Equality Analysis Assessment

<table>
<thead>
<tr>
<th>Name of proposal</th>
<th>Equalities Analysis Assessment for Children and Young People’s Plan 2015-18</th>
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<tbody>
<tr>
<td>Lead officer</td>
<td>Warwick Tomsett, Head of Targeted Services and Joint Commissioning</td>
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<td>Other stakeholders</td>
<td>Children and Young People’s Strategic Partnership</td>
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<tr>
<td>Start date of Equality Analysis</td>
<td>August 2015</td>
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<tr>
<td>End date of Equality Analysis</td>
<td>October 2015</td>
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Identify why you are undertaking an Equality Analysis

The This Equality Analysis Assessment is being undertaken in line with the Council’s Public Sector Equality Duty to identify whether the Children and Young People’s Plan 2015-18 will adversely affect Lewisham’s children, young people and their families and if it will negatively impact upon protected characteristics¹. The assessment will also look at whether the Children and Young People’s Plan has endeavoured to promote the following through its aims and actions:

I. eliminate unlawful discrimination, harassment, victimisation;
II. advance equality of opportunity; and
III. foster good relations.

Needs analysis

1. General local demographics

Lewisham is the second largest inner London borough and in 2014 was home to approximately 291,900 people (GLA population estimates) which is set to grow by around 15,000 by 2018. Lewisham has a slightly younger age profile than the rest of the UK: children and young people aged 0-19 years make up 24% of our residents, compared to 22.4% for inner London and 23.7% nationally. Males comprise 49% of Lewisham’s population, females 51%. These proportions are not expected to change in the next few years.
Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic (BME) background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham. The BME population in our schools population rises to 74%.

Christianity was the most common religion in Lewisham (53%), followed by Islam (6%). About 27% of people stated they had no religion and 9% did not state their religion or belief.

There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole. Sexuality is not incorporated into the census or most other official statistics. The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprises roughly 10% of the total population. This would make the lesbian and gay population of the borough roughly 30,000. About 0.4% of Lewisham households comprise same sex couples in civil partnerships. This is more than double the average for England.

The birth rate in Lewisham (per 10,000 people) in 2014 was 16.3, compared with 14.9 in London and 12.2 nationally, and has been steadily rising for several years. This rise is expected to level out and possibly decline over the next decade, although the number of children locally will continue to rise for many years.

**New births by ward, 2009 – 2013**

<table>
<thead>
<tr>
<th>Ward</th>
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**Total:** 4888 4982 4896 5095 4955

School Aged Population Projections (5-19 year olds)

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1 Protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership.
Deprivation in Lewisham has decreased slightly since 2010. The 2010 Index of Multiple Deprivation ranked Lewisham 38th out of 354 local authorities (LAs) in England compared to a rank of 31 in 2010. On the specific indicator of income deprivation affecting children, 32 (out of 169) of Lewisham’s super output areas are in the 10% most deprived in the country. In 2013 Lewisham’s child poverty rate was estimated at 28%, compared with a rate of 37% in London as a whole.

*2015 Index of Multiple Deprivation: Lewisham*
Priority Outcome Area: Build Child and Family Resilience

Families and children at risk

One of the distinctive features of Lewisham's social profile is the number of lone parent families locally. Across England as a whole 7.2% of all households are lone parent families. In London the figure is 9.7% and for Inner London it is 11.6%. In Lewisham, 17.8% of all households are lone parent families - the highest rate in London. Although not a risk factor in itself, children in lone parent families are around twice as likely to live in relative poverty compared with children in couple families.

According to 2014 figures, 19% of individuals in families with at least one disabled member live in relative income poverty, on a before housing costs basis, compared to 15% of individuals in families with no disabled member. 21% of children in families with at least one disabled member are in poverty, a significantly higher proportion than the 16% of children in families with no disabled member.

