

Code of Practice

Institution name: SRUC

Date of submission: 15th May 2026

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Part 1: Introduction

1. The Research Excellence Framework (REF) is the UK system to assess the quality of research and the research environment in UK Higher Education Institutions (HEIs). The primary purposes of the REF are to evidence and provide accountability for the investment in Higher Education in the UK, to benchmark UK HEIs and to inform the selective allocation of funding for research to them from 2029.
2. This Code of Practice sets out how SRUC will determine which outputs will be submitted to REF 2029. Individual members of staff are not submitted to REF 2029. Instead, the HESA staff record will be used to obtain the staff volume measure using the criteria of eligible contract, significant responsibility for research and research independence. For most staff, relevant information is contained within the main body of this Code. Supplementary information is provided in the appendices and via the SRUC REF2029 Teams site, accessible through the hyperlinks included in this document. Further guidance is available from the official REF 2029 website ([REF 2029](#)), which is referenced where appropriate.
3. As an HEI, SRUC has a legal responsibility under the Equality Act 2010 to ensure that our REF processes do not discriminate against, or lead to harassment or victimization of any staff in relation to any protected characteristic such as:
 - Age
 - Disability
 - Gender reassignment
 - Marriage or civil partnership
 - Race including colour, nationality, ethnic or national origin
 - Religion or belief
 - Sex
 - Sexual orientation
 - Pregnancy or on maternity leave
4. SRUC will also ensure that part-time staff and those on fixed-term contracts are treated no less favourably than colleagues on full-time or open-ended contracts in all aspects of the REF 2029 process.

Guiding Principles of REF 2029

5. Robustness, Transparency, Equity and Inclusion are guiding principles which also underpin the Equality and Diversity policies applied in SRUC (see **Appendix 2a:** [SRUC Equality, Diversity and Inclusion Policy](#)) and are monitored by the Equality, Diversity and Inclusion (EDI)

REF 2029

Research Excellence Framework

Committee. These describe amongst other things how SRUC supports its fixed-term and part-time staff, including contract research staff, in relation to equality and diversity and, in doing so, how we strive to build a culture which supports inclusion, celebrates difference, challenges prejudice and promotes equity.

6. Various groups, including the EDI Committee, Research Committee, Academic Leadership Team (ALT), Academic Board have been engaged in the development and review of the SRUC REF2029 Code of Practice, and will continue to advise on and monitor adherence to it through reports from the REF 2029 Code of Practice (CoP) short life working group (SLWG).
7. SRUC takes a long-term, whole-system approach to staff development, especially as we move through our transformation into a global tertiary powerhouse and a place-based university college focused on creating a sustainable natural economy. In line with our vision, mission and purpose, we are committed to building a community and culture where everyone – whatever their role – has the opportunity to grow, realise their full potential, and feel valued for the contribution they make. A high-level summary of SRUC's governance structure and Academic structure as it relates to REF 2029 are included in **Appendix 2b** along with a description of the remit and composition of these committees. The composition and Terms of Reference of SRUC committees and groups relevant to REF 2029 are also outlined in **Appendix 2b**.
8. SRUC has elected to manage the REF 2029 submission through a REF Delivery Board, operating under the leadership of the Head of Research, that is independent of those managing the ongoing institutional restructuring. Communication with staff on REF related items is delivered through central communications from the SRUC REF team and through School reporting structures.

A culture of inclusivity

9. Equality and Diversity is a SRUC Board responsibility, operationalised through the EDI Committee. The EDI Committee has membership drawn from across SRUC including representatives from the recognised trade unions, is chaired by a member of the Executive Leadership Team (ELT) and is attended by the Company Secretary, to reflect SRUC's legal requirement to comply with the Equality Act 2010. The Committee's primary purpose was to develop and monitor SRUC's policies and to drive forward SRUC initiatives to comply with legislation and Scottish Funding Council (SFC) requirements.
10. As an institution, SRUC is a Disability Confident Employer and a member of Athena SWAN, having achieved a Bronze award in November 2024. Actions to address gender bias are outlined in our Athena Swan Action Plan. SRUC also has an active Rainbow Staff Network. In addition, SRUC is a signatory to the Scottish Government led Commitment to Race Equality via the [Race Equality Framework 2016-2030](#).
11. All SRUC staff are now required to successfully complete a mandatory Equality and Diversity Compliance module and anyone involved in recruitment of staff is also required to complete Unconscious Bias training. SRUC has a well-developed Equality, Diversity and Inclusion Policy and an Equality Outcome Action Plan and has taken steps to ensure that equality and diversity is embedded in both staff and student induction programmes, as

well as our curriculum, via SEEDABLE – a four-year strategic curriculum project. SRUC is also a member of the EmilyTest Network.

12. Equality and Diversity are also principles which also underpin SRUC's shared values summarized by the acronym 'RISE':
 - **Respect** everyone's contribution towards the success of the organisation
 - **Innovate** by constructively challenging how things are done
 - **Support** each other, sharing knowledge
 - **Excel** in everything we do to develop the business
13. These shared values were developed in 2014 following wide staff consultation and are frequently cited and referred back to in staff communications. The RISE values have been retained and underpin the SRUC Strategy 'For a Sustainable Future' as well as the People Strategy 'Inspiring our People'.
14. The mission of the People strategy is to develop an environment where staff are motivated, innovative and empowered at work, building an organization that is trusted, responsive and respected. The three key underpinning themes are:
 - **People:** We maximize the effectiveness of our people and promote a positive employee experience
 - **Leadership:** We develop our people to lead, inspire and empower
 - **Culture:** We drive and develop a vibrant, engaged and empowered culture
15. SRUC considers Organisational Development to be a key function and is committed to providing staff with the opportunity to learn new skills to both enhance their current role and encourage personal growth. Staff training and development sessions delivered via Teams are refreshed regularly based on a staff needs assessment survey as well as feedback on courses run, with more formal personal development courses available through [The Skills Network](#).

Purposes of the Codes of Practice

16. In addition to the general principles outlined above, this Code of Practice demonstrates fairness to staff by adhering to the REF2029 guiding principles of Robustness, Transparency, Equity and Inclusion:
 - **Robustness:** Processes used to determine research independence, significant responsibility for research and output selection will be based on consistently applied criteria.
 - **Transparency:** All information governing the processes around the REF 2029 submission will be available in an easily accessible format and publicised to all academic and other relevant staff across the institution. This information will be available on the SRUC Intranet/Teams site and drawn to the attention of those staff who are absent from work. The Code is supported by a programme of communication to explain the process, which is attached at **Appendix 2c**.
 - **Equity and Inclusion:** SRUC is committed to ensuring that decisions relating to REF 2029 are fair, impartial and supportive of a diverse research community. To uphold equity and inclusion:

REF 2029

Research Excellence Framework

- All relevant policies and processes will be subject to Equality Impact Assessment (EqIA).
 - Decision makers will receive equality, diversity and unconscious bias training.
 - Clear routes for feedback and review will be available to staff.
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17. These principles apply to all aspects of preparing our REF 2029 submission covered by the Code of Practice including determining who is an independent researcher, who has significant responsibility for research and the selection of outputs.
 18. This Code provides staff with clear guidance about the processes used to prepare REF 2029 submission, and provides those staff involved in the decision-making processes with clear guidance and advice about how to apply the selection criteria in terms of equality and diversity. This information will be supplemented by tailored information and development for all staff involved in these processes.

Consultation on the Code of Practice

19. During the REF 2029 period, SRUC has undergone organisational restructuring and financial recovery activity across multiple areas. In addition, changes to financial year reporting and major funding requirements occurred within a compressed timeframe. To avoid consultation fatigue and to support meaningful engagement, SRUC therefore adopted a single structured consultation period at an appropriate point in the academic calendar.
20. It was decided that formal consultation through Academic Board and the Research Committee on the SRUC Code of Practice would be undertaken once the REF 2029 guidance had been published and the draft Code had been developed internally. This approach ensured that consultation focused on a near-final document and reflected the confirmed REF requirements.
21. Summaries of REF planning and activities are communicated regularly through academic leadership meetings, staff briefings, newsletters, and research-focused communications. These updates include information on output evaluation processes and the development of the Code of Practice.
22. The draft Code of Practice will be reviewed by the Academic Board and approved by the Provost prior to the consultation period.
23. Once approved, the Code of Practice will be communicated through:
 - Notice in weekly staff newsletter
 - Heads of School and Business Areas highlighting the consultation locally
 - Direct communication by line managers/HR to staff on extended leave
 - Alternative formats available on request
24. This process is summarised in the table in **Appendix 2d**.

REF 2029

Research Excellence Framework

25. The EqIA created alongside the Code of Practice will be reviewed at key stages of the REF preparation period. Outcomes will be published internally, and actions arising will be implemented where required.
26. At the point of Code of Practice submission, not all guidance will have been published by the REF team. Therefore, while these have been prepared with the information available, it is possible that there may be aspects of the procedures used which it may not be possible to predict at this stage. In the event of unforeseen significant change, supplementary information will be made available to staff to reflect those changes, and the EqIA will be revised in light of these.
27. HEIs are now encouraged to publish both their Code of Practice and the EqIAs used to monitor them, on their Intranets or websites at the earliest appropriate opportunity. SRUC will seek input from staff directly, from representative staff groups, and carry out an EqIA alongside the development of our Codes to ensure that they are fit for purpose. The EqIA will review REF related processes including research independence and output selection procedures, in order to establish whether they may have a detrimental impact on particular groups. SRUC has trained staff on how to undertake EqIAs and has an established Guidance document and a template for use (see **Appendix 2e**).
28. Once the Code of Practice has been submitted to the REF team it will be published on the SRUC external website along with the EqIA.
29. In 2018 the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 came into force, replacing the Data Protection Act 1998. Among other things, this change provided increased rights to individuals on what data organisations hold about them, how they process it and how transparent they need to be. This data will be handled in a manner which fully complies with the updated [SRUC Data Handling and Privacy Policy](#) which can be found on the GDPR area of the Staff Intranet. All staff are required to successfully complete compliance training on data, GDPR, and Information Security, and a range of approaches (including 'bite size' online training, all-staff emails and information in staff briefings has been used to raise awareness of GDPR among the staff body).

Update on Actions Since REF 2021

30. An Equality Impact Assessment (EqIA) was undertaken for the Research Excellence Framework 2021 Code of Practice. No significant equality issues or adverse impacts were identified and therefore no actions were required. Nevertheless, SRUC has continued to review its policies and procedures and will undertake further EqIAs as part of the development and implementation of the REF 2029 Code of Practice, ensuring continued compliance with the Equality Act 2010.

Use of AI in SRUC's REF 2029 preparations

31. Artificial Intelligence (AI) is a rapidly developing area and as such, the potential for its use in different aspects of REF preparation is constantly growing. SRUC provides guidance, training and information on the use of AI in all aspects of work at SRUC via the Artificial Intelligence Intranet Hub and linked activities specific to research, teaching and commercial activities. Preparations for REF should follow the same principles outlined in

the Hub including that the use of AI is acknowledged if used, AI-generated material is never used without human verification and data privacy and security is paramount.

Further information for SRUC staff

32. Guidance on all aspects of REF 2029 including the Code of Practice can be found on the REF2029 website. In addition, there is information on SRUC's preparations for REF 2029 on the SRUC REF2029 Teams site.
33. Any comments or queries relating to SRUC's REF 2029 submission or anything else relating to the REF process should be directed to REF2029@sruc.ac.uk.

Part 2: Identifying Staff Contracts with Significant Responsibility for Research (SRR)

Criteria for SRR

34. Staff with significant responsibility for research are those:
 - Who have explicit time and resources made available – e.g., where time is allocated for research, as determined by their contract and/or annual objectives.
 - Expected to engage actively in independent research. Indicators of this are shown in **Figure 1** and could include:
 - eligibility to apply for research funding as the lead or co-applicant
 - access to research leave or sabbaticals
 - For whom independent research is an expectation of their job role. Indicators of this could include:
 - current research responsibilities as indicated in, for example, career pathways or stated objectives
 - expectations of research by role as indicated in, for example, job descriptions and appraisals.

Inclusion of Research Practitioner Staff

35. As a tertiary organisation, SRUC operates an integrated model of research, education, consultancy, and innovation. A significant proportion of SRUC staff contribute to research through commercial delivery, knowledge exchange activity, and practice-based innovation. These research practitioners provide critical routes for co-creation, bottom-up research development, and policy- and practice-informed research questions.
36. SRUC recognises that these roles form an essential component of the research environment and contribute directly to the development, delivery, and impact of research activity. Accordingly, staff whose primary roles are within consultancy, commercial, or innovation functions may be identified as having significant responsibility for research where their role includes protected time for research and innovation activity.

37. Where research practitioners are identified as contributing to research activity, SRUC will ensure that:
 - Protected time for research and innovation activity is formally allocated within workload planning
 - This time is normally at least 20% FTE, or higher where roles are more evenly split between research and delivery activity
 - The allocation of research and innovation time is recorded within institutional academic workload allocation processes
 - Research activity aligns with institutional research priorities and academic activity
 - Research responsibilities are agreed jointly between line management and the Head of Research/Head of School (and/or relevant deputy Head of School)
38. These staff are expected to contribute to research in ways consistent with their role, including:
 - Co-creation of research with academic colleagues and stakeholders
 - Participation in externally funded research projects
 - Development of practice-informed research questions
 - Contribution to research environment and impact activity
 - Dissemination of research findings to practice and policy audiences
39. Staff identified under this route are subject to the same criteria for significant responsibility for research as academic staff. Evidence used to determine SRR status may include:
 - Formal workload allocation including research time
 - Named roles on research projects
 - Contributions to research leadership or thematic activity
 - Participation in research funding applications
 - Contribution to research outputs or impact case studies
40. Oversight of the identification of research practitioners with significant responsibility for research rests with the Head of Research, working in collaboration with Heads of School and line managers. Decisions are recorded centrally and are subject to equality impact assessment in line with this Code of Practice.
41. This approach ensures that SRUC's REF submission reflects the full breadth of research activity across its tertiary model, including co-created, practice-informed, and innovation-led research.

The decision-making process

42. The identification of staff with significant responsibility for research (SRR) will follow a consistent institutional process for all staff groups, including academic staff and research practitioners. Decisions will be evidence-based and will use the criteria set out in paragraphs 34–41.
43. Relevant information will be extracted from SRUC's information systems. The source of each item is listed in **Table 1** below. This evidence includes contractual information, contribution to research

environment, research activities, such as research leadership roles, postgraduate supervision, and other indicators of research responsibility.

44. SRR status will normally be determined from the evidence held within these institutional systems. Where the available evidence does not clearly demonstrate whether the SRR criteria have been met, the relevant Head of School (or Deputy Head of School) and the Head of Research will review the evidence before reaching a decision. For research practitioners, this will include consideration of the evidence described in paragraphs 37–39.
45. The REF Delivery Board will review and confirm SRR decisions to ensure that the criteria have been applied consistently across the institution. Final decisions on SRR status will be approved by the Head of Research in collaboration with the relevant Head of School, recorded centrally. All decisions will be subject to the equality impact assessment and appeals processes described elsewhere in this Code of Practice.

Table 1: Sources of staff data

Criterion	Use (SRR or Research Independence (RI))	Source of information
Staff contract type	SRR	Itrent – HR record
FTE	RI	Itrent – HR record
Contract length/ start and end dates	RI	Itrent – HR record
<i>Contribution to research environment:</i>		
Research leadership roles	RI	CBS/Pure
Postgraduate research student supervision	RI	Doctoral College records
<i>Research Activities:</i>		
Grant applications	SRR/RI	Pure
Grants won/Role (PI or Co-I)*	SRR/RI	Pure
Conducting self-directed research, rather than carrying out another individual's research	SRR/RI	Recorded in Performance Management Objectives and/or Workload Allocation Model
Responsible for a distinct body of research on a large external research grant (for	RI	CBS (Finance system)/Pure/contractual

example, a Co-Investigator (CoI) and/or work package leader)		documents or confirmed in writing by grant holder
Supervisor of a PhD student (within the REF 2029 assessment period)	RI	Doctoral College supervisors records
Responsible for a distinct body of research on a smaller external research grant (for example, a CoI)	RI	CBS/Pure/contractual documents or confirmed in writing by grant holder**
Leading a research group	RI	As defined by job description or confirmed by Head of Research and/or Provost.
Research as a job objective	SRR	Online performance management system (via HR) and/or Workload Allocation Model (WAM) introduced in 2024

* PI role on Scottish Government funded Strategic Research Programme not included

** “small” may be determined by Head of Research and Provost to ensure it reflects the disciplinary norms within SRUC

Staff, committees and training

46. The Research Delivery Board involved in the submission and processes for REF is listed in **Appendix 2b**. As a small and specialist organisation the group is relatively small in size, but remit and activity is defined. Staff from other areas of the business are involved in specific tasks where appropriate.
47. There is also a wider panel of output and impact reviewers to aid in decision making on selection of outputs (detailed later).
48. SRUC staff (both academic and professional services) involved in the compilation of the SRUC REF 2029 submission will be offered REF-focused development and training opportunities designed to meet their needs with regard to equality and diversity and which enable them to understand their respective responsibilities in the process. The training will be mandatory for individuals involved in any decision-making.
49. Following release of the final versions of the REF 2029 guidance, SRUC will ensure that all staff undertaking functions around REF have access to, and complete appropriate training on, REF 2029 process including e.g., modules on unconscious bias, legal context and equality impact assessments.

REF 2029

Research Excellence Framework

50. SRUC unconscious bias training is a requirement for all individuals involved in any REF 2029 advisory or decision-making processes, including the determination of research independence, significant responsibility for research and the selection of outputs.
51. These training activities are in addition to wider SRUC training modules available on a range of issues related to E&D and fairness in decision making.

Appeals

52. SRUC staff will be informed of their SRR and RI status once decisions have been confirmed. This will be shared with staff as part of the annual performance and reflected in discussions on workload allocation. SRUC recognises that staff may wish to appeal against one or more REF processes so information on how to query their status, raise concerns about data accuracy, and appeal decisions will be provided at the same time.
53. The institutional Grievance Policy will be used as the framework for handling appeals.
54. Appeals will be reviewed by two senior staff members who:
 - have had no involvement in the original decision
 - have no line management relationship with the individual
 - have received appropriate REF and equality training
55. Investigating Officers will review the evidence and provide a recommendation to REF Delivery Board. A subgroup of Academic Board will make the final decision.
56. Appeals will normally be concluded within three weeks of receipt.

