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Numbers and Projections

Of the 32 boroughs of London, Enfield currently boasts the fourth highest population figure. The latest population approximation, taken from mid-2013, estimates that there were a total of 320,524 individuals living in the borough (Office for National Statistics (ONS), 2014).


Furthermore, over the next decade, this figure is expected to steadily increase, reaching around 330,000 people by 2018, and 340,000 by 2023. Between 2015 and 2023, the population of Enfield is projected to rise by 5% and by over 10% between 2015 and 2032.
Various population products are used for different purposes.

**ONS Mid-year estimates:**
Office for National Statistics (ONS) produces mid-year estimates of the resident population annually for local authorities. These estimates are based on the latest census population and take into account the components of population change (i.e. birth, deaths and net migration). The usual resident population is defined as people who reside in the area for a period of at least 12 months whatever their nationality (defined by standard United Nations definition). At present, mid-year population estimates are using the 2011 census population as a baseline. ONS mid-year estimates are nationally used to describe the size of current resident population for each local authority.

**GLA Borough Preferred Option (BPO)-based population projections - capped household size variant:**
Greater London Authority (GLA) Intelligence Unit produces a number of sets of demographic projections every year. "GLA BPO-based population projections - capped household size variant" incorporates the assumptions around future development and fertility, as well as the basic components of population change (i.e. birth, deaths and net migration) and is widely used for planning and policy development at Enfield Council.

**GP registered population:**
GP registered population is the number of people registered to GP practices and is available annually for practices and Clinical Commissioning Groups (CCGs). This is collected as part of GPs Quality and Outcomes Framework (QOF) submissions.

Enfield resident population and GP registered population are not exactly the same as GP registered population includes those who are registered to Enfield GPs but reside outside Enfield and excludes those Enfield residents registered to GPs outside Enfield CCG.

Additionally, the Department of Health (DH) attribution dataset provides GP registered population by 5-year age group and gender scaled to ONS mid-year estimates.
An interesting aspect of Enfield's population is that an unusually large proportion of the population is made up by younger people. In 2013, just over one fifth (21.3%) of residents are aged under 15. This is the 4th highest proportion in London, and above the London average of 19.1% and the England average of 17.8%. Population projections suggest this proportion is expected to fall over the next two decades however, reducing to 20.8% in 2023 and 19.6% in 2033.
There is a relatively high proportion of older people living in the borough. Within Enfield, 12.8% of residents are aged 65 or over, with this figure being the 11th highest in London.

Between 2013 and 2023, the proportion of people in Enfield aged 55-64 years is especially likely to increase. However, between 2013 and 2033, the 60+ years age groups are most likely to increase their proportions, in Enfield.
In 2011, the Census showed that the highest concentration of the population was found in the eastern wards of the borough, particularly the south eastern wards of Edmonton Green and Upper Edmonton (ONS, 2012). Based on population estimates for 2015, Edmonton Green (pop. 18,500) and Upper Edmonton (pop. 18,100) wards were still the most populous and Winchmore Hill (pop. 13,900), Highlands (pop. 13,400) and Grange (pop. 13,100) the least populous wards in the borough (GLA, 2014a) (see note 1).
In 2011, whilst Edmonton Green and Upper Edmonton wards were the most populated wards in the borough, in terms of population density (persons per hectare), the story was slightly different. The wards of Bowes, Palmers Green, Haselbury and Lower Edmonton were the most crowded, with Cockfosters and Chase wards the least (ONS, 2012). This pattern of population density is predicted to remain the same for 2015, based on data from the Greater London Authority (GLA (2014a), GLA (2014b)).

Based on 2015 population estimates, the population density in Enfield wards ranged from 99.7 people per hectare in Bowes to 8.4 people per hectare in Chase, with an average of 54.7 people per hectare for the borough (GLA (2014a), GLA (2014b)).

However, the wards within Enfield are of different sizes and there are different mixes of rural and residential areas within each. For example, Bowes is the smallest of the Enfield wards in terms of area and Chase is the largest and whilst Bowes is composed of mainly residential areas, Chase is predominantly rural.

**Further information**

Note 1: These population estimate figures at ward level have been rounded to the nearest 100, in line with GLA disclosure guidance for data published for public consumption.

**References**


Population – Trends and Pressures

Between the 2001 Census and the 2011 Census the population of Enfield increased from 273,559 to 312,466. This represents a population increase of 14.2% in a decade. This growth was very much in line with that seen across the capital, where, over the same period, the population increased by 14.0%. England as a whole also saw strong growth, but was somewhat lower at 7.9%.

