

## SECTION 1 – Equality Analysis Details

<b>Title of service activity / policy/ strategy/ budget change/ decision that you are assessing</b>	<b>Early Help for All Strategy 2021-2025</b>
<b>Lead officer(s) name(s) and contact details</b>	<b>Helen Baeckstroem, Strategy &amp; Policy Team Manager, <a href="mailto:helen.baeckstroem@enfield.gov.uk">helen.baeckstroem@enfield.gov.uk</a></b>  <b>Arzhang Yusefi, Strategy &amp; Policy Manager, <a href="mailto:arzhang.yusefi@enfield.gov.uk">arzhang.yusefi@enfield.gov.uk</a></b>
<b>Team/ Department</b>	<b>Corporate Strategy Service</b>
<b>Executive Director</b>	<b>Tony Theodoulou, Executive Director of People</b>
<b>Cabinet Member</b>	<b>Cllr Rick Jewell, Cabinet Member, Children's Services</b>
<b>Date of EqIA completion</b>	<b>Ongoing</b>

## 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?

The Early Help For All (EHFA) Strategy is our new cross cutting and multi partnership strategy with an aim to help everyone in Enfield to be resilient, overcome challenges and improve their lives. The strategy sets out our approach to deliver effective early help to children, young people, families and vulnerable

adults prevent issues from escalating and reduce the demand for specialist and costly services. To help achieve this, we will make early help a focus area across Council services and the broader partnership inline with our new Council Plan where early help has been set out as an important cross-cutting theme. Our vision is to work with our communities and partners to help everyone in Enfield to be resilient, overcome challenges and lead happy and fulfilling lives.

We will achieve our vision by focussing on the following 3 priorities:

**Priority one: Provide clear information, advice and support**

Every individual in Enfield will have the knowledge of and access to the right support, at the right time, in the right place to tackle problems early.

**Priority two: Empowering Communities**

People will be motivated and empowered to take advantage of every opportunity the borough has to offer, to help themselves and their communities to make Enfield an even better place.

**Priority three: Establish an Effective Early Help System**

There will be a whole system approach to early help with strong leadership, confident workforce and commitment to join and integrate resources and services.

Each of these priorities have supporting action areas and are linked with a number of outcome measures for regular monitoring and review of implementation progress.

Our EHFA Strategy has been developed using extensive research, engagement and consultation with partners, individuals and parents/carers through deliberative workshops, group discussions, focus groups and online survey. We have also considered the results of a recent engagement carried out with over 900 children and young people in Enfield to help us identify young people's priorities for how to make Enfield an even better place. The Enfield Poverty and Inequality Commission report have been taken into consideration to identify the best way forward to ensure equality of opportunities for everyone to access early help.

**The case for early help**

The new EHFA Strategy 2021-2025 replaces our previous Family Resilience Strategy, launched in 2016, with a broader remit to focus on early help and prevention for everyone in Enfield. It is our overarching strategy to further join up services across the Council and work with our partners to enhance resident's access to a range of co-ordinated prevention-based services.

The concept of early help reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties accumulate and demand specialist services. Early help includes universal and targeted services designed to reduce needs or prevent small problems from becoming entrenched and difficult to address.

There is a strong moral and economic case for effective prevention and early help for children, young people, families and individuals to tackle challenges early and prevent potential harm. The consequences of not intervening early are far-reaching and profound, as unresolved challenges can adversely affect people's health and happiness and lead to requiring intrusive and costly specialist services.

If early help is not offered, there is a very real risk that some people will experience significant harm that sometimes can be irreversible. In the case of children, their physical, cognitive, social and emotional development may be impaired affecting their life chances and futures. Adults will encounter distressing health and wellbeing issues that would require specialist services - they will experience social isolation/loneliness and will need premature specialist care and support.

At the heart of this strategy is working with our communities and exploring new ways with them to address their needs as soon as they emerge. We will take an equity-based approach in our work with the community. This means that we will focus on the communities and community-based organisations who reside in the most deprived parts of the borough and experience challenges disproportionately. This will ensure that every child, young person, their families and individuals have the same access to opportunities and that extra support is given to residents who are marginalised and underrepresented to address disparity in outcomes and life chances of residents.

