SECTION 75 POLICY SCREENING FORM

Section 75 Statutory Equality Duties
http://www.equalityni.org/S75duties

The promotion of equality of opportunity entails more than the elimination of discrimination. It may also require proactive measures to be taken to maintain and secure equality of opportunity.

Section 75 (1) requires the University in carrying out its functions, powers and duties to have *due regard to the need to promote equality of opportunity* between –

- persons of different religious belief, political opinion, racial group, age, marital status, or sexual orientation
- men and women generally
- persons with a disability and persons without
- persons with dependants and persons without.

Without prejudice to the obligations set out above, the University is also required to:

a) have *regard to the desirability of promoting good relations* between persons of different

- religious belief
- political opinion; or
- racial group

b) meet legislative obligations under the Disability Discrimination Order.

What is a policy?

The Equality Commission for Northern Ireland state in their guidance[1] that the term 'policy' is used to denote any strategy, policy (proposed/amended/existing) or practice and/or decision, whether written or unwritten.

The University's Equality Scheme reflects the Equality Commission's definition of a policy and this should be applied in determining what needs to be screened.

If you are in doubt, please contact the Diversity and Inclusion Unit for advice. Equality screening guidance is also available at Queen's website or by contacting the Diversity and Inclusion Unit.

Part 1. Policy scoping

The first stage of the screening process involves scoping the policy under consideration. The purpose of policy scoping is to help prepare the background and context and set out the aims and objectives for the policy being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help the policy maker work through the screening process on a step by step basis.

It should be remembered that the Section 75 statutory duties apply to internal policies (relating to people who work for the University), as well as external policies (relating to those who are, or could be, served by the University).

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[1]'Section 75 of the Northern Ireland Act 1998, A Guide for Public Authorities' (April 2010), page 30. A policy may include planning decisions, service changes, corporate strategies, policy development, practices, guidelines, procedures and protocols; board papers

A. Information about the policy

Name of the policy to be screened and description

Institute for Research Excellence in Advanced Clinical Healthcare (iREACH) Outline Business Case, Belfast Region City Deal.

Is this an existing, revised or a new policy? (please append policy to the screening form)

New

What is it trying to achieve? (intended aims/outcomes)

The iREACH Outline Business Case is a plan to build a wider healthcare ecosystem to support the development of new treatments that will be rapidly assessed in early phase Research and Development programmes. By bringing together academic, industry, NHS and public sector/government stakeholders, the Institute will create an alignment of academic insight, industrial capability and patient and clinician input to deliver better diagnostics and treatments and create new products and technologies.

The iREACH infrastructure will provide the environment and physical spaces to support business and the commercialisation of life and health science innovations, with differing spaces and levels of support available for large businesses, new spin-out/ start-ups, NHS clinical trials services and for public engagement.

Over its lifetime the iREACH facility aims to deliver the following outcomes;
- Create high-skilled jobs for those in all levels of education (964 total direct, indirect and induced jobs by 2030) and continue to attract external talent to build a diverse, well-connected workforce;

- Establish an integrated health institute to promote interactions between diverse users (pharmaceutical industry, Med-tech, health and social care and investigators, patients, charities), focused on collaborative working to drive inclusive growth, to promote a healthier and more prosperous city region;

- Support skills programme for the future needs of the sector including improved delivery of healthcare skills in data and technology-related areas, establishing an effective workforce with the right capabilities; enhancing industry standards and sharing best practise.

- Support the Regional Ambition of 4,000 jobs in Life Health Sciences sector as part of a broader BRCD ambition to deliver 20,000 new and better jobs (2030). In line with the MATRIX Life & Health Sciences Foresight Report and Innovation Strategy for Northern Ireland, 2013-2025 ambition to deliver 15,000 jobs.

Are there any Section 75 categories which might be expected to benefit from the policy?

Yes

If so, explain how.

iREACH has been developed to bring benefits to the regional economy in general, including through providing (and working in partnership with others to provide) a broader range of education and training opportunities in key sectors than currently exist, which will potentially be of benefit to the following Section 75 categories: women, younger people, older people, people with a disability.

iREACH will have all the component parts of a unique clinical trial system to work with industry partners to deliver economic growth, whilst at the same time giving patients access to the latest clinical treatments.

iREACH will facilitate the modelling and design of a much more efficient pipeline to accelerate drugs through to the clinic.

The facility will provide a Public Engagement Suite which will actively involve patients and the public as partners in the processes by which clinical research is identified, prioritised, designed, conducted, implemented, disseminated, and evaluated. Involving all people within the Section 75 equality groups.

iREACH stakeholders will work with a digitally enabled Public Engagement Suite as a space where patients, carers, researchers, health professionals and colleagues are involved together in the crowdsourcing of project ideas which address the health and social care needs of seldom heard voices/communities.

The Public Engagement Suite will be a bridge – a physical entity for small end trials, for small focus groups and face to face meetings, reaching out to facilitate community trials, and community engagement. It will allow patients and the public to engage with the iREACH team and widen engagement across the whole province.

The aim of the Public Engagement Suite is to stimulate patient and public interest in clinical research in interactive and exciting ways, in particular reaching people not normally engaged with the research community. Increasing diversity and participation in research, by working with partners to develop systems and processes will enable health research to be directed to and supported within areas and communities traditionally under-served by research to increase diversity of research participants and to help tackle health inequalities.

The institute will be fully complaint with the Disability Discrimination Act 1995, Special Educational Needs & Disability (NI) Order 2005 and relevant Building Standards to ensure the design of buildings and their Approaches to meet the needs of disabled people, is barrier free and inclusive.

Who initiated or wrote the policy?

Queen's University Belfast is the sponsor for the project. The OBC was developed by EY consultants based on input from the QUB iREACH project team. The project has been developed in line with the wider City Deal framework developed by the Ministry of Housing, Communities & Local Government (MHCLG), and the Belfast Region City Deal (BRCD) Economic Strategy developed by BRCD partners: six councils, three government departments (DfI; DfE; DfC), NDGBs (e.g., Tourism NI), local colleges and universities (e.g., BMC, UU, QUB).

Directorate responsible for devising and delivering the policy?

QUB City Deal Programme Team (comprising Queen's staff seconded from Directorates including Research and Enterprise (R&E), Finance, Estates, and Marketing, Recruitment, Communications & Internationalisation (MRCI)).

