities to disclose and change demographic information throughout their period of employment, not just at the beginning

Collecting multivariate data sets

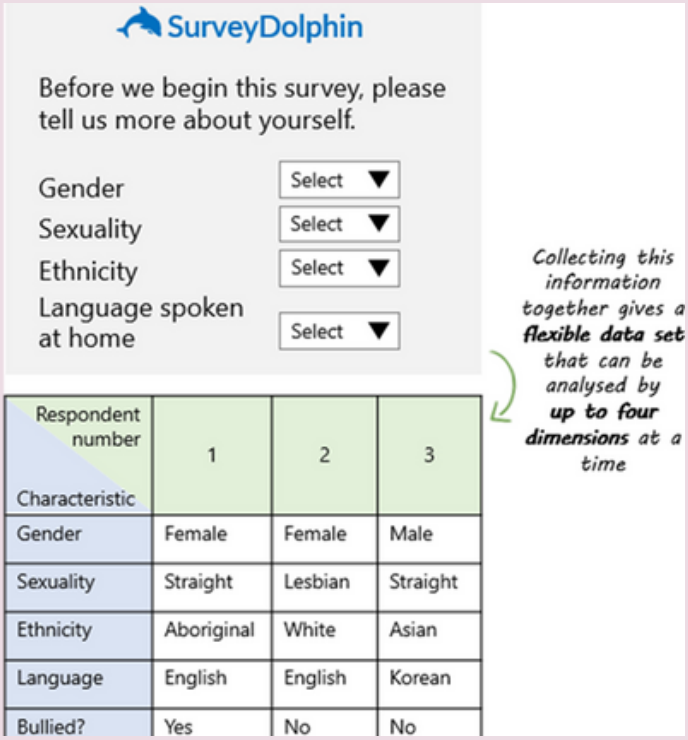
It can be difficult to collect the necessary data for an intersectional analysis. Some organisations might lack systems for collecting such data, for example because the relevant response fields (e.g. in staff induction forms) are omitted or not mandatory. While an organisation may be constrained in their ability to collect data in the short-term, they should invest in system upgrades to allow more detailed data collection and analysis. Rigorous planning is needed here to identify the data required so that omissions are not being constantly detected.

Most organisations undertake some form of Culture Survey to understand the experiences of staff and to identify barriers to attraction, retention and progression. These surveys provide an excellent opportunity to collect demographic data on staff (see also "Ways to encourage staff disclosure of demographic data") and to take an intersectional approach to understanding workplace experiences. However, in order to maximise the value of these surveys for intersectional analysis, they must be carefully planned in advance.

Example: Designing surveys to allow for multivariate analysis

Banksia Institute is analysing staff responses to their culture survey. One of the questions is "Have you personally been bullied or harassed at work in the last 12 months?"

The Institute knows that a person's workplace experiences are influenced by aspects of their identity such as gender, ethnicity, sexuality, and language spoken at home. They want to find out if individuals from particular subgroups experience more bullying and harassment than others.



Respondent number / Characteristic	1	2	3
Gender	Female	Female	Male
Sexuality	Straight	Lesbian	Straight
Ethnicity	Aboriginal	White	Asian
Language	English	English	Korean
Bullied?	Yes	No	No

Figure 3. Extract from Banksia Institute's culture survey and raw data

To do this, they broke down the responses by the respondents' **A –** gender**, B –** ethnicity **and C –** sexuality