Equality Impact Assessment

57. SRUC completed an initial Equality Impact Assessment of this Code of Practice ahead of the submission on 15 May 2026 and will conduct further EqlAs at critical points during preparation of the REF 2029 submission. The initial EqlA, included at Appendix 1, found no evidence of adverse or differential impact on any protected group. It identified a potential positive impact in output selection because outputs are identified through SRUC systems and do not rely solely on staff putting themselves forward. The analysis shaped the final Code by making explicit the use of common criteria, recorded decisions, trained decision-makers, independent review and moderation, monitoring for potential bias, routes to query or appeal, and continuing EqlA review during implementation.
58. SRUC will conduct equality impact assessments (EqlAs) at critical points over the course of the REF 2029 submission preparation period. In acknowledgement of the REF 2029 preparations being already underway, the processes adopted to date will be reviewed, including via an EqlA, once this Code is published and adjustments will be made, as necessary. A SLWG will undertake the EqlA following established SRUC processes providing a thorough and systematic analysis of the research independence and output selection processes to determine whether these may have a differential impact on particular groups. The EqlA will consider relevant REF policies and practices, including staff identification, output assessment, individual circumstances and associated decision-making processes. The EqlA will also consider the assessment of outputs produced in British Sign Language and other recognised

REF 2029

Research Excellence Framework

languages to ensure they are not disadvantaged in REF processes. Future reviews will include analysis of staff data by protected characteristics, including comparison between REF volume and non-volume contributing populations where appropriate and where reliable data are available. The analysis will cover all relevant staff and will, where possible, engage and involve staff from protected groups to inform the EqIA. The EqIAs will analyse data on all the protected characteristics for which sufficient/ reliable data are available. The findings from these assessments will be used to inform this Code of Practice to ensure that it is improved and enhanced, if required, through the course of the preparations for the REF 2029 submission.

59. All EqIA outcomes will be reviewed during the submission preparation period to ensure that decision-making processes are fair, transparent and equitable.
60. EqIAs will be presented to the SRUC EDI Committee highlighting areas of potential discrimination and examples of good practice. Where there is potential discrimination, this will be drawn to the attention of the local areas affected. Good practice will be promoted more widely across other areas of REF effort, or the business as a whole, where these have demonstrated a positive impact on equality and diversity.
61. SRUC will publish the final EqIA conducted as part of this exercise after the submissions have been made, in keeping with good practice.

Part 3: Determining Research Independence

62. The REF 2029 Guidance on Submissions defines an independent researcher as ‘an individual who undertakes self-directed research, rather than carrying out another individual’s research programme’.
63. To meet the requirements of an independent researcher under REF guidelines firstly a staff member must meet the following three criteria to demonstrate their involvement in research activity at SRUC:
 - The researcher must hold a contract where their employment function is ‘research only’ or ‘research and teaching’.
 - They must be or have been on the payroll of SRUC and holding/held at least a 0.2 FTE contract with SRUC during the period in which the volume measure is calculated. For anyone on a fractional contract of 0.2-0.29 FTE, evidence should be available demonstrating their substantive research connection to SRUC. This can be evidenced in a variety of ways e.g.
 - Contribution to the research environment e.g. research leadership activities such as supervision/ line management of staff; supervision of research students;
 - Research activities e.g. grants held or applied for;
 - Wider research activities e.g. leading a research team or area. This process is laid out in **Figure 1** and in **Appendix 2f**.

Figure 1: Mechanisms for Identifying Independent Researchers for REF2029

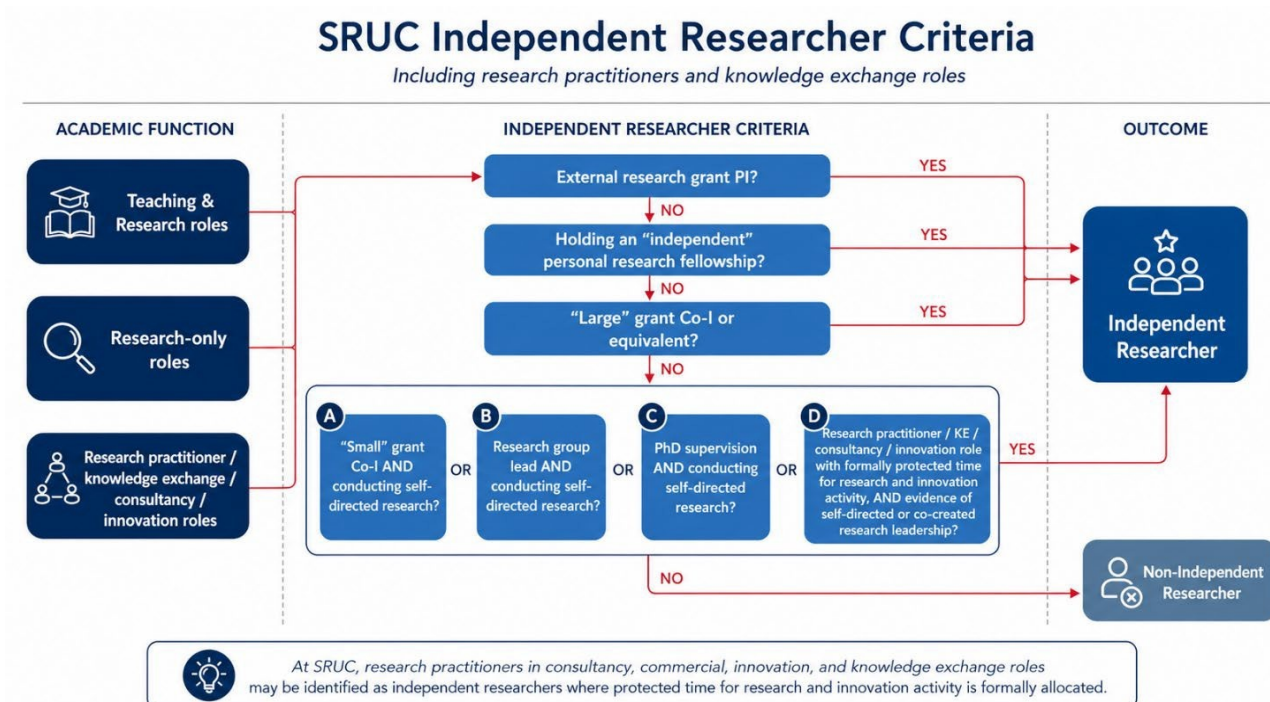


Diagram illustrating the decision-making process for researcher independence at SRUC.

64. SRUC will use various indicators of research independence where meeting only one may not be sufficient to demonstrate independence, but in combination may pass a threshold of independence.
65. For all eligible staff the following criteria will be applied to ascertain research independence. If at least one of the following criteria is met, the researcher is considered to be independent:
 - Being PI (Principal Investigator) on a substantial (given disciplinary norms) external research grant;
 - Holding an external grant or fellowship where independence is a criterion of award; Responsible for a distinct body of research on a large external research grant (for example, a Co-Investigator (CoI) and/or work package leader).
66. If a researcher does not meet one of the above criteria, but does meet one of the following combinations of criteria, then they will be considered to be independent researchers for the purpose of REF 2029:
 - Conducting self-directed research, rather than carrying out another individual's research; AND responsible for a distinct body of research on a smaller external research grant (for example, a CoI).
 - Conducting self-directed research, rather than carrying out another individual's research; AND leading a research group/area.
 - Conducting self-directed research, rather than carrying out another individual's research; AND approved principal supervisor of a PhD student (within the REF 2029 assessment period).
67. Researcher independence will be determined centrally, utilising the criteria in **Table 1** and the processes laid out in **Figure 1** and **Appendix 2f**. The process for research independence determination will be completed as part of preparation for HESA submission.
68. Once the initial process for research independence determination has been carried out, Heads of Schools (or academic line managers) will be responsible for confirming, based on the criteria, whether the staff they manage are independent researchers.
69. In the interests of consistency and in order to monitor the process for identifying individuals who meet the definition of an independent researcher effectively, evidence in support of decisions/actions will be collated and logged centrally.
70. All other processes relating to decision-making, training, communication, appeals and EqlAs will follow the processes described in previous sections.
71. The EqlA found no evidence of adverse or differential impact arising from the process for determining research independence. The process is designed to prevent such an impact by applying the same published criteria to all eligible staff; basing decisions on contractual responsibilities and evidence of research independence rather than output volume or individual circumstances; recording evidence centrally; reviewing decisions through the REF governance process; requiring equality and unconscious bias training; and providing routes for queries, appeals and continuing EqlA monitoring.

Part 4: Allocating Contracts to UoAs

72. As SRUC is only submitting to a single UoA there is no requirement for a process to allocate contracts to UoAs.

Part 5: Selecting outputs

73. Outputs selected for REF 2029 will be chosen primarily on the basis of research quality, assessed through SRUC's agreed peer review and moderation process. Selection will also need to meet REF eligibility requirements, including publication date, output type, open access requirements where applicable, and the requirement for a substantive link to SRUC.
74. SRUC will keep an auditable record of output review, indicative scoring, moderation and final selection decisions through its agreed REF systems. This record will provide evidence that outputs have been considered consistently and in line with this Code of Practice.
75. Outputs may be identified through SRUC systems and author nomination as required. Staff may be invited to put forward outputs for review, but nomination will not be the only route by which outputs are considered. This will help ensure that the pool of outputs reflects the breadth of eligible research undertaken across SRUC.
76. Review will be undertaken by appropriately experienced reviewers and may include internal review, cross reviewer moderation and, where useful, external benchmarking. Outputs published later in the REF period will be considered through the same process as earlier outputs.
77. Where outputs receive similar review scores, final selection may take account of the balance of subject areas and staff profile represented, and the overall coherence of the SRUC submission. Any such decisions will be recorded with a clear rationale.
78. Outputs produced in British Sign Language (BSL) or recognised languages, including Scottish Gaelic, Scots, Ulster Scots, Irish and Irish Sign Language, will be assessed on an equal basis with outputs in English. Appropriate arrangements will be made, where required, to support their assessment in line with REF requirements and relevant legislative provisions.
79. The EqIA found no evidence of adverse or differential impact arising from the output selection process and identified a potential positive impact because outputs are identified through SRUC systems and do not rely solely on staff self-nomination. The following features are designed to prevent differential impact:
 - Outputs are selected primarily on research quality, with eligibility checks kept separate from academic judgements.
 - Outputs are identified through SRUC systems as well as author nomination.
 - Different output formats, recognised languages and interdisciplinary research are assessed on an equal basis.

- Outputs are normally assessed by two independent reviewers who have completed equality and unconscious bias training and declared any conflicts of interest.
- Scoring patterns are reviewed for inconsistency or potential bias, with additional moderation where required.
- Decisions and their rationale are recorded and are not used in appraisal, promotion, workload allocation, contract renewal or career progression.

These safeguards and the outcomes they produce will be reviewed through the continuing EqIA process described in paragraphs 57–61.

Identifying substantive link to outputs

80. All outputs selected for submission must have a clear substantive link to SRUC. This will normally be demonstrated where the output was produced while the author was substantively employed by SRUC and SRUC is listed as the institutional affiliation. In assessing the substantive link, SRUC will consider the nature, duration and extent of the employment relationship, including employment of at least 0.2 FTE for a minimum of 12 months continuously, and the connection of the author's role to the research activity associated with the output, including research-enabling roles.
81. Before entering the scoring pool, outputs will be checked to confirm that they are eligible for REF 2029 and that the substantive link to SRUC can be evidenced. Checks may include publication details, author affiliation, HR records, contractual information, CBS records, project records and other relevant SRUC systems.
82. The Administrator of Outputs will coordinate this validation process, with support from relevant professional services colleagues where required. Eligibility checks will be kept separate from academic judgements on output quality wherever possible, so that selection is based on the quality of the research rather than assumptions about individual staff circumstances.
83. Outputs that do not meet REF eligibility requirements, or where a substantive link to SRUC cannot be confirmed, will not proceed to scoring. The reason for exclusion will be recorded.
84. Where a member of staff changes contract type during the REF period, an output may still be eligible if it was produced during a period when the individual had a substantive research link to SRUC. Any such cases will be considered through the same validation process.
85. Exceptional or non-standard cases, including outputs linked to honorary, emeritus, practitioner, consultancy, commercial or other non-standard roles, will only be considered where REF guidance allows this and where SRUC can evidence a clear substantive link. Such cases will require approval through SRUC's academic governance process and REF2029 delivery board.

Outputs with a Substantive Link via Former Staff

86. SRUC expects most submitted outputs to be linked to current staff, but outputs from former staff may be included where they are eligible, have a confirmed substantive link, and strengthen the quality and coherence of the submission.
87. Outputs produced by staff who have left SRUC during the REF period may be considered where a substantive link is confirmed. This includes staff who left due to compulsory redundancy, voluntary redundancy or severance, retirement, or expiry of a fixed-term contract.
88. The reason for leaving will not affect the assessment of output quality. Outputs linked to former staff will be reviewed, scored, moderated and selected through the same process as outputs linked to current staff, subject to REF eligibility rules.
89. Where a member of staff has left SRUC through compulsory redundancy, outputs will not be eligible for submission if the output became publicly available after the end of the individual's substantive link with SRUC. Outputs that became publicly available while the individual still had a substantive link with SRUC will be considered through the normal validation process. SRUC may contact former staff where this is needed to clarify publication details, eligibility, research material or other REF-related information. Any contact will be handled appropriately and in line with data protection and employment obligations.
90. SRUC will monitor the use of outputs where the substantive link is provided by former staff and will report summary information through its REF governance structures. This will support assurance that former staff outputs are considered fairly and consistently.
91. Final output selection will be approved through SRUC's REF governance process, with records retained on eligibility, substantive link, review outcomes, moderation and selection rationale.

Assigning outputs to Unit of Assessment

92. As SRUC is submitting to a single UoA, no internal allocation process between multiple UoAs is required.

Interdisciplinary research

93. Where outputs are interdisciplinary in nature, they will be assessed against the published criteria for UoA 6 to ensure alignment with its scope and expectations. Interdisciplinary characteristics will not disadvantage outputs. Instead, the assessment will focus on originality, significance, and rigour in line with REF criteria.

Procedures for Supporting Diversity of Outputs

94. SRUC is committed to recognising the full diversity of research outputs, including but not limited to:
 - Journal articles

REF 2029

Research Excellence Framework

- Technical/case study reports
- Policy evidence reports

All eligible original research outputs will be scored using the same qualitative criteria, irrespective of format or publication venue.

Ensuring the Submission is Representative of Research Activity

95. The REF Delivery Board will use scored outputs to construct a portfolio that:
 - Aligns with SRUC strategies;
 - Reflects the full breadth of SRUC research themes;
 - Demonstrates the diversity of research methodologies and output types;
 - Illustrates inter- and trans-disciplinary research approaches
 - Demonstrates research capacity across career levels from Early Career Researcher (ECR) to Professorial
 - Captures collaborative and partnership-based research nationally and internationally.
96. Selection will balance overall quality with representativeness of research themes to ensure a coherent and strategically aligned submission.

Responsible research assessment and Confidentiality

97. SRUC is committed to the principles of responsible research assessment. Research outputs submitted to REF 2029 will be assessed solely on their intrinsic quality, judged against the REF criteria of originality, significance and rigour. Consistent with national and international best practice in research assessment, including the principles set out in the San Francisco Declaration on Research Assessment (DORA) and the Leiden Manifesto, SRUC applies the following criteria to its assessment process:
 - Journal impact factors, citation counts, h-indices and similar indicators will not be used to inform the scoring or selection of outputs.
 - The content of each output will be **assessed directly** through expert peer review.
 - Outputs will be **treated equally** regardless of publication format or venue.
 - Interdisciplinary research and outputs published outside traditional disciplinary journals will be **assessed fairly** and without disadvantage.
98. REF processes will be designed to ensure that submission decisions are used solely for the purpose of constructing the institutional REF submission and are not used to evaluate individual staff performance. REF-related decisions will not influence appraisal, promotion, workload allocation, contract renewal or career progression. This approach supports a research culture that values quality, integrity and diversity of research contributions.
99. Staff will not be informed whether, or how many, of their outputs are selected for submission, and how they were scored. This approach supports responsible research assessment and protects staff from REF-related pressure.
100. Staff may query their SRR or RI status and raise concerns about the accuracy of the institutional data used to determine their status or returned to HESA. Such queries will be reviewed through the process set out in the appeals section of this Code of Practice, and any confirmed inaccuracies will be corrected before REF decisions are finalised.

101. Open Access compliance will be monitored throughout the REF period through deposit tracking in Pure. Before final portfolio approval, all shortlisted outputs will undergo a formal compliance check. The REF Delivery Board will ensure that the proportion of non-compliant outputs does not exceed the REF tolerance threshold. Where outputs are not compliant, REF-recognised exceptions will be checked, assessed, and applied where appropriate. Any approved exceptions will be documented and authorised by the REF Delivery Board or delegated authority. Exceptions will be recorded in line with REF guidance. Compliance will be confirmed before final portfolio approval.

Assessment of outputs

102. Outputs will be assessed using SRUC's CRIS system, Pure, by an Output Review Group comprising Professors and Readers. Each output will normally be reviewed by two independent reviewers:
- One reviewer will have relevant subject expertise in the specific research area;
 - Second reviewer will be drawn from the wider disciplinary area represented within UoA 6.
103. Output Reviewers will be responsible for:
- Reviewing eligible research outputs;
 - Providing expert advice on output quality.
104. Reviewers will receive guidance on REF criteria, scoring standards, and unconscious bias before undertaking assessments. Reviewers must declare any conflicts of interest and will not assess outputs where a conflict exists.
105. The REF Delivery Board will review scoring profiles at key intervals analysis to identify inconsistencies or potential bias in scoring. Where concerns are identified, additional moderation will be undertaken, informed by this analysis and the output will be referred for moderation. A third reviewer will provide an independent assessment. The moderated score will be final.

Selection of the Final Portfolio

106. The REF Delivery Board will use final moderated scores to identify the strongest and most representative portfolio of outputs. Outputs may be attributed to the submission regardless of whether they are produced by staff contributing to the volume measure. This includes outputs from the wider research community, including technical and enabling staff. Final approval of the portfolio rests with the Head of Research.
107. There is regular communication to academic staff in relation to research outputs deposition requirements to comply with REF open access policies via:
- Head of Research monthly meeting for all staff;
 - Internal communication blogs on the Intranet.
108. Training tools will be provided to all staff involved in evaluating outputs, including:
- REF guidance and assessment criteria;
 - Principles of expert peer review in research evaluation;

REF 2029

Research Excellence Framework

- unconscious bias awareness;
- Equality, diversity and inclusion principles;
- fair assessment of interdisciplinary research.

APPENDICES

Appendix 1: Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT

Policy, practice, process or service title:	REF2029 SRUC Code of Practice
Policy, practice, process or service lead/ owner:	Head of Research
Others involved in EqlA assessment group	Research Operations Lead; Deputy Head of School - Engagement and Knowledge Exchange; Professor; HR rep
Policy, practice, process or service implementation date:	15/05/2026

1 Framing the policy, practice, process or service

1.1 Briefly describe the outcomes, aims and purpose of the policy, practice, process or service:

Focus on the parts of the policy, practice, process or service where equality impacts are most likely.