Background to the Policy to be screened.
Include details of any pre- consultations/consultations which have been conducted and/or whether the policy has previously been tabled at the University's Operating Board or the Standing Committee of the Senate.

Click here to enter text.
Background to the Belfast Region City Deal (BRCD)

A City Deal is an agreement between government and a city, giving the city and its surrounding area certain powers and freedom to:
- take charge and responsibility of decisions that affect their area;
- do what they think is best to help businesses grow;
- create economic growth;
- decide how public money should be spent.

The BRCD Heads of Terms signed in March 2019 outlined both the UK and the NI Government's commitment to developing a City Deal for the Belfast Region.

Along with targeted investment in infrastructure and tourism, a significant element of the investment programme is a proposal to transform the Belfast Region's innovation and digital capabilities. This will involve creating global centres of innovation excellence in priority growth sectors and enhancing digital connectivity and data analytics capabilities across the Belfast Region.

The Deal provides £350m provisional funding for a package of investments focused on the Innovation and Digital domains that will create significant economic impact, subject to the submission of fully developed OBCs. The investment spans five key sectors – Advanced Manufacturing, AI and Data Analytics, Health and Life Sciences, Med-Tech and Creative Industries.

Background to iREACH project:

iREACH is a comprehensive contract research institute that will focus on the innovative design and delivery of Phase I/II trials while building infrastructure to deliver Real World Evidence (RWE) studies in the long-term.

The NHS, academia and industry-focused Institute will create a joined-up pathway for innovation from person to population (real world studies) and demonstrate how society, industry and academics will all benefit from this pathway. In the near term, IREACH will deliver much needed capacity for Phase I/II clinical trial and co-locate key elements of clinical infrastructure to deliver the speed, agility and integration that industry partners require. It will also create an ecosystem for scale-ups and accommodation, through an Innovation Hub, for a growing pipeline of Life Sciences spin-out companies.

Long-term iREACH will be positioned to capitalise on data generated from a range of sources such as wearables, social functioning and social media, and other technology to accelerate participation and innovation in design and delivery of clinical studies and increase the opportunities for NHS patients to participate in research.

iREACH will build on four areas of excellence: cancer, respiratory, ophthalmology, with neurodegenerative disorders an accelerated development programme. It will collaborate with industry to tackle the biological, clinical, and regulatory challenges presented by an increasingly complex multi morbidity and aging population to allow us to rapidly validate preventative, stabilising and potentially regenerative solutions.

iREACH will be established across two buildings (7,200 sqm):
- Building A (Translational Clinical Research Facility) will be located within the City Hospital, Belfast site, with a joining link to the BHSCT Cancer Bridgewater suite, facilitating access to clinical emergency services, to meet pharma industry service level requirements and drive early phase trials. Two living labs will provide innovation space for respiratory/ ophthalmology, offering test bed facilities on a service fee basis. These will be underpinned by the data analytics capabilities of GII, which will advance a "One Health" perspective connecting intelligence on environments, livestock, human health, and whole populations.

- Building B (Clinical Research Innovation Centre) will accommodate clinical trial infrastructure, industry and scale-ups working in med-tech, precision medicine, diagnostics, and digital healthcare, creating a thriving cluster of businesses working together and in collaboration with the surrounding clinical and academic community.

The two buildings will be convenient and accessible to patient volunteers and to staff coming on and off site from other hospital and university campuses, via close public transport links. The infrastructure integration has started and will run in parallel with the estate to ensure functionality to then accelerate when co-location is delivered.

When fully operational, the ambition of iREACH is to:

- Co-locate key resources and bring rapid change to clinical trial governance and regulatory navigation, enabling the "set-up of agile delivery" Clinical Trial infrastructure.
- Establish a hospital based Celerion Clinic which will provide a pipeline of first-in-human clinical studies, specialised patient trials requiring confinement and build the Belfast business base.
- Create an environment for world leading transformative research that will impact on patient care.
- Strengthen existing links across industry, academia, and the public sector to create new collaborative partnerships which will deliver genuinely transformative projects and clinical trials. These will help to improve health outcomes for the population whilst also meeting the ambitious goals of the Belfast City Region (target of attracting 5 - 10 early-stage businesses/spinouts into the Health Innovation Hub and attracting up to 5 additional tenants to the facilities; targeting a 50% increase in the number of trails open to patients).
- Establish an open and integrated health infrastructure which can be used by an ecosystem of different users, focused on driving inclusive growth, maximising benefits, and delivering a prosperous society for all, through more and better jobs and an increasingly productive workforce.
- Support with skills development for the future needs of the sector including improved delivery of healthcare skills in data and technology-related areas, establishing an effective workforce with the right capability (target the delivery of a suite of education and training programmes incorporating collaboration with industry to develop opportunities for healthcare professionals at all levels).

Approvals:

The iREACH OBC has been approved internally by the QUB BRCD Internal Oversight Group, and externally by the BRCD Innovation Programme Board and the BRCD Executive Board. Queen's involvement in the BRCD and commitment of funds to the project has been approved by the University's Senate at the meeting on 22 June 2021.

B.   Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy?

If yes, are they

☒	Financial? The proposals are contingent on the requested funds of £39.7m being made available via BRCD (Belfast Region City Deal).

☐   Legislative?

☐   other? (please specify) _____

C.   Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

☒   Staff: Medicine Health & Life Sciences staff and Joint QUB/Belfast Health Social Care Trust clinical appointments

☒   service users: Clinical Trial Participants, Healthy Volunteers, Patient and Public representatives. All users of the NHS in NI may be affected by the research and innovation outcomes

☒   other public sector organisations. Health and Social Care Northern Ireland (HSCNI) and Public Health Agency (PHA) Units that co-locate into iREACH

☐   voluntary/community/trade unions

☐   other, please specify ___partner organisations_____

D.   Other policies with a bearing on this policy

- **what are they? (please list)**

iREACH supports the Belfast Region City Deal objectives of "**more and better jobs; inclusive growth; improved skills and growth of domestic business and FDI**". It addresses key industry needs and responds to important challenges within the sector that make a compelling case for change. It also aligns with the priorities within a range of strategies and sectoral policies:

- UK Industrial Strategy
- UK Life Sciences Strategy
- UK Life Sciences Sector Deal
- NI Health and Social Care R&D Strategy

- NI Draft Programme for Government (2016-21) and "New Decade, New Approach" proposals
- DfE COVID Recovery Strategy 2020
- Levelling up agenda – UKRI
- BRCD Industrial Strategic Framework (Belfast City Council)
- 10X Economy (Department for the Economy)
- UK R&D Roadmap, July 2020 (BEIS)
- Strategy 2030 (QUB)

- **who owns them?**

The relevant policies have a range of owners, arising from the fact that the BRCD is a partnership between national, regional, and local government, and other stakeholders such as universities.