Housing and homelessness

Lewisham like all other London boroughs has high levels of residents in temporary accommodation as a result of the housing crisis and the shortage of housing supply. Overcrowding in Lewisham, like most other London boroughs, has increased since 2001 when
17.6% of local households were in accommodation deemed overcrowded to 22.2% in 2011. In 2013/2014 a total of 640 Lewisham households including dependent children or a pregnant woman were homeless.

**Pregnancy and mental health**

It is estimated that up to 20% of women in the UK develop a mental health problem in pregnancy or within a year of giving birth, which would equate to approximately 1,019 affected women in Lewisham. NICE guidance identifies a number of risk factors associated with the development of mental health problems in pregnancy and postnatally including: social isolation, economic status, ethnicity, cultural issues and housing and personal history (including drug and alcohol use, domestic violence, childhood sexual and physical abuse), family history, past psychiatric history and previous maternal history. The guidance also recognises that women with complex social factors may be less likely to access or maintain contact with antenatal care services, which can affect outcomes for both mothers and babies.

**Priority Outcome Area: Be Healthy and Active**

**Weight**

National data show a higher prevalence of overweight (including obesity) in Black African and Caribbean children and obesity is almost four times more common in Asian children than in white children. Local analysis of the NCMP results shows that there is no statistically significant difference in the prevalence of obesity between ethnic groups in Lewisham. However, obesity prevalence in children is linked to socio-economic status with higher obesity prevalence in more deprived areas. Analysis of the national NCMP2 (2008/09) revealed that the prevalence of obesity for Reception children in the most deprived group was almost double that of the least deprived group. In year 6 children the prevalence was almost two-thirds higher in the deprived group.

**Immunisation**

Evidence shows that the following groups of children and young people are at risk of not being fully immunised: children and young people who have missed previous vaccinations; looked after children; children with physical or learning difficulties; children of teenage or lone parents; children not registered with a general practitioner; younger children from large families; children who are hospitalised; minority ethnic groups; vulnerable children, such as those whose families are travellers, asylum seekers or homeless.

**Alcohol, smoking and substance misuse**

Lewisham has the fifth highest rate of smoking attributable deaths in London. People on low incomes are twice as likely to smoke as the more affluent, to have started younger, and to be more heavily addicted, and more than 40% of tobacco consumption is by those with mental illness. 6% of school pupils said they smoke at least once a week; girls are more likely than boys to have ever smoked or be regular smokers, however those who describe their ethnicity as mixed or black are less likely to smoke than white pupils.

In 2013/14 there were 211 people under 18 receiving specialist substance misuse services in Lewisham. When it comes to attending treatment for substance misuse, males are significantly over-represented, forming 72% of clients in 2013/14. Lewisham has a higher percentage of 18

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2 Child obesity and socioeconomic status. National Obesity Observatory data briefing. October 2010
and 19 year olds in treatment compared with the England average, at 4% of total adults in treatment. According to the Health and Social Care Information Centre, prevalence of drug dependence varies with ethnicity. In men, black men were most likely (12.4%) and South Asian men were least likely (1.5%) to report symptoms of dependence. In women dependence ranged from 4.8% of Black women to 0.2% of South Asian women. Drug dependence was also found to be related to household income. In men, the prevalence of drug dependence increased as equalised household income decreased, ranging from 2.1% of those in the highest income quintile to 9.6% of those in the lowest quintile. A similar pattern was seen in women.

Sexual health

Young people under the age of 25 years experience the highest STI rates. Ethnicity has an effect on the level of risk of poor sexual health between particular groups of people. For example, there is a higher prevalence of STIs among African and Caribbean communities and a lower prevalence among Asian communities, when compared with the white British. National data also shows wide variations in the rates of abortion and conception amongst women from more deprived areas in England. The most deprived areas also have the highest overall rates of abortion for women of all ages, even when the high conception rates are considered.

Mental and emotional wellbeing

1.1% of the population registered with a Lewisham GP was on an Severe Mental Illness (SMI) register. In London the figure is 1% and England 0.8%. Mental health is closely related to a broad range of determinants and pre-determinants of health, affecting individuals at the biological, psychological and sociological levels.

