

## EQUALITY IMPACT ASSESSMENT

The **Equality Act 2010** places a ‘**General Duty**’ on all public bodies to have ‘**due regard**’ to the need to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advancing equality of opportunity between those with a ‘relevant protected characteristic’ and those without one;
- Fostering good relations between those with a ‘relevant protected characteristic’ and those without one.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

### Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

### Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council’s commitment to equality and the responsibilities under the Public Sector Equality Duty.

**When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.**

Please read the Council’s Equality Impact Assessment Guidance before beginning the EqIA process.

#### 1. Responsibility for the Equality Impact Assessment

<b>Name of proposal</b>	Young People at Risk Strategy
<b>Service area</b>	Children’s Services/Community Safety & Enforcement/Commissioning
<b>Officer completing assessment</b>	Hugh Smith
<b>Equalities/ HR Advisor</b>	Hugh Smith
<b>Cabinet meeting date (if applicable)</b>	March 2019
<b>Director/Assistant Director</b>	Ann Graham, Director of Children’s Services

#### 2. Summary of the proposal

*Please outline in no more than 3 paragraphs*

- *The proposal which is being assessed*
- *The key stakeholders who may be affected by the policy or proposal*
- *The decision-making route being taken*

The Young People at Risk Strategy seeks to reduce the incidence of serious youth violence in Haringey by taking a whole-systems approach, in which the Council works with partners and the community, to adopt a public health model that addresses the risk factors that can heighten vulnerability to involvement in serious youth violence while building protective factors. The strategy sets out our long-term approach to achieving four key outcomes that will help reduce youth violence, as well as action to reduce youth violence now:

- Strong Communities
- Strong Families and Healthy Relationships
- Positive Mental Health
- Attainment and Opportunity

The key stakeholders who will be affected by this proposal include:

- Young people in Haringey
- Parents of young people in Haringey
- Frontline professionals working with young people in Haringey

The strategy is being presented to Cabinet in March 2019.

**3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?**

*Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these*

*This could include, for example, data on the Council’s workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.*

<b>Protected group</b>	<b>Service users</b>	<b>Staff</b>
Age	<ul style="list-style-type: none"> <li>• 2011 Census</li> <li>• The Childhood Trust (2018) ‘A Summer Holiday from Hell’</li> <li>• MOPAC (2015) ‘Youth Matter! Listening to the voice of young London’</li> <li>• <a href="#">Edinburgh Study of Youth Transitions and Crime</a></li> <li>• Haringey Health Related Behaviours Survey (2018)</li> <li>• Public Health England (2015) ‘What About Youth?’</li> <li>• Public Health England (2015) Children and Young People Mental Health Profile</li> <li>• Department for Education (2018) GCSE Attainment and Progress 8 Scores</li> <li>• Department for Education (2018) Permanent and fixed-period exclusions in England</li> </ul>	N/A

Gender Reassignment	<ul style="list-style-type: none"> <li>Equality &amp; Human Rights Commission</li> </ul>	N/A
Sex	<ul style="list-style-type: none"> <li>2011 Census</li> <li>MPS crime reports</li> <li>Maikovich-Fong and Jaffee (2010)</li> <li>Godwin Lawson Foundation (2018) 'Youth at Risk'</li> <li>Haringey Youth Justice Service</li> <li>Haringey Health Related Behaviours Survey (2018)</li> <li>Department for Education (2018) Permanent and fixed-period exclusions in England</li> <li>Department for Education (2018) Pupil absence in England</li> <li>Public Health Outcomes Framework (2017)</li> <li>Department for Education (2018) Revised GCSE and equivalent results in England</li> </ul>	
Disability	<ul style="list-style-type: none"> <li>2011 Census</li> <li>Haringey Youth Justice Service</li> <li>Public Health England (2015) 'What About Youth?'</li> <li>Haringey Health Related Behaviours Survey (2018)</li> <li>Department for Education (2018) Revised GCSE and equivalent results in England</li> <li>Department for Education (2018) Permanent and fixed-period exclusions in England</li> <li>Department for Education (2018) Pupil absence in England</li> </ul>	N/A
Race & Ethnicity	<ul style="list-style-type: none"> <li>2011 Census</li> <li>MPS crime reports</li> <li>Haringey Residents Survey (2018)</li> <li>Department for Education (2018) Revised GCSE and equivalent results in England</li> <li>Department for Education (2018) 16-17 year olds recorded as Not in Education, Employment or Training</li> </ul>	N/A
Sexual Orientation	<ul style="list-style-type: none"> <li>ONS 2016</li> <li>House of Commons Library</li> </ul>	N/A
Religion or Belief (or No Belief)	<ul style="list-style-type: none"> <li>ONS IMD</li> <li>MPS crime reports</li> <li>Department for Education (2018) Revised GCSE and equivalent results in England</li> <li>Households living in temporary</li> </ul>	N/A