- UK Industrial Strategy - Department for Business, Energy & Industrial Strategy
- UK Life Sciences Strategy – **Office of Life Sciences: Dept. For Business & Innovation Skills**
- UK Life Sciences Sector Deal - Department for Business, Energy & Industrial Strategy, Office for Life Sciences, and Life Sciences Organisation
- NI Health and Social Care R&D Strategy - **Within current HSC organisational structures, policy and strategy responsibility for R&D lie with the Chief Medical Officer's group of the Department of Health, Social Services & Public Safety (DHSSPS) that includes the Director of HSC R&D. The HSC R&D Division of the Public Health Agency (PHA) is responsible for implementing the HSC R&D strategy.**
- NI Draft Programme for Government (2016-21) and "New Decade, New Approach" proposals - **NI Executive**
- DfE COVID Recovery Strategy 2020 - **NI Executive**
- Levelling up agenda – UKRI - Department for Business, Energy & Industrial Strategy

E.   Available evidence

What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories.
This means any data or information you currently hold in relation to the policy or have gathered during policy development. Evidence to inform the screening process may take many forms and should help you to decide who the policy might affect the most. It will also help ensure that your screening decision is informed by relevant data.

Section 75 category	Details of evidence/information
Religious belief	Under Fair Employment legislation, the University has a statutory duty to monitor the religious composition of the workforce and applicants.
	Section 75 data relates to QUB staff and students - and doesn't relate to any other organisation
	QUB Staff Profile
	These statistics reflect our Workforce Composition by NI Community Background as of June 2021:

Community Background	No. of Staff	%
Not Known	157	3.61%
Non Determined	1069	24.55%
Protestant	1440	33.07%
Roman Catholic	1688	38.77%
Total	**4354**	**100.00%**

QUB Student Profile

Our Student HESA data for 2019-2020 shows our student profile by Religion:

Community Background	No. of Students	%
No Religion or Not Known	3324	17.39%
Other	327	1.71%
Protestant	6509	34.05%
Roman Catholic	8954	46.85%
Total	**19,114**	**100.00%**

	<u>Population Profile - Census 2011 figures on Religion:</u> The population of Northern Ireland on Census Day 2011 was 1,810,863 and population profile by Religion was: • 45.14% of population from a Catholic background; • 48.36% of population from Protestant and other Christian background; and • 6.51% of population from other religions, no religion or religion not stated. <u>Qualitative Information</u> We reviewed Sheffield University's <u>Muslim Prayer Rooms on Campus Policy</u> which outlines the provision of prayer facilities which the university provides in several locations on campus. Queen's University Belfast currently has one Well-Being Room based in the Main Site Tower, and various Quiet Rooms throughout the Campus (two additional Quiet Rooms will be available in the new Student Centre) which can be booked and used by those individuals who observe prayer times.
Political opinion	We do not collect data in relation to staff political opinion(s). We do not make assumptions on staff political opinion(s) based on staff community background.
Racial group	<u>QUB Staff Profile</u> These statistics reflect our Workforce Composition by Ethnicity as of June 2021:

Ethnicity	No. of Staff	%
Not Known	244	5.60%
BAME	314	7.21%
White	3796	87.18%
Total	4354	100.00%

<u>QUB Student Profile</u>

These statistics reflect our Student HESA data for 2019-2020 by Ethnicity:

• 95.38% of our students identified as White; and |

- 4.62% identified as Black Minority Ethnic (BME).

Of those students who identified as Black Minority Ethnic:

Ethnicity	No. of Students	%
Asian	487	53.34%
Black	134	14.68%
Mixed	222	24.32%
Other	70	7.67%
Total	913	100.00%

Population Profile (Census 2011)

The 2011 Northern Ireland Census recorded the following statistics regarding Ethnicity:

Ethnicity	No. of Usual Residents	%
White	1,742,231	96.21%
Chinese	6,338	0.35%
Irish Traveller	1,268	0.07%
Indian	6,157	0.34%
Pakistani	1,087	0.06%
Bangladeshi	543	0.03%
Other Asian	5,070	0.28%
Black Caribbean	362	0.02%
Black African	2,354	0.13%
Black other	905	0.05%
Mixed	5,976	0.33%
Other	2,354	0.13%
Total	1,810,863	100.00%

Therefore, the broad ethnicity by population of Northern Ireland on Census Day 2011 was;

- BAME: 1.79% (32,415)
- White: 96.21% (1,742,231)
- Not Known: 2.0% (36,217)

Language

According to the 2011 Census, the most prevalent language in Northern Ireland other than English was Polish (17,700 people, 1.0%) while rates for other languages included:

- Lithuanian (6,300 people, 0.4%);
- Irish (4,200 people; 0.2%);
- Portuguese (2,300)
- Slovak (2,300)
- Chinese (2,200)
- Tagalog/Filipino (1,900)
- Latvian (1,300)
- Russian (1,200)
- Malayalam (1,200)
- Hungarian (1,000) - all 0.1%. (NISRA, 2011)

We looked at the 2011 Census data in respect of those who were asked to indicate their ability to speak, write or understand Irish and Ulster Scots.

Among usual residents aged 3 years and over, 10.65 % had some ability in Irish and 8.08% had some ability in Ulster Scots.

The proportion of people in NI aged over 3 years who could speak, read and write and understand Irish (3.74%) was higher than that for Ulster Scots (0.94%).

4.06% said they could understand but not speak, read or write Irish. 5.30% said they could understand but not speak, read or write Ulster Scots.

In relation to bi-lingual signage for buildings and infrastructure, we are aware of the commitments on language in the Belfast/ Good Friday Agreement 1998, the Northern Ireland (St Andrew's Agreement) Act 2006, and the Stormont House Agreement 2014.