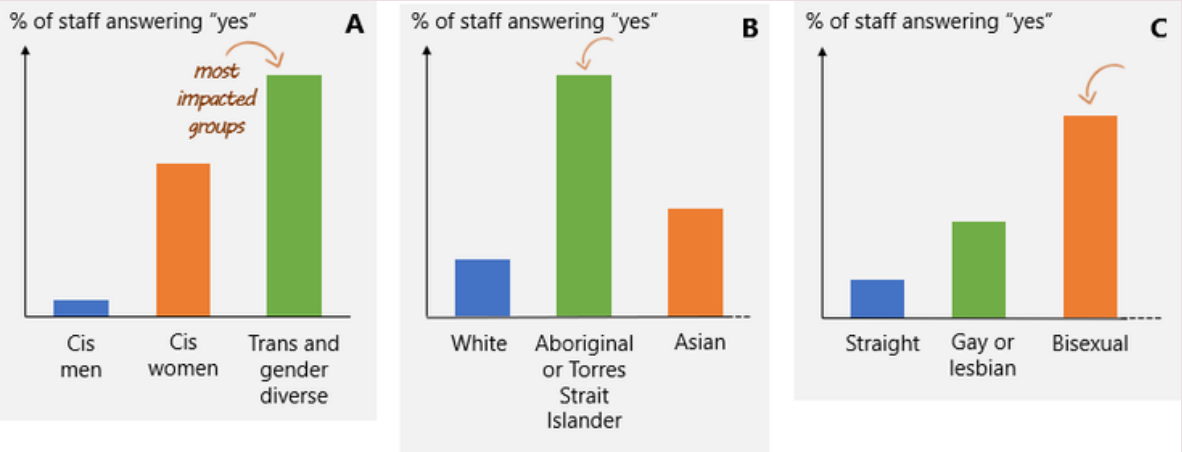


Figure 4. Example analysis by Banksia Institute [27]

From their analysis, they concluded that staff who identify as trans and gender diverse, Indigenous, or bisexual, experience more bullying and harassment. However, Intersectionality tells us that the impacts of these social identities are not independent of each other, but instead intersect. Banksia's approach only considers the impact of one identity at a time and so cannot reveal compounding (or compensatory) effects that one identity might have on another.

Having realised this, the Institute revises its approach. They reprocessed their survey data to examine the impact of multiple identities at the same time (**D**).

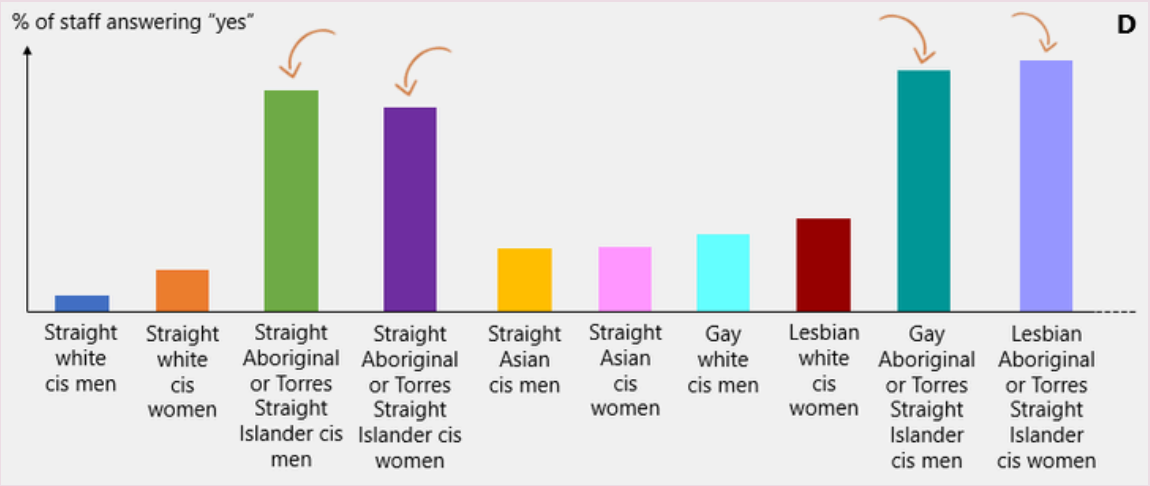


Figure 5. Example analysis by Banksia Institute [28]

[27] These charts are examples only, and do not represent a complete range of equity data that may be collected.
[28] Due to space limits, not all combinations are shown here

The results of the multivariate analysis reveal effects that were masked in the previous analysis. They enable the Institution to identify specific cohorts that experience the most bullying and harassment. For example, the uni-dimensional analysis may give the impression that women, as a whole, are far more likely to experience workplace bullying and harassment than men.

However, the intersectional analysis makes it clear that cis women's experiences of bullying and harassment are strongly influenced by ethnicity; fewer white and Asian women than Indigenous women have been bullied or harassed, and there is no difference between Asian men and women who identified as straight. Based on the intersectional analysis, Banksia realises that they must involve Indigenous staff (particularly those who identify as LGBT) when devising actions to address bullying and harassment.

For intersectional analysis to be possible, all the relevant demographic data must be collected in the same survey/study. Luckily for Banksia, they had invited their staff to provide these data as part of the survey [29]

Compare Banksia's approach to Acacia College's.