	accommodation (local data)	
Pregnancy & Maternity	<ul style="list-style-type: none"> <li>• Census 2011</li> <li>• ONS</li> <li>• Haringey Youth Justice Service</li> </ul>	N/A
Marriage and Civil Partnership	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	N/A

**Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified?**

*Explain how you will overcome this within the proposal.*

*Further information on how to do data analysis can be found in the guidance.*

This section will set out:

- The profile of young people in Haringey in relation to each protected characteristic
- The impact of serious youth violence on those who share protected characteristics
- The relationships between the protected characteristics and the areas in which risk of involvement in serious youth violence can increase or decrease:
  - Community
  - Family and Relationships
  - Mental Health
  - Education

#### 1. Age - Young People

The Borough has an increasingly young demographic: Children and young people under the age of 20 make up 24.4% of the population of Haringey.

#### Age - Serious Youth Violence

Young people under the age of 24 make up 22% of all victims of crime in Haringey. However, young people are more likely to be victims of certain forms of crime, most notably weapon-enabled crime and criminal and/or sexual exploitation. There were 346 victims of serious youth violence in Haringey in the 12 months to January 2019, representing one in every 99 young people aged 10-19 in Haringey. The peak age for being a victim of serious youth violence is 17, while the peak age for CSE is 15-16 years old. It is notable that two thirds of all serious youth violence in Haringey occurs within half a mile of a school and that the most common time for incidents to occur is between 15:00 and 18:00.

Local Community Safety intelligence suggests that gang members are becoming progressively younger, with some now becoming involved between the ages of 10 to 13. This indicates a higher level of vulnerability and risk among a younger cohort.

Young people aged under the age of 24 make up 41% of all suspects in Haringey.

#### Age: Risk Factors

#### **Community**

In terms of community-level risk factors, we know that young people are particularly vulnerable

to exposure to violence in the community during the summer holidays. The Childhood Trust have found that 54% of young people have witnessed violence during the summer holidays and 65% are frightened of being attacked and/or exploited by gangs during the holidays. Exposure to drug use and dealing is also a daily or regular experience for 19% of young Londoners in the areas where they live. Although this is not inherently violent, the drug trade is associated with serious violence.

The Edinburgh Study of Youth Transitions and Crime found that “poverty [has] a significant and direct effect on young people’s likelihood to engage in violence at 15, even after controlling for a range of other factors”. This research appears to be applicable at a local level. An analysis undertaken by the GLA Intelligence Unit shows a strong significant statistical association between local rates of SYV and the proportion of young people living in poverty. Approximately 10,800 Haringey children live in low income families. The most deprived neighbourhood areas are more heavily concentrated in the East of the borough, where more than half fall into the 20% most deprived in the country.