The REF 2029 Code of Practice set out how SRUC will prepare its Research Excellence Framework 2029 submission.

The purpose of the Code of Practice is to ensure that decisions about staff eligibility, research independence, and output selection are fair, transparent, consistent and compliant with the Equality Act 2010.

The Code aims to remove bias from decision-making, support equality and inclusion, and ensure that REF 2029 processes are not used to assess individual staff performance.

1.2 Is the policy, practice, process or service new or being changed, reviewed or stopped?

The policy is new, replacing the REF 2021 Code of Practice.

1.3 Who is affected by this policy, practice, process or service?

Be clear on who the 'customer' is e.g. employees, students, general public.

The policy affects SRUC staff involved in research activities, including academic, research-only, and professional services staff who contribute to research outputs.

It also affects staff involved in REF decision-making, including reviewers and committee members.

1.4 Are there any other SRUC policies that may be affected by this policy, practice, process or service?

List here any other policies that may be affected by changes you make to this policy, practice, process or service, so that any equality impacts found here can be shared with those policy, practice, process or service leads. You may need to consider where there might be cumulative impacts across several policies, practices, processes or services.

This policy aligns with and is supported by existing SRUC policies and procedures, including Equality, Diversity and Inclusion Policy, SRUC Data Handling and Privacy Policy, Grievance Policy and Responsible research assessment principles.

2 Evidence relevant to the policy, practice, process or service including consultation

The information you gather in this section will:

- help you to understand the importance of your policy, practice, process or service for different equality groups,
- inform the depth of equality impact assessment you need to do (this should be proportional to the potential impact on equality groups), and
- provide justification and an audit trail behind your decisions, including where it is agreed an equality impact assessment is not required.

2.1 Evidence: Set out in the table what you know about the experiences of people in terms of each equality group. Consider the diversity within each group (e.g. experiences of people from different religions or faiths) as well as the differences between groups. There may also be cumulative barriers experienced by people when you look at more than one group together (e.g. experiences of women of different minority ethnic groups, so the intersectional impact of sex and race).

You can add more rows to present the evidence if required.

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy, practice, process or service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
Age	REF2029 Code of Practice	The Code of Practice applies the same criteria regardless of age. Decisions on inclusion in the volume measure are based on employment

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy, practice, process or service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
		contract type and evidence of their research independence and responsibility for research, not age or career stage. Decisions are also confidential – staff are not informed if they are included, nor are their names listed as part of the submission. After scoring, decisions on inclusion in the submission are made based primarily on quality. If the quality rating is the same for 2 outputs, then the decision on which output to use will consider representativeness of research at SRUC
Disability	REF2029 Code of Practice, Human Resources Intranet Hub: Maximising Attendance/Support and reasonable adjustments guide	The Code of Practice recognises that disability may affect research activities. Decisions are based in contractual responsibilities rather than output volume, and staff are supported through existing SRUC reasonable adjustment processes.
Race	REF2029 Code of Practice, SRUC My Compliance Library – Diversity and SRUC Unconscious Bias mandatory courses	The Code of Practice requires fair, impartial decision making and prohibit discrimination on the basis of race. Equality and unconscious bias training is mandatory for decision makers.
Sex	REF2029 Code of Practice, Athena Swan Action Plan	The Code of Practice ensures that part-time working, caring responsibilities, and contract type do not disadvantage staff. Decisions are not based on output volume or individual circumstances. They are also confidential – staff are not informed if they are included, nor are their names listed as part of the submission.
Gender Reassignment	SRUC Equality, Diversity and Inclusion Policy; Athena Swan Action Plan; Dignity at Work Policy	No specific negative impacts are identified. The Code of Practice operates within SRUC's commitment to dignity, respect and inclusion for all staff.
Sexual orientation	SRUC Equality, Diversity and Inclusion Policy;	The Code of Practice applies equally to all staff regardless of sexual orientation and is supported by SRUC's inclusive culture and policies.

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy, practice, process or service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
	Dignity at Work Policy	
Religion or Belief	REF 2029 Code of Practice; Dignity at Work Policy	REF processes are administrative and do not disadvantage staff on the basis of religion or belief.
Pregnancy or maternity	REF 2029 Code of Practice; Maternity Leave Policy	The Code of Practice states that REF processes will not disadvantage staff who are on maternity leave or other extended leave, and that communication will reach staff who are absent via their line managers, as is the standard HR practice.
Marriage or civil partnership	Dignity at Work Policy	No impact identified. Marriage or civil partnership status is not relevant to REF 2029 decision making.
Language and communication	REF 2029 Code of Practice, British Sign Language Plan 2024-2030	The code of Practice considers accessibility and communication needs, including for people who use British Sign Language (BSL), Welsh, Scottish Gaelic, Scots, Ulster Scots, Irish Sign Language or other recognised languages. Communication and participation should be accessible, with appropriate adjustments or language support where required.

2.2 Consultation and stakeholder involvement: Speaking to people who will be affected by your policy, practice, process or service can help clarify the impact it will have on different equality groups. Describe below what you learned from the consultation/ involvement. Consultation can take time so make sure that you build this into your policy, practice, process or service review/ development timeline.

Note who you consulted with, when you consulted with them, and what they told you about the impact of your proposed policy, practice, process or service.

The REF Code of Practice has been included in REF-related presentations and blogs to staff at various meetings and via the Research Q&A sessions over the REF2029 preparation phase. Many staff will also be familiar with it from previous Research Assessment exercises. In the previous REF(REF2021), no negative impacts on any protected groups were identified. Staff consultation has taken place via representative groups and committees (e.g., Research Committee, ALT). Staff have also been encouraged to respond with any feedback via the REF2029 mailbox. The REF2029 Code of Practice and associated EquiA will be uploaded to the SRUC Intranet site after submission to the REF team and staff will be notified of these and encouraged to send any comments or feedback to the REF2029 mailbox.

2.3 Record here if you need to undertake a full equality impact assessment based on your evidence above.

Outcome of Step 2 following initial evidence gathering and relevance to equality characteristics	Yes/ No (Y or N)	Next steps
There is no relevance to equality	Yes – there is no negative impact on equality and in fact there may be a positive impact in terms of output scoring, as all potential outputs are scored – staff do not select those to be scored.	Proceed to sign off (step 5) to agree with decision makers that no EqlA is required based on current evidence
There is relevance to some or all of the equality groups		Proceed to Step 3: complete full EqlA
It is unclear if there is relevance to some or all of the equality groups		Proceed to Step 3: complete full EqlA

3 Impact on equality groups and changes to policy, practice, process or service

You must consider the three aims of the general duty for each protected characteristic. The following questions will help:

- **Is there potential for discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010?** How will this be mitigated?
- **Is there potential to advance equality of opportunity between people who share a characteristic and those who do not?** How can this be achieved?
- **Is there potential for developing good relations between people who share a relevant protected characteristic and those who do not?** How can this be achieved?

3.1 Does the policy, practice, process or service have any impacts (whether intended or unintended, positive or negative) on any of the equality characteristics? In the tables below, record the impact of the policy, practice, process or service, as it is planned or as it operates, might have on each equality characteristic and describe what changes in policy, practice, process or service or actions will be required to mitigate that impact or to take advantage of a positive impact.

Equality group	Public sector equality duty	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
		Positive impact	Negative impact	No impact	
Age	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Disability	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Race	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Sex	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Gender Reassignment	Potential for discrimination				
	Potential to advance equality of opportunity				

Equality group	Public sector equality duty	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
		Positive impact	Negative impact	No impact	
	Potential to foster good relations				
Sexual orientation	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Religion or Belief	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Pregnancy or maternity	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Marriage or civil partnership (in employment only)	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Language and Communication	Potential for discrimination				
	Potential to advance equality of opportunity				

REF 2029

Research Excellence Framework

	Potential to foster good relations				
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3.2 Think about and describe below how your assessment impacts on your policy, practice, process or service review or development timeline including but not limited to:

- Procurement criteria: do you need to include specific equality criteria as part of the technical specification ?
- Communication plan/ products: do you need to communicate with people affected by this policy, practice, process or service in a specific format (e.g. audio, subtitled video, different languages)?
- Cost: do you propose any actions because of this assessment which will incur additional cost?
- Resources: do the actions you propose require additional or specialist resource to deliver them?

3.3 Record the outcome of this assessment below having considered the potential or actual impacts of your policy, practice, process or service on equality groups. Choose from one of the following (mark with an X or delete as appropriate):

Note: You must take action to remove barriers or take advantage of positive opportunities BEFORE the policy, practice, process or service goes live.

Please select (X)	Implications for the policy, practice, process or service
	No major change: Your assessment demonstrates that the policy, practice, process or service is robust. The evidence shows no potential for unlawful discrimination and that you have taken all opportunities to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.
	Adjust the policy, practice, process or service: You need to take steps to remove any barriers, to better advance equality of to foster good relations. You have set actions to address this and have clear ways of monitoring the impact of the policy, practice, process or service when implemented.
	Continue the policy, practice, process or service: The policy, practice, process or service will continue despite the potential for adverse impact. You have justified this with this assessment and shown how this decision is compatible with our obligations under the public sector equality duty. When you believe any discrimination can be objectively justified you must record in this assessment what this is and how the decision was reached.
	Stop and remove the policy, practice, process or service: The policy, practice, process or service will not be implemented due to adverse effects that are not justified and cannot be mitigated.

4 Monitoring the policy, practice, process or service impact and further actions

It is important to continue to monitor the impact of your policy, practice, process or service on equality groups to ensure that your actual or likely impacts are those you recorded. Your monitoring information will also inform a future review of the policy, practice, process or service.

4.1 Record in the table below how you intend to monitor the impact of this policy, practice, process or service on equality groups. In the table below you should:

- list the relevant measures,
- Identify who or which team is responsible for implementing or monitoring any changes
- Where the measure will be reported to (e.g. committee, ELT, Board) and how often.

Measure	Lead department/ individual	Reporting (where/ frequency)

4.2 Record further actions or changes required after the policy, practice, process or service is implemented in the table below. Make it clear if there are no outstanding actions.

Action	Lead department/ individual	Action target date

5 Sign off and future review

Equality impact assessments must be signed off by the relevant Head of Service/ Department, even where an EqlA is not required. Also note here when you plan to review the policy, practice, process or service and accompanying EqlA which should be no later than 5 years from policy, practice, process or service implementation.

5.1 Senior Responsible Owner/ Committee sign off.

Job/ Committee title: Head of Research Date: 15/05/2026

5.2 Equality impact assessment review date.

Date: 15/05/2026

Important: You must send the final version of this equality impact assessment to:

- the Equality Diversity & Inclusion Lead.
- the Communications team for publication on SRUC's equality page on the external website.

Document control		
Document control:		V0.1
Date policy, practice, process or service live from:		[DATE]
Review/ Approval Group:		[project board if relevant or delete]
Last reviewed:		Date
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Version/ Author	Date	Comment
V0.1		

Appendix 2a: SRUC Equality, Diversity and Inclusion Policy



Equality, Diversity and Inclusion Policy

Contents

1.	Introduction	30
2.	Scope	30
3.	Policy statement and legislative context	32
4.	Responsibilities and commitment	33
5.	Equality impact assessments	34
6.	Disability	34
7.	Monitoring	35
8.	Breaches of this policy	35
9.	Policy review	36
10.	Links to other relevant policies and guidance	36

For further information and advice about this policy, or to request this policy in an alternative format (for example, large font or another language) please contact SRUC's Equality, Diversity and Inclusion Lead on 0131 535 4069 or at louise.baggott@sruc.ac.uk.

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This and other documents can be made available in other formats such as large print and/or community languages on request. If translated copy, please contact the author with the details of the format/language required.

Introduction

- 1.1. Scotland's Rural College (SRUC) is committed to embedding equality, diversity and inclusion across all its work as an employer, tertiary education and research institution, and service provider. We recognise that the promotion of equality and diversity is fundamental to good governance and management practices, and that this principle will support us to our strategic priorities and outcomes.
- 1.2. SRUC works hard to promote inclusive working and learning environments, and to deliver inclusive services which are free from discrimination and where our employees, students, and anyone associated with SRUC (e.g. visitors, contractors, and suppliers) are treated fairly.
- 1.3. SRUC requires all members of the SRUC community to treat each other with respect, dignity and consideration at all times, in keeping with the principles and spirit of this policy and SRUC's [shared values](#).
- 1.4. This policy outlines the main ways SRUC will realise and monitor our ambitions to improve diversity, enable inclusion and promote equality so that our community will realise their full potential regardless of their background.
- 1.5. SRUC promotes awareness of this policy across the institution through appropriate communication channels and through relevant information or training to support staff and students to understand their rights and responsibilities with regards to equality, diversity, and inclusion
- 1.6. SRUC works in partnership with the SRUC Student's Association and Trade Unions to inform and gain feedback about its work on equality, diversity, and inclusion.

Scope

- 2.1. This policy applies to all members of SRUC's community including:

- employees, board members, consultants, self-employed contractors, casual workers, agency workers, volunteers, and interns - all referred to as 'employees' for ease of reference in this policy unless otherwise stated.
- Students, including exchange and placement students and those applying to study at SRUC (see Education Manual)
- Visitors and volunteers, including individuals using SRUC's premises
- Contractors and suppliers including organisations that may deliver services on SRUC's behalf
- SRUC's interactions with customers and wider stakeholders.

2.2. SRUC does not tolerate harassment, victimisation, or unjustified discrimination, on the grounds of a protected characteristic as defined by the Equality Act 2010. The protected characteristics include sex, age, disability, gender reassignment (including gender identity), marriage or civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

2.3. SRUC recognises that people from different backgrounds and lived experience bring valuable insights and enhance the way we work, learn, and deliver services. In addition to the protected characteristics, SRUC promotes equality of opportunity for employees, students, and stakeholders regardless of

- socio-economic background
- Caring responsibilities
- Being in care or 'looked after' as part of our corporate parenting duties which also includes students who are estranged, refugees, or travellers.
- Being a veteran

2.4. All employees, students, visitors, contractors, suppliers, and others who fall within the scope of this policy are expected to adhere to it, and are responsible for ensuring their own understanding of the policy and for seeking clarification on any aspect of this policy.

2.5. This policy is published on our employee intranet and in the student Education Manual. Contractors, suppliers, and other stakeholders will be made aware of this policy through any formal contractual arrangements with SRUC or other means as appropriate. This policy is also available on the SRUC website.

Policy statement and legislative context

3.1. SRUC is committed to compliance with the Public Sector Equality Duty as set out in the [Equality Act 2010](#), which requires us to pay due regard to the need to:

- eliminate unlawful discrimination, victimisation, and harassment.
- advance equality of opportunity between people who share a protected characteristic and people who do not.
- foster good relations between people who share a protected characteristic and people who do not.

3.2. As a listed public authority in Scotland, SRUC is supported to meet the public sector equality duty through compliance with the Equality Act 2010 (Scotland) (Specific Duties) Regulations 2012 (and subsequent updates).

3.3. In respect of the protected characteristics (see paragraph 2.2), SRUC does not tolerate and works to prevent and eliminate discrimination, harassment and victimisation as defined under the Equality Act 2010. Appendix A provides a summary of the forms of discrimination prohibited under this policy and which are unlawful.

3.4. You must not unlawfully discriminate against or harass people including current and former employees, job applicants, students, customers, contractors, suppliers, and visitors. This applies:

- in the workplace or learning environments (whether at home or in the office/ on campus)
- online or in-person
- outside the workplace or learning environments (e.g. when dealing with customers, contractors, suppliers, or other work-related contacts)
- on work or course related trips or events including social events
- to any work or study related interactions online or on social media.

3.5. SRUC's commitment to equality, diversity and inclusion may include taking positive action, where required and as provided for within the Equality Act 2010. Positive action can be a proactive and proportionate means of

enabling people to overcome or minimise disadvantage or participate in activity where they are underrepresented on account of a protected characteristic(s).

Responsibilities and commitment

4.1. Everyone has individual responsibility for their own behaviour and must accept the principle that there is equality of opportunity and fairness for all employees, students, and our wider customers (e.g. visitors, contractors, suppliers and service providers) in all aspects of college life, the working environment, and through the services SRUC provides.

4.2. Individuals must ensure they do not support unfair behaviour by ignoring what is happening around them and must not incite or collude with unfair or unlawful discrimination. All employees, students and anyone associated with SRUC have a responsibility to adhere to this policy and apply it in their day to day work.

4.3. Any member of the SRUC community found to be responsible for inciting, perpetuating, or colluding with discrimination or harassment may face disciplinary action.

4.4. In addition to individual responsibilities, specific responsibilities in relation to this policy are summarised as follows:

- **Board members** are responsible for promoting equality and the principles of this policy.
- The **Principal and Chief Executive** has overall responsibility for promoting equality, compliance with our legal duties and ensuring the effective operation of this policy, supported by the representative Vice Principal in their role as Chair of the Equality, Diversity and Inclusion Committee.
- **Executive Leadership Team** are responsible for compliance with SRUC's statutory equality duties under their remit and embedding a culture that embraces equality and respect in line with this policy.
- All **committees, management groups and working groups** are responsible for paying due regard to this policy and SRUC's statutory equality duties when making decisions and carrying out their business.
- The **Chief People Officer** is responsible for implementation of this statement with respect to employees and for implementing supporting Human Resource policies and procedures.
- The **Faculty Management Teams** are responsible for implementation of this policy with respect to students and for implementing related policies and procedures. They are also responsible for raising the profile of this policy within their faculties and across

their respective campuses and ensure that all staff and students are aware of the commitments within this policy.

- **Equality, Diversity and Inclusion Lead** is responsible for monitoring SRUC's compliance with equality legislation and for providing advice, guidance, and training.

Equality impact assessments

- 5.1. SRUC is committed to promoting and monitoring fairness and equality of opportunity by conducting equality impact assessments where required. An equality impact assessment (EqIA) is a systematic, evidence based process used to embed equality into our policies, procedures, practices, and services.
- 5.2. Equality impact assessments will be conducted to ensure the public sector equality duty is embedded in SRUC policies, practices, processes, and services and are the most effective that they can be for students, employees, customers, and the wider communities they affect.
- 5.3. Further information on undertaking an equality impact assessment can be found in SRUC's Equality Impact Assessment Toolkit (internal only).

Disability

- 6.1. We encourage you to tell us If you experience barriers at work or during your studies because of a disability or long term health condition so that we can support you as appropriate. SRUC recognises that disability can be permanent or temporary and can exist from birth or be acquired later in life.
- 6.2. Employees can discuss reasonable adjustments with their line manager or Human Resources team. Students can discuss reasonable adjustments with their Year Tutor or Student Support Services Team.
- 6.3. The person or team that you contact may wish to consult with you or gain additional medical advice about possible reasonable adjustments. We will consider the matter carefully and will aim to meet your needs within reason. If we consider a particular adjustment would not be reasonable, we will explain our reasons and try to find an alternative solution.
- 6.4. We will monitor the physical and environmental features of our estate to identify where they might be a barrier to people with disabilities, including non-visible disabilities and for people with mental health conditions, and place someone at a substantial disadvantage. Where necessary, we will take reasonable steps to improve the accessibility of our estate.