We have also reviewed the "New Decade, New Approach" document – specifically Part 2: Northern Ireland Executive Formation Agreement; Rights, Language and Identity (paras 25 -29) and Annex E.

As a public authority as defined by the Public Services Ombudsman Act (Northern Ireland) 2016, we are aware that:

- A new cultural framework will provide for legislation to establish the establishment of a new Office for Identity and Cultural Expression, alongside new Commissioners to enhance and develop the Irish Language and Ulster Scots / Ulster British tradition in Northern Ireland.
- There will be a need for all public authorities to pay "due regard" to the principles set out in the new legislation and it is anticipated that this Office will provide guidance to public authorities on monitoring and reporting on compliance with the legislation, promoting best practice, and regularly auditing public authorities on how they have respected and accommodated the cultural expression of minorities within their area of responsibility.
- There will be a consultation with public authorities on the development of those best practice standards – and categories of same; each

public authority will be allocated to a category on the basis of "set criteria" such as "level of interaction with the public", "number of employees" and "established need" and there will be a "sliding scale" of standards for public authorities.

- Commissioners will engage with public authorities how they will fulfil requirements under the best practice standards by developing their own implementation plans.

We reviewed guidance and publications produced by the Equality Commission for NI (2009) which stated that "The use of languages other than English, for example in corporate logos and communications, will not, in general, constitute an infringement of a good and harmonious working environment…However, the Commission also notes that decisions on this must rest with the employer and should be based on relevant policies and procedures that are proportionate, reasonable and appropriate to the context in which the organisation operates. They should be compliant with the requirement and principles of equality of opportunity."

We reviewed the Equality Commission's response to the Department of Culture, Arts and Leisure on Proposals for an Irish Language Bill (2015) and the reaffirmation of their position to the Committee of Experts on European Charter for Regional and Minority Language (COMEX) in 2013 and 2018 in which they stated: "The Commission considers that the use of minority languages, particularly Irish or Ulster Scots languages in Northern Ireland for common or official purposes would normally and objectively be considered to be a neutral act that would not be discriminatory" and reiterated their 2009 advice that "decisions on this must rest with the employer and should be based on relevant policies and procedures that are proportionate, reasonable and appropriate to the context in which the organisation operates."

We also reviewed the positions taken by a number of government departments, councils and public authorities in Northern Ireland – including but not limited to the former Department of Culture, Arts and Leisure; the former Department for Infrastructure, Belfast City Council, Newry and Mourne District Council and the Northern Ireland Policing Board.

Age	

Age

<u>QUB Staff Profile</u>

These statistics reflect our Workforce Composition by Age as at June 2021:

Age	No. of Staff	%
25-29	329	7.58%
30-34	599	13.80%
35-39	685	15.78%
40-44	727	16.75%
45-49	599	13.80%
50-54	540	12.44%
55-59	474	10.92%
60-64	260	5.99%

		65+	78	1.80%
		73	1	0.02%
		Under 25	49	1.13%
		Total	**4341**	**100.00%**

QUB Student Profile

We reviewed our Student HESA data for 2019-2020 which showed:

- 34.4% of Queen's students were under 21 years of age; and
- 65.6% were over the age of 21.

Population Profile (Census 2011)

The population demographic by age within Northern Ireland recorded in the 2011 Northern Ireland Census recorded the following statistics regarding the age of the usual residents:

Age	No. of Usual Residents	%
Children (under 16)	379,376	20.95
Working age (16-64)	1,167,826	64.49
65-84	232,334	12.83
85+	31,328	1.73
Total	**1,810,863**	**100.00%**

Marital status

QUB Staff Profile

These statistics reflect our Workforce Composition by Marital Status as at June 2021:

Marital Status	No. of Staff	%
Widowed	30	0.69%
Civil Partnership	37	0.85%
Separated	66	1.52%
Prefer not to say	90	2.07%
Divorced	122	2.80%
Other	144	3.31%
Not Known	195	4.48%
Single	1324	30.41%
Married	2346	53.88%

Total	**4354**	**100.00%**

QUB Student Profile

We reviewed our 2019-2020 Student HESA data which showed that:

- 78.72% of were single;
- 10.64% were married or in a civil partnership;
- 1.85% were cohabiting;
- 0.53% were divorced or civil partnership dissolved;
- 0.51% were separated (but still legally married); and
- 0.29% were widowed.

Population Profile (Census 2011)

The 2011 Northern Ireland Census recorded the following statistics regarding marital status of persons over the age of 16 within Northern Ireland:

Marital Status	No. of All usual residents aged 16 and over	%
Single	517359	36.14%
Married	680840	47.56%
Civil Partnership	1288	0.09%
Separated	56975	3.98%
Divorced	78019	5.45%
Widowed	97058	6.78%
Total	**1,431,540**	**100.00%**

Sexual orientation

QUB Staff Profile

These statistics reflect our Workforce Composition by Sexual Orientation as at June 2021:

Sexual Orientation	No. of Staff	%
Of either sex	49	1.13%
Of the same sex	146	3.35%
I do not wish to answer	437	10.04%
Not Known	563	12.93%
Of a different sex	3159	72.55%
Total	**4354**	**100.00%**

QUB Student Profile

	The University does not collect data relating to the sexual orientation of its students.
	Population Profile (Census 2011)
	No official data is available. However, estimates for the LGBT+ population range from 0.3-10% using different sources. A commonly used estimate of LGB people in the UK, accepted by Stonewall UK, is approximately 5-7% of the population.
Men and women generally	**QUB Staff Profile** These statistics reflect our Workforce Composition by Gender as at June 2021:

Gender	No. of Staff	%
M	1965	45.13%
F	2389	54.87%
Total	**4354**	**100.00%**

We revisited our workforce information data following our Re-monitoring exercise in April 2021, in which we carry out a review of the equality monitoring data it holds on all staff.

Following collaborative project work with PRISM, our staff LGBT+ network, we updated the gender identity data options in April 2021 to allow staff the opportunity to select from a more diverse range options which more closely reflected their gender identity. We are now able to capture and report on a broader range of gender identities.

Accounting for these gender identities, 5 members of staff 'Prefer to self-describe' as either not having a gender identity or identify as trans.

Whilst these numbers are very small, it is recognised that there will be, like in the wider population, a greater proportion of trans or non-binary people who have chosen not to disclose their gender identity.