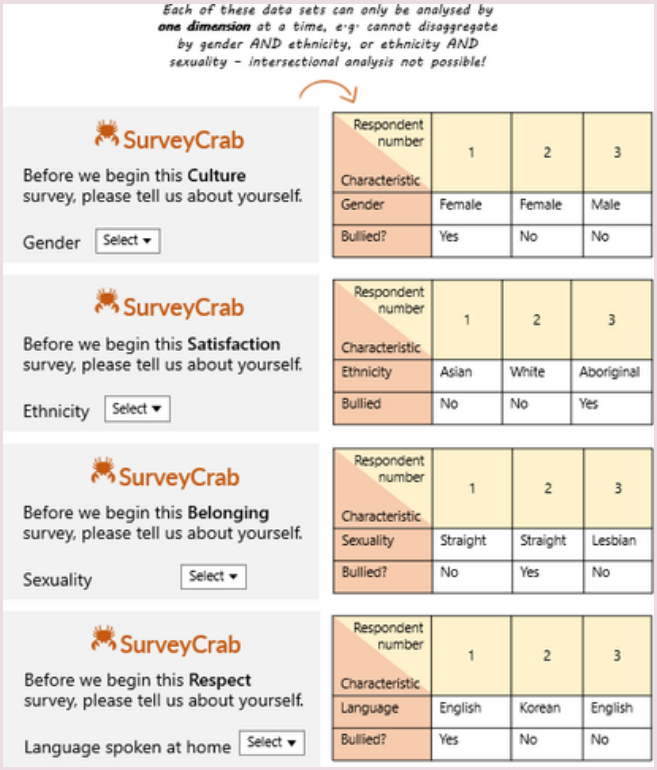


Figure 6. Extract from Acacia College's culture survey and raw data.

Every year, Acacia evaluates their organisation's state of equity and inclusion through four pulse surveys. The combined question set in Acacia's four surveys is very similar to the questions in Banksia's survey.

However, because Acacia's Equity and Inclusion Strategy takes a siloed rather than intersectional approach, depending on the equity group Acacia is currently focusing on, each survey asks respondents to disclose just one aspect of their identity. [30]

Since the responses to each survey represents an independent data set, the College has no way to know (for example) whether an individual who identified as a female in the Culture survey identified as white, Aboriginal or Asian in the Satisfaction survey.

In short, healthcare organisations must plan their data collection (whether for a survey or the central HR database) so that the resulting data sets are compatible with the analysis to be performed.

[29] For best practices in inviting disclosure of potentially sensitive identity information, including case examples, see the Equality Challenge Unit's Developing staff disclosure: A guide to collecting and using equality data.
[30] While this is clearly an exaggerated example, it demonstrates an important point in planning data collection.

Where to find existing data sets for intersectional analysis

As a result of their internal and external reporting obligations, some organisations might already be collecting data that could be used for intersectional analyses. While the following data sets will not be suitable for every analysis, using these may remove the need to collect new or additional data in some instances.

Workplace Gender Equality Agency (WGEA)

Under the *Workplace Gender Equality Act 2012,* [31] non-public sector employers with 100 or more employees must report for the WGEA against six Gender Equality Indicators. As of 2023, it is also mandatory for Commonwealth public sector entities and companies with 100 or more employees to report data to WGEA.

The six Gender Equality Indicators that must be reported are: [32]

- **Gender composition of the workforce:** the participation rates of women, men, and non-binary individuals, rates of full-time, part-time and casual work, gender composition across industries, percentage of each gender occupying leadership roles, and frequency of resignations, promotions, and appointment by gender.

- **Gender composition of governing bodies of relevant employers:** the gender makeup of boards, chairs, and governing bodies, assess whether gender is a factor in board selection processes and the measures implemented to facilitate change, such as the establishment of term limits, setting specific targets, and adopting policies.

- **Equal remuneration between women and men:** disparities in the average and median remuneration of women and men, and the steps that employers are taking to narrow the gender pay gap.

- **Availability and utility of employment terms, conditions and practices relating to flexible working arrangements for employees and to working arrangements supporting employees with family or caring responsibilities:** the policies, strategies, and initiatives of employers concerning flexible working arrangements, as well as leave and support provisions for parenting, caregiving, and family violence situations.

- **Consultation with employees on issues concerning gender equality in the workplace:** the methods, frequency, and regularity of employer engagement with their workforce regarding matters of gender equality.

