



Institutional context

Outline the institution type, size and structure, including any features of relevance to its governance

WEHI is an independent medical research institute and our medical researchers have been serving the community for more than 100 years.

WEHI operates over four campuses in Melbourne with its main campus in the Parkville Biomedical precinct. We offer postgraduate training as the Department of Medical Biology of The University of Melbourne and are affiliated with the University of Melbourne and The Royal Melbourne Hospital.

We have 1200+ staff and students, 900 in research and 300 in professional services.

WEHI has over 90 labs operating in 15 scientific divisions who work in a collaborative environment and implement interdisciplinary methods to our research programs.

Our work spans basic, translational, and clinical research under three research areas:

- **Cancer** – Understanding the basic processes that are disrupted to generate cancer cells, and how these can be targeted to improve outcomes for people living with cancer.
- **Infection and immunity**– Investigating infectious agents and our body's immune defences, to develop new strategies to prevent and treat infectious diseases, as well as immune and inflammatory disorders.
- **Lifelong health**– Exploring the determinants of good health from a human's earliest years through to old age, with a focus on achieving health equity for all people worldwide.

Technologies

The latest research technologies are helping us answer the big questions in medical research and translate our discoveries into better health outcomes:

- Antibody technologies
- Drug discovery
- Flow cytometry
- Genomics
- Medicinal chemistry
- Proteomics
- Bioinformatics
- Computational biology

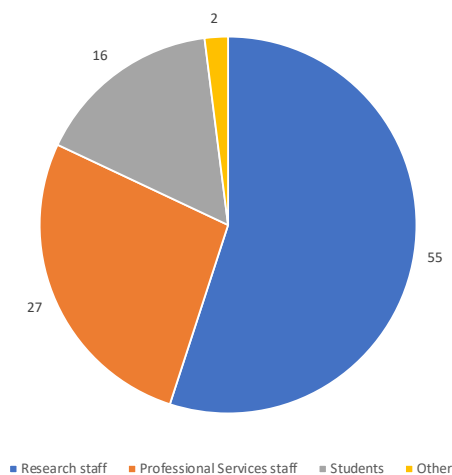
Collaborative centres

We've formed research centres that unite brilliant scientists, multi-disciplinary expertise and advanced technologies around discreet focus areas.

- The Brain Cancer Centre
- Colonial Foundation Healthy Ageing Centre
- Centre for Biologic Therapies
- Centre for Dynamic Imaging
- Centre for Global Disease and Health
- National Drug Discovery Centre
- Parkinson's Disease Research Centre

Outline the institution's demographic profile, including any features of relevance to attraction, retention and progression in the institution

WEHI population: percentage of staff by category



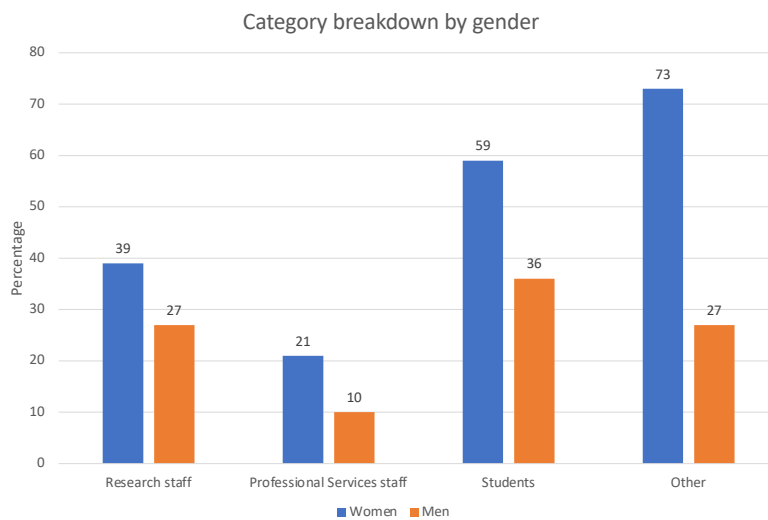
NB. "Other" includes staff from the Melbourne Genomics Health Alliance and the Association of Australian Medical Research Institutes

Research staff

The number of research staff has increased over time with women being employed at a high rate than men. From 2016 to 2023, the number of women employed by WEHI has increased steadily, with the most significant increase occurring between 2021 and 2023.

