

Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected eg equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups you consulted and their views. Consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

Section 1 – Equality analysis details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	Supporting Independence: A Local Prevention Strategy 2023-2027 Report Number 0030
Team/ Department	Service Development, People
Executive Director	Tony Theodoulou, Executive Director People
Cabinet Member	Cllr Cazimoglu, Cabinet Member for Health and Social Care
Author(s) name(s) and contact details	Lia Markwick 02083796148
Committee name and date of decision	Cabinet 13-09-2023

Date the EqIA was reviewed by the Corporate Strategy Service	February & August 2023
Name of Head of Service responsible for implementing the EqIA actions (if any)	Matt Casey
Name of Director who has approved the EqIA	Doug Wilson

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.

Section 2 – Summary of proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?
What are the reasons for the decision or change?

What outcomes are you hoping to achieve from this change?
Who will be impacted by the project or change - staff, service users, or the wider community?

What is the proposed decision or change?

The development of Supporting Independence: A Local Prevention Strategy 2023-2027 sets out headline priorities for supporting independent living for young people in transition to adulthood (16-17 years), adults (18-64 years) and older people (65+) with adult social care needs.

The strategy considers universal themes that can impact a person's opportunity to live independently, including information and advice, health and housing.

The strategy also includes specific priorities for supporting independent living, according to area of need. This includes priorities to support:

- People with learning disabilities
- Autistic people
- People with mental health support needs
- Older people with support and care needs
- People with physical and/or sensory impairment
- People with long term conditions
- Unpaid carers (for example, family/friends)
- Young people in transition to adult services

What are the reasons for the decision or change?

The strategy is intended to reflect local and national drivers to better support independence, choice and control for people with social care needs. The Care Act (2014) places responsibility on local authorities to prevent or delay the escalation of support and care needs and sets out the requirement for local areas to work with their communities to provide or arrange services that keep people independent and well. This includes the National Disability Strategy which includes a commitment to enable independent living through the active encouragement of initiatives that support disabled people to have choice and control in their lives. The recent Adult Social Care White Paper 'People at the Heart of Care' (2021) sets out a 10 year vision for transforming support and care in England. One of the three core objectives is that people have choice, control and support to live independent lives.

What outcomes are you hoping to achieve from this change?

Supporting Independence: A Local Prevention Strategy (2023-2027) seeks to support young people transitioning to adulthood, adults and older people with adult social care needs to live independently. We define living independently as 'living with personalised choice and control over how and where one is supported to live their lives, equal access to universal services including housing, transport, health and employment, and equal opportunity to participate in family and community life'.

Who will be impacted by the project or change - staff, service users, or the

wider community?

Primarily service users of adult social care including people with learning disabilities, people with autism, people with physical disabilities, people with mental health support needs, older people with support and care needs and unpaid carers.

Section 3 – Equality analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

“Differential impact” means that people of a particular protected characteristic (eg people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

Detailed information and guidance on how to carry out an Equality Impact Assessment is available [here](#). (link to guidance document once approved)

Age

This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

The Supporting Independence Strategy sets out the Council's approach and priorities to improve opportunities for independence, health and wellbeing. The strategy will have a positive impact on young people with disabilities in transition to adulthood (16-18 years) adults (18-64 years) and older adults (65 years and older). We do not anticipate any negative impact on these age groups.

According to the 2021 Census¹, there are:

- 9,400 young people aged 16-17 in Enfield, representing around 3% of the total population (rounded to the nearest hundred).
- 202,600 adults aged 18-64 living in Enfield, representing around 61% of the borough's overall population (rounded to the nearest hundred).
- 45,300 older people aged 65 and over living in Enfield, representing around 14% of the borough's overall population (rounded to the nearest hundred).

The number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)².

As at March 2023, 2,120 people aged 18-64 were in receipt of long term adult social care funded service. As at March 2023 there were 3,825 older people in receipt of a long-term adult social care funded service, and this figure is set to rise. The majority of new requests for adult social care support in Enfield come from people aged 65 years and over, and the rate of older people hospitalised or placed in residential care, due to falls for example, is also increasing.

