

## Assessment Details

ID 928

Name Cyber Security

Organization Care Inspectorate

Description

Approver Jacqui Duncan

Respondent Graeme Ferguson

Template Equality Impact Screening Form v0\_21

Workflows Deafault CI Workflow 2-Copy

Creator Jacqui Duncan

Date Created 2023/02/09 08:25

Deadline

Completed Date 2023/09/18 15:41

Date Submitted 2023/02/09 08:36

Last Updated 2023/09/18 15:41

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

Tags

Submission Progress (%) 89

## Assessment Questions

### 1 General information

#### 1.1 Is this new or existing work?

*Response*

Change to existing work

*Justification*

None

#### 1.2 Please describe the work

*Response*

Cyber Security Maturity development, assessment and reporting.

### 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

*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 Care Inspectorate employees with caring responsibilities

*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?

#### *Response*

Yes

#### *Justification*

None

### 4.2 Please select what this feedback/evidence relates to

#### *Response*

Not Answered

#### *Justification*

None

### 4.3 Is any of the feedback/evidence negative or inconclusive?

#### *Response*

Not Answered

#### *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 EqIA 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*

Yes

*Justification*

None

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Assessment Notes