### **Relationships**

In terms of family risk factors, a significant set are adverse childhood experiences (ACEs), which include abuse (physical, emotional, and sexual), neglect (physical and emotional), and household dysfunction (parental mental illness, domestic violence, parental separation, parental incarceration, and parental substance use). These experiences can affect children at any age, from their early years onwards. MPS and Council data indicates that ACEs such as neglect, domestic violence, and parental substance use are more likely to affect children living in the East of the borough. Moreover, we know that single parent families are particularly vulnerable due to the unique pressures they face. Approximately 10,300 households in Haringey are lone parent households with dependent children, representing 11% of all households, with a 40/60 split between the parliamentary constituencies of Hornsey and Wood Green in the West and Tottenham in the East.

In terms of peer relationship risk factors, the Haringey Health Related Behaviour Survey (2017) found that a quarter of primary pupils and 13% of secondary school pupils reported having been bullied in the last year, while a MOPAC survey found that a 11% of young people feel under pressure to join a gang, with perceptions of pressure more prevalent for the youngest surveyed (school Year 7, 15%), for those who have been victims of crime (21%) and attendees/former attendees of Pupil Referral Units (31%).

### **Mental Health**

In terms of mental health, Public Health England data suggests that one in 10 young people aged 5-16 are estimated to have a mental health disorder in Haringey. This represents 3,817 children and young people in Haringey and a higher estimated prevalence of mental health disorders than London and England. The Haringey Health-Related Behaviour Survey (2017) found that 39% of boys and 29% of girls in Year 6 had high self-esteem scores, while among Year 8 and 10 students 31% of pupils had high self-esteem scores. Moreover, according to Public Health England, 7% of 15 year olds in Haringey have taken cannabis in the last month, above the London average of 5%. Use of other drugs (excluding cannabis) is relatively high in Haringey, with 2.4% of 15 year olds saying they have taken other such drugs in the last month. This is the second highest rate in London.

### **Education**

In terms of education, first, there is also an attainment gap between children on free school meals on the borough and those who are not. 54% of pupils eligible for free school meals achieve A\*-C in English and Maths, compared to 63.7% of Haringey pupils. Second, the rate of persistent absenteeism at Haringey primary schools is in line with the London average at 8.2%, representing approximately 1,601 children. However, the rate for secondary schools is slightly higher than the London average at 12.5%, representing over 1,500 children. Third, Haringey’s

rate of permanent exclusions is in line with London and England, but there is a relatively high rate of fixed-term exclusions. For secondary schools, the permanent exclusion rate per population in Haringey (0.18) is similar to that of London (0.16) and England (0.17). However, the fixed term exclusion rate is significantly higher, at 9.95% in Haringey compared to rates of 6.9% and 8.5% in London and England respectively.

## 2. Sex: Girls and Young Women

49% of the 8-19 year old population of Haringey are female; 50.5% of Haringey residents are female.

### Sex: Serious Youth Violence

Three quarters of victims of serious youth violence are male and a quarter are female. Young people have told us that under-reporting may be more common in instances where young women are victims. In addition, girls are particularly vulnerable to certain forms of violence such as CSE. Across London almost 90% of violent offenders are male and 85% of the youth justice cohort are male.

### Sex: Risk Factors

#### **Community**

We do not have data to suggest that community-level risk factors such as exposure to violence or poverty are more prevalent among young women or young men.

#### **Relationships**

In terms of family risk factors, national-level data indicates that girls are most at risk of emotional and sexual abuse. In terms of peer relationships, the Godwin Lawson Foundation report on Youth at Risk highlighted a particular vulnerability for girls around coercion into carrying weapons on behalf of boys.

#### **Mental Health**

In terms of mental health, the results of the Haringey Health-Related Survey indicate that self-esteem is lower among school-aged girls than boys. However, those arrested for drug-related offences aged 10-19 are overwhelmingly male.

#### **Education**

In terms of education, boys (69%) are less likely to reach a good level of development at the end of reception, compared to the Haringey average (74%); boys are overrepresented among persistent absentees from school in the UK; and boys represent 74% of all pupils receiving exclusions in Haringey.