This strategy not only applies to all residents of different protected characteristics but also to staff and professionals working with the Council and our partners.

This EQIA document assesses how we will provide equitable support to children, young people, their families and individuals of all protected characteristics to be resilient, overcome challenges and improve their lives.

### **SECTION 3 – Equality Analysis**

**Age**

This can refer to people of a specific age or age range.

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.

This strategy seeks to provide early help to all age groups across the life course as we know that the need for early help may occur at any point in an individual's life. In view of this, we have analysed local demographic data and the level of need present in different age categories to provide evidence-based response.

According to the latest available data Enfield's total population is estimated to be 333,869 (as at mid-2018). There are 84,309 children and young people in Enfield, and we have more residents under 20 than London and National averages. There are 57,870 children and young people of school age in the borough.

Enfield has a higher proportion of adults aged 20 to 44 years (34.86%) than the England average, but a significantly lower proportion than in London on average (40.35%). Whilst, the percentage of over 65s in Enfield is increasing (13.35%), this proportion is still lower in Enfield than in England overall (18.39%). However, Enfield's over 65 population is predicted to grow by 23% in the next 10 years and is the component of our population projected to grow fastest.

The percentage of children achieving a good level of development at the end of foundation stage is still lower than the England average; and we still have too many children and young people being permanently excluded from school – although the numbers are decreasing because of targeted work with families and schools. 4% of 16-17year olds are not in Education Employment or Training (NEET), which is higher than both our statistical neighbours and the England average.

Income deprivation among people above the age of 60 is at 23% with clear ward level variation (13% in Grange and 43% in Edmonton Green). As of November 2018, 2.8% of working-age adults in Enfield (5,995 people) were claiming either Job Seekers Allowance JSA or were unemployed and claiming Universal Credit UC.

There is a strong evidence that giving every child the best start in life is crucial to reducing health inequalities across the life course. To help get the best possible start in life, we will ensure that all parents receive the required knowledge and advice in a timely manner. Therefore, the strategy sets out a number of interventions targeting young children and their parents. Some examples of interventions that will contribute to deliver best start in life include:

- In partnership with families, design and provide online parenting programmes as an alternative to face-to-face training. This will include Parental Conflict e-learning training.
- Continue to support and empower the Parent Engagement Network and Parent Champions so that we provide services in partnership with parents and carers, and deliver family-focused, holistic and inclusive services informed by the experiences and views of our communities.

Although research shows that the most impact can be made during a child's early years, early help is not just for young children, as problems may emerge at any point in life. For adults, early help is the most effective and efficient approach to ensure they lead independent and fulfilling lives. With some level of support, adults will be able to maintain or build social networks and tackle their loneliness and social isolation.

Some examples of interventions that will contribute to improving outcome for adults and elderly include:

- Increase the use of assistive technology to help residents live independently at home, stay safe, improve their wellbeing and help them to stay socially connected.
- Support people to access the right volunteering role for them, ensuring they have the information and training they need to fulfil their role and benefit from it by developing their skills, experience, health and wellbeing.

### **Mitigating actions to be taken**

The EHFA strategy will positively impact on people of all ages. It will not have any adverse impact on any age groups as the needs of the individuals determines as assessment is based on needs not presenting age..

### **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.

This strategy seeks to provide effective early help based on the level of needs present in individuals. People with special or additional needs are particularly at the centre of our early help offer. According to the latest available data<sup>1</sup>, we estimate<sup>2</sup> that there are 52,382 people with disability in Enfield; this is 15.69% of Enfield's population.

In 2019, there were 3,271 children and young people with Education, Health and Care Plans (EHCPs) in the borough. The numbers of people with learning disabilities is predicted to increase to more than 1,250 people who will require health, care and support services by 2030 (PANSI 2019).

There is a disproportionate lack of disabled people in employment in Enfield. 2019 data showed that only 42.6% of disabled persons in Enfield were in employment, compared to 92.2% of non-disabled persons. This is lower than the national average, which estimates 53.2% of disabled persons are in employment (Annual Population Survey 2019).<sup>3</sup>

The EHFA strategy sets out how we will make sure that people with different types and levels of disabilities have access to early help, advice and support to prevent problems from escalating and causing distress. This includes ensuring physical access to services that are building based and considering transportation access if relocating or setting up new services.