Recognising that barriers to living independently reach beyond adult social care, the strategy first considers '*Universal Themes*' that can impact a person's opportunity to live independently, including information and advice, health and housing. It also considers growing opportunities to enhance independent living through the use of digital technology – a landscape of opportunity that continues to evolve. The latter section of this strategy focuses on specific priorities for supporting independent living, according to nature of disability or area of need.

¹ ONS (Nomis), Population Estimates - local authority based by single year of age (2021)

² [https://www.poppi.org.uk/index.php?pageNo=314&areaID=8342&loc=8342%](https://www.poppi.org.uk/index.php?pageNo=314&areaID=8342&loc=8342%20)

The development of the strategy was informed by the views of adults with disabilities 18-64 years of and older people, through early engagement with Partnership Boards, targeted Focus Groups and public consultation activity.

This strategy does not include support for children and young people aged 0-16, except for young carers. Instead, this age group receive dedicated and tailored services and support through education, health, and children's social care. This is set out in strategies including the [SEND Partnership Strategy 2023-27](#).

To support the successful delivery of the strategy a dedicated Action Plan will be developed and will include specific priorities actions on how we support adults with disabilities aged 16-18 in transition to adulthood, aged 18-64 years and older people 65 years and over. This includes:

- consideration of joined up approaches to supporting hospital avoidance and reductions in avoidable admission to residential care.
- consideration of access to appropriate accommodation and support options the community as a viable alternative to residential care placements, particularly for older people;
- consideration of access to good and timely information/advice for people from older and disability groups

Mitigating actions to be taken

A dedicated action plan will be developed. This will set out key actions against our priorities and what success looks like; responsibility for overseeing and delivering the work; timeframes (and any important milestones along the way); progress tracking; and any other considerations like funding or other potential risks that might impact when an action could be completed The Action Plan will be kept up to date and will be regularly reviewed throughout the lifecycle of the strategy.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include: physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

Please provide evidence to explain why this group may be particularly affected.

People with learning disabilities, autism, physical disabilities, mental health support needs, and older people with support and care needs and their carers are likely to be impacted by the strategy as the strategy focuses on priorities for improving independence for these service user groups specifically.

Baseline estimates indicate that in 2019, 5,297 people aged 18-64 had a learning disability. This represents 2.4% of Enfield's population aged 18-64 years.

It is estimated that there are currently 2,459 adults (aged 18+) with autism in Enfield. This includes all spectrum of Autism. With the increase in population, the number of people with Autism is predicted to gradually increase to 3,101 by 2035.

In 2019, 34,727 people aged 18-64 predicted to have a Common Mental Health Disorder in the borough.

In 2019 it is projected that 16,148 people aged 18-64 had a moderate physical disability and 4,658 had a serious physical disability.

The number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)³.

Data indicates that per head of population, the number of people aged 18-64 already accessing ASC support in Enfield is amongst the highest in London.

Mitigating actions to be taken

The Supporting Independence Strategy seeks to improve opportunities for independence health and wellbeing for people with disabilities. We do not anticipate any negative impact on people with disabilities.

However, given the likely differential impact on people with disabilities, we shall seek to engage people with disabilities throughout the development and delivery of this strategy, to enable a strategy driven by people with disabilities. Actions include:

- engagement of Partnership Boards to include people with disabilities and their carers from inception.
- accessible / easy read early consultation to support involvement.

The Strategy &/or Action Plan documents will include specific priorities for supporting adults aged 18-64 with disabilities, including adults with mental health support needs, adults with learning disabilities and adults with physical disabilities to maintain independence. This includes consideration of:

- access to training/employment opportunities for people with learning disabilities, physical disabilities and mental ill health
- access to appropriate accommodation and support in the community as a viable alternative to residential care placements, particularly for older people with disabilities
- access to good and timely information/advice for people from older and disability groups
- access to early intervention and prevention services and support for people with particular long-term health conditions

³ <https://www.poppi.org.uk/index.php?pageNo=314&areaID=8342&loc=8342%>

Gender Reassignment

This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people?