There is a linear relationship with increasing prevalence of Common Mental Illness (CMI) as household income declines. The most recent JSNA identified that the mental and behavioural disorders incapacity benefit claimant rate is 3.2% in Lewisham, higher than the London and England averages (2.7% and 2.8% respectively).

The Department of Health has highlighted ethnicity as the major inequality in Serious Mental Illness (SMI). The last psychiatric morbidity survey in 2007 found psychotic disorder is also much higher in Black men, 3.1% compared to 0.2% in other men. Minimal variation in CMI between ethnic groups in men was observed, but CMI was more common in South-Asian women.

A 2014 survey found that 42% of young LGBT people sought medical help for depression or anxiety compared to 29% of non-LGBT youths; 52% had self-harmed (compared to 35%) and 44% had considered suicide compared to 26% of non-LGBT respondents.

Most mental disorder begins before adulthood with 50% of lifetime cases of diagnosable mental illnesses beginning by age 14. Studies suggest that one in ten children between the ages of one and 15 has a mental health disorder and rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15.

Priority Outcome Area: Raise Achievement and Attainment

School demographics
Lewisham has 42,390 pupils within its 98 schools, including 5 special schools. 22.7% of Lewisham’s primary school pupils and 24.0% of secondary school pupils receive free school meals, compared to a London average of 18.5% and 19.6% respectively.\textsuperscript{16}

Whilst 46.5% of our residents are from black and minority ethnic backgrounds this rises to 74% within our school population, with over 170 different languages being spoken by our pupils.

Attainment and engagement at school

Lewisham continues to improve its educational attainment and is closing in on the gap on the national average and statistical neighbours. In 2014, 51.3% of all pupils achieved 5 or more GCSEs including Maths and English. This compares to the national average of 53.0%.

Girls are still outperforming boys, with 61.7% of girls achieving 5 A*-C GCSEs country wide compared to 51.6% of boys in 2014. Pupils from a BME background and pupils eligible for free school meals are also underperforming, and just 36.5% of disadvantaged pupils achieved 5 A*-C GCSEs in 2014. The figure is lower for pupils with Special Educational Needs, with only 20.5% achieving 5 or more GCSEs at A*-C grades, and only 19% of looked after children achieved at this level.

Nationwide, boys are over three times as likely as girls to be excluded, and pupils with SEN account for 7 out of 10 permanent exclusions. Pupils eligible for Free School Meals are around four times as likely to receive a permanent or fixed period exclusion than those who are not eligible.

Post-16 participation

The number of young people classed as NEET in Lewisham (4.3%) is lower than in England as a whole (4.6%), but slightly higher than the London rate of 3.8%. Nationwide, females made up 54.0% of 16-24 year olds classified as NEET, according to a 2015 Houses of Parliament briefing paper. Young people more likely to be classed as NEET include: those eligible for free school meals; those who achieve less than 5 GCSEs at A*-C; those who have been excluded/suspended from school; those with a disability; those with a child. Those who self-classify as Black Caribbean are more likely (at 21%) to be NEET than White (15%), Pakistani (18%) or Bangladeshi (17%) young people.\textsuperscript{17}

Priority Outcome Area: Stay Safe

Children and young people at risk of harm

Lewisham has one of the highest rates of reported domestic violence, 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence in any one year.

Nationally, women aged between 16 and 34 are most likely to be victims of domestic violence, and in 2011/12 7.3% of women and 5.0% of men reported having experienced domestic violence.

The 2014 Crime Survey estimated that 810,000 crimes were experienced by children aged 10 to 15 in the year ending March 2014. Of this number, 55% were categorised as violent crimes (445,000), while most of the remaining crimes were thefts of personal property (332,000; 40%).
The proportions of violent, personal property theft and criminal damage crimes experienced by children aged 10 to 15 are similar to the previous year (59%, 37% and 4% respectively).