Some examples of interventions that will help improve outcome for people with disability and their carers include:

<sup>1</sup> The most reliable data to quantify the level of the disabled population in Enfield is from the 2011 census

<sup>2</sup> This estimate is produced by applying the rates of disability by age to the latest population projections (ONS mid-2019).

<sup>3</sup> Please note that this data comes from the annual population survey data only, and at local authority level the confidence intervals are quite broad due to the relatively small sample sizes.

- Work in partnership with Adults Services, VCS and PEN to further develop and promote the Children’s Portal, My Life directory, Local SEND Offer and other information sharing platforms so that everyone in the borough use them as a first port of call to access services. Ensure that all information provided online is easy to access and understand. This means that it is written in plain English, meets readability guidelines and the website displays an accessibility statement and works towards compatible with screen readers such as JAWS, NVDA and Voice Over.
- Increase mental health support both online and face to face within schools and the broader context in close partnership with children, young people, adults and mental health practitioners through the Mental Health Support Team (MHST) and KOOOTH projects.
- Provide and commission support for carers so that they have access to resources that help them develop and maintain social connection.

These actions will be implemented in coordination with interventions enshrined in our new CYPP and Fairer Enfield Policy.

#### **Mitigating actions to be taken**

The EHFA strategy will positively impact people affected by disability, as we are confident that by providing early support to them, we will prevent problems escalating and causing distress. We do not anticipate any adverse impact on any disabled person as a result of implementing this strategy.

#### **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.

EHFA strategy reaffirms our commitment to equality and delivering fairer Enfield by providing the right early help to all vulnerable people in the borough. Trans people are more likely to experience poverty, discrimination, and mental health problems. This makes them a priority group who we would like to seek to help proactively. We understand that there is a gap in our knowledge about this part of the population both nationally and locally in Enfield. Despite this limitation, we can draw some

estimates about the number of people who identify themselves as trans.

GIRES (Gender Identity Research and Education Society) estimate that in the UK around 650,000 people, 1% of the population, experience some degree of gender non-conformity. If these numbers are correct, and if Enfield's population of 333,869 were exactly typical of that population, this will equate to 3,339 individuals with some degree of gender non-conformity.

The 2018 Stonewall study found that more than 28% of trans respondents who were in a relationship in the last year had been subject to domestic abuse and 25% had experienced homelessness at some point in their lives.

We also know that according to Stonewall, 84% of trans young people have self-harmed. 45% of trans young people have attempted to take their own life.<sup>4</sup> In the National LGBT Survey in 2018, trans people were less likely to have had a paid job in the 12 months preceding the survey (65% of trans women and 57% of trans men had one.<sup>5</sup> Furthermore, more than a third of trans people (36%) have experienced discrimination within their community because of different parts of their identities.<sup>6</sup>

These insights highlight the importance of our focus to improve the wellbeing of our trans community and to effectively understand the needs of trans people in Enfield.

Some examples of key actions that will help improve outcome for trans people include:

- Publicise the new domestic abuse hub free helpline to the wider community, targeting to people who are most at risk from domestic abuse and those who may be worried about someone who might be at risk.
- Further develop the new Housing Advisory Service to proactively identify residents/households with a risk of homelessness, help them access the relevant services across the council to prevent homelessness and address underlying issues.
- Increase mental health support both online and face to face within schools and the broader context in close partnership with children, young people, adults and mental health practitioners. (Mental Health Support Team, MHST project, KOOTH).
- Seek alternative funding streams and collaborate in leveraging financial resources to sustain and increase our early help offer and increase the response capacity of our workforce. This will include identifying funding for

<sup>4</sup> <https://www.stonewall.org.uk/children-and-young-peoples-services-champions-programme>

<sup>5</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722314/GEO-LGBT-Survey-Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf)

<sup>6</sup> [https://www.stonewall.org.uk/sites/default/files/lgbt\\_in\\_britain\\_home\\_and\\_communities.pdf](https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf)

rolling out Trauma-informed Practice for schools.

