

Information about the policy

Note: 'Policy' includes any strategy, policy (proposed/amended/existing) or practice and/or decision, whether written or unwritten.

Name of the policy

Employee Wellbeing Strategy

Is this an existing, revised or a new policy?

New

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

The Wellbeing Strategy represents a commitment to an integrated approach to staff wellbeing that will:

- Improve staff work-life balance
- Create employee engagement
- Nurture an environment and culture based on shared values and trust
- Ensure that staff wellbeing is integrated into day-to-day practices
- Recognise skills and encourage personal development.

Are there any Section 75 categories that might be expected to benefit from the intended policy? If so, explain how.

The Strategy is intended to promote wellbeing for everyone, therefore all of the Section 75 groups are expected to benefit.

Who initiated or wrote the policy?

The Director of People and Culture initiated this policy; it was written by the Wellbeing Section Lead with input from stakeholders.

Who owns and who implements the policy?

The Director of People and Culture owns the Strategy and all staff implement it.

Part 2

Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? (Please select one answer)

Yes

No

If yes, are they

financial? Necessary resources in place

Other: the University's 5&50 Strategic Plan, Institutional structure in place.

legislative

Main stakeholders affected

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

Staff

Students

Other service users (e.g. prospective students, conference delegates)

Other public sector organisations

Voluntary/community/trade unions

Other, prospective employees

Part 2

Other policies with a bearing on this policy

Policy Name	Policy Owner
The 5&50 Strategic Plan	Vice Chancellor and President/University Council
People and Culture Strategy	Director of People and Culture
Equality, Diversity and Inclusion Strategy	Director of People and Culture
Recruitment Policy	Director of People and Culture
Equality Scheme	Director of People and Culture
Disability Action Plan	Director of People and Culture
Health Safety and Wellbeing Policy	Head of Head, Safety and Wellbeing

Part 2

Available evidence

What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? (Please specify details for each of the Section 75 categories)

Note: evidence can come from many sources. Examples include the University's management information systems, internal or external research, surveys or consultation exercises. Anecdotal evidence such as feedback from service users may also be used.

Section 75 category	Details of evidence/information
Religious belief	The University's EO data were reviewed. On 6 February 2019, our staff profile was 50.9% Protestant, 49.1% Catholic.
Political opinion	The University does not collect information on Political Opinion, or make assumptions regarding Political Opinion based on Community Background.
Racial group	<p>The University's EO data were reviewed. On 6 February 2019, our staff profile was 94.6% White, 5.4% Black and Minority Ethnic (BME). This indicates a 2.2% increase in BME staff compared with 2014.</p> <p>Our BME profile suggests that we are three times as diverse as the local population. The Northern Ireland Census (2011) suggests that 1.8% of the NI population is BME.</p>
Age	The University's EO data were reviewed. On 6 February 2019, over one third (34.4%) of our staff were in the '46-55' age band. 26.9% of staff were in the '36-45' age band and 22.5% of staff were aged '56 and above'.
Marital status	The University's EO data were reviewed. In 2019, 62% of staff were 'Married or in a Civil Partnership' (no change compared with 2014).
Sexual orientation	Although we collect staff data on sexual orientation, this is not considered to be reliable.

Part 2

Men and women generally	The University's EO data were reviewed. In 2019, 56% of staff were 'Female'. This indicates a 2.4% increase in female staff compared with 2014.
Disability	<p>The University's EO data were reviewed. In 2019, 4.8% of staff declared a disability, an increase of 0.6% compared with 2014.</p> <p>Our disability declaration rate is lower than expected, compared with the local population. The Northern Ireland Census (2011) found that 20.6% of the NI population stated that their day-to-day activities were limited because of a long-standing health problem or disability.</p> <p>40% of absence in AY2017/18 was due to psychological illnesses</p>
Dependants	The University's EO data were reviewed. In 2019, 47.7% of staff had dependants. This indicates an increase of 2.5% compared with 2014.

Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? (Please specify details for each of the Section 75 categories)

Section 75 category	Details of needs/experiences/priorities
Religious belief	<p>None identified internally.</p> <p>Research suggests that people who engage in religious activities report higher levels of wellbeing. Religious practices such as prayer, meditation and fasting could influence one's wellbeing.</p> <p>Source: https://www.nobascholar.com/chapters/11/download.pdf</p>
Political opinion	<p>None identified internally.</p> <p>Measuring wellbeing has a positive impact on policy development. Meaningful democracy and the exercising of democratic reasoning are intrinsically valuable as a means and as an end in the pursuit of wellbeing.</p> <p>Source: https://pure.qub.ac.uk/portal/files/15385328/carnegie_report_long_low_res.pdf</p>
Racial group	<p>None identified internally.</p> <p>Black and minority ethnic (BME) communities are generally considered to be at increased risk of poor mental health and frequently have less confidence in using available resources. Research has suggested that when individuals from a BME community live in a high concentration of people from the same background this has a positive impact on mental wellbeing due to presence of a stronger support network.</p> <p>Source: http://conflictresearch.org.uk/wp-content/uploads/Waking-this-thin-line-Black-and-Minoirty-Ethnic-BME-Experiences-of-Mental-Health-Wellbeing-in-N.Ireland.pdf</p>
Age	<p>None identified internally.</p> <p>Psychological wellbeing and health are closely linked at older ages. The Gallup World Poll, an ongoing survey in more than 160 countries, shows a U-shaped relationship between evaluative wellbeing and age in rich, English speaking countries, with the lowest levels of wellbeing around ages 45-54.</p>

Part 2

	<p>Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339610/</p> <p>The ONS Survey of wellbeing within the UK (2014-16) found that people with the poorest personal well-being were most likely to have at least one of the following characteristics or circumstances:</p> <ul style="list-style-type: none"> • self-report very bad or bad health • be economically inactive with long-term illness or disability • be middle-aged • be single, separated, widowed or divorced • be renters • have no or basic education. <p>Source: Office of National Statistics ¹</p>
<p>Marital status</p>	<p>None identified internally.</p> <p>The ONS Survey of wellbeing within the UK (2014-16) found that people with the poorest personal well-being were most likely to be single, separated, widowed or divorced (see also 'Age').</p> <p>Source: Office of National Statistics²</p>
<p>Sexual orientation</p>	<p>None identified internally.</p> <p>Those who identify as gay or lesbian, or bisexual report lower well-being than the UK average for all personal well-being measures. This difference is largest for feelings of anxiety. Those who identify as heterosexual or straight tended to report the highest average levels of well-being across all four measures of personal well-being.</p> <p>Source: Office of National Statistics³</p>
<p>Men and women generally</p>	<p>None identified internally.</p> <p>Results regarding whether men and women differ in terms of their well-being levels have been highly inconsistent.</p> <p>Source: https://www.nobascholar.com/chapters/30/download.pdf</p> <p>Women may need a more nutrient-rich diet to support a positive emotional well-being, according to new research from Binghamton University, State</p>

1

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/understandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11>

2

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/understandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11>

³<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/2013to2015>

Part 2

	<p>University at New York. A team of researchers led by Lina Begdache, assistant professor of health and wellness studies at Binghamton University, found that men are more likely to experience mental well-being until nutritional deficiencies arise. Women, however, are less likely to experience mental well-being until a balanced diet and a healthy lifestyle are followed.</p> <p>Source: https://www.sciencedaily.com/releases/2018/08/180827080914.htm</p>
Disability	<p>None identified internally.</p> <p>The ONS Survey of wellbeing within the UK (2014-16) found that those self-reporting a disability were almost twice as likely to have the poorest personal well-being as those who said they were not disabled. (see also 'Age')</p> <p>Source: Office of National Statistics ⁴</p>
Dependants	<p>None identified internally.</p> <p>Supervisor support and family support are associated with lower work–family conflict, and hence reduced psychological strain and increased job and family satisfaction.</p> <p>Source: https://journals.sagepub.com/doi/full/10.1177/0018726716662696</p>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/understandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11>

Part 2

Consultation

The following groups were consulted during the development of the strategy:

