

Strategy on Equality Diversity and Inclusion

Fujairah University

November 2026 to October 2029

Fujairah University (FU) seeks to ensure that students and employees can access opportunities, participate fully in university life, and succeed in an environment that respects their dignity. This strategy translates that commitment into defined institutional goals, accountable delivery, measurable results, and a time-defined action plan.

Document control	Details
Proposed document code	FU-STR-EDI-001
Version and status	Version 1.1 Draft for institutional approval
Strategy owner	Vice President for Registration and Student Affairs
Executive sponsor	President
Assurance and reporting	Quality Assurance and Institutional Effectiveness Affairs (QA-IEA)
Approval authority	Competent authority under FU governing instruments; approval reference to be entered
Preparation date	8 October 2026
Proposed effective period	1 November 2026–31 October 2029
Review dates	31 October 2027; 31 October 2028; final evaluation 31 October 2029
Approval record	Approval date: _____ Resolution reference: _____

Purpose and scope

The strategy covers all colleges, academic and administrative departments, students, employees, applicants, and university activities, including digital learning and external placements within FU's control. It supports fair access, inclusive teaching, accessible services, equitable employment practices, and a culture in which concerns can be raised safely.

All targets, responsibilities, and dates below are proposed commitments. They become operative upon institutional approval. If approval occurs after the proposed start date, the approving authority shall endorse a revised calendar before publication; completed activities must never be backdated.

1. Strategic commitment and governance

Meaning of equality diversity and inclusion

Equality means fair treatment and access to opportunities without unlawful discrimination. Equity means providing proportionate support to address different barriers and needs. Diversity recognises differences in backgrounds, experiences, abilities, and perspectives. Inclusion means enabling meaningful participation, voice, and a sense of belonging. FU incorporates equity within this equality, diversity and inclusion (EDI) strategy.

FU will apply transparent academic and employment criteria, provide reasonable adjustments through approved procedures, and preserve essential learning outcomes and professional requirements. Decisions about support shall be individualised, documented, and open to review. The strategy operates in accordance with applicable UAE law and FU's approved policies.

Priority populations and evidence

Support will respond to demonstrated barriers affecting people of determination, students with learning support needs, financially disadvantaged and first-generation students, mature learners, and groups underrepresented in particular programs or opportunities. Gender, nationality, language, cultural and religious diversity will inform inclusive practice where relevant and lawfully assessed. These categories are not a declaration that any group has legally recognised minority status.

FU will establish its baseline before claiming demographic representation or outcome gaps. Nationality must not be used as a proxy for ethnicity or religion. Legal recognition of a minority group, where relevant to QS reporting, requires an authoritative basis. Sensitive attributes will not be inferred from names or appearance.

Role	Accountability
President and approving authority	Approve strategic commitments, oversee institutional progress, and resolve major resource or accountability issues.
VP Registration and Student Affairs	Coordinate delivery; oversee student access, support, participation, and referrals; consolidate owner updates.
VP Academic Affairs and Deans	Deliver inclusive teaching, assessment adjustments, staff development, and program-level improvement.
VP Administration and Finance	Coordinate HR, financial support, facilities, IT, and approved budget allocations.
QA–IEA and QA–IE Council	Define and validate measures; review evidence and corrective actions; report independently on delivery and effectiveness.
Department heads and Program Coordinators	Implement assigned actions, maintain evidence, and address barriers within their services and programs.

The existing QA–IE Council will review EDI performance through a standing agenda item. Student and staff representatives, including people with relevant lived experience, will inform reviews through accessible consultation. An operational coordinator shall be designated by 30 November 2026; this does not require a new permanent committee.

2. Defined goals and success measures

FU will establish baselines by 31 January 2027 using the latest complete academic year available, identified explicitly in each dataset. Where a measure is new, the first valid collection will be labelled as its baseline. The following targets are institutional proposals, not QS scoring thresholds.

Goal	Defined result and target	Accountable lead
G1 Fair access and opportunity	By 31 March 2027, review 100% of admissions, scholarship, recruitment and promotion procedures in scope for barriers. Close all high-priority findings by 31 October 2027.	VP Registration and Student Affairs; VP Administration and Finance
G2 Accessible learning and services	By 31 January 2027, audit priority physical and digital services. By 31 October 2027, remedy or provide verified equivalent access for 100% of critical barriers. From March 2027, implement at least 95% of approved adjustments by the agreed required date.	VP Administration and Finance; VP Academic Affairs
G3 Equitable student success	By 31 July 2027, every active program completes an inclusion review and acts on identified barriers. By October 2029, reduce each validated priority retention gap by at least 25% relative to baseline, or sustain a gap of no more than 3 percentage points.	VP Academic Affairs; Deans
G4 Inclusive employment and capability	By 31 October 2027, at least 95% of employees complete EDI training; 100% of designated recruitment and promotion panel chairs complete role-specific preparation before serving from April 2027. Maintain these standards annually.	VP Administration and Finance; HR
G5 Belonging voice and respectful conduct	Conduct annual student and staff inclusion surveys. Achieve at least 80% favourable responses on the belonging measure by October 2029, or maintain the baseline if higher. From February 2027, acknowledge at least 95% of EDI concerns within 3 working days.	VP Registration and Student Affairs; HR
G6 Evidence and accountability	Publish the approved strategy by 30 November 2026. Review delivery quarterly from February 2027; achieve at least 90% on-time completion of actions due each reporting year and publish an annual aggregate progress summary.	Strategy owner; QA–IEA