**Mitigating actions to be taken**

The EHFA strategy will positively impact trans individuals, as by providing support as early as possible we will help resolve problems and prevent distress.

**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

All residents will be supported by early help interventions regardless of whether they are married or have formed a civil partnership. The strategy recognises that while most Enfield families, couples and individuals are thriving, many residents are facing complex challenges. This includes residents who are married or in civil partnerships.

EHFA strategy reemphasises on our commitment to working with our communities to address specific areas of concern and develop solutions together. For meaningful participation of communities, we will provide them with access to information, advice and support. Our community empowerment interventions will be extended to all residents and resident networks which will include married people or those in civil partnership.

The residents will also be involved in the co-production of training programmes for families and individuals to ensure that they responsive to their needs.

**Mitigating actions to be taken**

We do not anticipate this strategy to have any negative differential impacts on those who are in a marriage or civil partnership.

**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

This strategy seeks to improve outcomes for pregnant women and their babies whose needs are not met by universal services by providing targeted early interventions. We acknowledge that to get the best possible start in life, a baby's mother needs to be healthy before and during pregnancy and childbirth. There is compelling evidence that a child's experiences in the early years (0–4) has a major impact on their health and life chances, as children and adults.

Our effective universal health service and wellbeing advice from pregnancy and birth onwards has yield significant outcomes. In Enfield, the infant mortality rate for 2018 was 2.6 per 1000 live births, which is lower than the London-wide mortality rate of 3.2 per thousand and the England average of 3.9.

EHFA strategy outline key actions to increase access to both universal and early help services to continually achieve remarkable results for women, children and families.

In a bid to provide clear information, advice and support to pregnant women, we will deliver on the following actions:

- Work in partnership with to further develop and promote the Children's Portal, My Life directory, Local Send Offer and other information sharing platforms so that everyone in the borough use them as a first port of call to access services.
- Continue to support and empower the Parent Engagement Network and Parent Champions so that we can provide services in partnership with parents and carers, and deliver family-focussed, holistic and inclusive services informed by the views of our communities.
- Increase and enhance the early help offer delivered from our community-facing venues, including our libraries, community centres, children's centres and council housing halls. We will provide joined-up services in settings that are welcoming and inclusive.

**Mitigating actions to be taken**

We do not anticipate any negative impact for any pregnant individual or individual on maternity.

## 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

At the heart of EHFA strategy is community empowerment and through that reducing disparity of outcomes among the diverse population of Enfield (White British 35%, Other White groups 23%, Other Ethnic Groups at 5%, Mixed Groups 6%, Asian Groups 11% and Black groups at 18%).<sup>7</sup>

There is plethora of evidence that demonstrate that people from certain race and ethnic backgrounds experience inequality in their access to different public service sectors. Black, Asian and Minority Ethnic groups experience inequality in housing, education, employment, health and criminal justice. This inequality has been evidenced by the disproportionate impact of Covid-19 nationally and locally.<sup>8</sup> It is also evidenced in national research that people who identify as Black, Asian, Mixed or 'Other' ethnicities are more at risk of becoming involved in crime;<sup>9</sup> and in local data which shows Black people are over-represented in youth convictions and compulsory mental health detentions.

The Lammy Review 2017 highlights that the BAME proportion of young people offending for the first time rose from 11% in the year ending March 2006, to 19% in the year ending March 2016.<sup>10</sup> There is also local evidence that Black people in Enfield are over-represented in youth convictions.

<sup>7</sup> Enfield Ethnicity Estimate 2019

<sup>8</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf)

<sup>9</sup> Youth Justice Statistics 2018-2019:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/862078/youth-justice-statistics-bulletin-march-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862078/youth-justice-statistics-bulletin-march-2019.pdf)

The Lammy Review 2017:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643001/lammy-review-final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf)

<sup>10</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643001/lammy-review-final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf)

2019 temporary accommodation data shows that 41.02% of people in temporary accommodation are Black. 2018 Ethnicity estimates suggest 17.9 % of Enfield's population are Black. Black residents are therefore overrepresented in this category. Temporary Accommodation data is sourced from Northgate via Power BI. All data is refreshed overnight from live applications. The ethnicity estimates use data from the 2001 and 2011 Censuses and the 2018 School Census conducted by the local education authority (LEA).