## 3. Young People undergoing Gender Reassignment:

A surveillance study examining the incidence and clinical presentation of Gender Dysphoria in children and adolescents aged 4 to 15 years suggests an incidence of 1.6 per 100,000 in the UK. A significant limitation of this surveillance study is that it only captured data for those presenting between their 4th and 16th birthdays - meaning that it is not possible to comment on the incidence of gender dysphoria among 16 and 17 year olds, which referral trends to the service suggest have significantly increased the overall incidence rate. This figure only reflects those who presented to NHS paediatric or psychological services and not those who have chosen not to, or who have been unable to access this care. The figure does not reflect the total number who may have accessed their GP regarding their gender dysphoria, or include those

who have elected to seek private support.

#### 4. Disabilities

Census 2011 data indicates that 14% of the population of Haringey have their day-to-day activities limited a little or a lot due to a disability or long-term health condition.

##### Young People with Disabilities:

Census 2011 data indicates that 4% of the under-24 population in Haringey have their day-to-day activities limited a little or a lot due to a disability or long-term health condition.

One in ten Haringey young people, approximately 3,817, are estimated to live with a mental health condition.

The Haringey Health-Related Behaviour Survey (2017) found that 39% of boys and 29% of girls in Year 6 had high self-esteem scores. Among Year 8 and 10 students, 31% of pupils had high self-esteem scores. The same survey found that 44% of pupils have someone they can talk to about almost everything while 9% have no one they can talk to.

Haringey has the fifth largest proportion of secondary school SEN pupils in London

##### Disabilities: Serious Youth Violence

Young people with a special educational need are over-represented in the youth justice system. 18% of sentenced young people in custody have a statement of special educational needs compared to 2.9% of the population as a whole. 14% of Haringey Youth Justice Service assessments in May 2018 identified concerns regarding learning needs while 18% identified concerns regarding mental health.

##### Disabilities: Risk Factors

#### **Community and Mental Health**

We do not have data to suggest that community-level risk factors such as exposure to violence or poverty are more prevalent among young people with disabilities or long-term health conditions. However, evidence suggests that these risk factors can lead to development of mental health conditions such as anxiety and post-traumatic stress disorder.

#### **Relationships**

We do not have data to suggest that family or peer relationship risk factors are more prevalent among young people with disabilities. However, risk factors such as ACEs, unstable home environments, and bullying can lead to development of mental health conditions.

#### **Education**

In terms of education, pupils with SEND achieve lower Attainment 8 scores on average than their peers in Haringey, and data on pupils attending alternative provisions indicates that pupils with SEND or a social, emotional or mental health need are more likely to be excluded than their peers.

#### 5. Race and Ethnicity

Census 2011 data indicates that 65% of the population of Haringey are from BAME communities

Census 2011 data indicates that BAME communities form 80.3% of Haringey's school children,

significantly above the proportion for the borough as a whole.

### BAME: Serious Youth Violence

The largest proportion of victims of Serious Youth Violence are recorded in police data as Black (36%). This ethnic group is overrepresented compared to the borough population (25%). Perpetrators of serious youth violence across London (62%) are disproportionately described as from a BAME background.

Local police data tells us that young people from BAME communities are over-represented among victims of CSE as the largest group of CSE victims are African-Caribbean (42%), followed by White European (32%).

The largest proportion (51%) of young people known to the youth justice service are Black. This ethnic group is disproportionately represented in the youth justice cohort, compared to the borough-wide demographic (25%). BAME young people constitute 78% of the youth justice cohort.

### BAME: Risk Factors

#### **Community**

- Our analysis of violent offending and gang activity in Haringey suggests that young people living in Northumberland Park, Noel Park, Bruce Grove, Tottenham Hale, Tottenham Green, and White Hart Lane wards are more likely to be exposed to community violence. Demographically, these young people are more likely to be from BAME communities.
- MPS and Haringey Residents Survey data suggest that confidence in police and perceptions of safety in the local area are lower among BAME residents
- Income deprivation affecting children is concentrated in the East of the borough, where higher proportions of residents are from BAME communities.