All goals apply across FU, with program-level analysis where useful and statistically defensible. Small cohorts require careful interpretation and confidential qualitative review. A reduced number of complaints is not a success target, because greater reporting may indicate improved trust.

3. First year action plan

Actions A1–A6 establish the governance, evidence, and service arrangements required for implementation. Owners shall retain dated outputs and record expenditure or staffing requirements in their departmental operational plans.

Action and goal	Period and delivery requirement	Owner and evidence
A1 Approve and mobilise G6	1–30 Nov 2026: secure approval; designate the coordinator and named action owners; publish the strategy and reporting contacts.	President's Office; strategy owner. Approval resolution, owner register, dated web link.
A2 Establish the baseline G1 G3 G5 G6	1 Nov 2026–31 Jan 2027: approve definitions and lawful data collection; analyse available admissions, aid, retention and workforce records; consult students and staff; administer baseline inclusion surveys.	QA–IEA with DAR, HR and Student Affairs. Data dictionary, validated baseline, consultation and survey reports.
A3 Review access and allocate resources G1	1 Dec 2026–31 Mar 2027: review admissions, aid, hiring and promotion criteria; identify avoidable barriers; approve a costed improvement plan and transparent eligibility criteria for targeted support.	DAR and HR with Finance. Review findings, revised criteria, approved budget and communications.
A4 Audit accessibility G2	1 Nov 2026–31 Jan 2027: audit buildings, routes, learning platforms, library systems and priority web services. By 31 Mar 2027 publish an accessible campus map and implement interim access for urgent barriers.	Facilities and IT with Student Affairs, Library and users. Audit register, accessibility map, user testing and interim arrangements.
A5 Deliver learning support G2 G3	1 Dec 2026–31 Mar 2027: confirm CASLS service capacity, referral routes and accessible booking; establish adjustment decisions, delivery deadlines and review arrangements; activate required assistive support.	VP Academic Affairs with CASLS and Student Affairs. Service specifications, referral records, adjustment logs and delivery checks.
A6 Strengthen safe reporting G5	1 Dec 2026–31 Jan 2027: publish accessible reporting and appeal routes for students and staff; designate impartial handlers; train them in confidentiality, non-retaliation and referral.	Student Affairs and HR. Published channels, approved procedure, training and restricted case register.

DAR denotes the Department of Admission and Registration. CASLS denotes the Center for Academic Success and Learning Support. CASLS responsibilities are proposed and depend on confirmed staffing and service capacity. Where specialist provision is required, owners shall arrange a qualified internal or external service.

4. Implementation and consolidation

Action and goal	Period and delivery requirement	Owner and evidence
A7 Improve inclusive teaching G3	1 Feb–31 Jul 2027: all active programs review learning materials, assessment access and placement arrangements. Document barriers, agreed adjustments and actions; assess follow-through each semester.	Deans and Program Coordinators. Program reviews, revised resources, moderation and committee records.
A8 Build employee capability G4	1 Feb–31 Oct 2027: deliver training on fair decisions, inclusive teaching, accessibility and respectful conduct. Prepare panel chairs by 31 Mar 2027; train new employees within 90 days of appointment thereafter.	HR with VP Academic Affairs. Attendance, completion rates, panel records and learning checks.
A9 Strengthen student voice G5	1 Feb–31 Oct 2027: hold at least two accessible student consultation forums and two inclusion activities. Support student-led participation; publish responses to recommendations within 30 working days.	Student Affairs with colleges and student representatives. Participation records, accessible event plans and response tracker.
A10 Remove priority barriers G1 G2	1 Apr–31 Oct 2027: implement approved financial, procedural, physical and digital improvements. Verify resolution of critical access barriers with users; document remaining works and equivalent access.	VP Administration and Finance with service owners. Completion records, user verification, aid records and expenditure.
A11 Review year one G6	1 Aug–31 Oct 2027: repeat surveys; assess KPIs and action completion; approve corrective actions and the year-two budget; publish an aggregate progress summary.	Strategy owner and QA–IEA. Dashboard, annual review, Council minutes and public summary.
A12 Extend effective provision All goals	1 Nov 2027–31 Oct 2028: implement targeted retention and participation measures; complete remaining prioritised access works; repeat training, consultation and annual evaluation by 31 Oct 2028.	All goal owners. Revised operational plans, outcome comparisons and annual report.
A13 Evaluate and renew All goals	1 Nov 2028–31 Oct 2029: evaluate target achievement and persistent gaps; consult stakeholders; approve the successor strategy and publish the final evaluation by 31 Oct 2029.	President, strategy owner and QA–IEA. Final evaluation, consultation findings and approved successor strategy.