Please provide evidence to explain why this group may be particularly affected.

According to the 2021 Census, in Enfield, 1.1% of residents declared their gender identity is different from that which had been assigned at birth. This is higher than London (0.9%) and England and Wales (0.5%) averages.

The Supporting Independence Strategy will set out our overarching priorities to support young people in transition to adulthood, adults and older people with disabilities and their carers regardless of whether they are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex.

Our person-centred approach to working with people takes a proportional approach to information gathering, which would, where appropriate include information on gender reassignment where relevant to a person's health and wellbeing and availability of appropriate support where needed.

Mitigating actions to be taken

We do not anticipate any negative impact. However, action planning as part of this strategy will include consideration of people who have experienced prejudice/trauma/abuse including as a result of gender reassignment, and our planned approach to best supporting these groups.

Marriage and Civil Partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership?

Please provide evidence to explain why this group may be particularly affected.

The Supporting Independence Strategy will set out our overarching priorities to

support young people in transition to adulthood, adults and older people with disabilities and their carers regardless of whether they are in a marriage or civil partnership.

Mitigating actions to be taken

No mitigating actions identified.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity?

Please provide evidence to explain why this group may be particularly affected.

The Strategy is intended to set out priorities to improve independent living for all adults and older people with adult social care needs, including people who are pregnant or on maternity.

Mitigating actions to be taken

We do not anticipate it to have any negative differential impact on those who are pregnant.

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people of a certain race?

Please provide evidence to explain why this group may be particularly affected.

The Strategy aims to positively impact all adults and older people with disabilities and their carers, regardless of ethnicity. We will continue to promote a culture of inclusivity and encourage participation from people of all races and ethnicities without fear of discrimination.

According to the 2021 Census, 52% of the borough's population belong to White ethnic groups. 18% are Black, Black British, Caribbean or African. 12% are Asian or Asian British. 6% are of mixed or multiple ethnic groups and 12% of people belong to other ethnic groups.

Enfield is home to the largest numbers nationally of people who are Greek and Greek Cypriot, Turkish and Turkish Cypriot, Kurdish, Albanian and Bulgarian. Enfield also has the 5th highest Somali population.

Ethnicity: 34 categories	Persons (2021)	% of total
White British	103,313	31.3
White Irish	6,184	1.9
Gypsy or Irish Traveller	374	0.1
Greek	3,509	1.1
Greek Cypriot	9,912	3.0
Turkish	17,503	5.3
Turkish Cypriot	7,652	2.3
Kurdish	5,578	1.7
Bulgarian	5,386	1.6
Polish	5,002	1.5
Romanian	4,623	1.4
Albanian	3,324	1.0
Roma / Romany Gypsy	1,146	0.3
White Other	24,720	7.5
Mixed: White / Black Caribbean	5,276	1.6
Mixed: White / Black African	3,084	0.9
Mixed: White / Other Black (incl Black British)	204	0.1
Mixed: White / Asian	4,009	1.2
Mixed: Black / Asian	360	0.1
Mixed: Other	6,543	2.0
Indian	12,015	3.6
Pakistani	3,686	1.1
Bangladeshi	8,142	2.5
Chinese	2,765	0.8
Other Asian	11,641	3.5
Black British	6,015	1.8
Somali	8,089	2.5
Ghanaian	4,836	1.5
Nigerian	4,945	1.5
Other Black African	17,340	5.3
Black Caribbean	16,976	5.1
Other Black	2,784	0.8
Other Ethnic Group: Arab	2,796	0.8
Other Ethnic Group	10,257	3.1

Data on ethnicity of people in receipt of packages of Adult Social Care as at June 2023 is charted below. It indicates, when compared to Census 2021 data that some populations may be underrepresented or overrepresented.