#### **Relationships**

- Hotspot locations for domestic violence are around Turnpike Lane, Wood Green and Bruce Grove. These areas are characterised by higher than average BAME populations
- Black men are overrepresented among suspects for drug offences, indicating that parental substance misuse may be a more prevalent risk factor in Black or mixed-race families
- Housing data can indicate which families are more likely to be living in unstable home environments. Across London those of Asian (14%), Black (11%) or Other (12%) ethnicity are more than five times more likely than those of White British ethnicity (2%) to be living in households with more than one person per room. Moreover, in Haringey, 40% of households accepted as statutory homeless are Black, more than double the representation of this ethnic group in the borough.

#### **Mental Health**

We do not have data to suggest that mental health conditions are more prevalent among young people from BAME communities. However, the community and relationship risk factors noted above are likely to have adverse impacts in terms of mental health, indicating that young people from BAME communities are more at risk.

#### **Education**

- Larger proportions of Mixed Race (10.7%), Black (7.9%) and Asian (5.6%) 16-17 year



olds are NEET in Haringey compared to the London averages (8.4%, 5.7% and 3.9% respectively).

- GCSE attainment data indicates that Young Black men have the lowest attainment of all ethnic and gender groups. In 2015/16, 52.3% achieved A\*-C in English and Maths, compared to 63.7% of all Haringey pupils
- BAME pupils, and Gypsy/Roma and mixed race pupils in particular, are overrepresented among persistent absentees from school in the UK
- African-Caribbean pupils are significantly more likely to be excluded than their peers, at 19% compared to 5% for White British pupils in Haringey.

## 6. Sexual Orientation

We do not hold ward-level or borough-level data on sexual orientation, and it is not collected nationally through the census. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15th largest LGB community in the country. We will need to ensure that the inequalities and discrimination experienced by LGB people are considered throughout this EqIA.

### LGBT Parents

A House of Commons Library briefing paper on Common Law Marriage estimates that in the UK in 2013 there were around 20,000 dependent children living in same-sex couple families. As of 14 December 2017, there had been 2,807 reported adoptions by LGBT people in Great Britain.

### Lesbian, Gay and bisexual young people:

Office for National Statistics data indicates that at a national level young people are more likely to identify as LGB than the population as a whole. Within the 16 to 24 year old category 3.3% identify as LGB, compared to 1.7% of the general population. The data also indicates that London has a higher proportion of residents identifying as LGB than the national population.

## 7. Religion and Belief

The Census 2011 show 45% of Haringey residents were Christian, slightly less than 48.4% in London overall. Second most common religion stated was Muslim (14.2%) followed by Jewish (3%) and Hindu (1.8%).

Census 2011 data indicates that 42% of 8-19 year-olds in Haringey are Christian, 23% are Muslim, 4% are Jewish, 1% are Buddhist, 1% are Hindu, fewer than 1% are Sikh, and 19% have no religion.

### Religion and Belief: Serious Youth Violence

We do not hold data on the religions or beliefs of young people who are victims or perpetrators of youth violence or the young people known to the youth justice service.

Local data indicates that wards with higher than average proportions of residents from certain religious communities are disproportionately affected by serious youth violence. Notably, Noel Park, Northumberland Park, Bruce Grove, Tottenham Hale, and Tottenham Green all have higher proportions of Christian and Muslim residents than the Haringey average.

### Religion and Belief: Risk Factors

Local data indicates that the wards most affected by various risk factors for youth violence tend to have higher proportions of residents from minority religious communities.