Professional Services staff

There have been slight fluctuations in the number of staff employed within this job category, but it has remained relatively stable. There have been minor increases and decreases in the number of women and men employed without any significant movement.



NB. "Other" includes staff from the Melbourne Genomics Health Alliance and the Association of Australian Medical Research Institutes. Data as at 01/08/2023

Employment type: Full-time and part-time

There are more men working full-time than women. In 2023, men represented 54% of full-time workers and women represented 46% of the full-time workforce.

There are more women working part-time than men. In 2023, women working part-time comprise 10% of WEHI's total employees and men make up 6%.

Students

Women constitute most of the student group, making up 58.97% of all students. Men make up a significant proportion as well, at 36.32%. Non-binary students are

the least represented, constituting just 1.28%. There's a small percentage (3.42%) where the gender is left blank or unspecified

Students: Level of study

PhD Students

A majority of PhD students are women (38.03% of the total student population), while men make up 26.07%. Only one PhD student identifies as non-binary, constituting a marginal 0.43% of the total. There's also one student (0.43%) whose gender is unspecified.

Master's Students

Master's students are relatively few (4.70% of the total student population), with slightly more women (2.56%) than men (1.71%).

Gender is unspecified for one student, but there are no non-binary students in this category.

Honours Students

Women again outnumber men: 13 women (5.56%) to 5 men (2.14%). One student identifies as non-binary (0.43%).

Research: Themes and Divisions by gender

Theme/Division	Woman		Man	
	#	%	#	%
Cancer Research and Treatments	154	17.56%	73	8.32%
ACRF Cancer Biology and Stem Cells	38	4.33%	11	1.25%
Blood Cells and Blood Cancer	50	5.70%	26	2.96%
Personalised Oncology	66	7.53%	36	4.10%
Computational Biology	33	3.76%	26	2.96%
Bioinformatics	33	3.76%	26	2.96%
Healthy Development and Ageing	91	10.38%	78	8.89%
Colonial Foundation Healthy Ageing Centre	4	0.46%	7	0.80%
Epigenetics and Development	29	3.31%	21	2.39%
Population Health and Immunity	37	4.22%	28	3.19%
Ubiquitin Signalling	21	2.39%	22	2.51%
Infection, Inflammation and Immunity	122	13.91%	84	9.58%
Immunology	46	5.25%	29	3.31%
Infectious Diseases and Immune Defence	33	3.76%	33	3.76%
Inflammation	43	4.90%	22	2.51%
New Medicines and Advanced Technologies	120	13.68%	82	9.35%

ACRF Chemical Biology Division	23	2.62%	18	2.05%
Advanced Technology and Biology	60	6.84%	37	4.22%
Clinical Translation	6	0.68%	1	0.11%
National Drug Discovery Centre	1	0.11%	2	0.23%
Structural Biology	30	3.42%	24	2.74%
Grand Total	520	59.29%	343	39.11%

Note: The above table does not identify the Theme/s and Division/s that the 7 x non-binary staff and 7 x staff whose gender category remains unidentified are in.

Across almost all Divisions, women represent a higher percentage of the workforce. This is particularly notable in fields like Cancer Research and Treatments and Infection, Inflammation, and Immunity – two of the three largest Divisions in terms of staff numbers at WEHI.

The Colonial Foundation Healthy Ageing Centre is one of the few divisions where men outnumber women, albeit noting that it is a relatively small Division.

Computational Biology and Bioinformatics have some of the most balanced gender ratios.

Professional Services: Departments by gender

Department	Woman		Man	
	#	%	#	%
Association of Australian Medical Research Institutes (AAMRI)	8	1.70%		0.00%
Bioservices	72	15.29%	30	6.37%
Business Development	8	1.70%	5	1.06%
Communications and Marketing	45	9.55%	17	3.61%
Education	12	2.55%	6	1.27%
Executive Administration	1	0.21%	2	0.42%
Facilities	11	2.34%	15	3.18%
Finance and Procurement	23	4.88%	15	3.18%
Fundraising and Philanthropy	25	5.31%	2	0.42%
Governance, Risk and Compliance	16	3.40%	6	1.27%
Information Technology	8	1.70%	25	5.31%
Legal (Research and Business Development)	8	1.70%	3	0.64%
Master Planning	1	0.21%	1	0.21%
Melbourne Genomics Health Alliance (MGHA)	16	3.40%	10	2.12%
People and Culture	40	8.49%	8	1.70%
Research Grants and Development Office	10	2.12%	2	0.42%
Risk	1	0.21%		0.00%

