Tags

Submission Progress (%) 100

-Assessment Details ID 539 Name Model Code of Conduct for Board Members EqIA Screening Organization Care Inspectorate Description Approver Jacqui Duncan Respondent Alison Cook Template Equality Impact Screening Form v0_19 Workflows Deafult CI Workflow 2-Copy Creator Hannah Lindsay Date Created 2022/03/11 15:00 Deadline Completed Date 2022/03/15 08:57 Date Submitted 2022/03/14 14:50 Last Updated 2022/03/15 08:57 Stage Completed Approval Stage Status Active Very High Risks 0 High Risks 0 Medium Risks 0 Low Risks 0 Total Risks 0 Residual Risk Level None Residual Risk Score 0.0 Result Approved Result Comments Under Review (Jacqui Duncan - Approved); Primary Record Id Primary Record Name Template Version 1 Open Risk Count 0 Open Info Request 0

1	Assessment Questions General information
1.1	Your Equality Impact assessment relates to the following processing activity **Response** Board Management and Records Customer Services** **Justification** None
1.2	Project process or initiative Response Change to existing work Justification None
1.3	Please describe the work Response New model code of conduct for Board members.
2	Equality impact
2.1	For each of the questions in section 2, think about whether the work will impact on people differently based on the different characteristics For example, does it impact on people of different ages/sexes/sexual orientations differently? Does it impact on people with and without a disability differently?
2.2	Age What kind of impact will this work have on people of different ages? Response Positive/no impact Justification None
2.3	Disability What kind of impact will this work have on disabled people? Response (Positive/no impact) Justification None
2.4	Race What kind of impact will this work have on people of different ages? This includes different ethnic and national origins, and Traveller community membership. Response Positive/no impact Justification None

2.5 Sex

What kind of impact will this work have on people of different sexes?

Response

Positive/no impact

Justification

None

2.6 Gender reassignment

What kind of impact will this work have on people are transgender/have a trans history?

Response

(Positive/No impact)

Justification

None

2.7 Sexual orientation

What kind of impact is this work going to have on people of different sexual orientations?

Response

Positive/no impact

Justification

None

2.8 Religion or belief

What kind of impact is this work going to have on people of different religions and beliefs? Beliefs includes no belief, and environmentalism.

Response

(Positive/no impact)

Justification

None

2.9 Pregnancy and maternity

What kind of impact is this work going to have on people who are pregnant or have given birth within the past 26 weeks?

Response

Positive/no impact

Justification

None

2.10 Marriage or civil partnership

What kind of impact is this work going to have on people of different marriage and civil partnership statuses? Please note this only applies to employees' marriage/civil partnership status.

Response

Positive/no impact

Justification

None

2.11	Children and young people we have corporate parenting responsibility for
	What kind of impact is this work going to have on children and young people we have a corporate parenting responsibility for?
	We are corporate parents for every child who is looked after by a local authority, and every young person under the age of 26 who was looked after on their 16th birthday.
	Response (Positive/no impact)
	Justification None
2.12	Children's rights (up to age 18), in line with UNCRC
2.12	What kind of impact is this work going to have on children's rights, in line with the United Nation's Convention of the Rights of the Child?
	Response (Positive/no impact)
	Justification None
2.13	
	What kind of impact is this work going to have on Care Inspectorate employees who have caring responsibilities?
	Response (Positive/no impact)
	Justification None
3	Island community impact
3.1	Does this work impact differently on island communities, compared to other communities?
	Response No
	Justification None
4) Feedback
4.1	Do you have any feedback (from engagement/consultation) or evidence that influences, affects, or shapes this work?
4.1	Response (No)
	Justification
	None
5	Conclusion
5.2	The screening form is now complete. Your answers have indicated that this activity does not reach the organisational threshold for an EdA to be completed

Thank you for your time in helping the Care Inspectorate and your Information Asset Owner understand the equality factors associated with your work.

5.4 Do you wish to discuss any aspect of this form with the Equalities Team?

Response



Justification

None

Assessment Notes—