## **Community**

- Confidence in police is lower in the North and East of the borough, where residents are more likely to be from minority religious communities
- Income deprivation affecting children is highest in Northumberland Park and Tottenham Hale
- Residents living in temporary accommodation are concentrated in the East of the Borough

## **Relationships**

- Parental neglect is most prevalent in Northumberland Park, Tottenham Green, and Tottenham Hale
- Over two-thirds of all reported domestic violence occurs in the East of the borough

## **Mental Health**

- Benefit claimants citing mental health problems tend to live in Central and Eastern wards in Haringey
- Haringey residents who seek treatment are most likely to come from Seven Sisters, Bruce Grove and Northumberland Park where residents are more likely to be from minority religious communities

## **Education**

- GCSE attainment is lower than the Haringey average in wards in the East of the borough where religious minority communities constitute a higher proportion of residents

### 8. Pregnancy and Maternity

#### Young women who are pregnant or have recently given birth:

ONS data on under 18 conception rates in the year to September show an under-18 conception rate in Haringey 2016 of 20.3 per 1000 compared to the rate for London (17.9 per 1000) and for England and Wales (19.3 per 1000).

#### Lone Parents

In 2011 there were 10,647 lone parent households with dependent children. 92.7% of these were led by women. 7.7% of women in Haringey were lone parents in 2011

We know that single parent families are particularly vulnerable due to the unique pressures they face. While most single parents successfully raise their children in safe, healthy environments, many young people who become involved in SYV are from lone parent households. Our audit of the most prolific young offenders found that 90% had experienced the loss of a parent through bereavement or separation by the age of 5.

Approximately 10,300 households in Haringey are lone parent households with dependent children, representing 11% of all households, with a 40/60 split between the parliamentary constituencies of Hornsey and Wood Green in the West and Tottenham in the East. 24% of all households with dependent children in Hornsey & Wood Green constituency are lone parent households, compared to 36% in Tottenham. More than 40% of households with dependent children in White Hart Lane, Northumberland Park, and Tottenham Hale wards are single parent families, indicating that young people in these neighbourhoods may be more vulnerable.

### 9. Marriage and Civil Partnership

We do not hold data on this protected group's representation among parents of young people at risk. We do not envisage discrimination, harassment or victimisation based upon this protected group.

**4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?**

*Please outline which groups you may target and how you will have targeted them*

Further information on consultation is contained within accompanying EqIA guidance

Officers undertook engagement with three groups during the development of the Strategy: young people, partners, and the wider community including the VCS. This engagement brought forward the views, experiences, and recommendations of key stakeholders and helped ensure that the Strategy is robust and locally appropriate.

Young People

Engagement activity included:

- Godwin Lawson Foundation Report on Youth at Risk
- Focus groups with the Children in Care Council, CONEL Students, secondary school pupils, and Project 2020
- One-to-one conversations with pupils at the Octagon (PRU) and secondary school pupils

Partners

Engagement activity included:

- Meetings of partnership boards (Community Safety Partnership, Early Help Partnership Board, Health and Wellbeing Board, and Youth Justice Partnership Board)
- 2 x partner workshops on Serious Youth Violence, with more than 60 partners in attendance
- One-to-one discussions with Headteachers across the borough
- Discussion with NHS Safeguarding Leads, other Local Authorities, and a wide range of partner organisations.

Community

Engagement activity included:

- Discussion on serious youth violence at the Haringey Multi-Faith Forum
- Discussion at the Safer Neighbourhoods Board
- Public events in Northumberland Park and Wood Green

**4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics**

*Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?*

Sex

- Boys constitute the vast majority of young people who become involved in serious youth violence
- Girls are increasingly vulnerable to exploitation through gang activity and organised criminal operations, such as County Lines

#### Age

- The overarching driving factor of youth violence is adverse childhood experience
- Most young people in the borough have some degree of concern for their personal safety, and this concern drives risky behaviours that heighten vulnerability.
- More young people are being drawn into the issue, whether because they are targeted, exploited, or exposed to violence in the media and through social media. This targeting and exposure appears to transcend class and geography.
- Looked after children are understood to be particularly vulnerable to involvement in serious youth violence
- Young people in Haringey are perceived to have lower levels of confidence in civic institutions such as schools and the police than older generations

#### Disability

- Young people with SEND are understood to be particularly vulnerable to involvement in serious youth violence and associated risk factors such as gang activity and exploitation
- There is understood to be a high degree of untreated mental ill health among young people and parents, particularly in BAME communities
- It can be difficult for young people to access mental health support. Poor mental health, coupled with stressful environments, is a significant risk factor for youth violence