Monitoring

7.1. SRUC collects, stores and analyses equality data about employees, students, and people who apply to work or study with us.

7.2. Information is gathered across the protected characteristics and, where relevant, about other groups as stated in paragraph 2.3. Please see SRUC's Equality Data Monitoring Guidance for more information about the standardised question and answer values and our data collection principles.

7.3. Information is gathered directly from the individual and helps SRUC to comply with its regulatory duties and monitor the effectiveness of this policy. The data is used to:

- Understand the profile of SRUC's workforce and student populations.
- Explore and take action to address any trends and patterns of potential disadvantage or discrimination that may exist
- Inform SRUC's people policies, strategic priorities in relation to our workforce and helps SRUC understand any differences in experience by equality group(s)
- Measure and report progress in meeting SRUC'S equality priorities.

7.4. All equality data is held confidentially and securely in line data protection legislation and only used for the purposes set out in this policy or provided to individuals at the point of collection. Please refer to SRUC's [Privacy Notice](#) for further details of how we handle your personal data.

7.5. Where SRUC publish equality data to comply with our Scottish specific duties, we do so in a way that ensures individuals cannot be identified.

Breaches of this policy

8.1. Breaches of this policy will be taken seriously, investigated thoroughly and fairly, and may lead to disciplinary proceedings or other appropriate action. Complaints will be treated in confidence.

8.2. If any employee considers that this policy has been breached, please contact your line manager or Human Resources in the first instance. Serious cases of deliberate discrimination may amount to gross misconduct resulting in dismissal.

8.3. If any student considers that this policy has been breached, please contact your Year Tutor or Student Support Services in the first instance. You may also want to speak to the SRUC Student Association.

8.4. If any visitor, contractor or other SRUC stakeholder considers that this policy has been breached, please refer to our [Complaints Handling Procedure](#).

8.5. There must be no victimisation or retaliation against staff who complain about discrimination, bullying or harassment. However, making a false allegation deliberately and in bad faith may be treated as misconduct and dealt with under the relevant student or employee discipline policy.

Policy review

9.1. This policy is reviewed by SRUC in consultation with our recognised trade union and our Equality, Diversity and Inclusion Committee no later than every 5 years. An earlier review may be required in response to a change in the law or recognised good practice, or where our equality monitoring indicates the policy is not working and substantive change is required. Any minor changes that are required can be made by SRUC at any time and will be notified to the trade union, employees, and students.

Links to other relevant policies and guidance

10.1. This policy is supported and embedded within all SRUC's policies. In general, employee policies can be found through SRUC's intranet site and student policies can be found in the Education Manual.

10.2. Colleagues in Research and specialist teams or roles may be subject to internal and external guidelines or codes of conduct in addition to this policy. Please speak to your line manager for more information.

10.3. Policies specifically relevant to this policy include but are not limited to those listed below.

10.4. Employees only

- Dignity at Work Policy
- Grievance and Disciplinary policies
- Other Human resources policies

10.5. Students only

- Safeguarding (students)
- Fitness to study/Fitness to practice

REF 2029

Research Excellence Framework

- Maternity
- Student Support
- Mitigating Circumstances
- Reasonable Adjustments
- Student Discipline Policy
- Postgraduate Handbook and Code of Practice

10.6. General policies

- Acceptable Use of IDS Facilities
- SRUC Social Media Policy
- Data Protection Policy
- Public Interest Disclosure (Whistleblowing): Code of Practice and Procedure

Appendix A: Forms of discrimination

Please refer to the [Equality Act 2010](#) for more information about forms of discrimination and the relevant protected characteristics.

Direct discrimination: treating someone less favourably because of a protected characteristic. For example, rejecting a job applicant because of their religious views or because they might be gay.

Discrimination by association: occurs when someone is treated less favourably because they associate with someone else who has a protected characteristic.

Discrimination by perception: occurs where someone is thought to have a protected characteristic. It applies even if the individual does not have that characteristic. For example, a student is subjected to homophobic comments because of their style of dress or choice of course.

Indirect discrimination: a provision, criterion or practice that applies to everyone but adversely affects people with a particular Protected Characteristic more than others and is not justified. For example, requiring a job to be done full-time rather than part-time would adversely affect women because they generally have greater childcare commitments than men. Such a requirement would be discriminatory unless it can be justified.

Harassment: this includes sexual harassment and other unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Further, sexual harassment may amount to both an employment rights matter and a criminal matter, such as in sexual assault allegations. In addition, harassment under the Protection from Harassment Act 1997 – which is not limited to circumstances where harassment relates to a protected characteristic – is a criminal offence.

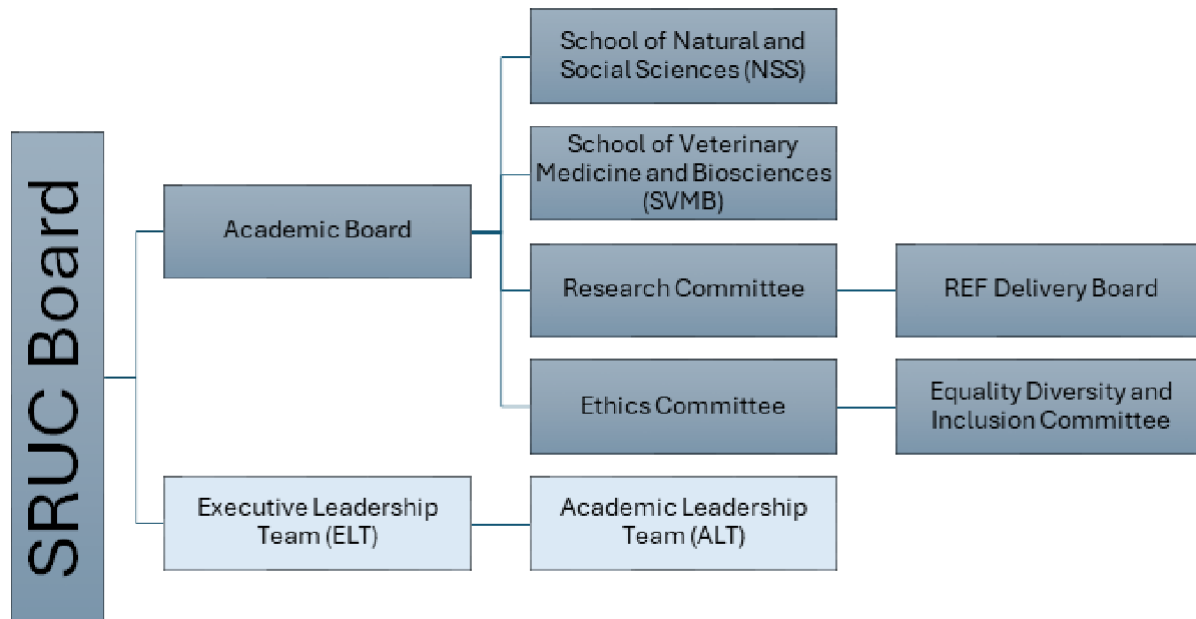
Victimisation: treating someone unfavourably because they have taken some form of action relating to the Equality Act e.g. complained or has supported someone else's complaint about discrimination or harassment.

Page

Disability discrimination: this includes direct and indirect discrimination, any unjustified less favourable treatment because of the effects of a disability, and failure to make reasonable adjustments to alleviate disadvantages caused by a disability.

Appendix 2b: SRUC Corporate and Academic governance structures and remits relevant to REF 2029

Figure 2:



Organogram showing SRUC governance structures relevant to REF 2029.

Academic Governance is separate and distinct from corporate governance. The Scottish Code of Good Higher Education Governance (“The Code”) states that the Governing Body (in this case the SRUC Board) must ensure that the Academic Board is appropriately constituted in accordance with relevant legislation and SRUC’s own constitutional instruments. In addition, it is expected under the terms of the Code (a) that the Governing Body will receive reviews of the Academic Board’s effectiveness and (b) that there will be clear division of the different responsibilities of the two bodies. Accordingly, the Academic Board is responsible for the academic governance of SRUC. The memberships provided are interim, based on current divisional structures and will be updated following completion of the current academic restructuring project.

Corporate governance is carried out by the ELT.

The remit and composition of committees relevant to REF 2029 are described below.

Academic Governance

i. Academic Board (decision making for REF 2029)

SRUC has an Academic Board which is constituted and regulated by the SRUC Board on recommendation from the Principal and in accordance with the provisions of the Higher

Education Governance (Scotland) Act 2016. (“the Act”) and the Scottish Code of Good Higher Education Governance (“the Code”).

The Academic Board is the governing and executive body responsible for the academic work and standards of SRUC, with a strong strategic focus on academic matters. Its role is to maintain academic standards, promote, oversee and regulate the education and research work of SRUC. It also has an important role as a forum for academic dialogue focussing on key academic issues – both internal and external.

Remit

Academic Board’s role includes:

- Providing academic governance, guidance and strategic direction and promoting education and research.
- Recommending education awards including degrees, diplomas, certificates and other awards, including honorary awards.
- Setting the high-level academic strategy on the advice and recommendation of the Academic Board committees and in accordance with the SRUC Strategic Plan and its underlying strategies, all as approved by the SRUC Board.
- To promote the linkage between teaching research and SRUC’s commercial activities, including consultancy, to ensure that such activities feed into SRUC’s academic function and that SRUC’s academic function drives rapid and effective change within the sector.
- Reporting to the SRUC Board on any matter referred to it by the Board and on any other relevant academic matter. The Academic Board will formally report to the SRUC Board on an annual basis.

Underneath the Academic Board are the following Boards and Committees¹:

- SRUC Innovation Limited Board
- Learning and Teaching Committee
- Student Support and Engagement Committee
- Programme Approvals and Academic Standards Committee
- Boards of Studies
- Ethics Committee
- Research Committee
- Doctoral College Committee

Membership

The membership of the Academic Board is as follows:

¹ Only those relevant to REF 2029 processes are shown in Figure 2.

Ex officio:

- Provost & Deputy Principal (Chair)
- Principal & Chief Executive
- Heads of School (x2)
- Vice Principal
- Head of Research
- Head of Learning and Teaching
- Deputy Heads of School (3 per School - 6)
- Registrar
- Company Secretary
- Head of Student Services
- Head of Doctoral College
- Representatives from validating Universities (x 2) Elected:
- Academic staff members elected by academic staff
- Student members elected by students In Attendance:
- Academic Board Secretariat
- Assistant Registrar

ii. **Research Committee (decision-making for REF 2029)**

The Research Committee is established by SRUC Academic Board to recommend and review strategies, policies and procedures that support and enhance the research programmes, is responsible for advising on strategic direction and planning of research activity, including postgraduate research students of SRUC.

Remit

- Prioritise research activity and funding.
- Develop research postgraduate strategy for SRUC.
- Advise on policies for the admission of postgraduate research students.
- Encourage and support trans- and inter-disciplinary research activities where deemed appropriate.
- Maintain an overview of procedures for the management of collaborative provision, highlighting areas for further development as required.
- Share and promote best practice in the fields of collaborative and international provision.
- Receive and monitor collaborative research arrangements with other institutions.
- Monitor and evaluate the quality and quantity of research outputs and outcomes (impact) of SRUC, including effective communication.

REF 2029

Research Excellence Framework

- Make recommendations with respect to SRUC policies and procedures.
- Submit Committee minutes to the Academic Board.

Membership

- Head of Research (Chair)
- Research Operation & Strategy Administrator (Secretariat)
- Research Operations Manager,
- Deputy Heads of Schools
- Commercial Manager
- SRUC Student Association (SRUCSA) representative

iii. The REF Delivery Board (advisory for REF 2029)

This group reports to the Research Committee. Sub-groups reporting to the REF Delivery Board are:

- Codes of Practice Short Life Working Group (advisory)
- Output Review Group
- Impact Group

Remit

The REF Delivery Board will be responsible for ensuring the delivery of the elements of REF including the management of outputs (and scoring), impact case study development, ensuring implementation of the Codes of Practice and routine provision of key performance metrics (REF readiness) for internal reporting.

Membership

- Provost
- Head of Research
- Deputy Heads of Schools (Research)
- Research Operations Manager
- Research Information Lead

iv. Equality, Diversity and Inclusion (EDI) Committee

The Equality, Diversity and Inclusion (EDI) Committee has delegated responsibility from the Executive Leadership Team to provide leadership, strategic direction and oversight of SRUC's EDI strategies, policies and initiatives. The Committee ensures compliance with equality and human rights legislation, including meeting regulatory deadlines.

It aims to foster a respectful and inclusive organisational culture and proactively embed EDI principles across all areas of SRUC, including academic, professional services, and commercial operations.

Remit

The EDI Committee will:

- Receive and monitor reports on progress on actions plans to deliver SRUC's equality outcomes and critically evaluate SRUC's progress against them.
- Promote an inclusive community and culture across SRUC in line with SRUC's RISE values.
- Maintain institutional oversight of EDI policies and procedures including review, approval, and/or development to ensure they continue to meet SRUC's needs, legal requirements and sectoral good practice guidance.
- Monitor and influence the timely completion of equality impact assessments to inform changes to SRUC strategies and policies
- Support collaboration and sharing of EDI practice and knowledge across all parts of SRUC, and support partnership working.
- Keep up to date with emerging EDI issues and trends to enhance SRUC's future capability, facilitated through member connections with sectoral, national and other professional networks and memberships.
- Approve and oversee progress of SRUC's progress on external Charter applications, such as Athena Swan, and ensure alignment with SRUC's strategic priorities.
- Identify and facilitate research to support EDI progress and keep abreast of good practice in tertiary education and other sectors.
- Ensure EDI policies, outcomes and objectives are disseminated across SRUC and embedded in research and innovation activities.
- Identify, support and progress innovative EDI collaborations with employees, students and sector partners/ stakeholders which could include externally funded short term projects.

Membership

- The committee is chaired by a member of the Executive Leadership Team (reviewed at least every 3 years).
- Secretariat is provided by SRUC's Equality, Diversity and Inclusion Lead.
- General committee membership is reviewed every 2 years (annually for SRUCSA Co-Presidents).

Efforts will be made to ensure as diverse a membership as possible however membership is, in the main, determined by the position held and SRUC's strategic priorities.

Corporate Governance

v. Executive Leadership Team

SRUC's Executive Leadership Team report directly to the Principal/Chief Executive and the SRUC Board. They receive reports, advice and make decisions affecting the whole of the business.

The purpose of the ELT is to assist the Principal and Chief Executive in the performance of her/his duties, including:

- Leadership and management of the organisation;
- The development and implementation of strategy, operational plans, policies, procedures and budgets.

- The monitoring of operating and financial performance.
- The assessment and control of risk.
- The prioritisation and allocation of resources.
- Monitoring competitive forces in each area of operation.
- Attending Board Committee meetings as and when necessary.

Remit

The duties of the ELT include:

- Recommending objectives and strategy for SRUC in the development of its business, having regard to the interests of its shareholders, customers, employees and other stakeholders.
- Agreeing policy guidelines for the divisions based on group strategy which has been approved by the SRUC Board.
- The successful execution of strategy.
- The presentation of the group's budgets and corporate plan to the SRUC Board and, following their adoption, the achievement of budgets and plans.
- Developing and reviewing divisional objectives and budgets to ensure that they fall within the agreed group targets.
- Ensuring appropriate levels of authority are delegated to group managers.
- Reviewing the organisational structure and making recommendations for change.
- Ensuring the co-ordination and monitoring within the group of risk and implementation of appropriate internal controls.
- Ensuring compliance with relevant legislation and regulations.
- Safeguarding the integrity of management information and financial reporting systems.
- Identifying and executing new business opportunities outside the current core activities, including geographic diversification.
- Examining all investments, divestments and major capital expenditure proposals and the recommendation to the board of those which, in a group context, are material either by nature or cost.
- Approving all strategic or material variances of the group's resources.
- Ensuring the provision of adequate management development and succession and recommendation and implementation of appropriate remuneration structures within business divisions.
- Developing and implementing group policies, including:
 - Codes of ethics and business practice,
 - Risk management policies,
 - Health and safety policy,
 - Communications policy,
 - Corporate social responsibility policy (including environmental, employee communications and equality and diversity),
- Ensuring the active liaison, co-ordination and co-operation between divisions.
- Any other matters that may arise from time to time.

Legal basis: Constituted by the SRUC Board.

Meeting schedule: The ELT meet weekly with a strategic meeting held monthly. Reports to: SRUC

Board

Membership

- Principal and Chief Executive.
- Executive Support
- Chief of Staff and Director of Professional Services
- Academic Director
- Director of Skills and Lifelong Learning
- Director of Strategic Delivery and Growth
- Chief Financial Officer

vi. **Academic Leadership Team (ALT).** This has a decision-making role in relation to operational matters.

Remit

The remit of the ALT is to assist the Provost in the performance of their duties, including:

- leadership and management of the teaching research and veterinary services within the organisation;
- the development and implementation of strategy, operational plans, policies, procedures and budgets;
- the monitoring of operating and financial performance;
- the assessment and control of risk;
- the prioritisation and allocation of resources;
- monitoring competitive forces in each area of operation

The duties of the ALT in relation to REF are limited to promotion of best practise around all aspects of REF and communication and dissemination of information about REF.

Meeting schedule: normally monthly.