Ethnicity	People in receipt of package of Care Older People/Physical Disabilities, June 2023 %
Asian, Asian British or Asian Welsh: Bangladeshi	1.1%

Asian, Asian British or Asian Welsh: Chinese	0.2%
Asian, Asian British or Asian Welsh: Indian	2.1%
Asian, Asian British or Asian Welsh: Other Asian	2.0%
Asian, Asian British or Asian Welsh: Pakistani	0.7%
Black, Black British, Black Welsh, Caribbean or African: African	6.5%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	5.9%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.9%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	4.0%
Mixed or Multiple ethnic groups: White and Asian	0.1%
Mixed or Multiple ethnic groups: White and Black African	0.1%
Mixed or Multiple ethnic groups: White and Black Caribbean	0.2%
Blank or N/A	19.0%
Other ethnic group: Any other ethnic group + Other ethnic group: Arab	4.4%
Other ethnic group: Arab	0.0%
White - Polish	0.4%
White: English, Welsh, Scottish, Northern Irish or British	35.2%
White: Gypsy or Irish Traveller + White Roma	0.0%
White: Irish	1.9%
White: Other White - MINUS White Polish	15.2%
Total	100.0%

Ethnicity	People in receipt of package of Care Older People/Physical Disabilities, June 2023 %
Asian, Asian British or Asian Welsh: Bangladeshi	1.9%
Asian, Asian British or Asian Welsh: Chinese	0.6%
Asian, Asian British or Asian Welsh: Indian	2.2%
Asian, Asian British or Asian Welsh: Other Asian	3.2%
Asian, Asian British or Asian Welsh: Pakistani	0.4%
Black, Black British, Black Welsh, Caribbean or African: African	10.8%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	3.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.6%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	7.7%
Mixed or Multiple ethnic groups: White and Asian	0.4%
Mixed or Multiple ethnic groups: White and Black African	0.2%
Mixed or Multiple ethnic groups: White and Black Caribbean	0.9%
Blank or N/A	4.1%
Other ethnic group: Any other ethnic group + Other ethnic group: Arab	3.6%

Other ethnic group: Arab	0.0%
White - Polish	0.4%
White: English, Welsh, Scottish, Northern Irish or British	41.0%
White: Gypsy or Irish Traveller + White Roma	0.1%
White: Irish	1.0%
White: Other White - MINUS White Polish	17.5%
Total	100.0%

Ethnicity	MH %
Asian, Asian British or Asian Welsh: Bangladeshi	0.6%
Asian, Asian British or Asian Welsh: Chinese	0.6%
Asian, Asian British or Asian Welsh: Indian	1.2%
Asian, Asian British or Asian Welsh: Other Asian	6.2%
Asian, Asian British or Asian Welsh: Pakistani	0.6%
Black, Black British, Black Welsh, Caribbean or African: African	9.4%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	6.5%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.3%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	14.5%
Mixed or Multiple ethnic groups: White and Asian	0.0%
Mixed or Multiple ethnic groups: White and Black African	0.3%
Mixed or Multiple ethnic groups: White and Black Caribbean	0.3%
Blank or N/A	7.4%
Other ethnic group: Any other ethnic group + Other ethnic group: Arab	2.4%
Other ethnic group: Arab	0.0%
White - Polish	0.9%
White: English, Welsh, Scottish, Northern Irish or British	34.5%
White: Gypsy or Irish Traveller + White Roma	0.0%
White: Irish	2.7%
White: Other White - MINUS White Polish	11.8%
Total	100.0%

National data indicates that rates of mental illness for people from minority ethnic backgrounds are sometimes greater than for white people ⁴

Research also indicates that health inequalities can be exacerbated for people with disabilities from minority ethnic backgrounds

⁴ Cabinet Office. *Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website*. October 2017 (revised March 2018). Para 2.24
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf (Accessed 14th June 2021).