QUB Student Profile

Gender	No. of Students	%
M	10,586	42.5%

F	14,329	57.5%	
Total	**24,917**	**100.00%**	

Our student profile data shows that 2 students of the 24,917 in 2019-2020 academic year, prefer to select 'other' in regard to their gender identity. As above, we recognise that there will, likely, be a greater number fo our student population who do not identify as either Male or Female.

Population Profile (Census 2011)

Gender	No. of Usual Residents	%
M	887,323	49.0%
F	923,540	51.0%
Total	**1,810,863**	**100.00%**

Disability

The Disability Discrimination Act 1995 defines a disabled person as a person with "physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities."

Whilst staff disability data is captured across a range of sources, it is expected that this data does not fully represent the complete picture across University staff, as individuals are generally reluctant to disclose a disability and or long-term condition. Therefore, whilst the data is shown, caution must be observed as regards its completeness:

QUB Staff Profile

These statistics reflect our Workforce Composition by Disability as at June 2021:

Broad Disability	No. of Staff	%
Yes	368	8.45%
Not Known	896	20.58%
No	3090	70.97%
Total	**4354**	**100.00%**

QUB Student Profile

We reviewed our Student HESA data for 2019-2020 which showed that:

- 87.12% of students had no known disability; and
- 12.88% of students reported having a disability.

Population Profile (Census 2011)

Long-term Health Problem or Disability	No. of Usual Residents	%
Yes	569,154	31.43%
No	1,241,709	68.57%
Total	1,810,863	100.00%

Type of Long-term Condition or Disability	%
Deafness or partial hearing loss	5.14%
Blindness or partial sight loss	1.7%
Communication difficulty	1.65%
A mobility or dexterity difficulty	11.44%
A learning, intellectual, social or behavioural difficulty	2.22%
An emotional, psychological or mental health condition	5.83%
Long-term pain or discomfort	10.1%
Shortness of breath or difficulty breathing	8.72%
Frequent periods of confusion or memory loss	1.97%
A chronic illness	6.55%
Other condition	5.22%
Total	100.00%

Consideration for iREACH – Stakeholders and Service Users who have disabilities

In undertaking its analysis, the University must consider the impact on other Stakeholders and Service Users who have disabilities.

These individuals are of importance to the project and will play important roles in collaborating and contributing to teaching and research, and service provision.

Whilst specific data is not available to accurately demonstrate disability representation, many of these service users have long term conditions e.g. vision impairment, respiratory, neurological conditions, or can generally be quite frail which affects their mobility.

Qualitative Information

We reviewed the Equality Commission for Northern Ireland Final Investigation Report on Complainant & the former Lisburn City Council (September 2017) which outlined a number of measures that it had put in

	place to aid communication and ensure that the site in question was as accessible as reasonably possible.
	We reviewed the Equality Commission for Northern Ireland's Accessible Goods and Services – Good practice Guide which outlines the legal duty to make reasonable adjustments for disabled people to be able to access goods and services.
	Indoor accessibility including level changes, handrails, step edges and accessible counters, good lighting and hearing enhancements like induction loops, and accessible toilets and Changing Places.
	We have reviewed the referenced documents, good points are made that will be adopted where relevant.
Dependants	QUB Staff Profile

These statistics reflect our Workforce Composition by Dependants as at June 2021:

Dependants	No. of Staff	%
No	1607	37.02%
Not Known	414	9.54%
Yes	2320	53.44%
Total	**4341**	**100.00%**

Of the 2320 staff with dependants, see the breakdown below of the type of dependants they have responsibility for:

Type of Dependant(s)	No. of Staff	%
Care of all three dependant groups	18	0.78%
Care of both a dependant older person and disabled person(s)	21	0.91%
Care of both children and disabled person(s)	48	2.07%
Not Specified	48	2.07%
Care of a person/persons with a disability/disabilities	61	2.63%
Care of both children and a dependant older person	82	3.54%
Care of a dependant older person(s)	154	6.64%
No Dependants	237	10.22%
Care of a child/children	1649	71.14%
Total	**2318**	**100.00%**

QUB Student Profile

We reviewed our Student HESA data for 2019-2020 which showed that:

- 87.62% of students had no dependants; and
- 12.37% of students reported having dependant(s).

Population Profile

According to the 2011 Northern Ireland Census, in Northern Ireland there were 63,921 lone parents, 3.53% of the Northern Ireland population.

Based on information from Carers Northern Ireland, the following facts relate to carers:

- 1 in every 8 adults is a carer
- There are approximately 214,000 carers in Northern Ireland
- Any one person has a 6.6% chance of becoming a carer in any year
- One quarter of all carers (26%) provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
- Approximately 30,000 people in Northern Ireland care for more than one person
- 64% of carers are women; 36% are men

(http://www.carersuk.org/northernireland/news-ni/facts-and-figures)

The 'Breaks or Breakdown' Carers Week 2021 Report reported that respondents to the 2021 survey were more likely to be female and caring for a high number of hours every week.

Over three quarters of respondents of the survey who identify as carers were of working age (16-64 years old) (71%).

Parent Rooms

We reviewed the Equality Commission for Northern Ireland Pregnancy and Maternity at Work Guidance which outlines the support and facilities which must be provided for staff returning to work, and breastfeeding and how to help create a positive environment in which mothers feel they can engage in breastfeeding related activities without being treated unfavourably.

These include:

- The legal requirement to provide somewhere for breastfeeding employees to rest; and
- Consideration of the provision of a private, healthy and safe environment for employees to express and store milk. For example, it is not suitable for new mothers to use toilets for expressing milk.

	QUB is proud to support the [Breastfeeding Welcome Here Scheme](#). Supporting the Scheme means that breastfeeding is welcome in the cafes and student areas on campus that have signed up across campus. In addition, a Nursing Room for Queen's staff and students is available at Childcare Services, 5 Rugby Road. This room provides space and privacy for nursing mothers to express and store milk in a dedicated fridge. This facility is available from Monday to Thursday between 9.00 am and 5.00 pm. [Further information on the room](#) is available. Parenting Rooms, Baby Changing Facilities and Changing Places Rooms are provided in new developments and will continue to supplement the current and expanding provisions on the Campus.