#### Race & Ethnicity

- All stakeholders are aware that Black boys are most vulnerable to the risk factors that increase the likelihood of becoming involved in violence.
- There are understood to be particular issues relating to parenting skills, trauma, engagement with school, and identity within specific communities such as the Somali and Alevi communities
- Causes of youth violence should be viewed within a context of multi-generational trauma, disenfranchisement, and alienation, caused and exacerbated by unconscious institutional bias, experienced by BAME communities.

#### Religion or Belief (or No Belief)

- Faith, and involvement in activities led by faith groups, can offer protection to involvement in activities that can lead to experience of youth violence

#### Pregnancy and Maternity

- Early years are understood to be crucial for a child's development. Stressful or trauma-inducing environments are likely to heighten future vulnerability

### **5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?**

*Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.*

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

### 1. Sex

Our data analysis indicates that the majority of victims of serious youth violence are boys, who also disproportionately experience risk factors relating to education such as school exclusion and low attainment. However, a quarter of reported victims are girls and feedback from partners and young people during our engagement indicates that under-reporting may be more common in instances where girls are victims. Moreover, girls are more likely to be victims of certain forms of serious youth violence, including criminal and sexual exploitation, which this strategy will seek to reduce and prevent. The impact of the strategy is therefore likely to be positive for young women.

The strategy will also have a positive impact on lone parent households by providing affordable and accessible activities to children and young people. 92.7% of lone parent households are led by women and so the proposal will have a positive equalities impact on single mothers in Haringey.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 2. Gender reassignment

We do not have local data regarding this children and young people with gender dysphoria. We do not think there will be specific impacts for this protected group. If any inequity is identified, we will take steps to rectify this.

Positive		Negative		Neutral impact	X	Unknown Impact	
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### 3. Age

The overarching objective of the strategy is to prevent and reduce serious youth violence in Haringey. In doing so, it will help to improve safety for young people and reduce the extent to which young people in the borough are victimised. It is therefore reasonable to anticipate a positive impact.

Meeting the four additional outcomes of the strategy will also have positive impacts on young people through more youth provision, healthier relationships, better mental health, and better school experiences leading to improved prospects for the future.

The strategy can also be expected to have positive impacts for specific groups of young people, including looked-after children, children in care, and young people with SEND, as these groups are known to be more vulnerable to the factors that heighten risk of involvement in serious youth violence.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 4. Disability

Our data analysis and the findings of our engagement indicate that young people with SEND and mental health conditions are particularly vulnerable to involvement in serious youth violence. Certain risk factors, such as school exclusions and low attainment, are more prevalent among these groups of young people. By working towards outcomes relating to positive mental health and attainment and opportunity, the strategy will help meet the needs of these young people and reduce their risk of involvement in serious youth violence.

We know that parents with mental health conditions can find it harder to keep their children safe,

especially if they experience other vulnerabilities. Insofar as it contains measures to support healthy family functioning and mitigate young people’s vulnerabilities the strategy can be expected to have a positive impact on parents with mental health conditions.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 5. Race and ethnicity

Our data analysis indicates that young people from BAME communities, and Black-African and Black-Caribbean communities in particular, are more likely than their peers of other ethnicities to be victims and/or perpetrators of serious youth violence and to experience a broad range of risk factors across the four outcomes of the strategy that make involvement in serious youth violence more likely. This analysis is validated by our engagement with partners and young people, who identified that young Black men are particularly vulnerable.

By working to prevent and reduce serious youth violence and mitigate the associated risk factors, this strategy can be expected to have a positive impact for young people from BAME communities.

The strategy will take a targeted approach, galvanising partnership activity to meet the needs of the most vulnerable. This approach is likely to benefit young people from BAME communities most.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 6. Sexual orientation

We do not have local data regarding this protected characteristic. We do not think there will be specific impacts for this protected group. If any inequity is identified, we will take steps to rectify this.