In view of these evidences, this strategy sets out a number of key actions to provide targeted early help to people of different race and background including:

- Provide easy access to universal services that support resilience, enable independence and self-care, and prevent or delay the escalation of need.
- Ensure that all information provided online is easy to access and understand by residents despite their language needs. This means that it is written in plain English, meets readability guidelines and the website displays an accessibility statement.
- Increase mental health support both online and face to face within schools and the broader context in close partnership with children, young people, adults and mental health practitioners. (Mental Health Support Team, MHST project, KOOTH).
- In partnership with families, design and provide online parenting programmes as an alternative to face-to-face training.
- Further develop the new Housing Advisory Service to proactively identify residents/households with a risk of homelessness, help them access the relevant services across the council to prevent homelessness and address underlying issues.

#### **Mitigating actions to be taken**

The EHFA strategy will positively impact all residents in Enfield by providing support as early as possible realising that people's needs are different. We do not anticipate any negative impact on individuals of a certain race.

#### **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.

Residents will be supported by early help interventions regardless of their protected characteristics, the strategy recognises that whilst most Enfield families and individuals are thriving, many residents are facing complex challenges. This includes residents who have a religion or belief.

According to the 2018 survey compiled by the ONS, Enfield has high proportions in some of the main non-Christian religions compared to national averages including Hinduism, Islam as well as other religions. Enfield has a slightly larger Muslim (14.7%) and Christian population (55.2%), compared to the London average of (14.2%) and (44.5%) respectively. Those of no religion make up 22.1% of the population in Enfield, which is below the London (29.4%) and national averages (39.4%).

During the development process of this strategy we have engaged with peoples of different faith groups through our Faith Forum and online survey. We have gathered their views about how to foster better relations among the people of different religions and those with no religion. As a result, we have identified a number of key actions to provide effective early help and prevent issues from escalating. These include:

- Provide a comprehensive training, information, guidance, supervision and support to practitioners and frontline staff. These measures will help to ensure that service users are treated with respect and dignity

Furthermore, to achieve an inclusive and empowered community, we will enhance our partnership with VCS organisations who directly work with people of different beliefs. Our service users will be encouraged and supported to recognise their needs and identify the best workable approach to help improve their life outcomes. Service users will also be involved in the co-production of our community-based programmes.

Finally, we will develop and promote information sharing platforms so that everyone in the borough uses them to access services, support and positive activities easily and quickly. This will include individuals and families who have a religion or belief.

**Mitigating actions to be taken**

We do not anticipate any negative differential impacts on those who follow a religion or belief and those who do not.

**Sex**

Sex refers to whether you are a man or woman.

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

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

EHFA strategy will benefit all residents by providing the right help at the right time to whoever who might need it including girls, boys, men and women. In Enfield, over 51% of overall population is female. However, there are more males than females in Enfield in all ages up to 25 years. After this point, women outnumber men in virtually all age bands. The preponderance of women is particularly marked in the over 85s where this age group is made up of 63% women and 37% men. There are proportionately more women within both the working age (16-64) and retirement age (65+) than men.

Men and women can experience different outcomes based on their possible differential needs. Our Joint Health and Wellbeing strategy is geared towards reducing disparity in healthy life expectancy among women and men. Our Violence Against Women and Girls strategy is aimed at eliminating domestic abuse and violence incidents among women and girls.

We know that while domestic abuse can affect anyone, women are around twice as likely to have experienced domestic abuse than men.<sup>11</sup> Over the 12 months to August 2020, Enfield recorded 6,361 incidents of domestic abuse and during the Covid-19 Lockdown, Enfield recorded the third highest level of domestic violence with injury in London.

This strategy will ensure that people of both sexes do benefit from the various services available for them to achieve their full potential and experience positive outcomes independently.