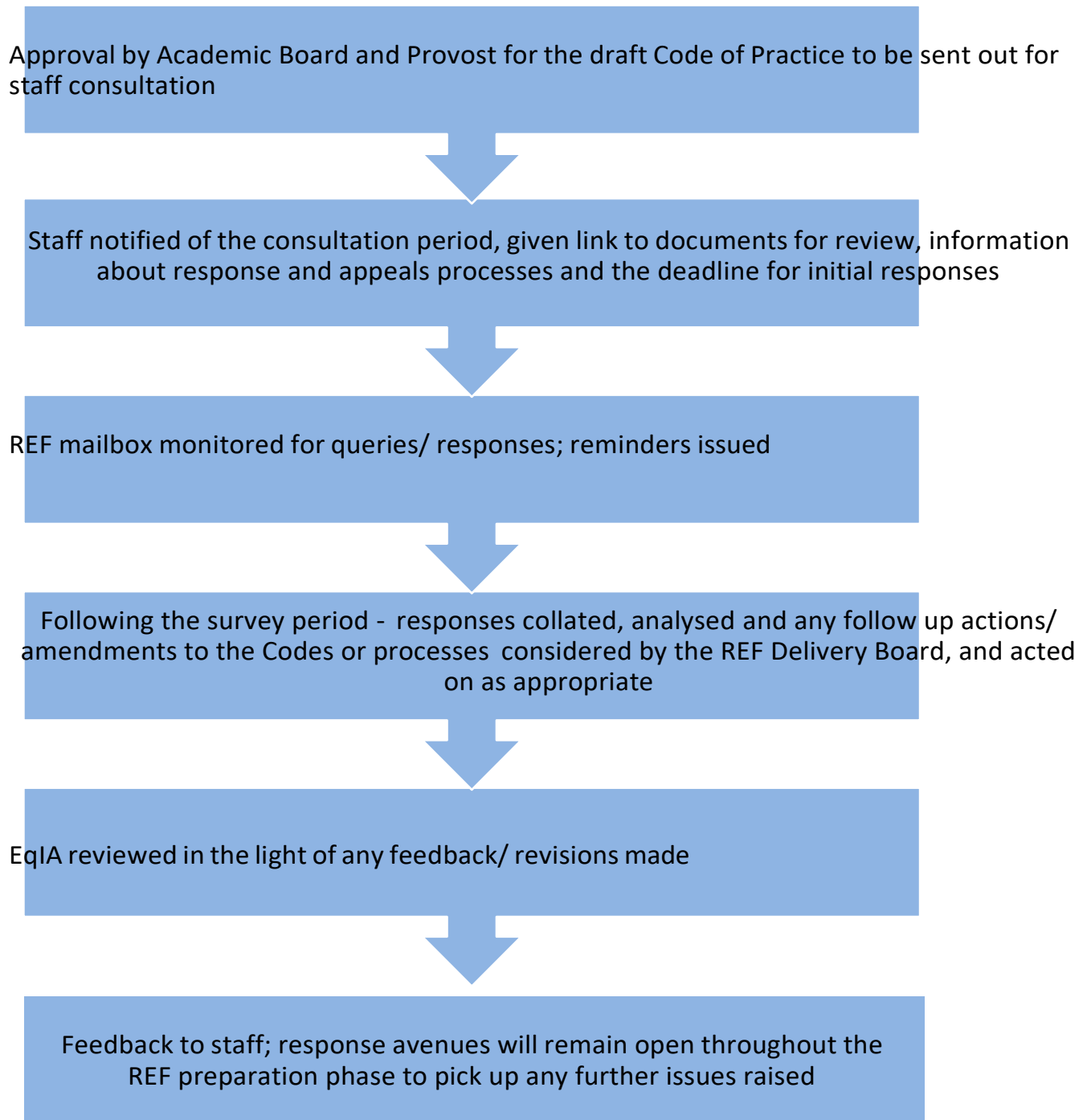
Membership

- Provost
- Vice Principal
- Head of Research
- Registrar (and acting during REF period)
- Head of Learning and Teaching
- Head of Student Services (2026 onward)
- Head of Academic Services (2026 onward)
- Dean of Faculties (until 2025)
- Heads of School (from 2026 onward)
- Deputy Heads of School (from 2026 onward)

Appendix 2c: Programme of Communication

Date	Event	Relevant staff
June 2025	REF strategy including CoP presented to Research Committee	Head of Research
Sept 2025	Information on implications of REF pause shared with academic staff via blog	Head of Research
Oct 2025	REF CoP discussed at Research Committee	CoP SLWG
Jan 2026	Final guidance on CoP published	REF Team
w/o 9 th Feb 2026	Information about REF including CoP shared with academic staff via Research Q&A and School townhall meetings	REF Delivery Board
26 th Feb 2026	ALT updated on progress with CoP	Head of Research
13 th May 2026	Sign off of CoP and EqIA by Academic Board	REF Delivery Board
11 th – midday 15 th May 2026	CoP submission window; CoP and EqIA published on SRUC website	CoP SLWG
28 th August 2026	Final approvals of CoPs	REF Team
Sept 2026	Information about approved CoP and EqIA via blog	REF Team
Autumn 2026?	Audit guidance for CoP due to be published	REF Team

Appendix 2d: Consultation Process



Appendix 2e: EqlA guidance and template

Equality Impact Assessment Guidance

This guidance details Scotland's Rural College's (SRUC) institutional approach to equality impact assessments including key considerations and steps involved to meet and exceed our legislative responsibilities.

Contents

Introduction	30
Scope	30
Policy statement and legislative context.....	32
Responsibilities and commitment.....	33
Equality impact assessments	34
Disability.....	34
Monitoring.....	35
Breaches of this policy	35
Policy review	36
Links to other relevant policies and guidance.....	36
Appendix A: Forms of discrimination	38
Equality impact assessment (EqlA) quick start guide	50
Section 1: Introduction to equality impact assessments	52
What is an equality impact assessment (EqlA)?	52
Why do an equality impact assessment?.....	53
When to do an equality impact assessment	54
Factors that support mainstreaming equality	56
Support and sources of information	58
Section 2: Our approach to equality impact assessments	59
Principles of relevance and proportionality.....	59
Key roles and responsibilities within the EqlA process	61
Before you begin an equality impact assessment.....	62

Section 3. Five steps of an EqIA and supporting guidance 64

The Equality Impact Assessment Cycle..... 64

Step 1 Framing the policy, practice, process or service 65

- 1.1 Briefly describe the outcomes, aims and purpose of the policy, practice, process or service 65
- 1.2 Is the policy, practice, process or service new or being changed, reviewed, or stopped? .65
- 1.3 Who is affected by this policy, practice, process or service? 65
- 1.4 Are there any other SRUC policies that may be affected by this policy, practice, process or service? 65

Step 2 Evidence relevant to the policy, practice, process or service including consultation 66

- 2.1 Evidence..... 66
- 2.2 Consultation and stakeholder engagement 67
- 2.3 Record if you need to undertake a full equality impact assessment based on your evidence 68

Step 3 Impact on equality groups and changes to policy, practice, process or service68

- 3.1 Does the policy, practice, process or service have any impacts (whether intended or unintended, positive, or negative) on any of the equality characteristics? 69
- 3.2 Think about and describe how your assessment impacts on your policy, practice, process or service review/ development timeline 70
- 3.3 Record the outcome of this assessment 71

Step 4 Monitoring the policy, practice, process or service impact and further actions72

- 4.1 Record how you intend to monitor the impact of the policy, practice, process or service on equality groups 72
- 4.2 Record further actions or changes required after the policy, practice, process or service is implemented 72

Step 5 Sign off and future review..... 73

- 5.1 Senior Responsible Owner/ Committee sign off.....73
- 5.2 Equality impact assessment review date 73

Section 4: EqIA Review 75

EqIA review step 1: Framing the policy, practice, process or service 75

EqIA review step 2: Evidence relevant to the policy, practice, process or service including consultation: 76

EqIA review step 3: Impact on equality groups and changes to policy, practice, process or service 76

EqIA review step 4: Monitoring the policy, practice, process or service impact and further actions 76

EqIA review step 5: Sign off and future review..... 76

Section 5: Strategic Equality Impact Assessments 77

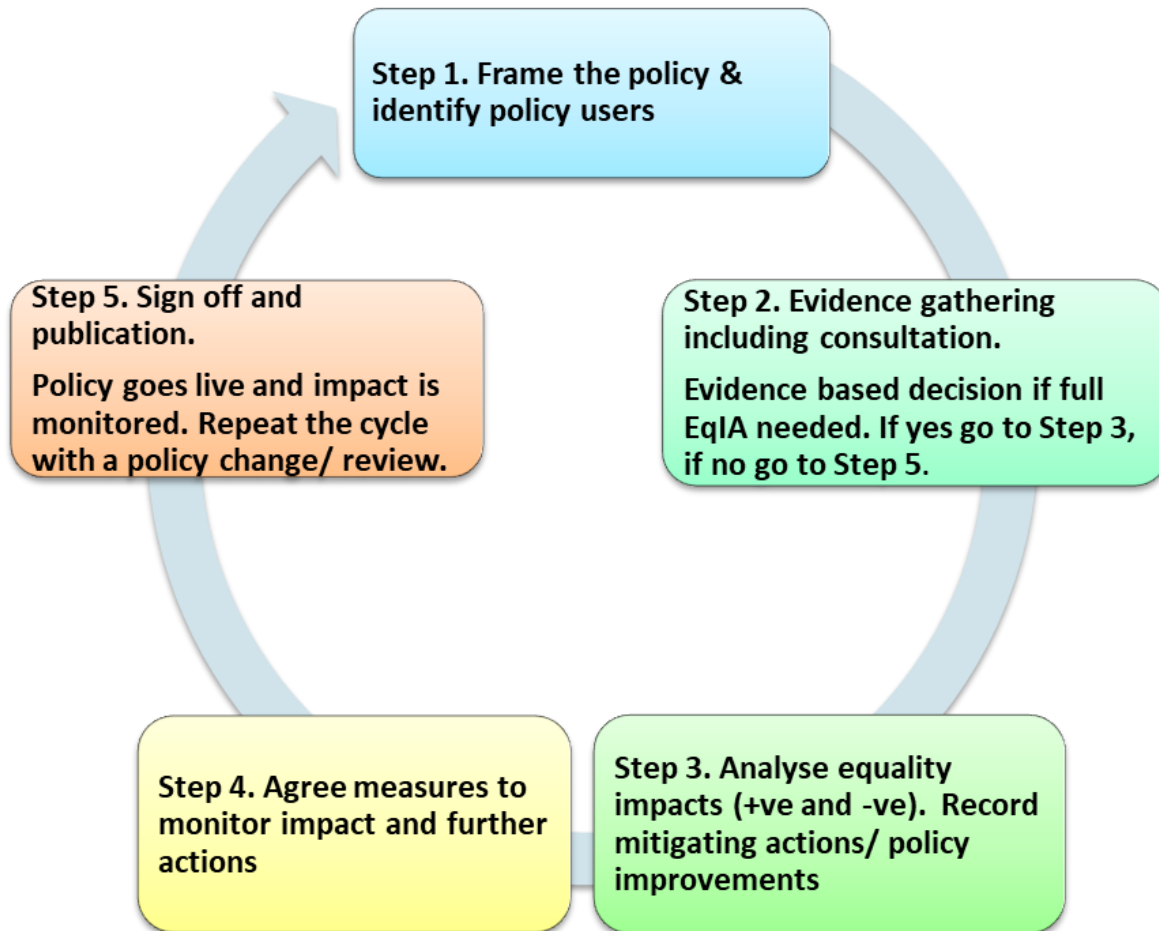
REF 2029

Research Excellence Framework

Strategic EqIA step 1: framing the strategy.....	77
Strategic EqIA step 2: Evidence relevant to the strategy including consultation.....	77
Strategic EqIA step 3: Impact on equality groups and changes to the strategy.....	78
Strategic EqIA step 4: Monitoring the strategy and further actions	80
Strategic EqIA step 5: Sign off and future review.....	80
Appendix A: Definition of the protected characteristics	81
Appendix B: Discussion points for equality impact assessment working groups	85

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V3.0 EDI Lead April 2026	Addition of flowchart, section on strategic EqIAs, reference to AdvanceHE resources and Scottish Government Mainstreaming Toolkit.

Equality impact assessment (EqIA) quick start guide



Section 1: Introduction to equality impact assessments

This section provides information about what an equality impact assessment is, and why and when we do them.

What is an equality impact assessment (EqIA)?

An equality Impact Assessment (EqIA) is an evidence-based way to understand the impact of SRUC policies, practices, processes or services on people, specifically by equality groups

Equality groups include the **nine protected characteristics** covered by the Equality Act 2010: race, sex, disability, religion or belief, sexual orientation, gender reassignment, age, pregnancy and maternity, and marriage and civil partnership. See Appendix A for more information about each equality group.

The EqIA is where we record our thinking and decisions about the:

- **Scope** of the policy, practice, process or service
- **Evidence** we have about who may be affected by the policy, practice, process or service and the barriers they can face (and how we can remove them).
- **Positive and negative equality impacts** of the policy, practice, process or service and what we'll do to maximise positive impacts and minimise negative impacts
- **Long term monitoring** of the policy, how we'll do it and who is responsible.
- **Authorisation** to go ahead with the policy, practice, process or service with the identified equality impacts.

An EqIA is kept with the final policy, practice, process or service and reviewed regularly for as long as the policy, practice, process or service is live. This process reassures us that we are meeting our legal duties and embedding equality into our work. Ultimately, all policies, practices, processes or services should have an accompanying EqIA.

this document and SRUC's EqIA template the term 'policy' covers policies, practices, processes or services; effectively everything SRUC does as a service

Provider and an employer. A policy is any activity that forms part of the purpose of the organisation or is natural to it.

Why do an equality impact assessment?

Good quality EqIAs mean better policies, practices, processes and services that are inclusive and equitable. We have a legal duty to do EqIAs.

It is easy to unintentionally overlook or exclude marginalised or underrepresented equality groups. We must therefore specifically consider people's needs by doing an EqIA. The EqIA template is an important tool in managing the risk of discrimination or missing opportunities to advance equality and foster good relations

Doing nothing to identify and address the equality impacts of your policy, practice, process or service is not acceptable and may be unlawful.

The EqIA helps us to meet the public sector equality duty as stated in the Equality Act 2010 and the [Equality Act 2010 \(Specific Duties\) \(Scotland\) regulations](#) (specifically Regulation 5²).

The public sector equality duty (or the general equality duty) places a **legal duty** on SRUC to pay **due regard** to the need to:

- **Eliminate unlawful discrimination**, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010,
- **Advance equality of opportunity** between people who share a relevant protected characteristic and those who do not,
- **Foster good relations** between people who share a protected characteristic and those who do not.

² See Regulation 5 of The Equality Act (2010) (Specific Duties) (Scotland) Regulations 2010 - <http://www.legislation.gov.uk/ssi/2012/162/contents/made>

Due regard means actively thinking about the public sector equality duty and undertaking the equality impact assessment process with rigour and an open mind. Tight resources do not excuse non-compliance with our legal duties.

The Equality and Human Rights Commission (EHRC) monitor public authorities' legal compliance. Non-compliance risks SRUC's reputation and ability to secure future funding or collaborative work. It can also lead to legal action.

When to do an equality impact assessment

The EqIA is a working document that accompanies any:

- change in policy, practice, process or service
- review of an existing policy, practice, process or service
- development and introduction of a new policy, practice, process or service
- withdrawal of a policy, practice, process or service

This may include, but is not limited to:

- new building or capital work
- Projects that require a business case
- significant staff changes e.g. restructuring activities
- proposed budget reductions
- proposed changes to the way SRUC delivers its academic portfolio, professional services or commercial activities.
- New or reviewed strategy or policy

Any new, revised or withdrawn SRUC policy, practice, process or service should only be approved with an accompanying EqIA.

Start your EqIA early and make sure you plan the required time and resource to do it. An early discussion about the EqIA will help you understand and explore with colleagues where your work fits in terms of SRUC's wider policies and which policies you need to review as part of your planned change.

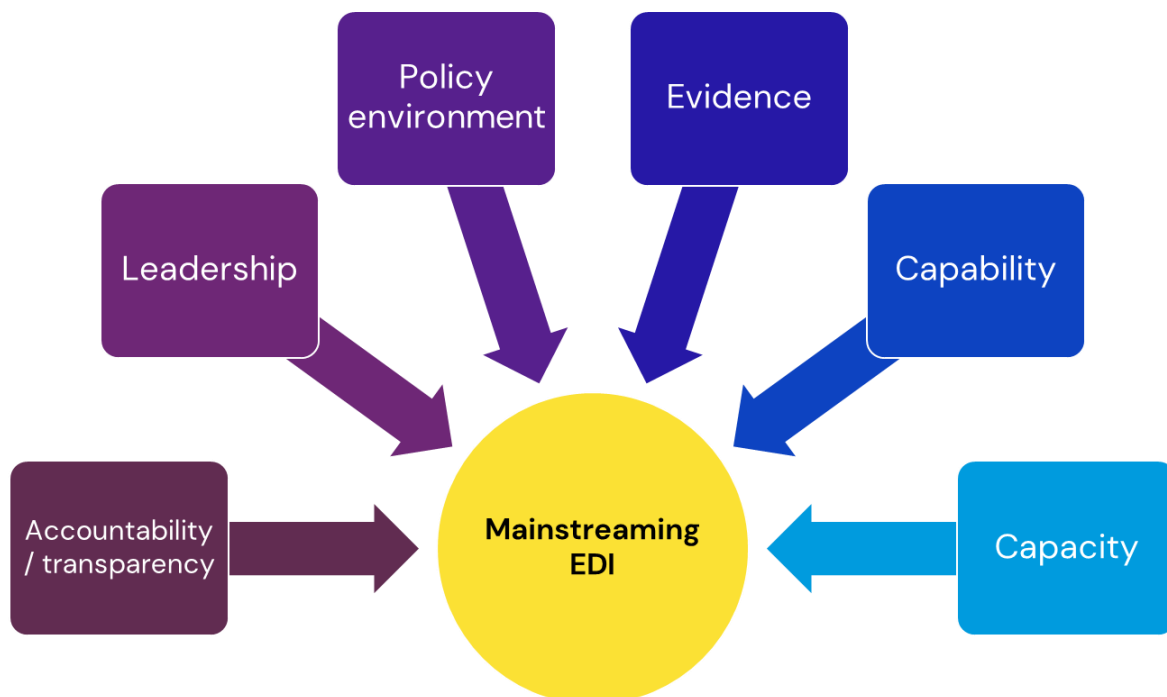
The EqIA can be done at various levels including:

- a strategy,
- a distinct policy, practice, process or service (e.g. sections of the Education Manual, a course programme or Human Resources policies), or
- a significant institutional change (e.g. digital accessibility).

The EqIA is progressed alongside the policy, practice, process or service development where the evidence informs your decisions. **It cannot be retrospective** or undertaken near the end of the process when it is too late to make any changes.

Factors that support mainstreaming equality

Equality impact assessments are an important way to mainstream equality; embed equality into everything we do at SRUC. [Scottish Government's Mainstreaming Toolkit](#) highlights six areas that enable institutions to effectively mainstream equality and therefore enable good quality equality impact assessments.



Leadership: acknowledging that leadership enables the success of all other drivers of mainstreaming equality and human rights.

Accountability and transparency: being clear about how SRUC makes decisions e.g., through equality impact assessments and inclusive communication.

Effective regulatory and policy environment: putting equality and human rights at the core of decision making.

Evidence and experience: access to and effective analysis of equality evidence in the policy cycle.

Capability and culture: having the skills, knowledge, and motivation in our institution.

Capacity: give people the resource and bandwidth to use their skills and knowledge to apply equality and human rights in what they do.

Support and sources of information

'[Mountains for All](#),' is a 12-minute video developed by the Scottish Government that introduces the equality impact assessment process.

Contact SRUC's Equality, Diversity & Inclusion (EDI) Lead for support at any stage of the EqIA process. The EDI Lead can also deliver group training. For the review of course programmes please see **SRUC's SEEDABLE training and resources**.