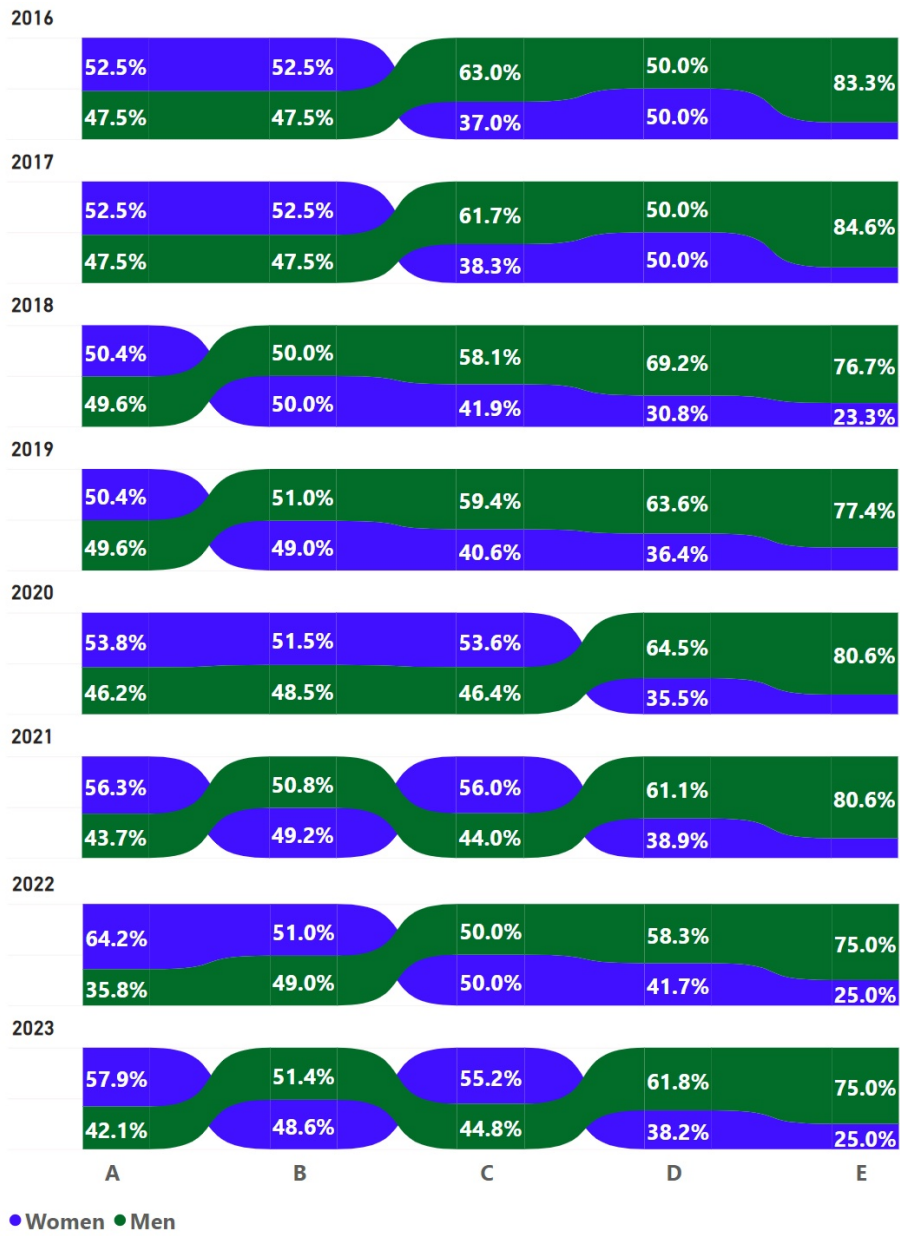
Strategy and Planning	11	2.34%	1	0.21%
Grand Total	316	67.09%	148	31.42%

Note: The above table does not identify the Department/s that the 7 x non-binary staff and 3 x staff whose gender category remains unidentified are in.