Country of Birth of Enfield Residents: 2011

- UK - 65%
- Ireland - 1%
- Other EU Members - 3%
- EU Accession Countries - 7%
- Other - 24%

Source: 2011 Census

Of the 312,466 residents living in Enfield, at the time of the 2011 Census, around two-thirds (64.9%) declared they had been born in the UK. In a national context, this might seem an unusually low proportion, as the UK average is 86.2%. However, from a regional perspective, this is in line with the London average of 63.3%.

In 2012, Enfield Council carried out research into the issue of population mobility. The work established that Enfield's surge in population was predominantly as a result of the birth rate being higher than the death rate.

Where people are moving into the Borough, this tends to be intra London or domestic inward migration. However, the number of people moving out of the Borough to other domestic locations outweighs the number moving in from domestic locations. Conversely, inward migration to Enfield from outside the UK outweighs outward migration from Enfield to outside the UK, meaning international migration is a net contributor to the increasing population in Enfield.

These in-migration trends have had a significant impact on the demographic profile of the Borough. The Borough’s diversification continues at pace – a theme that was explored in the 2010 Enfield New Communities report:

"In 2010 it was estimated that new community groups made up about 12% of the total population, approximately 34,000 people. These groups include Somalis, Nigerians, Ghanaians, Congolese, Turkish, Kurdish Kosovans, Albanians and other migrants from A10 accession countries in the EU. While new African and Caribbean migrants are concentrating in East Enfield, East Europeans are far more dispersed throughout the borough. The Office for National Statistics (ONS) and the Greater London Authority (GLA) projections show that Enfield’s population – and its level of ethnic diversity - will continue to grow over the course of the next two decades."

1 New Communities Report, 2010
This impact upon the demographic profile is most apparent when we consider the make-up of school pupils in Enfield. The 2012 School Census reveals that 71.3% of secondary school pupils and 73.7% of primary school pupils, in Enfield, are from a minority ethnic background. This compares with the London averages of 65.0% for secondary school pupils and 69.21% for primary school pupils, and the England averages of 23.2% for secondary and 27.6% for primary.

**Births and Fertility**

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<th>Live Births: 2007 -2011</th>
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In 2011, there were 4,904 live births in Enfield. This figure was down by 218 from the previous year, but was generally in line with the number of births observed over the last few years. Between 2007 and 2011, the average number of births seen annually in the Borough is 4,942.
There are significant geographic differences between wards, in terms of the number of live births. In 2011, over 20% of births in Enfield were registered in the three Edmonton wards, and just fewer than 60% of births occurred in the wards to the east of the A10 road.

Lower Edmonton ward had the highest number of births, with 356m whilst Cockfosters ward had the lowest number of births, with 136.

General Fertility Rate: 2007 – 2011

The general fertility rate (GFR) is the number of live births per 1,000 women aged 15-44. Rates are based on the most up-to-date population estimates.
Enfield’s GFR for 2011 was 68.8. This compares with a London figure of 66.5 and a national figure of 64.2. Whilst London’s and England’s GFR figures have remained fairly constant over the last five years, Enfield’s rate has been for more volatile, demonstrating a significant fall over the 12 month period between 2010 and 2011. Having been the eighth highest GFR in London in 2010, Enfield’s figure now places it 14th in the Capital.

There is also significant geographic variation in the GFR in Enfield.

General Fertility Rate in Enfield, by Ward: 2011

Wards in the south of the Borough, and particularly in the south-east of the Borough, tend to demonstrate a much higher GFR than those in the north and west of the Borough.

Lower Edmonton ward has the highest GFR, with a 2011 rate of 111, compared to Cockfosters ward with the lowest GFR, with a 2011 rate of 46.1.
Life Expectancy

During 2011-13, the average life expectancy at birth for a male in Enfield was 80.6 years, which was significantly higher than the London (80.0 years) and England (79.4 years) figures. During the same period, the average life expectancy at birth was significantly higher for females in Enfield (84.3 years), compared to males. Life expectancy at birth for females in Enfield was also significantly higher than the England average (83.1 years), but not significantly different from the London average (84.1 years) (Office for National Statistics (ONS), 2014).

Life expectancy at birth

The World Health Organisation (WHO, 2011) defined life expectancy at birth as; “The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.”

However, life expectancy at birth figures are often “period life expectancies,” which reflect mortality among those living in the area during specific time periods (e.g. 2008-2012, 2009-2013 etc.). Life expectancy at birth figures are estimates based on the mortality rates of the population within that area over a specific period, but do not make an allowance for actual or projected changes in mortality in the future (Office for National Statistics (ONS), 2014). For example, if the male life expectancy at birth in Enfield was 80 years for 2009-2013, males would live for 80 years on average, if the mortality rates experienced during the years 2009-2013 continued unchanged for the rest of their lives. However, since mortality rates change over time, a male child born in Enfield between 2009 and 2013 will not necessarily live for 80 years.