AdvanceHE has a range of resources that have been used to inform this guidance:

- [Developing an equality impact assessment framework for the HE sector](#)
- Strategic Equality Impact Assessment: Practical Guidance for Scottish Colleges and Universities. [Strategic Equality Impact Assessment: Practical Guidance for Scottish colleges and universities | Advance HE](#)
- Equality, Diversity and Inclusion resources. [Equality, Diversity and Inclusion | Advance HE](#)

Scottish Funding Council

- Equality reports including the National Equality Outcomes. [Well-being & Equalities - Scottish Funding Council](#)

Scottish Government

- Mainstreaming Toolkit. [How to use this toolkit | Equality and Human Rights Mainstreaming Toolkit](#)
- Inclusive Communication Toolkit [Inclusive communication toolkit - gov.scot](#)
- Equality Evidence Finder. [Equality evidence: data, analysis and guidance - gov.scot](#)

Equality and Human Rights Commission

- Equality and Human Rights Commission. [Equality Act 2010 | EHRC](#)
- Equality and Human Rights Commission Technical Guidance on the Public Sector Equality Duty in Scotland. [Technical guidance on the Public Sector Equality Duty: Scotland | EHRC](#)

Section 2: Our approach to equality impact assessments

The following statements set out SRUC's approach to EqlAs.

- SRUC is committed to paying due regard to the public sector equality duty in all our policy, practice, process or service review and change work.
- The promotion of the public sector equality duty is championed by the Executive Leadership Team and senior management.
- The EqlA process is part of policy, practice, process or service change/ review/ development/ withdrawal, not a separate activity.
- SRUC's decision-making in policy, practice, process or service development and change initiatives focus on evidence and objective criteria as set out in the EqlA, to avoid conscious or unconscious bias.
- SRUC's EqlA process forms part of our approach to good practice in corporate governance, helps to mitigate corporate risk and is informed by our RISE values.
- SRUC's EqlA template and guidance provide the tools to show due regard to the public sector equality duty and transparency in our decision making
- All employees are expected to have a basic understanding of the public sector equality duty and equality in general.

Principles of relevance and proportionality

The time and resources given to an EqlA and the need for consultation will vary. Generally, more time and resource will be needed if the change is a major one in terms of scale, or it is likely to have a major impact on one or more equality groups. A major

impact is not only about the number of people affected, but also about the degree of impact even where the number of people affected is small.

Not all policies, processes, practices or services require you to go through all steps of an EqIA. This decision is made and recorded at Step 2 when you have considered the available evidence.

Key roles and responsibilities within the EqIA process

The Board is responsible for:

- actively considering the general equality duty when taking or approving decisions.

The Principal and Executive Leadership Team are responsible for

- ensuring equality is mainstreamed into decision making and the delivery of SRUC's functions
- approving SRUC's equality strategy including our response to the public sector equality duties
- Oversight and sign off, where appropriate, of equality impact assessments.

Individuals in Senior Management positions and Committees are responsible for:

- oversight, scrutiny and sign off (where appropriate) of EqIAs for policies presented for approval and for which the senior manager/ committee is responsible
- ensuring the EqIA procedure is followed in line with this guidance for their own policies and cross discipline projects
- reviewing post implementation equality impacts as per post-implementation monitoring identified through the EqIA process.

Project Managers/ Policy leads/ Managers are responsible for:

- leading on the EqIA process for their departmental policy, practice, process or service areas or projects
- reporting on EqIA progress and findings through relevant governance structures and escalating issues where appropriate
- implementing measures to monitor policies as identified through the EqIA process and including these in relevant reports.
- ensuring regular policy review within stated timescales

Equality, Diversity and Inclusion Lead with support from the EDI Committee is responsible for:

- Promoting the general equality duty and the requirement to undertake EqlAs in line with this guidance.
- Ensuring the EqlA process is aligned with SRUC's wider approach to corporate governance and approach to change management.
- Quarterly reporting on equality impact assessment activity and the completion of equality impact assessments across the institution.

Equality, Diversity and Inclusion Lead is additionally responsible for:

- Building capacity of colleagues to undertake quality EqlAs
- Advising on the EqlA process with priority given to large scale change and corporate priorities)
- Advising on appropriate evidence gathering and analysis.

Procurement and commissioning staff are responsible for:

- Building equality considerations into the organisation's relationships with suppliers and where services are contracted out
- Working with policy makers to use the equality impact assessment evidence and analysis in the procurement process

All employees are responsible for:

- Actively engaging with training and development opportunities to maintain and develop their understanding of SRUC's equality responsibilities including SRUC's EqlA toolkit.
- Contributing to the equality impact assessment process when relevant.

Before you begin an equality impact assessment

✓ **Contact the Equality, Diversity and Inclusion Lead** who can guide you through the EqlA process and discuss any concerns or barriers. They can attend meetings to facilitate discussions about an EqlA and can deliver training to your team or project group.

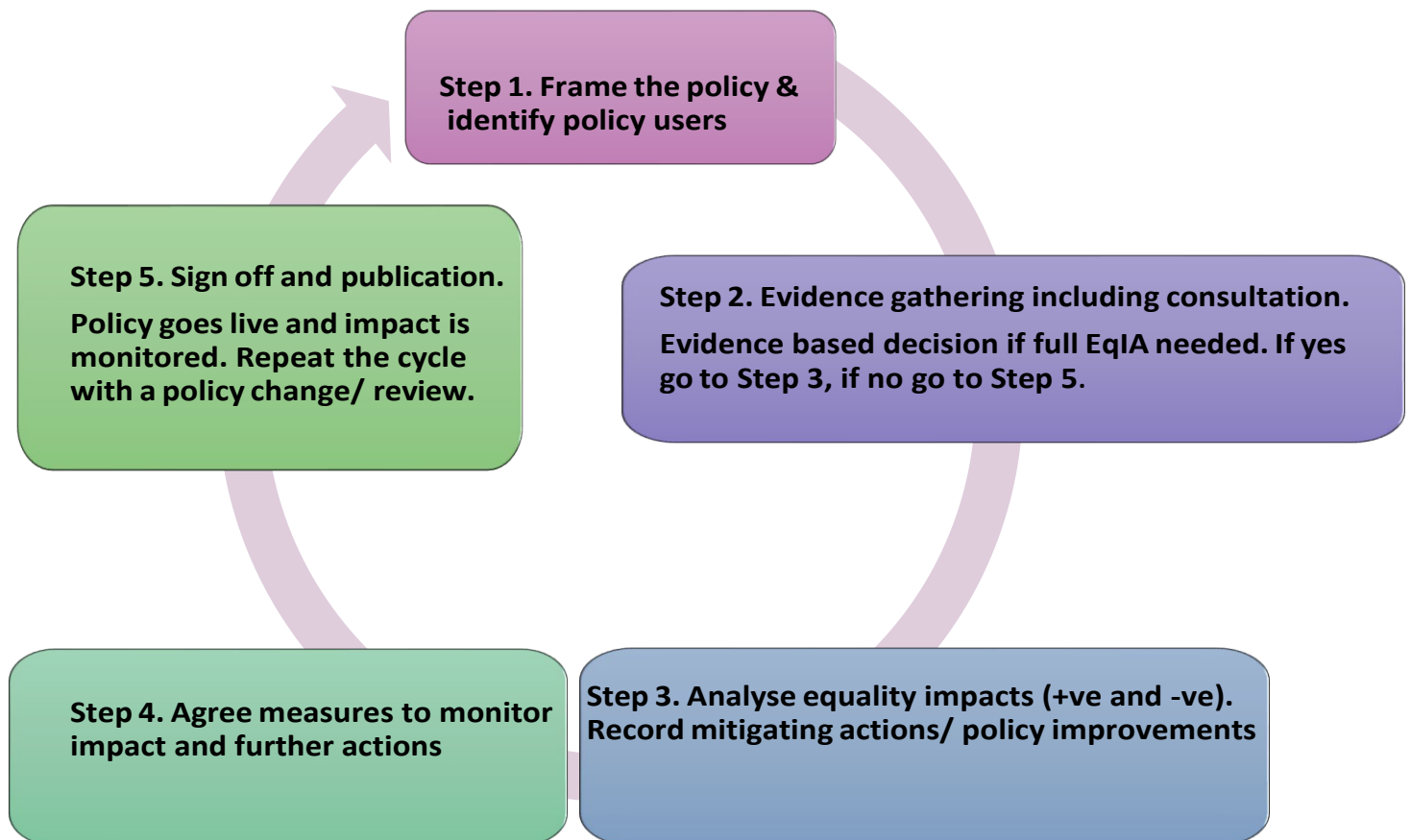
- ✓ **Download the EqlA template from [SharePoint](#).** Save your own working copy and ensure it is accessible to everyone who will contribute to it.

- ✓ **Set up an EqlA working group.** It is a fact that diversity of thought leads to better decisions. It is good practice to identify a group of people to work on an equality impact assessment. Key considerations include:
 - The EqlA 'owner' and a few other members must have an in-depth understanding of the policy, practice, process or service being assessed.
 - Try and have a diverse demographic on your working group where possible. For example, a good gender balance, mix of job roles or grades.
 - Consider involving external stakeholders or policy customers at all stages of development.
 - Undertake a robust evidence review at an early stage which can be added to as the policy develops. Doing this work early ensures a good evidence base for early decisions and planning. You may want one person to lead on this.
 - Setting ground rules for the group that support critical evaluation of the evidence and create an environment where differences of opinion are listened to and respected.
 - The working group must ensure decision makers are informed of the findings of an EqlA and decisions that are then made about the final policy, practice, process or service.

Section 3. Five steps of an EqlA and supporting guidance

Each of the five steps of the EqlA process is described below with accompanying guidance and good practice considerations.

The Equality Impact Assessment Cycle



Step 1 Framing the policy, practice, process or service

1.1 Briefly describe the outcomes, aims and purpose of the policy, practice, process or service

Describe the policy, practice, process or service to achieve aims and how this be achieved. This may be a short statement or a table of changes. It is important that the scope of the EqIA is clear, and you know what you are assessing. You can copy this from another document like a business case or project initiation document (PID). If you are reviewing a current policy, practice, process or service, (i.e. there are no plans for change at present), describe the current purpose of it in this section.

1.2 Is the policy, practice, process or service new or being changed, reviewed, or stopped?

Describe why you are looking at the policy, practice, process or service and equality impact assessment. This is likely to be due to one of the following:

- the introduction of a new policy, practice, process or service,
- a review of a current policy, practice, process or service
- changes to a current policy, practice, process or service,
- withdrawal of/ stopping a policy, practice, process or service.

1.3 Who is affected by this policy, practice, process or service?

This will be students, employees, or other customers. It is important to be clear about who is affected by the policy, practice, process or service because it will influence the evidence you gather under step 2.

Where your policy, practice, process or service is targeted at an equality group(s), please seek advice from the EDI Lead or Human Resources (for employees) to ensure this is legally permissible.

1.4 Are there any other SRUC policies that may be affected by this policy, practice, process or service?

Other SRUC projects or policies might be relevant to or could be affected by your policy, practice, process or service. Making those connections now can help you:

- Be efficient: equality impacts in linked policies could be relevant to your work.
- Avoid cumulative negative impacts: small negative impacts across a series of linked policies can create significant barriers.
- Preserve positive impacts: avoid cancelling out or reducing positive impacts across linked policies.

Step 2 Evidence relevant to the policy, practice, process or service including consultation

The evidence review will help you understand the importance of your policy, practice, process or service to different equality groups. This step is **NOT about the impact** of your policy, practice, process or service has on equality groups and what we need to do to mitigate those. That analysis is done in Step 3.

2.1 Evidence

The evidence you gather must be relevant to the scope of the work (see Step 1). Provide a hyperlink to your sources of evidence and summarise what that evidence tells you in the table in the EqIA template. You can add additional rows to the table if you need to. This may be intersectional evidence (e.g. about disabled women), evidence about socio-economic status, care experienced people or something else that is important to your policy, practice, process or service.

Note the public sector equality duty is a proactive duty. You should consider who is affected by a policy, practice, process or service now and in the future.

Sources of evidence include, but are not limited to:

- Legal and regulatory requirements including sectoral quality standards
- Student and workforce equality data (always ensure confidentiality)
- Staff and student surveys and feedback, and information from trade unions
- Compliance and audit reports
- Complaints and other feedback
- Sectoral and academic research, and good practice
- Outcome of consultation exercises, focus groups and from customers
- Feedback from representative individuals or equality organisations
- The knowledge, expertise and experience of people inputting to the EqIA

- National and local statistics including Census information
- Course evaluation data
- Service monitoring reports
- Other sources from the Scottish Government's [equality evidence finder](#).

Evidence gaps could mean your policy, practice, process or service is not relevant to these equality groups or it could indicate a lack of data / research about an equality group and/ or your policy, practice, process or service. You should consider if you need to explore those evidence gaps through consultation.

enopause at work policy. Evidence may include legal responsibilities, case law, information about SRUC's workforce (demographic, lived experiences via surveys), sectoral/ national evidence in relation to lived experience and barriers in employment.

course (re)validation: Evidence may include the student experience and feedback, student demographic data and educational outcomes, diversity in the curriculum and sectoral equality priorities.

2.2 Consultation and stakeholder engagement

Involving your policy customers can be an important and effective way to develop inclusive policies, practices, processes and services. Ensure you align to SRUC's commitment to working in partnership with students, Trade Unions and other partners.

Use your evidence to inform where the most significant impact(s) might be, and/ or where there are significant evidence gaps. You can then target your engagement and plan the resources and timescales required to do it. Clearly set out who you are consulting with and summarise the issues, ideas and needs to the group(s) as evidence in the EqIA.

Describe any actions or changes to your policy in Step 3.

Note: sufficient evidence is required for you to show 'due regard' to the likely or actual impact of your policy, practice, process or service.

2.3 Record if you need to undertake a full equality impact assessment based on your evidence

Your evidence will inform whether a full EqlA is required or not. This must be approved by the relevant committee/ Manager/ ELT member. You will either:

Proceed to Step 3 onwards i.e. a full EqlA. The evidence indicates the policy, practice, process or service *is* or *might be* important to one or more equality groups.

Or

Proceed to step 5. The evidence clearly indicates the policy, practice, process or service has no relevance to equality groups.

Step 3 Impact on equality groups and changes to policy, practice, process or service

Use the table to record your analysis of the evidence you have gathered. Clearly state the equality impacts you have identified and how your policy, practice, process or service can or cannot mitigate them, and how you are going to maximise opportunities for positive impacts.

This will be an iterative process as the policy, practice, process or service develops and a section that you will return to and update regularly in discussion with the EqlA working group, committee and/or policy, practice, process or service sponsor.

3.1 Does the policy, practice, process or service have any impacts (whether intended or unintended, positive, or negative) on any of the equality characteristics?

Record whether your policy, practice, process or service has the potential to have a positive, negative or no impact across the three needs to the public sector equality duty as follows:

- **eliminate unlawful discrimination, victimisation, harassment or other unlawful conduct.**

Consider whether your policy, practice, process or service may result in less favourable treatment for equality groups including if it builds in reasonable adjustments for people with disabilities where needed.

- **advance equality of opportunity between people who share a characteristic and those who do not.**

Consider if the policy, practice, process or service will remove or minimise any potential disadvantage for groups or increase participation.

- **develop good relations between people who share a characteristic and those who do not.**

Consider if the policy, practice, process or service will help tackle prejudice or presents an opportunity to promote understanding.

You must record your assessment in terms of the likelihood that your final policy, practice, process or service will have a positive impact, negative impact, or no impact on equality groups. You must describe the changes or actions (if any) you can and will take to mitigate any negative impact or maximise any positive impact.

A positive impact is one where the policy, practice, process or service can improve access by removing barriers for equality groups and/or improve understanding

between people who identify with a group and those who do not (e.g. people with a disability and those who are non-disabled).

The positive impact may be differential; it may be greater or different for one equality group compared to another. That is okay. Your evidence is likely to show that equality groups require specific action or support to achieve equitable outcomes.

A negative impact may indicate the potential for [direct](#) or [indirect discrimination](#), both of which are unlawful. Most unfair treatment is clear and typically easy to identify but sometimes it is less obvious. Sometimes, a function or rule seems fair because it applies to everyone, but a closer look may show that this approach results in unfair treatment.

Negative impacts should be eliminated or minimised through changes to your final policy, practice, process or service as far as reasonably possible. If mitigation is not possible, then you will need to explain to decision makers why the policy, practice, process or service should proceed i.e. is it [justifiable and proportionate in meeting a legitimate aim](#).

3.2 Think about and describe how your assessment impacts on your policy, practice, process or service review/ development timeline

Use your evidence and analysis to reassess the timeline to implement your policy, practice, process or service and identify additional actions, resources or requirements that may be needed. For example:

- Purchasing: Do you need to include equality criteria in the tender process? For example, you need software that must be accessible, or able to capture customer demographic data.
- You need more time or money to consult specific customers (e.g. to engage with the Deaf community in British Sign Language) or produce materials in community languages.

3.3 Record the outcome of this assessment

Record the result of your analysis and what this meant in terms of changes made to your policy, process, practice or service before implementation.

- **No major change** – you did not change your policy, practice, process or service because you evidenced that it will not discriminate, and you are satisfied that the policy, practice, process or service already maximises opportunities in relation to equality of opportunity and foster good relations.
- **Adjust the policy, practice, process or service:** You have taken actions to remove barriers and take advantage of opportunities to advance equality of opportunity and foster good relations. These actions are recorded actions in step 3.1 or in step 4 (below).
- **Continue with the policy, practice, process or service with adverse impact:** you continued with the policy, practice, process or service despite the negative impacts identified in step 3.1 and have been able to justify this to decision makers.
- **Stop and remove the policy, practice, process or service:** The policy, practice, process or service was not implemented because the adverse impacts could not be justified.

Step 4 Monitoring the policy, practice, process or service impact and further actions

The EqIA is a live document and sits with the policy, practice, process or service. You must track any post-implementation actions and ensure you monitor the actual impact your policy, practice, process or service on its customers.

4.1 Record how you intend to monitor the impact of the policy, practice, process or service on equality groups

Agree and record the measures you will use to monitor the **actual** impact of the policy, practice, process or service on equality groups. These might be institutional or departmental measures that you already have in place, or they might be new ones.

You should be clear about what is being monitored, who is responsible, and where and how often you will report the information .

Start with the data you hold currently and established reports. Consider what more you need or can reasonably gather to effectively monitor the policy, practice, process or service.

Remember that the monitoring information you collect should be proportionate and you should only gather information that you need and are going to use. Consider, how you will store the information securely and for how long. Your approach to monitoring may develop over time, with more data being collected and used with each review of your policy, practice, process or service and the EqIA.