F.   Needs, experiences and priorities

Having looked at the data/information you have collected in the question above, what does this tell you are the needs, experiences and priorities for the people who fall into the groups below, in relation to your policy[2]? And what is the actual or likely impact on equality of opportunity for those affected by the policy. **(See appendix 1 for information on levels of impact).**

Section 75 category	Details of needs/experiences/priorities and details of policy impact	Level of Impact
Religious belief	Consideration will be given to the nearby provision of prayer facilities which could be available to Muslim staff, students and visitors of iREACH. The purpose of these rooms is to maximise equality of access to study, research and work for individuals who observe prayer times (that fall during the normal working day) by providing appropriate space close to place of work/study. Rooms could be designed similarly to the Quiet / Wellbeing Rooms on QUB campus, open to anyone for individual prayer or contemplation that does not detract from the primary intended use or exclude other faith groups. Though,	Minor and positive

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[2] If you do not have enough data to tell you about potential or actual impacts you may need to generate more data to distinguish what groups are potentially affected by your policy.

	priority should be considered for those whose prayer times are fixed	
Political opinion	The decision to develop iREACH is unlikely to adversely impact equality of opportunity and / or good relations on the grounds of any protected characteristic. iREACH has been developed in order to bring benefits to the regional economy in general and increase opportunity for all.	Minor and positive
Racial group	Creation of a Clinical Trial facility with a cutting-edge research mission relevant to global challenges is likely to support iREACH attractiveness to international staff and/or students, providing the opportunity to widen diversity and enabling a multicultural experience for users of the building The decision to develop iREACH is therefore unlikely to impact on equality of opportunity and / or on good relations on the grounds of Race or Ethnicity.	Minor and positive
Age	iREACH has been developed in order to bring benefits to the regional economy in general, including through providing (and working in partnership with others to provide) a broader range of education and training opportunities in key sectors than currently exist, which will potentially be of benefit to the following Section 75 categories: women, younger people, older people, people with a disability. Value to patients and the public: **Access to new treatments** / rollout of new technologies earlier or more widely than they would be otherwise available. Integrated interventions that are person centred and use innovative drugs, diagnostics and Med-tech in bundles and pathways to improve wellbeing, social interaction and productivity. • Access to new treatments / rollout of new technologies earlier or more widely than they would be otherwise available	Minor and positive

	• Participation in clinical research delivers better outcomes for patients • Target health inequality and populations suffering from social and economic deprivation • Citizen engagement on primary and secondary use of Health Data • Hospital setting for undertaking clinical trials • Facilitating integration of community need through dialogue between public audiences and researchers to gain a better understanding of meaningful impact of therapies to patients' lives	
Marital status	The decision to develop iREACH is unlikely to adversely impact equality of opportunity and / or good relations on the grounds of any protected characteristic. iREACH has been developed in order to bring benefits to the regional economy in general and increase opportunity for all.	Minor and positive
Sexual orientation	The decision to develop iREACH is unlikely to adversely impact equality of opportunity and / or good relations on the grounds of any protected characteristic. iREACH has been developed in order to bring benefits to the regional economy in general and increase opportunity for all.	Minor and positive
Men and women generally	iREACH has been developed to bring benefits to the regional economy in general, including through providing (and working in partnership with others to provide) a broader range of education and training opportunities in key sectors than currently exist, which will potentially be of benefit to the following Section 75 categories: women, younger people, older people, people with a disability. Gender-neutral toilets and/or bathroom facilities that do not have gendered signage and do not require the person using them to define into a gender, they can be used by anyone, regardless of gender, without fear of incident, discrimination, or harassment. The University's commitment to introducing gender-neutral facilities is set out in our Trans	Minor and positive

	Equality Policy and states: "Queen's is committed to continuing to roll out where practicable, all gender toilet facilities."	
	The inclusion of gender toilet facilities which can be used by any individual regardless of their gender identity and gender expression, supports the University's commitment to our Equality Diversity and Inclusion Policy that all staff and students (including transgender people, staff and students associated with transgender people and people perceived to be transgender) are treated with dignity and respect and free from any discrimination, harassment, bullying or victimisation.	
	In some instances, specific all gender toilet facilities may not be practicable but the provision of All Gender/Accessible facilities should be considered.	
	This would provide equality of opportunity for all including on the grounds of gender, including Transgender and Non-Binary people. This would also extend to visitors, service users and applicants for employment.	
	The decision to develop iREACH would therefore impact positively on equality of opportunity and / or on good relations on the grounds of gender.	
Disability	iREACH has been developed in order to bring benefits to the regional economy in general, including through providing (and working in partnership with others to provide) a broader range of education and training opportunities in key sectors than currently exist, which will potentially be of benefit to the following Section 75 categories: women, younger people, older people, people with a disability.	Minor and positive
	The research and innovation programme will include a focus on healthier choices and behaviours for prevention and self-management of disease, which will be of potential benefit to groups including older people and people with a disability.	
	It is reasonable to expect that disabled staff / students and service users are likely to require	

	reasonable adjustments in relation to ongoing building works of the facility, and the expectation of reasonable accessibility in the design and experience of the building itself. All proposed development should be fully compliant with the relevant legislation and building regulations to ensure ease of access and navigation. Considerations to ensure the building site is as accessible as reasonably possible when construction is ongoing include: • updates to impacted staff, students or local residents outlining where ongoing works would be taking place in the following week; • information relating to the ongoing works available on the relevant website; The facility itself will provide a high-spec, modern, accessible environment for those working in and visiting the building for business and/or education purposes, that will be of particular benefit to people with a disability. The centre will be fully complaint with the Disability Discrimination Act 1995, Special Educational Needs & Disability (NI) Order 2005 and relevant Building Standards to ensure the design of buildings and their Approaches to meet the needs of disabled people, is barrier free and inclusive. The decision to develop iREACH should therefore impact positively on equality of opportunity and / or on good relations on the grounds of disability.	
Dependants	In line with Equality Commission for Northern Ireland guidance in relation to Pregnancy and Maternity at Work Guidance. Consideration will be given to the support and facilities which must be provided for staff returning to work, and breastfeeding and how to help create a positive environment in which mothers feel they can engage in breastfeeding	Minor and positive

| | related activities without being treated unfavourably.

These include:

- The legal requirement to provide somewhere for breastfeeding employees to rest; and
- The consideration of the provision of a private, healthy and safe environment for employees to express and store milk. For example, it is not suitable for new mothers to use toilets for expressing milk.