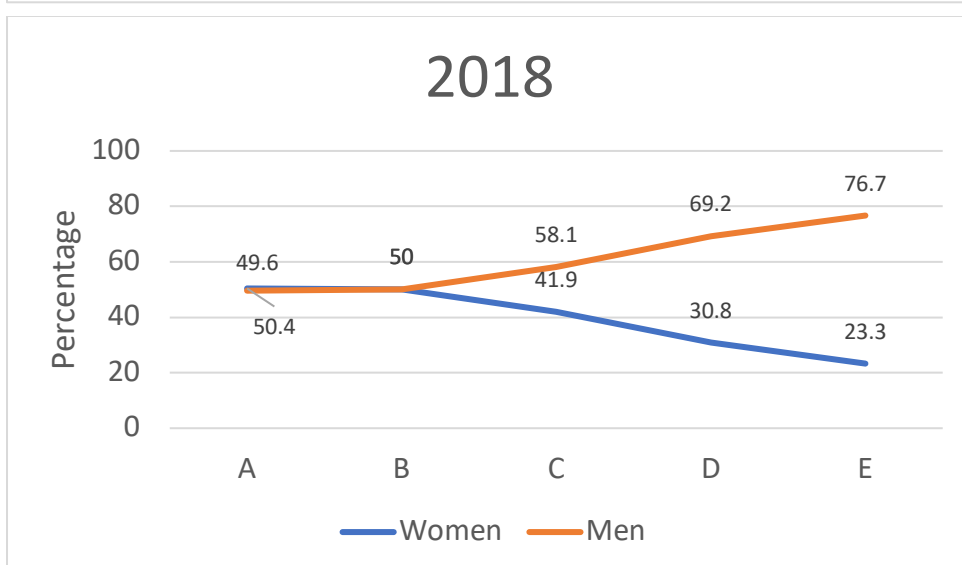
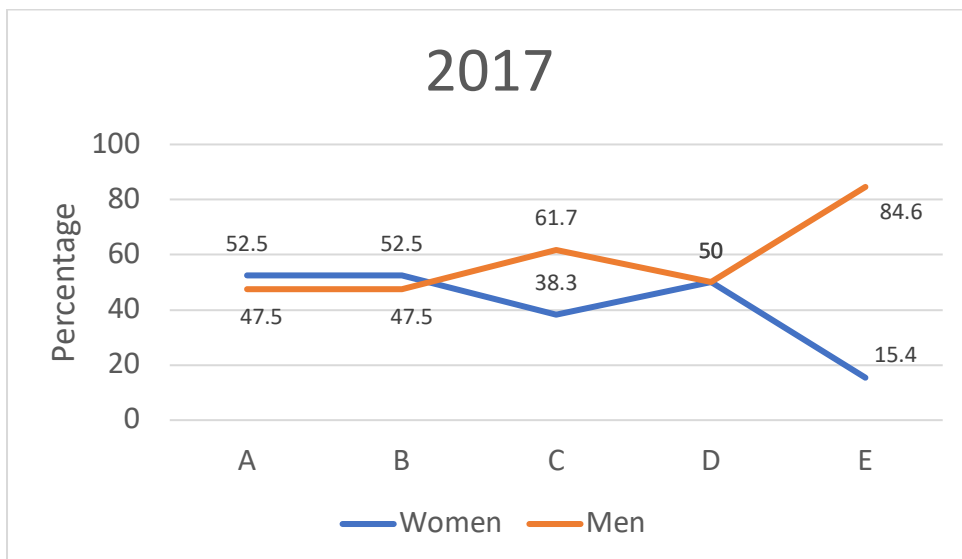
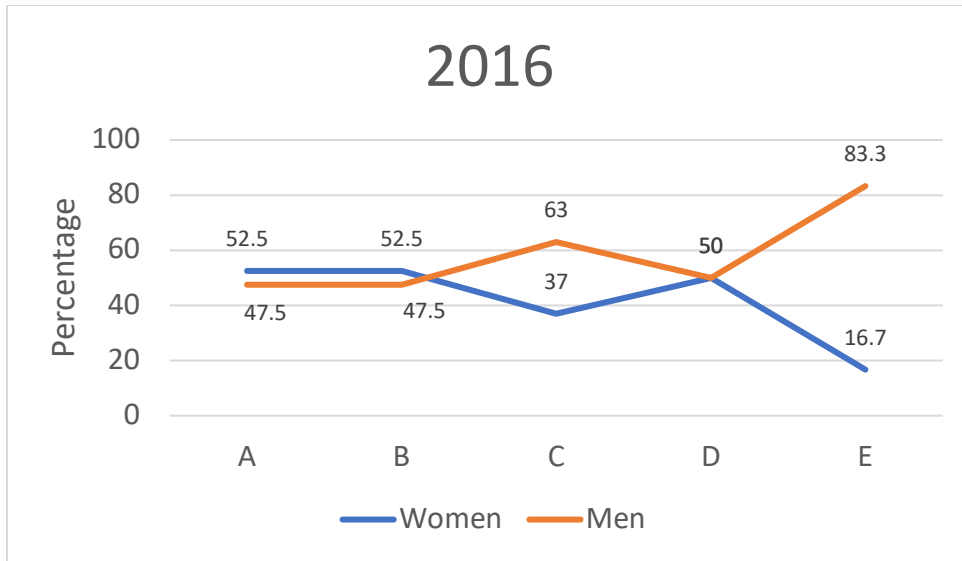
Within Professional Services, 67.09% of staff identify as women, 31.42% as men, and a marginal 0.85% identify as non-binary.