February and March 2019	<p>Eight campus conversation events were held with over 200 members of staff attending along with members of SLT and Council</p> <p>At each conversation, three questions were asked</p> <ul style="list-style-type: none"> • What does Employee Wellbeing mean to you? • What does the University do around Wellbeing that has helped you and / or, you have seen helping others? • What would you like to see prioritised in the future to better support you and improve Employee Wellbeing?
12 February 2019	Presentation to the Joint Negotiating Committee (Unite)
6 March 2019	Awareness sessions and discussion with University Senate and Council
8 May 2019	Presentation to Professional Services - Health, Safety and Wellbeing Committee
22 May 2019	Discussion with UCU and Unite representatives at Cooperation meeting
28 May 2019	Presentation to the University Health, Safety and Wellbeing Committee
25 July 2019	Discussion with Unite representative
7 August 2019	Discussion with UCU representative

Screening

Introduction

The answers to the following screening questions will assist the University in making a decision whether or not there is a need to carry out an equality impact assessment on the policy. The following information is provided to help you to identify and comment on the level of likely impact of the policy in questions 1-4:

Select 'major' impact if:

- a) The policy is significant in terms of its strategic importance;
- b) Potential equality impacts are unknown, because, for example, there are 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.

Select 'minor' impact if:

- 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;
- e) Differential impact observed and opportunities exist to better promote equality of opportunity and/or good relations.

Part 2

Select 'none' if:

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

Taking into account the evidence presented in Part 1, please complete the screening questions (Questions 1-4).

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? (Please provide details)		
Section 75 category	Details of policy impact	Level of impact? (minor/major/none)
Religious belief	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Political opinion	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Racial group	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Age	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Marital status	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Sexual orientation	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Men and women generally	This Strategy is likely to have a positive impact on equality of opportunity for this group as it sets out to improve wellbeing for all categories of staff.	Minor (+)
Disability	This Strategy is likely to have a positive impact on equality of opportunity for this group, particularly as it relates to mental health.	Minor (+)

Part 2

Dependants	This Strategy is likely to have a positive impact on equality of opportunity for this group, as it seeks to improve the work life balance for staff.	Minor (+)
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Part 2

2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If Yes , provide details	If No , provide reasons
Religious belief		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Political opinion		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Racial group		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Age		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Marital status		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Sexual orientation		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Men and women generally		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Disability		None identified. The Strategy sets out to improve wellbeing for all categories of staff.
Dependants		None identified. The Strategy sets out to improve wellbeing for all categories of staff.

Part 2

3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (Please provide details)		
Good relations category	Details of policy impact	Level of impact (minor/major/none)
Religious belief	The Strategy is unlikely to impact on good relations for this group.	None
Political opinion	The Strategy is unlikely to impact on good relations for this group.	None
Racial group	The Strategy is unlikely to impact on good relations for this group.	None

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		No, this Strategy bears no relation to good relations.
Political opinion		No, this Strategy bears no relation to good relations.
Racial group		No, this Strategy bears no relation to good relations.

Additional considerations

Multiple identity

<p>5 Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, please provide details of any potential impacts of the policy/decision on people with multiple identities? (<i>For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people</i>). Please include details of any data which you have used to determine/identify this impact</p>	
<p>Section 75 categories (please specify)</p>	<p>Details of policy impact and details of data which describes the policy impact</p>
<p>All</p>	<p>This Strategy is likely to have a positive impact on the wellbeing of all staff.</p>

Disability Duties

<p>6. Does the policy provide an opportunity to encourage disabled people to participate in University life?</p>	
<p>If Yes, provide details</p>	<p>If No, provide reasons</p>
<p>Yes. This Strategy promotes positive mental health.</p>	

Part 2

7. Does the policy provide an opportunity to promote positive attitudes towards disabled people?	
If Yes, provide details	If No, provide reasons
Yes, it promotes awareness of mental health issues and how these relate to wellbeing.	

Screening decision

Based on the evidence considered and outlined in Part 1 and the responses to the screening questions (Part 2), please indicate the screening decision for this policy:

Note: The University should take particular care not to screen out policies that have a procurement aspect if there is potential to promote equality of opportunity through the procurement of services.