4.2 Record further actions or changes required after the policy, practice, process or service is implemented

Once the policy, practice, process or service is implemented, you may need to record and track short- or medium-term actions that you identified when the policy, practice, process or service was being developed.

For example, you may still need to commission an easy read version of a document after the standard document has gone live due to the timescales involved. This action is still outstanding and needs to be tracked by the policy, practice, process or service lead.

Step 5 Sign off and future review

5.1 Senior Responsible Owner/ Committee sign off

All EqlAs must be signed off by the relevant decision maker, even where an EqlA is not required. Only full EqlAs that proceed to Step 3 onwards require to be published.

Note: The decision maker/ person who signs off the policy, practice, process or service will be the same person that signs off the EqlA.

In approving the EqlA, the individual or committee they are agreeing that the assessment has been carried out properly, they have received appropriate updates on the EqlA findings and that they agree with those findings.

The relevant decision maker will vary depending on the policy, practice, process or service. It may be Executive Leadership Team or individual members, a committee, senior leader. or another person or group. Ensure you know who the decision maker is before you start working on your policy, practice, process or service and the EqlA.

5.2 Equality impact assessment review date

The review date is the same as that for the overall policy, practice, process or service. Normally this is between 3 – 5 years. See Section 4 for more information about an EqlA review.

Finally, the signed off EqlA must be published and shared with the EDI Lead

An approved full EqIA must be published on the SRUC website on the equality page. You should email the EqIA to the Website team ensuring all hyperlinks work for a public audience and any personal data is GDPR compliant.

Internally, the EqIA (even where an EqIA was not required) must be saved alongside the relevant policy, practice, process or service. A copy must be sent to the EDI Lead for reporting to the EDI Committee which monitors EqIA completion.

The regulatory requirement is that where a full assessment has been done and the policy, practice, process or service is implemented, the results of any assessment are published 'within a reasonable period' of the decision to apply the policy, practice, process or service.'

Section 4: EqlA Review

A review of an equality impact assessment will always happen alongside a review, change or cessation of the relevant policy, practice, process or service.

You should update and save a revised version of the previously completed EqlA rather than start a fresh document. Use tools like tracked changes and version control to ensure everyone involved can clearly see the changes being made during the review process.

A review may be triggered by:

- A routine review date being reached (normally around 3-5 years)
- a change in legislation,
- a complaint from an external source, or
- an unexpected negative equality impact(s) identified through your policy, practice, process or service monitoring.

The steps for a review are the same as those taken for the initial EqlA. The guidance for each step also remains the same except this time you will be updating the evidence and assessment rather than starting from a blank page. Your monitoring data from the first EqlA can be used as fresh evidence for the review.

There are some additional things to consider for each step of the EqlA process that may help with the EqlA review.

EqlA review step 1: Framing the policy, practice, process or service

- Remember to check our current values, strategic objectives and equality outcomes for any change in corporate focus that might affect your review.
- Any change to the scope may require consideration of different evidence or mean that you are targeting different customers.

EqlA review step 2: Evidence relevant to the policy, practice, process or service including consultation:

- use your monitoring data as additional evidence.
- Look for any new research, consultations, or surveys since the last EqlA.
- Check any Freedom of Information requests or complaints received since the last EqlA that suggests an issue for specific equality groups
- Review any previous decision to not complete a full EqlA last time. Does the evidence tell you something different now?

EqlA review step 3: Impact on equality groups and changes to policy, practice, process or service

- You may need to focus more resource on the new/ changed areas of the policy, practice, process or service or where things are not working.
- Update the decision in 3.3 to reflect the outcome of the review.

EqlA review step 4: Monitoring the policy, practice, process or service impact and further actions

- Transfer the previous EqlA actions (now completed) into Step 3. If these were not completed, consider if they are still valid and reassign resource.
- Review your monitoring arrangements. Do they effectively tell you how the policy, practice, process or service is working?
- Do you need any new measures, or do you have access to better data due to other developments?

EqlA review step 5: Sign off and future review

- This process remains the same even where there are no changes to the EqlA.
- Remember to set a new review date.

Section 5: Strategic Equality Impact Assessments

Our legal duties to review and assess our policy, practice, process or service also apply to SRUC's strategies. A strategic EqlA can support the development of a strategy, and high-level or broad programmes or work.

The EqlA template and steps described in this guidance are relevant for strategic EqlAs, and should be read alongside the information below. This section provides a summary of additional considerations relevant to strategic EqlAs for each step of the EqlA.

Strategic EqlA step 1: framing the strategy

EqlAs at this level are informed by SRUC's values, institutional priorities, and strategic equality priorities (i.e. SRUC's equality outcomes) and our legal duties. Remember that the assessment is focused on the public sector equality duty (PSED) which is a requirement to pay due regard to eliminate discrimination, victimisation and harassment, advance equality of opportunity, and foster good relations.

Reflect on the following points:

- Is the strategy relevant to SRUC's equality outcomes, values, or any other EDI related priorities.
- Are there opportunities within the work to further enhance and embed SRUC's strategic vision, values and priorities for equality, diversity and inclusion?
- Where do opportunities exist to eliminate discrimination, advance equality or foster good relations in line with our legal duties?
- Are there related EqlAs that could/should be referenced?

Strategic EqlA step 2: Evidence relevant to the strategy including consultation

A strategic assessment is more likely to require consideration of national, sectoral, and institutional data and evidence. This could include:

- legislative, quality or funding requirements,
- UK-wide, Scottish, and global research, surveys, good practice, priorities and frameworks informed by lived experience
- whole institution staff and student survey results and/ or demographic data.

- Equality evidence in relation to your team or department's area of expertise.

Use the evidence to decide if a full impact assessment is required or not as required in any other EqIA. This decision is based on the potential for your strategy to impact on some or all the equality groups (or protected characteristics).

Reflect on the following points:

- What qualitative and quantitative evidence and data, by protected characteristics, can you use to support informed decision-making?
- Are there any gaps in data/evidence? How will gaps be filled either now or in the future?
- Which internal and/or external partners need to be consulted for their knowledge, expertise or perspective?
- How could the proposed strategy impact differently on different people? How are you making that assessment (evidence, consultation, analysis)?

Strategic EqIA step 3: Impact on equality groups and changes to the strategy

This analysis step will document the equality impacts and opportunities that will filter down into the strategy's underpinning work. It may be difficult to provide specific ways this will be achieved and therefore this section focusses on high level mitigations and opportunities that will be picked up in specific streams of work.

Reflect on the following points:

- What positive/neutral/negative impacts can be identified for each protected characteristic and the duties of the PSED (eliminate discrimination, advance equality of opportunity, and foster good relations)?
- Is there potential for the identified impacts to change over time?
- What steps can you take to mitigate any negative impacts and maximise positive impacts of the proposed work?
- Is the outcome of the assessment consistent with institutional values and equality-related priorities?
- How can the EqIA findings be integrated into processes for strategy and work programme development, decision-making, evaluation and review?
- How will the strategic EqIA be used to inform and equip those developing related policy and practice to fully consider EDI in their work? How will you ensure responsibility and accountability?

- What opportunities are there to mainstream and embed EDI in related downstream or local activities? Is there an opportunity to set specific equality objectives within a given work programme or project?

Strategic EqIA step 4: Monitoring the strategy and further actions

Your strategy will have high level measures of success and performance indicators that are relevant to the strategy objectives. The EDI related measures and where these will be reported should be noted in this step.

Reflect on the following points:

- How will the impact of the strategy or work programme be monitored and reviewed?
- How will you know that any actions, including mitigating actions, are effective?
- How will you report on the ongoing impact and the progress of mitigating actions, and who will this be reported to?
- Is there an opportunity to align monitoring and review with other institutional review processes?
- How and when will you communicate the outcome of the EqIA to staff, students and other stakeholders?

Strategic EqIA step 5: Sign off and future review

A strategic EqIA will be signed off through the same governance structures as the strategy. Ensure that the findings of the EqIA are shared alongside all strategy development updates to ensure that decision makers are informed about the equality impacts and have an opportunity to input to both the EqIA and final strategy.

All full strategic EqIA must be published on SRUC's website and copied to the EDI Lead.

Appendix A: Definition of the protected characteristics

Definitions each equality group protected under the Equality Act 2010 are taken from information published by the [Equality and Human Rights Commission](#) (EHRC). The EHRC also provides examples of discrimination for each protected characteristic.

Case law can provide further clarity and, in some cases, widen the definitions of the protected characteristics under the Equality Act 2010 as society evolves.

Some of the language used below may differ to those preferred and used by different communities and individuals. when undertaking stakeholder engagement.

Age

A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

direct discrimination because of age can be objectively justifiable; as 'a proportionate means of achieving a legitimate aim'. A common example is offering cheaper cinema tickets for those over 60s or a free flu jab.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. You are covered by the Equality Act from the moment of diagnosis of a progressive condition like HIV, cancer, or multiple sclerosis, even if you can carry out normal day to day activities. **Many [disabilities are hidden](#)** which means they are not immediately obvious.

Employers and organisations have a duty to make reasonable adjustments. It is a continuing and anticipatory duty and can involve:

- changing the way a provision, criterion or practice is done, as it may prevent access to services or be a barrier.
- making changes to overcome physical or communication barriers.

It is not unlawful discrimination to treat a person with a disability more favourably than a non-disabled person.

Race

A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.

Religion or Belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should be genuinely held, serious and affect your life choices or the way you live for it to be included in the definition.

Sex

In the Equality Act 2010, sex is understood as binary being either male or female. It can mean a group of people like men or boys, or women or girls.

The protected characteristic of Sex should not be conflated with gender identity – a person's innate sense of their own gender (male, female or other) which may, or may not, correspond to their biological sex assigned at birth.

Gender Reassignment

Where a person proposes to undergo, is undergoing or has undergone a process to reassign their sex. To be protected from gender reassignment discrimination, you do not need to have undergone any medical treatment or surgery to change from your birth sex to your preferred gender.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Marriage and Civil Partnership

Opposite-sex and same-sex couples can enter marriage or a civil partnership.

Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

People do not have this characteristic if they are:

- single
- living with someone as a couple neither married nor civil partners
- engaged to be married but not married
- divorced or a person whose civil partnership has been dissolved

Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because they are breastfeeding.

Appendix B: Discussion points for equality impact assessment working groups

These discussion points are provided to stimulate discussion but are not an exhaustive list. Use the evidence you have gathered to discuss how you might improve your policy, practice, process or service.

General discussion points

What does evidence tell us about people's lived experience including the barriers people face and what helps to promote inclusion?

What positive/negative equality impacts can be identified for each of the three needs of the public sector equality duty?

Does the policy, practice, process, or service affect some groups differently? Is this proportionate/ justifiable?

What can we do to achieve equity?

What changes to the policy, practice, process, or service will be made or what action do we need to take?

Communication

Have you made appropriate arrangements for ensuring that interpreters and translations can be put in place without undue delay?

Are the language and images used in promotional material inclusive and representative?

Are communication aids such as induction loops installed at reception areas and communication support proactively offered/ advertised?

How have you taken into account inclusive communication (see Scottish Government's [Inclusive Communication Toolkit](#)).

Are the language and images used in promotional material inclusive and representative?

Have you used SRUC's existing guidance to ensure written information structured to be used with assistive technology and formatted to be accessible?

Have you included SRUC's standards statements about access to alternative format or do you need information translated proactively (e.g. in BSL, community languages)?

Specific Equality Groups

Have the needs of different equality groups been considered and are they evidence based?

Are the premises where the service is delivered physically accessible and consider the needs of people with hidden disabilities?

Have arrangements been made to ensure that the needs of carers, usually but not exclusively women, are not overlooked?

Identify reasons for underrepresentation – can you do something differently to increase uptake by men or women.

Have you thought about religious dietary needs and dates or times of religious observances? How have you accounted for these or have support in place as required?

Is the policy, practice, process or service sensitive to religious attire and symbols?

EQUALITY IMPACT ASSESSMENT

Policy, practice, process or service title:	< insert name of policy, practice, process or service>
Policy, practice, process or service lead/ owner:	
Others involved in EqlA assessment group	Assessment group included: < include all persons involved – job titles only>
Policy, practice, process or service implementation date:	Click here to enter a date.

2 Framing the policy, practice, process or service

5.1 Briefly describe the outcomes, aims and purpose of the policy, practice, process or service:

Focus on the parts of the policy, practice, process or service where equality impacts are most likely.

5.2 Is the policy, practice, process or service new or being changed, reviewed or stopped?

<insert drop down list>

5.3 Who is affected by this policy, practice, process or service?

Be clear on who the 'customer' is e.g. employees, students, general public.

5.4 Are there any other SRUC policies that may be affected by this policy, practice, process or service?

List here any other policies that may be affected by changes you make to this policy, practice, process or service, so that any equality impacts found here can be shared with those policy, practice, process or service leads. You may need to consider where there might be cumulative impacts across several policies, practices, processes or services.

6 Evidence relevant to the policy, practice, process or service including consultation

The information you gather in this section will:

- help you to understand the importance of your policy, practice, process or service for different equality groups,
- inform the depth of equality impact assessment you need to do (this should be proportional to the potential impact on equality groups), and
- provide justification and an audit trail behind your decisions, including where it is agreed an equality impact assessment is not required.

6.1 Evidence: Set out in the table what you know about the experiences of people in terms of each equality group. Consider the diversity within each group (e.g. experiences of people from different religions or faiths) as well as the differences between groups. There may also be cumulative barriers experienced by people when you look at more than one group together (e.g. experiences of women of different minority ethnic groups, so the intersectional impact of sex and race).

You can add more rows to present the evidence if required.

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy, practice, process or service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
Age		
Disability		
Race		
Sex		
Gender Reassignment		
Sexual orientation		
Religion or Belief		
Pregnancy or maternity		
Marriage or civil partnership		

6.2 Consultation and stakeholder involvement: Speaking to people who will be affected by your policy, practice, process or service can help clarify the impact it will have on different equality groups. Describe below what you learned from the consultation/ involvement. Consultation can take time so make sure that you build this into your policy, practice, process or service review/ development timeline.

Note who you consulted with, when you consulted with them, and what they told you about the impact of your proposed policy, practice, process or service.

6.3 Record here if you need to undertake a full equality impact assessment based on your evidence above.

Outcome of Step 2 following initial evidence gathering and relevance to equality characteristics	Yes/ No (Y or N)	Next steps
There is no relevance to equality		Proceed to sign off (step 5) to agree with decision makers that no EqIA is required based on current evidence
There is relevance to some or all of the equality groups		Proceed to Step 3: complete full EqIA
It is unclear if there is relevance to some or all of the equality groups		Proceed to Step 3: complete full EqIA

7 Impact on equality groups and changes to policy, practice, process or service

You must consider the three aims of the general duty for each protected characteristic. The following questions will help:

- **Is there potential for discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010?** How will this be mitigated?
- **Is there potential to advance equality of opportunity between people who share a characteristic and those who do not?** How can this be achieved?
- **Is there potential for developing good relations between people who share a relevant protected characteristic and those who do not?** How can this be achieved?

7.1 Does the policy, practice, process or service have any impacts (whether intended or unintended, positive or negative) on any of the equality

characteristics? In the tables below, record the impact of the policy, practice, process or service, as it is planned or as it operates, might have on each equality characteristic and describe what changes in policy, practice, process or service or actions will be required to mitigate that impact or to take advantage of a positive impact.

Equality group	Public sector equality duty	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
		Positive impact	Negative impact	No impact	
Age	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Disability	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Race	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Sex	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				

Equality group	Public sector equality duty	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
		Positive impact	Negative impact	No impact	
Gender Reassignment	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Sexual orientation	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Religion or Belief	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Pregnancy or maternity	Potential for discrimination				
	Potential to advance equality of opportunity				
	Potential to foster good relations				
Marriage or civil partnership (in employment only)	Potential for discrimination				
	Potential to advance equality of opportunity				

Equality group	Public sector equality duty	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
		Positive impact	Negative impact	No impact	
	Potential to foster good relations				

7.2 Think about and describe below how your assessment impacts on your policy, practice, process or service review or development timeline including but not limited to:

- Procurement criteria: do you need to include specific equality criteria as part of the technical specification ?
- Communication plan/ products: do you need to communicate with people affected by this policy, practice, process or service in a specific format (e.g. audio, subtitled video, different languages)?
- Cost: do you propose any actions because of this assessment which will incur additional cost?
- Resources: do the actions you propose require additional or specialist resource to deliver them?

7.3 Record the outcome of this assessment below having considered the potential or actual impacts of your policy, practice, process or service on equality groups.

Choose from one of the following (mark with an X or delete as appropriate):

Note: You must take action to remove barriers or take advantage of positive opportunities BEFORE the policy, practice, process or service goes live.

Please select (X)	Implications for the policy, practice, process or service
	No major change: Your assessment demonstrates that the policy, practice, process or service is robust. The evidence shows no potential for unlawful discrimination and that you have taken all opportunities to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.

	Adjust the policy, practice, process or service: You need to take steps to remove any barriers, to better advance equality of to foster good relations. You have set actions to address this and have clear ways of monitoring the impact of the policy, practice, process or service when implemented.
	Continue the policy, practice, process or service: The policy, practice, process or service will continue despite the potential for adverse impact. You have justified this with this assessment and shown how this decision is compatible with our obligations under the public sector equality duty. When you believe any discrimination can be objectively justified you must record in this assessment what this is and how the decision was reached.
	Stop and remove the policy, practice, process or service: The policy, practice, process or service will not be implemented due to adverse effects that are not justified and cannot be mitigated.

8 Monitoring the policy, practice, process or service impact and further actions

It is important to continue to monitor the impact of your policy, practice, process or service on equality groups to ensure that your actual or likely impacts are those you recorded. Your monitoring information will also inform a future review of the policy, practice, process or service.

8.1 Record in the table below how you intend to monitor the impact of this policy, practice, process or service on equality groups. In the table below you should:

- list the relevant measures,
- Identify who or which team is responsible for implementing or monitoring any changes
- Where the measure will be reported to (e.g. committee, ELT, Board) and how often.

Measure	Lead department/ individual	Reporting (where/ frequency)

8.2 Record further actions or changes required after the policy, practice, process or service is implemented in the table below. Make it clear if there are no outstanding actions.

Action	Lead department/ individual	Action target date

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9 Sign off and future review

Equality impact assessments must be signed off by the relevant Head of Service/ Department, even where an EqIA is not required. Also note here when you plan to review the policy, practice, process or service and accompanying EqIA which should be no later than 5 years from policy, practice, process or service implementation.