Building design should therefore consider a parent/breastfeeding room for nursing mothers which would provide a designated space to express or breastfeed in a private location to support parents returning to work after having a baby.

Suggested provisions to support the space as a place of privacy for breastfeeding, and expressing and storing milk may include:

- a nursing chair where mothers can breastfeed or express milk;
- where necessary, somewhere for them to lie down; and
- lockable fridges which would be solely for the storage of expressed milk (these could be used on a first-come-first-served basis).

Consideration may also be given to signing up to the Breastfeeding Welcome Here Scheme. Supporting the Scheme would mean that breastfeeding is welcome in the centre facility for all staff, students, service users and members of the public.

Baby Changing and Changing Places Rooms should also be considered for those staff, students, service users or visitors who have children. | |

Part 2 Screening questions

1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?		
Section 75 category	Issue	Minor/major/none?
Religious belief	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. Consideration will also be given to the provision of Quiet/Wellbeing rooms on the QUB campus for use as prayer facilities which could be available to Muslim staff, students and visitors of the Centre (see above). This will extend to visitors, service users and applicants for employment. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of Religious belief.	Minor and positive
Political opinion	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general	Minor and positive

	benefit to all its citizens, irrespective of identity. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of political opinion.	
Racial group	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. The facility will provide equality of opportunity for all and provides the opportunity to widen diversity by attracting international staff and/or students. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of racial group.	Minor and positive
Age	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. The research and innovation programme will include a focus on healthier choices	Minor and positive

	and behaviours for prevention and self-management of disease, which will be of potential benefit to groups including older people. The decision to develop the iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of. age.	
Marital status	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. This will extend to visitors, service users and applicants for employment. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of marital status.	Minor and positive
Sexual orientation	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. iREACH will not adversely impact on the needs, experiences and priorities of	Minor and positive

	this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of sexual orientation.	
Men and women generally	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. The facility will provide equality of opportunity for all on the grounds of gender, including Transgender and Non-Binary people in line with the University's commitment to introduce gender-neutral toilet facilities, where practicable. This will extend to visitors, service users and applicants for employment. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of gender.	Minor and positive
Disability	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. The iREACH building provides an opportunity to enhance physical facilities in ways that promote equality of	Minor and positive

	opportunity for all but will be of particular benefit to individuals with a disability. Consideration and mitigations during design and construction will also enhance equality of opportunity and promote positive attitudes. The iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and / or on good relations on the grounds of disability.	
Dependants	The iREACH proposal has the potential to improve regional infrastructure and drive the economy in a way that will provide general benefit to all its citizens, irrespective of identity. During building design, consideration will be given to the support and facilities which must be provided for staff returning to work and breastfeeding and how to help create a positive environment in which mothers feel they can engage in breastfeeding related activities without being treated unfavourably. iREACH will not adversely impact on the needs, experiences and priorities of this Section 75 Group and will likely have a positive impact on equality of opportunity and	Minor and positive

	/ or on good relations on the grounds of dependants.	

2 Are there any actions which could be taken to reduce any adverse impact which has been identified or opportunities to better promote equality of opportunity?

Section 75 category	Issue	Mitigating Measure
Religious belief	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH provides an opportunity to extend facilities that promote equality of opportunity for all, and specifically on the basis of religious belief.	Minor and positive
Political opinion	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH provides an opportunity to provide facilities that promote equality of opportunity for all, and specifically on the basis of political opinion.	Minor and positive
Racial group	Whilst no adverse impacts have been identified, further opportunities to better promote equality of	Minor and positive

	opportunity have been identified. The development of iREACH provides an opportunity to provide facilities that promote equality of opportunity for all, and specifically on the basis of racial group.	
Age	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH provides an opportunity to promote equality of opportunity for all, and specifically on the basis of age.	Minor and positive
Marital status	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH provides an opportunity to promote equality of opportunity for all, and specifically on the basis of marital status.	Minor and positive
Sexual orientation	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified.	Minor and positive

	The development of iREACH provides an opportunity to promote equality of opportunity for all, and specifically on the basis of sexual orientation.	
Men and women generally	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH provides an opportunity to promote equality of opportunity for all, and specifically on the basis of gender and transgender and non-binary.	Minor and positive
Disability	The new buildings provides an opportunity to enhance physical facilities in ways that promote equality of opportunity for all.	Minor and positive
Dependants	Whilst no adverse impacts have been identified, further opportunities to better promote equality of opportunity have been identified. The development of iREACH buildings provides an opportunity to provide facilities that promote equality of opportunity for all, and specifically on the basis of disability.	Minor and positive

3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	The promotion of a dynamic and sustainable economy based on targeted investment is likely to create an environment where good relations will flourish.	Minor and positive
Political opinion	The promotion of a dynamic and sustainable economy based on targeted investment is likely to create an environment where good relations will flourish.	Minor and positive
Racial group	The promotion of a dynamic and sustainable economy based on targeted investment is likely to create an environment where good relations will flourish.	Minor and positive

4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If **Yes**, provide details	If **No**, provide reasons
Religious belief		N/A
Political opinion		N/A
Racial group		N/A

E   Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?
(*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people*).

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

It is not anticipated that this policy will have any adverse impact on equality of opportunity for people within any of the above multiple identify groups and no specific adverse impacts upon the above groups have been identified at this stage.

However, as the Development Plan evolves it will be subjected to a more detailed review process as it progresses towards delivery.

F   Disability Duties

Disability Duties

Consider whether the policy:

a) Discourages disabled people from participating in public life and fails to promote positive attitudes towards disabled people.

This equality screening has considered the impact of the development of iREACH in relation to the design and experience of individuals with disabilities, as well as in relation to the expectation of reasonable accessibility when construction of the facility is ongoing.

The extension to and refurbishment of the existing building provides an opportunity to enhance physical facilities in ways that promote equality of opportunity for all and will be of particular benefit to people with a disability.

The Queen's Student Guidance Centre hosts a range of disability services for students with additional needs, to support them during their time at the University and ensure any necessary adjustments are in place. In particular, the Needs Assessment Centre is available to all prospective or existing

University students entitled to Disabled Students Allowance, or student bursaries for Nursing students.