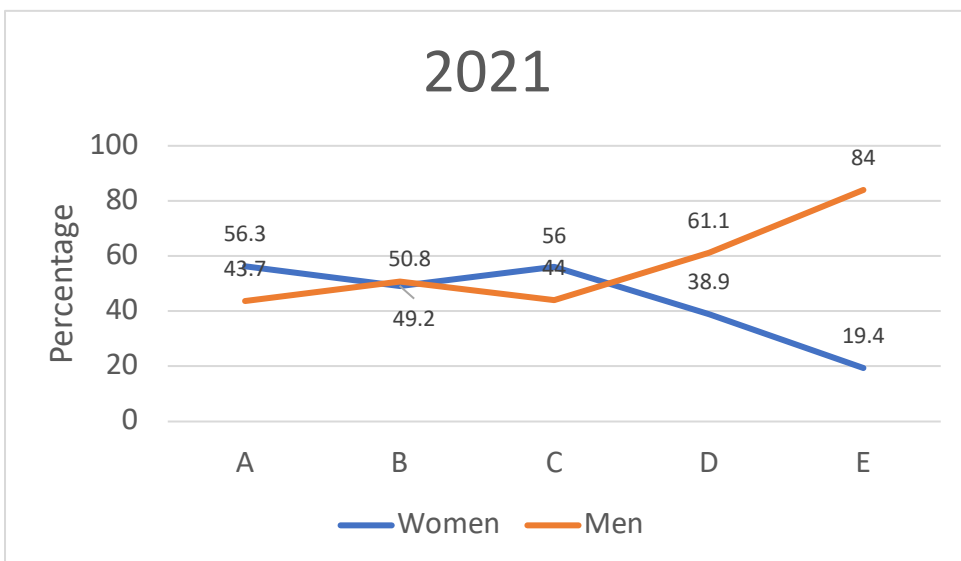
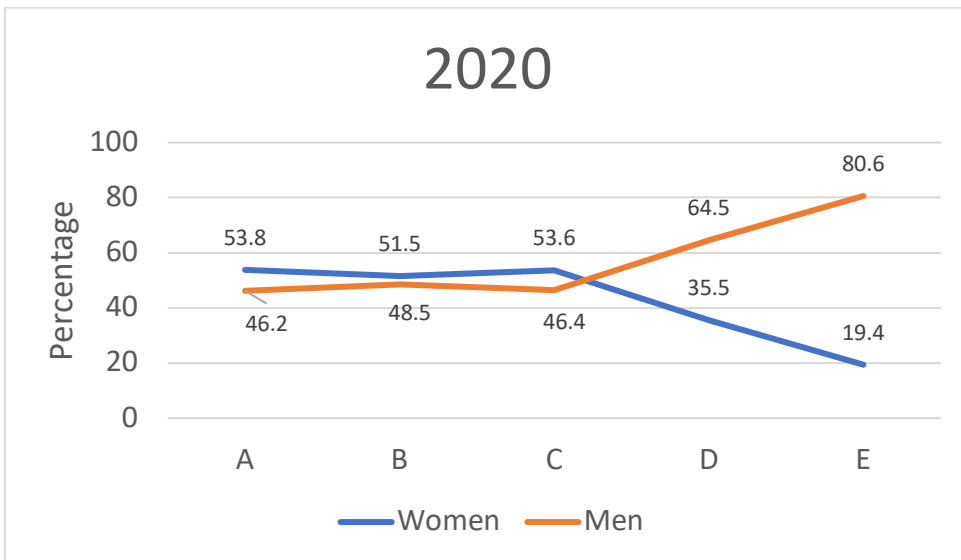
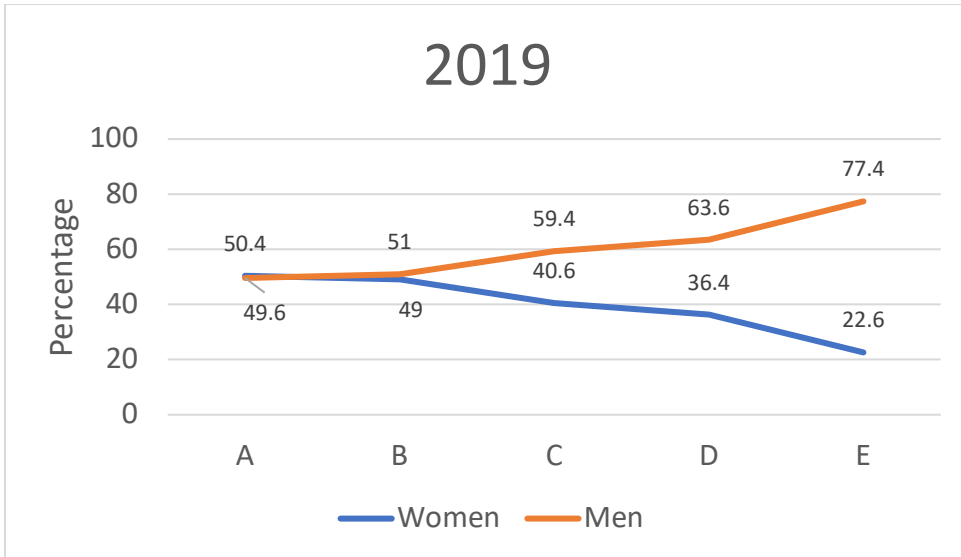
There are varying gender compositions across different Departments. For example, the Bioservices and People and Culture Departments have a higher representation of women, whereas Information Technology is predominantly men.