9.1 Senior Responsible Owner/ Committee sign off.

Job/ Committee title:

Date: [Click here to enter a date.](#)

9.2 Equality impact assessment review date.

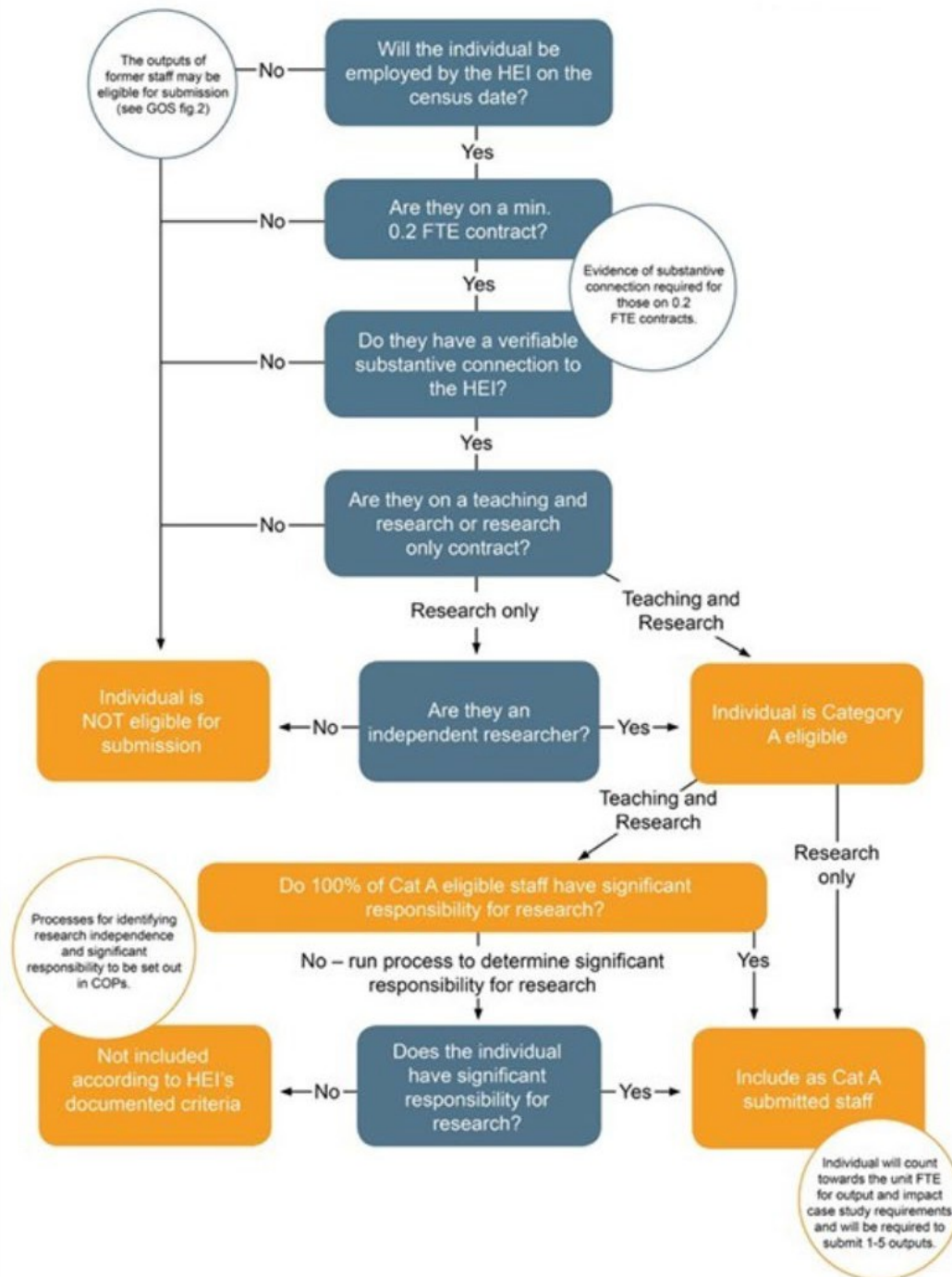
Date: [Click here to enter a date.](#)

Important: You must send the final version of this equality impact assessment to:

- the Equality Diversity & Inclusion Lead.
- the Communications team for publication on SRUC's equality page on the external website.

Document control		
Document control:		V0.1
Date policy, practice, process or service live from:		[DATE]
Review/ Approval Group:		[project board if relevant or delete]
Last reviewed:		Date
Review cycle:		[No more than three years]
Document change log		
Version/ Author	Date	Comment
V0.1		

Appendix 2f: Staff Eligibility in REF2029³



³ This flowchart was used in REF 2021 however it is re-used here as broadly the process is the same in REF 2029. The primary differences are that staff referred to as 'Cat A' in the diagram are those contributing to the volume measure in REF 2029, and that there is no required number of outputs per person in REF 2029.



GRIEVANCE POLICY

CONTENTS

1	PUPOSE AND AIM.....	1
2	SCOPE	1
3	UNDERLYING PRINCIPLES	1
4	ROLES AND RESPONSIBILITIES	2
5	PROCEDURE.....	3
5.1	Informal procedure.....	3
5.2	Formal procedure - Stage 1 – Submission of grievance	4
5.3	Formal procedure - Stage 2 – Grievance Meeting/Investigation.....	4
6	APPEALS PROCESS.....	6
7	TIMESCALES.....	7
8	REPRESENTATION	7
9	VICTIMISATION	8
10	VEXACIOUS GRIEVANCES.....	8
11	IMPACT ASSESSMENT.....	8
12	POLICY REVIEW AND ASSESSMENT.....	9

Policy Owner	Human Resources
Date Approved	April 2026
Review Date	April 2031
Equality Impact Assessment no.	HR/POL/002
Policy Number	HR/POL/002
This Grievance Policy supersedes all previous policies regarding Grievance.	

1 PURPOSE AND AIM

1.1 SRUC believes that the provision of a positive and supportive working environment is important in helping to underpin its aim of ensuring its continued business continuity and success. To that end, every reasonable effort will be made to resolve issues as they arise within the workplace.

1.2 The Grievance Policy operates in conjunction with the principles and key aims as outlined within SRUC's Dignity at Work Policy.

1.3 The aims of this policy are to:

- provide a structured framework as a means of achieving resolution to any issues as they arise in the workplace.
- inform employees of the procedure for raising a complaint in relation to their employment with SRUC.
- detail the roles and responsibilities of those individuals involved when a grievance is raised.

2 SCOPE

2.1 This Policy applies to all SRUC employees.

2.2 This policy applies to all employees regardless of age, sex, race, disability, marriage and civil partnership, sexual orientation, gender reassignment, pregnancy and maternity, and religion or belief (protected characteristics). SRUC is fully committed to tackling all forms of discrimination, including harassment and victimisation, and to advancing equality of opportunity and fostering good relations between people who share a protected characteristic and those who do not. Should an employee feel that they have been excluded from accessing this policy because of any of the above protected characteristics they should raise this with their manager or the HR Team.

3 UNDERLYING PRINCIPLES

3.1 A grievance is defined as a problem or complaint raised by an employee in relation to their employment with SRUC. A grievance cannot be raised where another policy process exists to deal with a particular issue.

3.2 SRUC encourages the resolution of grievances at the lowest level, at the earliest possible stage and in the least formal way as appropriate based on the circumstances of the case.

3.3 It may be appropriate with advice from Human Resources to suspend a disciplinary or capability procedure where a grievance is identified and will require to be investigated prior to a final decision under the disciplinary or capability procedure being taken.

3.4 Where any employee involved in the grievance process has a protected characteristic under the Equality Act (e.g. they have a disability or their first language is not English) which they feel might impact on their ability to participate fully in the grievance process, or comply with any other aspect of this Policy, consideration will be given to reasonable adjustments.

3.5 All written correspondence can be provided in an alternative format as a reasonable adjustment upon request. Similarly, where an employee is required to provide information in writing this can be done in another format if required.

3.6 SRUC recognises that any formal process can be stressful for the employees involved. Human Resources and trade union representatives can offer advice and support at any stage. SRUC's Employee Assistance Programme is a free and confidential counselling support service available to all employees and managers (details available from HR Team and the Health and Wellbeing Hub).

4 ROLES AND RESPONSIBILITIES

4.1 Employees

Raise any grievances at an early stage providing relevant facts about the issue being raised and participate as required in actions associated with the aim of resolving a grievance, including the provision of a written statement where necessary.

4.2 Line Managers

Take appropriate steps to identify and address workplace difficulties as soon as possible, making every attempt to resolve issues in a fair and consistent manner, starting at the informal stage.

4.3 Human Resources

Provide advice and guidance to managers and employees, and ensure accurate records are kept of formal grievance proceedings.

4.4 Investigating Officers

Undertake investigations to a high standard and within the terms of this policy document, identifying and assessing all relevant evidence, manage grievance meetings effectively, and make a decision that is evidenced, fair and based on reasonable belief.

4.5 Chair of Appeal Hearing

Assess all relevant evidence, manage the hearing effectively and make a decision that is evidenced, fair and based on reasonable belief.

5 PROCEDURE

5.1 Informal procedure

5.1.1 It is anticipated that any employee who feels aggrieved about any aspect of their employment will initially attempt to resolve the matter through an informal route. This would normally involve a discussion with their immediate line manager (or another more senior manager/HR team if the issue relates to a complaint against the immediate line manager), with a view to finding an acceptable resolution.

5.1.2 The employee and manager should conduct an informal meeting with the aim of reaching agreement on how to take matters forward.

5.1.3 The manager may undertake any investigation they consider necessary to establish the facts of the situation.

5.1.4 Where appropriate (for example, where working relationships have become difficult), consideration should be given to seeking a resolution through a mediation process at this stage. Mediation can be considered at any stage of the grievance procedure, however advanced, although it is generally accepted that it is more likely to be successful where it is utilised as early as possible as part of an attempt to resolve workplace difficulties.

5.1.4.1 Mediation is not appropriate where the issues raised necessitate a formal

investigation (i.e. harassment or discrimination).

5.15 Where the issue is not resolved via the informal approach, the employee may invoke the formal grievance procedure, as outlined below.

5.2 Formal procedure - Stage 1 – Submission of grievance

5.2.1 The employee should submit the grievance in writing to either their line manager, or a member of the HR team, preferably through the Notification of Grievance form. The written submission should include details of:

- The basis of/background to the grievance
- The parties to the grievance (i.e. Who or what it is against)
- Evidence, where appropriate, of attempts made to resolve the problem
- The expected or desired outcome if possible
- Any potential witnesses

5.2.2 The grievance will be acknowledged in writing by the HR department, normally within two working days of receipt, including an outline of how the grievance will be taken forward.

5.3 Formal procedure - Stage 2 – Grievance Meeting/Investigation

5.3.1 An Investigating Officer will be appointed to conduct the grievance process along with nominated support from within the HR department. This will include – in addition to any documentation supplied by the employee raising the grievance - the collation of background information, including witness statements as appropriate. The investigation officer will not previously have had any significant involvement in the grievance matter. The Investigating Officer, supported by the nominated HR representative, will conduct a grievance meeting. The meeting will normally be held within 5 working days of the date of receipt of the grievance submission. It is expected that the employee will attend the meeting to outline relevant details concerning the grievance submission and answer questions. The employee may be accompanied by a Trade Union representative or SRUC colleague. If the employee (or their representative) is unable to attend the meeting at the original date and time, they may request a postponement.

5.3.2 Any employee against whom a formal grievance has been raised (the 'respondent') will be notified of this by SRUC and will be kept informed at each key stage of this procedure.

5.3.3 Respondents (and any potential witnesses, as deemed appropriate by the Investigating Officer) will be requested to attend a meeting with the investigation officer and HR representative, to enable them to comment on relevant issues raised within the grievance submission.

5.3.4 The HR representative will take a record of the meetings, a copy of which will be made available to the participants. With the agreement of the employee, the Investigating Officer may arrange for a dedicated note-taker to attend to take the record of the meeting(s) instead.

5.3.4.1 Written notes may be taken by the employee and/or their representative during meetings. However, no audio or video recording is permitted.

5.3.5 Following the meetings, the Investigating Officer must determine whether further information is required (including the questioning of the employee again or further witnesses) before a conclusion can be drawn. Once this has been completed, the findings must be documented in a written report, a version of which should be forwarded to the employee who raised the grievance, normally within 5 working days of the meetings (or any further investigation) being concluded.

5.3.6 The findings must be clearly set out, including the rationale for the decision, and the specific outcome(s) identified. Options include:

- That the grievance is upheld.
- That the grievance is upheld in part(s) and not upheld in other part(s).
- That the grievance is not upheld.

5.3.7 All stages of a grievance procedure will be treated confidentially, including the outcome of the grievance or appeal hearing, which should only be communicated to those employees directly involved as deemed necessary by the investigating officer or chair of any appeal hearing, and would not normally be communicated to witnesses.

5.3.8 Any action to be taken as a consequence of the grievance, and any recommendations relating to the grievance, must be outlined in the report (although no specific detail should be shared with the employee where action or recommendations relate to another individual).

5.3.9 The employee must also be advised of their right of appeal against the outcome if their grievance is not fully upheld, including details of the appeals process.

5.3.10 The Investigating Officer may also recommend further investigation into the actions of others involved in the process e.g. if a witness did not take action/report an event.

6 APPEALS PROCESS

6.1 Where an employee's grievance is not fully upheld, they may appeal against the decision within 5 working days of receipt of the written outcome. The appeal must be notified in writing to the Chief People Officer, and should state the grounds for appeal, which will normally be one or more of the following:

- That the outcome is unfair / inconsistent in the circumstances
- Additional evidence has arisen which was not considered at the original meeting and may be relevant to the matter at hand (this will normally require to be identified and submitted at least 5 days in advance of any appeal hearing).
- The grievance procedure was not applied correctly.

6.2 An appeal hearing will be convened, normally within 5 working days of receipt of the written appeal (provided grounds of appeal and any additional evidence have been submitted by the employee timeously). If the employee (or their representative) is unable to attend the hearing at the original date and time, they may request a postponement.

6.3 All appeals will normally be heard by a manager more senior than the Investigating Officer. An HR representative will also be present at the appeal. The senior manager and the HR representative will not have had any significant involvement in the case up to that point.

6.4 Depending on the nature of the appeal submission, the chair of the appeal hearing may decide to obtain further information, including witness statements, prior to the appeal hearing.

6.5 The employee will be expected to attend the appeal hearing and provide an outline of the basis of the appeal. A record will be taken of the hearing (either by the HR representative or – with the agreement of the employee – by a

dedicated note-taker), which will be provided to the employee with the written outcome, which will normally be within 5 working days of the appeal hearing. If appropriate e.g. the employee is unfit to attend the appeal hearing they may request that they are represented in absentia by their nominated representative.

6.6 The options for the findings are as set out within the previous section. The decision taken at this stage will be deemed to be final.

7 **TIMESCALES**

7.1 SRUC is committed to ensuring that the timescales outlined within this Grievance Policy are adhered to, and every reasonable effort will be made to ensure compliance in that regard. However, it is recognised that this may not be possible on all occasions for a variety of legitimate reasons, including periods of annual and sick leave of key participants, and/or an investigation that is very complex.

7.2 The need for a thorough investigation is of paramount importance, and therefore additional time will be acceptable in such circumstances. Nevertheless, where the timescales cannot be met the employee will be advised of the reason for this in writing, along with an estimation of the likely revised timescales. Similarly, other parties as appropriate, including any employee against whom the grievance has been raised, will be notified accordingly.

7.3 Grievances (from the informal stage) should be raised by employees within 3 months of the issue giving rise to the complaint. Incidents going back further than 3 months may on occasion be considered as part of the complaint in order to establish the background to the allegations or where these are relevant to the complaint. Elements of a complaint which go back further than 3 months will only be included in an investigation for identifiable and justifiable reasons.

8 **REPRESENTATION**

8.1 The representative will be entitled to present the employee's case at the meeting or appeal hearing, make statements and ask questions. The representative, however, will not be entitled to respond to any questions that are put directly to the employee during the meeting or appeal hearing, or

prevent anyone else present at the meeting or hearing from speaking.

The employee or their representative may request a temporary adjournment to the meeting or hearing e.g. to consult in private. The investigation officer, chair of appeal hearing or HR representative may also adjourn the proceedings.

8.2 As a reasonable adjustment an employee may be accompanied by a support worker or friend or family member for example in instances where the employee has a learning disability or mental health illness. They will attend to provide support and to make the Chair aware of any difficulty the employee may be experiencing but will not answer questions on the employee's behalf.

8.3 If the employee is a British Sign Language user, arrangements will be made to provide an interpreter for any meetings or hearings the employee is asked to attend.

9 VICTIMISATION

9.1 It is unlawful for an employee to suffer detriment as a result of complaining about unacceptable behaviour in relation to a protected characteristic, or for giving evidence for another employee when they have complained about this. SRUC will ensure that no employee raising such issues will suffer any detriment for doing so. An employee is not protected from victimisation if they have maliciously made or knowingly supported an untrue complaint.

10 VEXACIOUS GRIEVANCES

10.1 The purpose of this Grievance Policy is to ensure that the appropriate channels are available through which employees can raise genuine concerns. However, where a grievance is found to be vexatious or malicious, or where there is a continued pattern of unfounded complaints by an employee, that employee may be subject to the Disciplinary Policy.

11 IMPACT ASSESSMENT

11.1 This policy has been reviewed in accordance with SRUC's equality impact assessment guidance and process which has been developed to meet our public sector equality duties in Scotland as per the Equality Action 2010 (Specific Duties) (Scotland) Regulations 2012 and subsequent updates.

12 POLICY REVIEW AND ASSESSMENT

12.1 This policy may be reviewed by SRUC at any time in line with changes in legislation and best practice. A routine review will be completed no later than five years from implementation.

12.2 For further information and advice about this policy, or to request this policy (and/or related documents) in an alternative format (for example, large font or other community languages, including British Sign Language) please contact HR (HRHelp@sruc.ac.uk) with the details of the format/ language required.

Appendix 3: Acronyms

Abbreviation	Definition
AI	Artificial Intelligence
CoI	Co-Investigator
ALT	Academic Leadership Team
CoP	Code of Practice
CBS	Core Business Systems (Finance system)
CRIS	Current Research Information System
DORA	San Francisco Declaration on Research Assessment
DPA	Data Protection Act
ECR	Early Career Researcher
EDI	Equality, Diversity and Inclusion
EqIA	Equality Impact Assessment
ELT	Executive Leadership Team
FTE	Full Time Equivalent
GDPR	General Data Protection Regulation
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency
HR	Human Resources
PI	Principal Investigator
REF	Research Excellence Framework
RI	Research Independence
RISE	Respect, Innovate, Support, Excel
SEEDABLE	The embedding of Sustainability and Enterprise (SE) and Equality and Diversity (ED), enabled by Active and Blended Learning (ABL)
SFC	Scottish Funding Council
SLWG	Short Life Working Group
SRR	Significant Responsibility for Research
SRUC	Scotland's Rural College
SWAN	Scientific Women's Academic Network
UoA	Unit of Assessment
UK	United Kingdom
WAM	Workload Allocation Model