- **Sexual harassment, harassment on the ground of sex or discrimination:** the policies, strategies, and actions employers have in place for the prevention and response to incidents of sexual harassment, harassment based on sex, or discrimination within the workplace.

[31] Australian Government. Department of Families, Housing, Community Services and Indigenous Affairs. Workplace Gender Equality Act 2012
[32] Workplace Gender Equality Agency. What are the 6 Gender Equality Indicators?

Table 1. Workplace Gender Equality Agency. Fields in the Workplace Profile (unit level template) which could be of use in undertaking an intersectional analysis of employee data [33]

Field	Mandatory	Description
Gender	Yes, for male and female employees. It is voluntary to include employees that do not identify as either male or female.	• F - Female • M - Male • X - Non-binary (voluntary to include on profile)
Year of Birth	Yes	Provide the year only
Occupational Category	Yes	Note: It is mandatory to provide, at a minimum, a Major Group code. • 0001 Managers • 0002 Professionals • 0003 Technicians and Trades Workers • 0004 Community and Personal Service Workers • 0005 Clerical and Administrative Workers • 0006 Sales Workers • 0007 Machinery Operators and Drivers • 0008 Labourers
Base Salary	Yes	• Wages/salary payments • Paid leave (all types - annual, sick, carers, employer funded paid parental etc) • Penalty rates • Workers compensation
Total Remuneration	Yes	• Base salary • Superannuation • Overtime • Allowances • Sales Commissions • Bonuses and fringe benefits • Share allocations • Discretionary payments and lump sums • Any payment in cash or kind that is a benefit to the employee

[33] Workplace Gender Equality Agency. Preparing to report.

The Commission for Gender Equality in the Public Sector

Under the *Gender Equality Act 2020,*[34] Victorian public sector organisations, universities, and local councils (known as "defined entities"), with 50 or more employees, have an obligation to report to the Commission for Gender Equality in the Public Sector. Defined entities are mandates to undertake a gender audit, every four years, reporting on workplace data against **seven gender equality indicators**:

1. Gender pay equity
2. Gender composition at all levels of the workforce
3. Gender composition of governing bodies
4. Workplace sexual harassment
5. Recruitment and promotion
6. Gendered work segregation
7. Leave and flexibility

Table 2. Victorian Commission for Gender Equality in the Public Sector. Fields in the workplace gender equality indicator data measures (workforce) which could be of use in undertaking an intersectional analysis of employee data [35]

Field	Accepted Values	Mandatory Submission?	Comments
Gender	• Woman (**W**) • Man (**M**) • Self-described (**S**) • Prefer not to say (**P**)	Yes	Recommendation to allow free text for the self-described option.
Aboriginal and/or Torres Strait Islander	• Aboriginal and/or Torres Strait Islander (**B**) • Non Aboriginal and/or Torres Strait Islander (**A**) • Prefer not to say (**P**) • Data unavailable (**DU**)	No	Use the value 'Data unavailable' if your organisation can't provide this information at this time.
Age	• 15-24 years (**A**) • 25-34 years (**B**) • 35-44 years (**C**) • 45-54 years (**D**) • 55-64 years (**E**) • 65+ years (**F**) • Data unavailable (**DU**)	No	Use the value 'Data unavailable' if your organisation can't provide this information at this time.

[34] Victorian Legislation. Gender Equality Act 2020
[35] The Victorian Commission for Gender Equality in the Public Sector. Progress audit 2023. Guidance for defined entities

Cultural Identity	• Aboriginal and/or Torres Strait Islander (**A**) • African (including Central, West, Southern and East African) (**B**) • Australian (**C**) • Central and/or South American (**D**) • Central Asian (**E**) • East and/or South-East Asian (**F**) • English, Irish, Scottish or Welsh (**G**) • European (including Western, Eastern and South-Eastern European, and Scandinavian) (**H**) • Māori (**I**) • Middle Eastern and/or North African (**J**) • New Zealander (**K**) • North American (**L**) • Pacific Islander (**M**) • South Asian (**N**) • Other (**O**) • Prefer not to say (**P**) • Data unavailable (**DU**)	No	Multiple responses should be collected for this data item to ensure respondents are able to list all groups with which they identify. Use the value 'Data unavailable' if your organisation can't provide this information at this time.
Disability Status	• No disability (**A**) • With disability (**B**) • Prefer not to say (**C**) • Data unavailable (**DU**)	No	Use the value 'Data unavailable' if your organisation can't provide this information at this time.
Religion	• Buddhism (**A**) • Christianity (**B**) • Hinduism (**C**) • Islam (**D**) • Judaism (**E**) • No religion (**F**) • Sikhism (**G**) • Other (**H**) • Prefer not to say (**I**) • Data unavailable (**DU**)	No	Use the value 'Data unavailable' if your organisation can't provide this information at this time.
Sexual Orientation	• Asexual (**A**) • Bisexual (**B**) • Don't know (**C**) • Gay or lesbian (**D**) • Pansexual (**E**) • Self-described (**F**) • Straight (heterosexual) (**G**) • Prefer not to say (**H**) • Data unavailable (**DU**)	No	Use the value 'Data unavailable' if your organisation can't provide this information at this time.