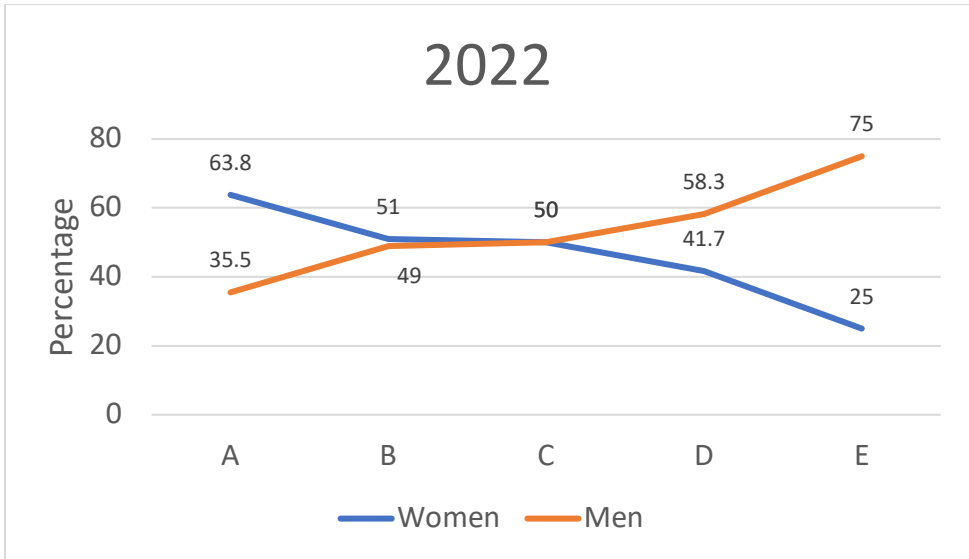
Academic Level x Gender, 2016-2023



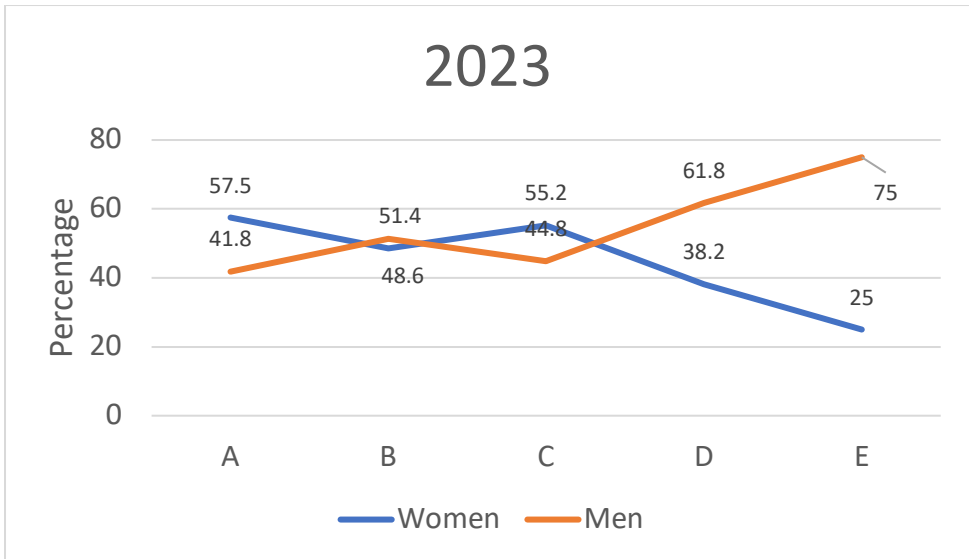
Academic staff x gender x year







NB. Not included in chart is one non-binary/gender fluid/ genderqueer person at Level A



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Outline the institution’s SAGE journey to date, including how SAGE Athena Swan is embedded in both the institution’s governance structures and the institutional community more broadly

WEHI received its Bronze award in 2018 as part of the first pilot cohort.

Governance

WEHI’s Gender Equality Committee (GEC), which forms part of WEHI’s management committee structure, took responsibility for overseeing the implementation of the Gender Action Plan in 2018. The committee was reshaped for the implementation phase of the GAP, with a faculty member leading a sub-group on each of the 5 main barriers. The committee is now leading the cygnet award process and is involved in the analysis of data, shaping consultation and future action.

The GEC Co-Chairs are members of the Diversity and Inclusion Steering Committee (DISC), chaired by the Chief People Officer. DISC provides governance of WEHI's Diversity and Inclusion Program including delivery of the Diversity and Inclusion strategy and key operational plans. The Co-Chairs provide reports on GAP delivery to the DISC on a quarterly basis.

The progress of the SAGE Athena SWAN program is reported to the People and Culture Board Committee, chaired by the Board Director. The committee provide oversight and decision making on all people related policy and practice.

WEHI community

SAGE Athena SWAN has been embedded into WEHI life through our communications activities which regularly promote our SAGE participation through internal and external communications channels including through dedicated areas on our website and intranet. The Director takes an active role in SAGE activities attending SAGE forums and leading consultation responses on SAGE documentation and strategic direction. WEHI is also an active member of the Victorian SAGE Regional Network and SAGE research institute network. Our SAGE leads have provided advice and guidance to other MRI's seeking to join the SAGE program and working collaboratively to seek to increase the number of MRI's involved in the program.

Outline the key findings from the Bronze Award self-assessment process, and reflect on the relationship between these key findings and the Key Barriers being addressed for the SAGE Cygnet Awards

A summary of the key findings of the bronze award self-assessment process are outlined below with the corresponding key barrier being addressed in our five cygnet awards.