The Needs Assessment Centre conducts needs assessments which are specifically tailored to an individual's student experience. Following a meeting with a Needs Assessor, a report is written up to identify individual support needs. This is then issued to the Education Authority in Northern Ireland, who will ensure that support such as equipment delivery, training, or one-to-one support can be established as appropriate.

Queen's is committed to ensuring that all staff and students have access to necessary adjustments to their work environment which will support their time at the University. Estates will work closely with the Directorate of Academic and Student Affairs to ensure that iREACH provides a barrier-free working environment which is accessible to all.

b) Provides an opportunity to better positive attitudes towards disabled people or encourages their participation in public life.

iREACH has been developed in order to bring benefits to the regional economy in general, including through providing (and working in partnership with others to provide) a broader range of education and training opportunities in key sectors than currently exist, which will potentially be of benefit to the following Section 75 categories: women, younger people, older people, people with a disability.

The research and innovation programme will include a focus on healthier choices and behaviours for prevention and self-management of disease, which will be of potential benefit to groups including older people and people with a disability.

The facility will provide a high-spec, modern, accessible environment for those working in and visiting the building for business and/or patient and public engagement purposes, that will be of particular benefit to people with a disability and all proposed development will be fully compliant with the Disability Discrimination Act and Equality Act to ensure ease of access and navigation and encourage participation in public life.

The new buildings will provide an opportunity to enhance physical facilities in ways that promote equality of opportunity and encourage participation in public life.

Part 3. Screening decision

Through screening, an assessment is made of the likely impacts, either major, minor or none, of the policy on equality of opportunity and/or good relations for the relevant categories. Completion of screening should lead to one of the following three outcomes; please mark an x in the appropriate box:

☐ '**Screened out**' i.e. the likely impact is none and no further action is required

☒ '**Screened out' with mitigation** i.e. the likely impact is minor and measures will be taken to mitigate the impact or an alternative policy will be proposed

☐ '**Screened in' for an equality impact assessment (EQIA)** i.e. the likely impact is major and the policy will now be subject to an EQIA

If the decision is not to conduct an equality impact assessment, please provide details of the reasons.

Click here to enter text.
    At this stage, any likely impacts which have been identified in relation to any of the protected characteristics are minor and measures outlined in Section 2 will be taken to mitigate the impact.

If the decision is not to conduct an equality impact assessment, but the policy has minor equality impacts, please provide details of the reasons for this decision and of any proposed mitigating measures or proposed alternative policy.

Click here to enter text.
N/a

If the decision is to subject the policy to an equality impact assessment, please provide details of the reasons.

N/a

D Timetabling and prioritising

If the policy has been **'screened in'** for equality impact assessment answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Priority criterion	Rating (1-3)
Effect on equality of opportunity and good relations	Click
Social need	Click
Effect on people's daily lives	Click
Relevance to the University's functions	Click

E Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details

N/a

Part 4. Monitoring

Effective monitoring will help the University identify any future adverse impact arising from the policy which may lead the University to conduct an equality impact assessment, as well as help with future planning and policy development.

Please detail how you will monitor the effect of the policy?

The iREACH Project Board and University Programme Board will monitor the effect of the policy as the project develops. The considerations set out in this document will inform the building design phase, which has recently begin.

What data is required in the future to ensure effective monitoring of the policy?

The composition of the community of users of the facility (staff, students and partners) will become clearer as the project develops.

Part 5 - Data Protection

If applicable, has legal advice been given due consideration?

Yes ☐ No ☐ N/A ☒

Has due consideration been given to information security in relation to this policy?

Yes ☒ No ☐

Part 6 - Approval and authorisation

Screened by:	Position/Job Title	Date
Bernadette Boyle	iREACH Project Delivery Lead	8/11/21 (incorporating Programme Board feedback)
Approved by:		
University Programme Board		11/10/21 With minor amendments incorporated in line with Board feedback, and finalised 8/11/21

A copy of the screening form, for each policy screened, should be 'signed off' and approved by the senior manager responsible for the policy

In instances where a screening decision concludes that an EQIA is required then the screening form should be countersigned by a Director.

There may at times be policy issues which fall within the scope of being novel, contentious or politically sensitive and could only be taken forward following consultation with the University's Operating Board and/or Standing Committee of the Senate. Where a policy screening highlights such issues the screening form must be signed off by the Director prior to proceeding to the University's Operating Board and/or the Standing Committee of the Senate.

Following ratification, a copy of the approved screening form, and associated policy must be forwarded to the Diversity and Inclusion Unit for publication on the University's website.

ADDITIONAL INFORMATION TO INFORM THE ANNUAL EQUALITY PROGRESS REPORT TO THE EQUALITY COMMISSION

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups as part of screening.

2. In developing this policy were any changes made as a result of equality issues raised during :

   (a) pre-consultation / engagement;
   (b) formal consultation;
   (c) the screening process; and/or
   (d) monitoring / research findings.

   If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those affected.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

Appendix 1

Levels of Impact (Questions 6-9)

Introduction

In making a decision as to whether or not there is a need to carry out an equality impact assessment, you should consider the answers provided to the questions above.

In addition, the **screening questions** above further assist you in assessing your policy and must be completed. Some of these questions require you to assess the level of impact of the proposed policy on "equality of opportunity" and "good relations". The scale used when assessing this impact is either "None", "Minor" or "Major". The following paragraphs set out what each of these terms mean.

If your conclusion is **none** in respect of all of the Section 75 equality of opportunity and/or good relations categories, then you may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, you should give details of the reasons for the decision taken.

If your conclusion is **major** in respect of one or more of the Section 75 equality of opportunity and/or good relations categories, then consideration should be given to subjecting the policy to the equality impact assessment procedure.

If your conclusion is **minor** in respect of one or more of the Section 75 equality categories and/or good relations categories, then consideration should still be given to proceeding with an equality impact assessment, or to introduce:

- measures to mitigate the adverse impact; or

- an alternative policy to better promote equality of opportunity and/or good relations.

In favour of a 'major' impact

a) The policy is significant in terms of its strategic importance;

b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;

c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;

d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities;

e) The policy is likely to be challenged by way of judicial review;

f) The policy is significant in terms of expenditure.

In favour of 'minor' impact

a) The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;

b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;

c) Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;

d) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

In favour of none

a) The policy has no relevance to equality of opportunity or good relations.

The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.