Use models that are multiplicative rather than additive

Multivariate data analysis can reveal **interactive effects of multiple factors**, such as *gender × ethnicity, or gender × ethnicity × disability status*. This allows, for example, an examination not only of gender on professorial status or degree attainment, but also how the effect differs depending on ethnicity. [36]

As noted previously, **a fully intersectional analysis may allow for a greater depth of understanding of systemic disadvantage**. However, it also makes quantitative analysis more complex. In all cases, organisations are advised to seek the expertise of statisticians when undertaking such analyses.

Here, we outline two elements to consider when undertaking an intersectional analysis. [37,38]

To understand why this is important, let's consider the following example:

A Muslim woman doctor in Australia will experience some disadvantage because she is a woman (sexism), and because she is Muslim (Islamophobia).

However, she will also experience some disadvantage because she is a Muslim woman that neither non-Muslim women nor Muslim men experience. This means that her lived experience of her gender and her religion are not additive. She does not experience them purely as individual characteristics; rather, they interact in a multiplicative manner.

Lived experience = gender × religion

By extension, if the Muslim woman chooses to wear a head covering:

Lived experience = gender × religion × 'visibility'

Her experience will be different to that of a Muslim woman who chooses not to wear a head covering, but also different to that of a non-Muslim woman who covers her head. An additive model, such as lived experience = gender + religion + 'visibility', allows us to study the effect of one variable while the others are held constant. However, it does not consider the effect of all variables changing simultaneously.

To understand that, we need to use multiplication: *lived experience = gender × religion × 'visibility'*. The multiplication more accurately estimates the simultaneous and compounding effects of the different variables, and thus allows an understanding of the differential experiences resulting from each unique combination of variables.

[36] Christoffersen A (2017) Intersectional approaches to equality research and data, Equality Challenge Unit.
[37] Rouhani S (2014) Intersectionality-informed quantitative research: A primer, Institute for Intersectionality Research and Policy, SFU.
[38] Krause H (2019) How to model data with intersectionality, We All Count website, accessed 16 February 2021.

Consider both individual and structural data points

When undertaking intersectional data analysis, focusing on data related to individuals while ignoring the larger systems and cultures that they exist in could produce flawed insights. **Context should be included where possible to better understand the interaction of identity and environment.**

For example, the experience of an Aboriginal staff member working in an Aboriginal Health Unit at a Hospital may be very different to the experience they may have more broadly within their healthcare organisation. Similarly, an LGBTIQA+ employee working in a hospital department with a visible, active and well-established Ally network may have a different experience to the one they would have had in a less inclusive environment.

Including such structural data points **shifts our thinking away from a deficit model** or the 'fixing the [underrepresented group]' approach. It also leads to a better understanding of how organisational structures, systems and culture act as barriers to attraction, retention and progression, and how changes to these can improve DEI in the organisation.

To incorporate both individual and structural variables, **multilevel models** can be constructed. As above, such models include multiplication, not just addition. Again, organisations are advised to consult those with statistical expertise, and to make use of the guidance and statistical packages available when undertaking intersectional data analysis.

A note of caution: When organisations conduct quantitative intersectional analysis, they often measure the experience of underrepresented minorities relative to that of the majority/dominant group. This inadvertently positions the experiences of the majority as the 'norm', which in turn perpetuates the 'othering' of minority groups. [39]

[39] Bailey J, Steeves V, Burkell J, Shade LR et al (2019) 'Getting at equality: Research methods informed by the lessons of intersectionality', International Journal of Qualitative Methods, 18:1–13.