Mitigating actions to be taken

People from different minority ethnic backgrounds shall be engaged to inform the development of priorities within the strategy. This includes

- engagement of Partnership Boards to include people from different minority ethnic backgrounds and their carers from inception.
- translation services through public consultation to support involvement.

A dedicated action plan will also be developed. This will set out key actions against our priorities and what success looks like; responsibility for overseeing and delivering the work; timeframes (and any important milestones along the way); progress tracking; and any other considerations like funding or other potential risks that might impact when an action could be completed. The Action Plan will be kept up to date and will be regularly reviewed throughout the lifecycle of the strategy.

The Strategy &/or Action Plan documents will include specific actions that support independent living for people from minority ethnic backgrounds. This includes groups receiving adult social care that may be particularly under or over represented, when compared to borough population data on ethnicity.

By way of example, priorities to support adults with mental health support needs include working with service users and their families to identify the causes for higher levels of people from ethnic minority backgrounds in Mental Health Pathway and collaboratively identify solutions for mental wellbeing and safety.

Action planning will include opportunities to further enhance the understanding of locally available equalities data relating to underrepresented or overrepresented groups. This will enable us to improve reach of services and/or better target interventions proposed as part of this strategy.

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

Data from the Census 2021 indicates that Christians still form the largest religious group in Enfield, although their numbers fell by 14,402 (8.6%) from 2011 to 2021

- The number of Muslims rose by 18% to 61,477
- 20% of residents report having 'No religion' - an increase of 34.5%
- The greatest proportionate rise was among people of 'Other Religion' - from 1,950 to 10,351 - a fourfold increase.*
- The growth in followers of 'Other Religion' can largely be explained by the numbers of people who can now identify as Alevi
- There are 7,883 Alevi in Enfield - the highest number of any local authority area in the country - over 30% of all England and Wales' Alevi are resident here.
- Enfield residents are more religious than in London or the rest of the country on average, where higher proportions of people have no religious belief. Enfield also contains proportionately more Christians and Muslims than in London or England & Wales.

Religion	2011		2021	
	Number	%	Number	%
Christian	167,417	53.6	153,015	46.4
No religion *	48,522	15.5	65,241	19.8
Muslim	52,141	16.7	61,477	18.6
Not answered	24,195	7.7	23,041	7
Other religion	1,950	0.6	10,351	3.1
Hindu	10,927	3.5	10,231	3.1
Jewish	4,412	1.4	3,713	1.1
Buddhist	1,824	0.6	1,716	0.5
Sikh	1,078	0.3	1,199	0.4

The Strategy will seek to ensure the rich diversity, culture and heritage of our community is celebrated. We set out to ensure that all people receiving adult social care and their carers are treated equally and with dignity and respect and feel confident to express their views without fear of discrimination.

Our person-centred approach to working with people takes a proportional approach to information gathering, which would, where appropriate include information on religion where relevant to a person's health and wellbeing and availability of appropriate support where needed. An inclusive approach to service development seeks to meet cultural/religious needs specified.

Mitigating actions to be taken

No mitigating actions identified.

Sex

Sex refers to whether you are a female or male.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on females or males?

Please provide evidence to explain why this group may be particularly affected.

The Strategy is being developed to represent all people with adult social care needs and therefore we do not anticipate any negative impact on any person based on sex.

However we know that, as at June 2023:

- more adult males with learning disabilities were receiving a package of care from Enfield Council than females
- More females were receiving a package of care from Enfield Council's Older Person/Physical Disability Services than males
- More males with mental health support needs were receiving a package of care than females

Mitigating actions to be taken

The Strategy aims to positively impact all adults and older people with disabilities and their carers, regardless of sex. However, action planning will include opportunities to enhance the understanding of locally available equalities data relating to under or overrepresented groups. This will enable us to improve reach of services and/or better target interventions proposed as part of this strategy.

Sexual Orientation

This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation?

Please provide evidence to explain why this group may be particularly affected.