The approving authority shall confirm a costed resource schedule by 31 March 2027 covering staff time, training, assistive technologies, specialist services, student financial support, and accessibility works. Urgent access needs require immediate referral and interim arrangements while permanent solutions are funded.

5. Measurement review and corrective action

Consistent measurement

Measure	Calculation or assessment rule
Training completion	Employees completing required training ÷ employees due for training × 100. Report exclusions and new employees separately.
Timely adjustments	Approved adjustments implemented by their agreed required date ÷ approved adjustments due in the period × 100. Pending requests remain visible in a separate log.
Retention and gaps	Use the same approved cohort definition for each comparison. Gap = reference-group retention rate minus priority-group rate, in percentage points. Relative gap reduction = (baseline gap – current gap) ÷ baseline gap × 100, where baseline gap is positive.
Belonging	Percentage selecting the top two favourable categories on the same five-point belonging item. Report students and staff separately, with response rates and coverage limitations.
Timely acknowledgement	EDI concerns acknowledged within 3 working days ÷ concerns received in the period × 100. Track resolution against approved case deadlines separately.
On-time action completion	Actions completed with accepted evidence by their original or formally approved revised deadline ÷ actions due in the period × 100. Disclose revisions and original overdue status.
Accessibility closure	Critical barriers remedied or supported by verified equivalent access ÷ critical barriers identified × 100. Record permanent remediation and interim alternatives separately.

Review cycle and escalation

Owners submit quarterly updates within 10 working days after 31 January, 30 April, 31 July, and 31 October, beginning January 2027. QA–IEA validates definitions and evidence and presents the consolidated dashboard to the QA–IE Council. Red status indicates an overdue action or material access risk; amber indicates delivery at risk; green requires verified delivery or progress consistent with the milestone.

For missed targets or overdue actions, owners submit a corrective action within 20 working days, stating the cause, remedy, resources, revised milestone, and verification method. Significant safety, discrimination, or access risks are escalated immediately through the relevant institutional route. QA–IEA checks effectiveness at the next review and escalates unresolved matters to the President.

Responsible data use

Use the existing institutional data governance system and evidence repository. Collect only information necessary for an approved purpose and on an appropriate lawful basis. Voluntary sensitive self-identification must allow a “prefer not to say” response. Restrict identifiable records to authorised staff; keep case records separate from reporting datasets. Publish only aggregate results and suppress small cells where identification is possible. Apply FU’s approved retention and access rules.

6. Evidence for institutional and QS review

The QS Stars criterion supplied for this strategy awards 5 points where a strategy includes both defined goals and a time-defined action plan. QS's public guidance confirms these two substantive elements [1]. Section 2 defines FU's goals; Sections 3 and 4 specify delivery periods, ownership, outputs, and evidence. Final scoring remains subject to QS assessment and the methodology applicable to FU's submission.

Evidence item	Required record and location
E1 Approved strategy	Signed or formally approved final version, with document code, effective dates and version history. Repository link: _____
E2 Approval and accountability	Approval resolution or minutes; named action owners; approved resource schedule. Repository link: _____
E3 Public availability	FU website page with the approved strategy and support/reporting contacts. Dedicated website link: _____
E4 Monitoring and delivery	Baseline report, quarterly dashboard, action tracker, dated service and accessibility evidence. Restricted repository link: _____
E5 Evaluation and improvement	Annual aggregate progress report, stakeholder feedback, corrective actions and Council review. Repository link: _____

Each action record shall identify the action ID, owner, due date, current status, KPI result, evidence link, validation date, and any corrective action. Use one authoritative record with links for institutional and program reporting. Restricted personal information must not appear on the public website or in an unrestricted QS evidence package.

Institutional documents to reconcile before approval

QA–IEA and the relevant owners shall check consistency with FU's approved diversity and inclusion policy, student support and disability provisions, admissions and scholarship rules, HR policies, complaints and appeals procedures, and data governance arrangements.

Source basis

[1] QS TopUniversities. Rating universities on diversity, equity and inclusion: QS Stars. Public guidance confirms the requirement for defined goals and a time-defined action plan. <https://www.topuniversities.com/qs-stars/qs-stars/rating-universities-diversity-equity-inclusion-qs-stars>

[2] United Arab Emirates. Federal Law by Decree No. 34 of 2023 Concerning Combating Discrimination, Hatred and Extremism. <https://uaelegislation.gov.ae/en/legislations/2131>

[3] United Arab Emirates. Federal Decree by Law No. 45 of 2021 Concerning the Protection of Personal Data. <https://www.uaelegislation.gov.ae/en/legislations/1972/download>

[4] UAE Government. Education for people of determination. <https://u.ae/en/information-and-services/education/education-for-people-with-special-needs>