Screen in the policy (subject the policy to an Equality Impact Assessment)
i.e. the likely impact is 'major' in respect of one, or more of the equality of opportunity and/or good relations categories

Screen out the policy without mitigation or an alternative policy proposed to be adopted (no Equality Impact Assessment)
i.e. the likely impact is 'none' in respect of all of the equality of opportunity and/or good relations categories

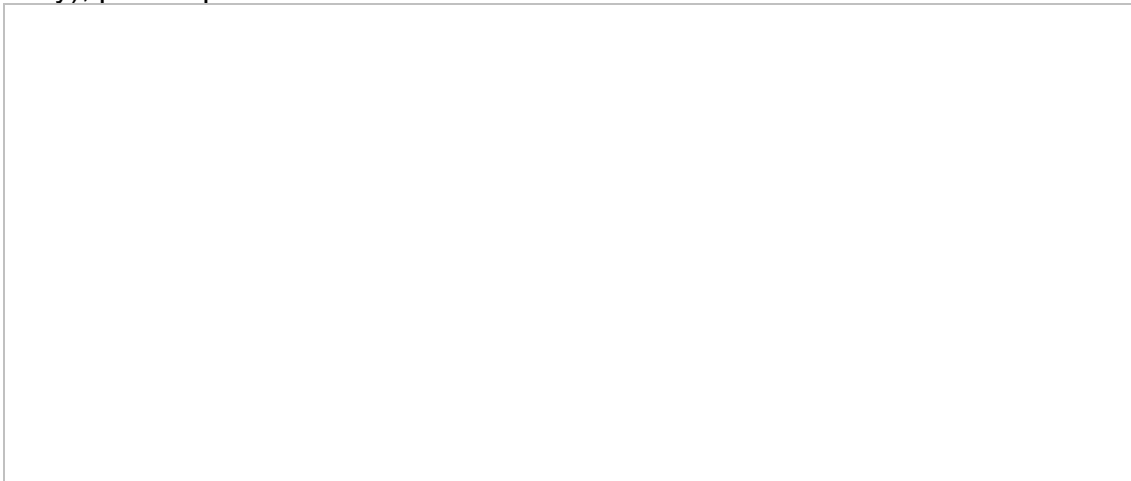
Screen out the policy and **mitigate the impacts on equality** by **amending or changing the policy**, or by **developing an alternative policy or action** (no Equality Impact Assessment)
i.e. the likely impact is 'minor' in respect of one, or more of the equality of opportunity and/or good relations categories

Part 3

If the decision is to subject the policy to an equality impact assessment (i.e. 'screen in' the policy), please provide details of the reasons.



If the decision is not to conduct an equality impact assessment (i.e. 'screen out' the policy), please provide details of the reasons.



Part 3

If the decision is not to conduct an equality impact assessment (i.e. 'screen out' the policy) and mitigate the impacts on equality by amending or changing the policy, or by developing an alternative policy or action, please provide reasons to support your decision, together with the proposed changes/amendments or alternative policy:

The likely impact is '**minor**' in respect of one, or more of the equality of opportunity and/or good relations categories.

The Wellbeing Strategy represents a commitment to an integrated approach to staff wellbeing that will:

- Improve staff work/life balance
- Create Employee engagement
- Nurture an environment and culture based on shared values and trust
- Ensure that staff wellbeing is integrated into day-to-day practices
- Recognise skills and encourage personal development.

In line with university policy, the Strategy will be reviewed two years after it has been implemented, and if necessary amended.

Timetabling and prioritising

If the policy has been ‘**screened in**’ for equality impact assessment, then please 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	
Social need	
Effect on people’s daily lives	
Relevance to the University’s functions	

Note: The Total Rating Score will be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the University in timetabling. Details of the University’s Equality Impact Assessment Timetable will be included in its quarterly Screening Reports.



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

Yes

No

If yes, please provide details:

Approval and authorisation

	Position/Job Title	Date
Screened by: 	Head of Health, Safety and Wellbeing	30/09/19
Approved by: 	Director of People and Culture	22/10/19

Note: Following approval by the Senior Leadership Team/Senate, the policy owner must inform the University Secretary that the policy has been approved. Once the Council of the University has been informed of the policy (either directly or through an appropriate Committee), the policy owner can then promulgate the policy and develop appropriate training or awareness raising material in relation to the policy.

A copy of the screening pro-forma will be made available on the University's website and be made available on request.

Review

Note: Policies must be reviewed at least every two years, but sooner if changes in legislation or other variables require review.

This policy is due for review (in terms of its impact on equality of opportunity and good relations) by the policy owner on:

22/10/21
 (Insert date)