Section 5.1 Key career transition points

Recruitment

Key findings:

- Lack of recruitment data by gender (applications, shortlisting)
- Low applications from women for laboratory head positions
- Lack of talent identification process
- Lack of awareness of and transparency in recruitment process

Key Barrier: Lack of transparency and accountability in scientific recruitment.

Induction

- Improvements needed to increase knowledge and access to policies and entitlements particularly related to parental leave and flexibility.

There are links to the barrier on access to and uptake of flexible work and progress on support for parents provided through WEHI's new parents and carers support group.

Promotion

Key findings:

- Lack of data on promotions outcomes by gender
- Women promoted at lower rates
- Uncertainty of promotion process
- Women feeling a lack of transparency/fairness in promotions by women

Key barrier: Inequitable promotions process

5.2 Career development

Training

- Lack of formal program to facilitate career progression
- Gaps in induction training for new laboratory heads
- Lack of diversity training for leaders

Career progression support

- Reduced networking opportunities for women with caring responsibilities
- Women attending conferences at lower rate than men

There are links to the findings for career development and the barrier on inequitable promotions, particularly related to networking and conference attendance. GAP activities related to these key findings have been the delivery of inclusive leadership training for Faculty and professional services leaders and the establishment of the learning and career committee to support career progression for scientific staff.

There will be a pilot of a succession planning framework for Q4 2023 and into Q1 2024. Once amendments from the pilot are implemented there will be a gradual rollout across the institute. The final stage will be to implement succession planning into our yearly practice of career planning and development (CPD) our performance appraisal process.

5.3 Flexible working and managing career breaks

Support for parental leave

- No formal transition program.

Although not specifically linked to one of the key barriers, this gap was picked up as an action in the GAP. A key deliverable has been the formation of a parents and carers support group and the development of a new parental leave policy which will be published in 2024.

Flexible working

Issues identified:

- Gender stereotyping and impact on men's uptake of flexible options
- Supervisor capability lacking in managing flexibility
- Culture of presenteeism
- Long hours culture
- Lack of communication on flexible work options

Key barrier: Access to and uptake of flexible work

Inclusion of trans and gender diverse people.

Issues identified:

- Policy gap on gender transition in the workplace
- Lack of awareness and understanding of gender diversity
- Significant barriers faced by trans and gender diverse people at a societal level impacting life outcomes
- Need for proactive inclusion for LGBTQIA+ staff and students.

Key barrier: lack of inclusion of trans and gender diverse people

5.4 Organisation and culture

There was not a strong focus on workplace behaviour in the bronze award pilot self-assessment process. However, addressing unacceptable behaviour including sexual and gendered harassment was identified as a key hotspot in our 2016 culture survey.

Key findings:

- Policies and reporting not fit for purpose

- Lack of awareness and understanding of issues
- Supervisor capability in handling unacceptable behaviour needs improvement

Key barrier: Unacceptable behaviour: Understanding, reporting, and responding to formal reports and disclosures

Outline any contextual factors that have substantially impacted the activities, implementation and/or desired outcomes of the Bronze action plan (e.g. restructures, budget deficits, hiring freezes, natural disasters etc.) that need to be taken into consideration

COVID-19 pandemic

The COVID pandemic had a significant impact on the pace of progress on delivery of the GAP. As a Victorian based institution, WEHI needed to comply with lockdown measures over much of 2020 and 2021 restricting the movement of staff and students and the ability of research to be carried out.

WEHI was required to pivot during this time to meet the immediate needs of our community which redirected resources from some planned GAP actions and increased focus on others.

Examples of new or prioritised activities include:

- the establishment of an online school holiday program for primary school aged children in collaboration with childcare provider KidsCo to support staff directed to work from home. This support was particularly vital during grant writing periods.
- Prioritising the development of a new approach to workplace flexibility which took a principles-based approach built on autonomy, productivity and trust, agency, and balancing needs. This was guided by a flexibility reference group made up of staff from across the organisation and supported by a new flex at WEHI policy, team-based training to support connection and collaboration in a hybrid working environment and a 'one-stop shop' flex hub on the intranet with guidance for staff, students, and supervisors.

New campus

In 2022, most professional service staff were relocated to a new campus to allow for additional laboratory space to be created at our main campus in Parkville. This has created challenges in terms of building good relationships between research and professional staff, already impacted by two years of COVID lockdowns.