Positive		Negative		Neutral impact	X	Unknown Impact	
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### 7. Religion or belief (or no belief)

Our data analysis indicates that minority religions and beliefs are over-represented among young people who are victims and/or perpetrators of serious youth violence and the communities most affected. Ward-level data indicates that young people from minority religious and faith communities are also over-represented among those that experience various risk factors including unstable home environments and low educational attainment. It follows that young people from minority religious and faith communities will be overrepresented among those who benefit from interventions within the strategy to prevent and reduce youth violence and mitigate the associated risk factors. The strategy can therefore be expected to have a positive impact.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 8. Pregnancy and maternity

The findings of our data analysis and engagement indicate that young people from lone parent families are overrepresented among the youth justice cohort, and are more likely than their peers to become involved in serious youth violence. The strategy contains measures to support parents, and lone parents in particular, to keep their children safe; and to families to provide the best possible start in life for their children. It also contains measures to enable young people who are

parents to ensure a safe and nurturing environment for their children. It is therefore reasonable to expect a positive impact in relation to this protected characteristic.

Positive	X	Negative		Neutral impact		Unknown Impact	
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### 9. Marriage and Civil Partnership

People who are in a civil partnership will be treated the same as people who are married.

Positive		Negative		Neutral impact	X	Unknown Impact	
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### 10. Groups that cross two or more equality strands e.g. young black women

The strategy's objectives are to prevent and reduce youth violence, build stronger communities, foster healthy relationships, improve young people's mental health, and increase attainment and opportunity. Achievement of these objectives will positive impact the following groups

- Young Black Men
- Young Black Women
- Young people with mental health conditions
- Young people with SEND
- Black parents
- Parents with mental health conditions

### Outline the overall impact of the policy for the Public Sector Equality Duty:

- Could the proposal result in any direct/indirect discrimination for any group that shares the relevant protected characteristics?
- Will the proposal help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not?  
This includes:
  - a) Remove or minimise disadvantage suffered by persons protected under the Equality Act
  - b) Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups
  - c) Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low
- Will the proposal help to foster good relations between groups who share a relevant protected characteristic and those who do not?

The strategy will not result in any direct or indirect discrimination for any group that shares the protected characteristics.

The strategy will help to advance equality of opportunity between groups who share a protected characteristic and those who do not by addressing inequalities relating to youth safety as well as associated risk and protective factors and by addressing the specific needs of protected groups.

The strategy will help foster good relations between communities by increasing perceptions of

safety within local communities, reducing fear of crime, and thereby encouraging use of public space. It will also help to address racial disproportionalities and thereby reduce the extent to which any particular ethnic group is associated with serious youth violence or associated risk factors.

**6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?**

Further information on responding to identified impacts is contained within accompanying EqIA guidance

Outcome	Y/N
<b>No major change to the proposal:</b> the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. <u>If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.</u>	Y
<b>Adjust the proposal:</b> the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly <u>set out below</u> the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	N
<b>Stop and remove the proposal:</b> the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	N

**6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty**

Impact and which relevant protected characteristics are impacted?	Action	Lead officer	Timescale
N/A	N/A	N/A	N/A

**Please outline any areas you have identified where negative impacts will happen as a result of the proposal but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.**

N/A

**6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:**

A partnership executive chaired by the Director for Children’s Services and comprising the Assistant Directors for Stronger Communities, Early Help, and Commissioning as well as representatives from partner organisations will be responsible for monitoring the implementation and outcomes of the strategy’s action plan. Outcomes for protected groups will be monitored within this activity and any identified inequity will be rectified.

**7. Authorisation**

EqIA approved by: Joanna Sumner (Assistant Director/ Director)	Date: 4 <sup>th</sup> March 2019
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**8. Publication**

*Please ensure the completed EqlA is published in accordance with the Council's policy.*

Please contact the Policy & Strategy Team for any feedback on the EqlA process.