Nationally, there were 13,610 sexual offences involving a child under the age of 13 in the year to March 2014, the highest reported total for these offence categories since the introduction of the NCRS in 2002/03 and an increase of 26% on the previous 12 months. This is attributed in part to a number of high profile cases in the media which may have affected reporting levels.\(^{18}\)

Anti-social behaviour and youth offending

The 2014 Youth Offending Service JSNA identified that boys aged 11-17 were more likely to come into contact with the criminal justice system than girls, in 2013 9.2% of the population of 11-17 year old boys had been compared with 2.3% of girls. The rate of arrests rises with age with a rate of 0.3% at age 11 rising to 12.2% at age 17.

Whilst the largest group ethnic group overall for arrests amongst young people are for those categorising themselves as ‘white’, figures show that young people classifying themselves as ‘Black Caribbean’ or ‘Black other’ are overrepresented. Individuals classified as ‘Black Caribbean’ make up 23.6% of arrests against 16.4% of the population and ‘Black Other’ make up 26% of arrests against 12.1% of the population.\(^{19}\)

Cross Cutting Priority: Looked After Children

The proportion of those under 18 in Lewisham who are looked after is about 77 in every 10,000, a rate higher than the national average and our statistical neighbours. Nationwide, the ethnic breakdown for children looked after has varied little since 2011. The majority of children looked after at 31 March 2015 (73%) are from a White British background: similar to the general population of all children. Children of mixed ethnicity continue to be slightly over-represented, and children of Asian ethnicity slightly underrepresented in the looked after children population. In terms of nationality, the vast majority of children in care are British 73.4%, the next largest groups are Nigerian (5.49%), Jamaican (2.80%), Sri Lankan (2.24%), Albanian (2.35%) and German (1.77%).

Males represent 52.2% of our looked after children compared to 47.8% who are female. This represents a slightly higher percentage of males compared to the total child population in which there are 51% male and 49% female.

When compared to England data demonstrates that Lewisham has higher than the national percentage of looked after children in the 10-15 and over 16. It is lower for the 1 – and 5 -9 age categories and in line with national figures for the under 1 year age category.

At 31st March 2014, 43 (8.6%) looked after children were recorded as having a disability. This is a slight increase on 7.25% in 2012-13. 7.2 The largest recorded category of disability for a second year were those with Autism or Asperger’s Syndrome.\(^{20}\)

Impact Assessment

The purpose of the Children and Young People’s Plan is to set the strategic direction for the partnership and reconfirm our priority outcomes for young people. Central to the plan, as with previous plans, are our values to have high aspirations for all children, to put young people first and to make a positive difference to their lives. Our plan emphasises the importance of inclusivity in the way in which we design and deliver services and the importance of ensuring
that attention is focused on those most in need of support. Prevention and early intervention are critical to our approach and we will take evidence based approaches to identifying risk factors and designing interventions which will have a measurable impact for young people and stop needs escalating.

The plan is an extension and reconfirmation of our objectives and much of the work is already in place, is being received and in terms of delivery will not change significantly. Included within the breadth of the work of the children’s partnership, as outlined in the plan, are a range of approaches designed specifically to target disadvantaged groups and those who by virtue of social or demographic characteristics might be at risk of poorer outcomes.

**Decision/ Result**

The Children and Young People Plan contributes positively towards meeting our Public Sector Equality Duty to:

i. eliminate unlawful discrimination, harassment, victimisation;
ii. advance equality of opportunity; and
iii. foster good relations.

It is therefore recommended that the partnership continues with the implementation of this plan.

**Equality Analysis Action Plan**

Ensure the actions within existing EAAs are completed and if there are any changes that impact upon the work contained with the Children and Young People’s Plan 2012-15, that is communicated clearly within the CYPP Reviews.

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1. 2011 census data.
2. [http://www.gingerbread.org.uk/content/365/Statistics](http://www.gingerbread.org.uk/content/365/Statistics)
3. Gov.uk Family Resources Survey 2011 to 2012
4. Lewisham Housing Register
5. Lewisham JSNA
10. Lewisham JSNA