According to the 2021 census, in Enfield, 2.2% of residents gave their sexual orientation as something other than straight or heterosexual. This was lower than London (4.3%) and England and Wales (3.2%) averages. The Supporting Independence Strategy will set out our overarching priorities to support young people in transition to adulthood, adults and older people with disabilities and their carers regardless of their sexual orientation.

Our person-centred approach to working with people takes a proportional approach to information gathering, which would, where appropriate include information on sexual orientation where relevant to a person's health and wellbeing and availability of appropriate support where needed.

Mitigating actions to be taken

We do not anticipate any negative impact. However, action planning as part of this

strategy will include consideration of people who have experienced prejudice/trauma/abuse including as a result of their sexual orientation, and our planned approach to best supporting these groups.

Socio-economic deprivation

This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

Please provide evidence to explain why this group may be particularly affected.

According to the Index of Multiple Deprivation as compiled by the DCLG in 2019, Enfield has become relatively more deprived in comparison to other London boroughs. In 2015, Enfield was the 12th most deprived borough in London, by 2019 it was the 9th most deprived.

There is a difference in the risk of avoidable death between people who live in poverty and those who do not. This is the case nationally as well as locally. In 2010-12 the difference in male life-expectancy between the most deprived and least deprived areas in Enfield was 8.7 years. In 2015-17 the difference was 7.6 years. In 2010-12 the difference in female life-expectancy between the most deprived and least deprived areas in Enfield was 4.7 years. In 2015-17 the difference was 4.8 years. Whilst these differences may be declining slightly, they continue to persist and remain too high. We therefore need to work harder to close the gap by doing more to prevent ill-health.

The Strategy includes a dedicated section on Keeping Healthy and Well, which includes a specific priority in respect of reducing health inequalities. More broadly, development of the Strategy highlights the importance of Prevention. It is intended to positively impact those who are disadvantaged due to socio-economic factors, as themes for development include, for example, income maximisation, training and employment, specialist housing, joined up care.

Mitigating actions to be taken.

We do not anticipate any negative impact on people who are socio-economically disadvantaged. We shall seek views from across the community including those from socially deprived backgrounds, through Focus Groups and our VCS links.

Section 4 – Monitoring and review

How do you intend to monitor and review the effects of this proposal?

Who will be responsible for assessing the effects of this proposal?

An action plan will be developed with engagement of our Partnership Boards as part of the Strategy. This action plan will be monitored to review actions taken to deliver priorities and monitor impact of the Strategy. Updates will be shared with governance groups, including Partnership Boards and the Joint Health & Social Care Board which will be responsible for assessing the effects of this proposal.

Data sets will be used to consider the estimated prevalence health and social care need in the community compared to the number of people contacting Adult Social Care services for assessment and the number of people going into short or long term care. This will provide a useful barometer to indicate where groups may be underrepresented or overrepresented.

Once published, this strategy will be periodically reviewed and, when necessary, updated to respond to local and national change. Upon review of the strategy, the accompanying EqIA will be updated to reflect the changes.

Section 5 – Action plan for mitigating actions

Any actions that are already completed should be captured in the equality analysis section above. Any actions that will be implemented once the decision has been made should be captured here.

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
<p>Reaching and representing the views and needs of groups differentially impacted by this strategy, including older people, people with disabilities, people from ethnic minority backgrounds, to shape priorities and ongoing action planning</p>	<p>Early and ongoing engagement with differentially impacted groups and VCS representatives through Partnership Boards and Focus Groups.</p> <p>Develop action plan informed by the views of groups that may be differentially impacted by the strategy.</p> <p>Include specific priorities and action planning for differentially impacted groups including older people and adults with disabilities.</p> <p>Use data sets to consider the estimated prevalence health and social care need in the community compared to the number of people contacting Adult Social Care services to further understand patterns of people needing and using adult social care services.</p>	<p>Matt Casey/Lia Markwick</p>	<p>Over development and delivery of action planning</p>		<p>To be reviewed annually upon monitoring of action plans.</p>

	Include consideration of these findings within action plan review of action plan.				
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