<sup>11</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018#understanding-domestic-abuse>

There are a number of actions enshrined within this strategy to improve access to services including:

- Publicise the new domestic abuse hub free helpline to the wider community, targeting to people who are most at risk from domestic abuse and those who may be worried about someone who might be at risk.
- Work in partnership with our voluntary and community sector to further develop and promote the Children’s Portal, My Life directory, Local Send Offer, Simply Connect Enfield and other information sharing platforms so that everyone in the borough uses them to access services, support and positive activities easily and quickly.

### Mitigating actions to be taken

The EHFA strategy will positively impact men and women in Enfield and will not have any adverse impact on either men or women and girls and boys.

### 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.

EHFA strategy will benefit all residents by providing the right help at the right time to whoever who might need it including people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual. Despite this the strategy realises that LGBT people are more prone to experience discrimination and bullying.

Stonewall have produced a report based on YouGov research with 5000 lesbian, gay, bi and trans people across Britain.<sup>12</sup> The study shows that 52% of LGBT people had experienced depression in the last 12 months. 1 in 8 LGBT people aged 18-24 (13%) said they’ve attempted to take their own life in the last year and almost 1 in 4 LGBT people (23%) have witnessed discriminatory or negative

<sup>12</sup> <https://www.stonewall.org.uk/lgbt-britain-health>

remarks against LGBT people by healthcare staff and 1 in 7 LGBT people (14%) have avoided treatment for fear of discrimination because they are LGBT.

The School Report,<sup>13</sup> published by Stonewall in 2017, demonstrated the need to further support LGBT young people to reach their full potential. Nearly half of LGBT pupils are bullied for being LGBT at school. Whilst just 40% of LGBT young people have an adult that they can talk to about being LGBT.

In terms of support for LGBT people we will ensure that they can access universal healthcare services without discrimination. Furthermore, we will support LGBT people with additional, complex and critical needs to access services when required, including mental health support.

There are a number of actions enshrined within this strategy to provide early help to LGBT group as part of the boarder community including:

- Increase mental health support both online and face to face within schools and the broader context in close partnership with children, young people, adults and mental health practitioners. (Mental Health Support Team, MHST project, KOOTH).
- Support people to access the right volunteering role for them, ensuring they have the information and training they need to fulfil their role and prepare them for employment.
- Work in partnership to provide a comprehensive training offer to help all staff in community settings and services to provide effective early help, including training on social prescribing and making every contact count.
- Create a single data collection, management and reporting dashboard to establish a better understanding of our local needs and enhance the effectiveness of our early help offer in the context of Covid-19 and beyond.
- Further develop the new Housing Advisory Service to proactively identify residents/households with a risk of homelessness, help them access the relevant services across the council to prevent homelessness and address underlying issues.

### **Mitigating actions to be taken**

We do not anticipate that the Early Help For Strategy will have any negative differential impact on LGBT community or individuals.

<sup>13</sup> <https://www.stonewall.org.uk/school-report-2017>

**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.

Helping people who are socio-economically disadvantaged is our top priority. This strategy seeks to apply an equity-based approach to prioritise early help for the most deprived parts of the borough.

Enfield is a low-income borough with a high proportion of Housing Benefit claimants. Enfield's median household income is £34,900 which is the 12th lowest in London and 15.6% of households in Enfield have an annual gross income under £15,000 – this percentage is higher than London and outer London average. As of February 2020, there were 26,205 resident households in the borough receiving Housing Benefit, 59% of which are paid to households living in the Private Rented Sector. Life expectancy is 8.8 years lower for men and 5.7 years lower for women in the most deprived areas of Enfield than in the least deprived areas. The rate of employment (aged 16-64) is worse than the England average. In Enfield, 18% of all children under 16 live in relative low-income families and this is the same as the national proportion of children in low income families.

Many families and individuals are also facing complex challenges to maintain safe housing and welfare. Since 2011/12, homelessness has increased by 246% in the borough. In February 2020, Enfield had 3,433 households in temporary accommodation, a 74% rise since 2012. This makes us the second highest provider of temporary accommodation in England.

Income deprivation among people above the age of 60 is at 23% with stark ward level variation (13% in Grange and 43% in Edmonton Green). As of November 2018, 2.8% of working-age adults in Enfield (5,995 people) were claiming either Job Seekers Allowance JSA or were unemployed and claiming Universal Credit UC.

Eviction from private rented accommodation continues to be the highest cause of homelessness in Enfield. These challenges increase the risk for people escalating up the continuum of need. We will implement a joined-up approach to prevent and end homelessness in Enfield. We will do this through investing in a Housing

Advisory Service model and actively enable those at risk of homelessness to secure sustainable housing solutions.

As a result of school closures due to the Covid-19 outbreak, some children have missed a substantial amount of learning and there is evidence that this will disproportionately impact on children from poorer socio-economic backgrounds. The concern is that some children's life chances could be seriously impacted by their loss of learning and we will need to continue to strength and adapt our early help strategies to prevent this from happening.

In 2019 we set up an independent commission to better understand poverty and inequality in the borough. The Commission made 27 recommendations for the Council and our partners to act on to make Enfield a fairer place. These recommendations have been taken into consideration to identify the best way forward to ensure equality of opportunities for everyone to access early help.

This strategy makes it clear that early help is not the responsibility of one service or organisation – it is every one's business. Therefore, we have established Early Help Strategic Board which is representative of all sector and partners to ensure we provide holistic early help package particularity to those are experiencing challenges due to their socio-economic circumstances, For example, housing has been brought on board to help ensure that families who are able to receive and benefit from support early on in the onset of issues are enabled to do so. They are well placed to be among the first to spot signs of difficulties with debt and finances.

Effective early support means that financial problems are less likely to escalate to distressing levels. To help prevent financial problems affect residents this strategy outlines a number of actions including:

- Work in partnership with Adults Services, VCS and PEN to further develop and promote the Children's Portal, My Life directory, Local Send Offer and other information sharing platforms so that everyone in the borough use them as a first port of call to access services.
- Ensure that all information provided online is easy to access and understand. This means that it is written in plain English, meets readability guidelines and the website displays an accessibility statement.
- Support people to access the right volunteering role for them, ensuring they have the information and training they need to fulfil their role and prepare them for employment.
- Work with our partners to support volunteering and establish a lasting legacy from our 'Enfield Stands Together' Programme, to enable

communities to help and support one another into the longer term.

- Further develop the new Housing Advisory Service to proactively identify residents/households with a risk of homelessness, help them access the relevant services across the council to prevent homelessness and address underlying issues.

**Mitigating actions to be taken.**

We do not anticipate any negative impact on children, young people, their families and individuals who are socio-economically disadvantaged.

## SECTION 4 – Monitoring and Review

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
<p>How do you intend to monitor and review the effects of this proposal?</p> <p>Who will be responsible for assessing the effects of this proposal?</p>					
<p>There is a broad range of legislation that underpins the work of Early Help. The statutory framework and guidance that sets out how services and partners, regardless of the sector, must work together to support vulnerable children, young people and their families at the earliest opportunity. This framework includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• <i>The Children Act (1989 &amp; 2004)</i></li> <li>• <i>Care Act (2014)</i></li> <li>• <i>Working Together to Safeguard Children (2018)</i></li> <li>• <i>Keeping Children Safe in Education for Schools &amp; Colleges (2018)</i></li> <li>• <i>The Children &amp; Families Act (2014)</i></li> <li>• <i>The Special Educational Needs &amp; Disability Code of Practice 0-25 (2014)</i></li> </ul> <p>The Early Help Strategic Board (revamped specifically for early help offer from the previous Family Resilience board) have been identified as the appropriate board for overseeing the successful delivery of this strategy. This board will be accountable for implementing the strategy's action plan and reviewing progress on quarterly basis. There will be a small task and finish group formed from the members of the Early Help Strategic Board to develop a detailed operational plan to deliver on each priority of the strategy.</p> <p>The board will review the outcome measures set out in the strategy on annual basis and report progress update to Safeguarding Children Partnership and Safeguarding Adults Board. The annual review of the strategy will also include refreshing the strategy if deemed necessary based on the changes in circumstances and lessons learnt.</p>					

## SECTION 5 – Action Plan for Mitigating Actions.