So, life expectancy at birth represents the average number of years that an individual can be expected to live if current mortality rates continued to apply. It summarises the mortality pattern across all age groups and therefore reflects the overall mortality level of a population (WHO, 2011).

Life expectancy in Enfield also varies hugely by geography. For males in Enfield, lower life expectancies are generally found in the North and East of the borough.
Based on life expectancy at birth figures for 2009-2013, males residing in the wards of Upper Edmonton, Enfield Lock, Ponders End and Chase can expect to live between 76.1 years and 77.3 years. This compared unfavourably with the life expectancy at birth of males in the wards of Highlands, Cockfosters, Bowes and Grange, where the figures were between 82.5 years and 83.5 years. Male life expectancy at birth (2009-2013) was significantly higher in the top four wards in Enfield, compared to the bottom four wards (Greater London Authority (GLA), 2014).

Male life expectancy at birth (2009-2013) in Enfield (80.1 years) was slightly higher than the figures for both London (79.7 years) and England (79.1 years).
The difference between life expectancy at birth (2009-2013) for males, residing in the best and worst performing wards was 7.4 years. In Upper Edmonton ward the life expectancy figure was 76.1 years, whilst in Grange ward the figure was 83.5 years (GLA, 2014).

Male Life Expectancy at Birth in Enfield, by Deprivation Decile: 2010-2012

The male life expectancy at birth by deprivation chart demonstrates the inequalities that exist in life expectancy between individuals in the borough. For those male residents in the most deprived areas of Enfield (the lower percentages on the x-axis) life expectancy is considerably lower than for those male residents in the less deprived areas. The red dots show the Life Expectancy for each deprivation decile with 95% confidence intervals and the green line represents the Slope Index of Inequality (SII). For males in Enfield (2010-12), the SII was 8.2 years (Public Health England (PHE), 2014a). This means that there was a difference in life expectancy of 8.2 years between the least and most deprived individuals in Enfield, according to the Slope Index of Inequality (SII).

In Enfield, the life expectancy at birth (2010-2012) for males living in the most deprived decile (76.8 years) was significantly lower than the figure for males living in the least deprived decile (84.4 years). The disparity in life expectancy between males living in the most and least deprived deciles in Enfield was 7.5 years (rounded) (Public Health England (PHE), 2014b).

However, whilst the range of male life expectancies across the deprivation deciles in Enfield (7.5 years) compares the two extreme values (i.e. lowest and highest life expectancies), the Slope Index of Inequality (SII: 8.2 years) has the advantage of reflecting the experience of the whole population, since it is sensitive to distribution across all socio-economic groups (London Regional Public Health Group (RPHG-L) and London Health Inequalities Network (LHIN), 2012).

As with males in the borough, lower life expectancies for females are mainly concentrated in the North and East of Enfield.
During 2009-2013, the life expectancy at birth figures for females residing in the wards of Upper Edmonton, Chase, Enfield Lock and Turkey Street were between 78.6 years and 82.3 years. This compared unfavourably with the life expectancy at birth of females in the wards of Southbury, Cockfosters, Grange and Highlands, where the figures were between 85.7 years and 87.2 years. Female life expectancy at birth (2009-2013) was significantly higher in Highlands, Grange and Cockfosters wards in Enfield, compared to the bottom four wards on this measure (Greater London Authority (GLA), 2014).
The difference between life expectancy at birth (2009-2013) for females, residing in the best and worst performing wards was 8.6 years, which was a greater disparity to that seen for male life expectancy at birth in the borough. In Upper Edmonton ward, the life expectancy (2009-13) figure was 78.6 years, whilst in Highlands ward it was 87.2 years (GLA, 2014).

Female life expectancy at birth (2009-2013) in Enfield (83.9 years) was almost identical to the London average of 83.8 years and slightly higher than the England figure of 83.0 years.

**Female Life Expectancy at Birth in Enfield, by Deprivation Decile: 2010-2012**

The female life expectancy by deprivation chart demonstrates the inequalities that exist in life expectancy between individuals in the borough. For those female residents in the most deprived areas of Enfield (the lower percentages on the x-axis) life expectancy is considerably lower than for those female residents in the less deprived areas. The green line represents the Slope Index of Inequality, with 95% confidence intervals. For females in Enfield (2010-12), the SII was 4.6 years (Public Health England (PHE), 2014a). This means that there was a difference in life expectancy of 4.6 years between the least and most derived individuals in Enfield, according to the Slope Index of Inequality (SII). In Enfield, the life expectancy at birth (2010-2012) for females living in the most deprived decile (81.1 years) was significantly lower than the figure for females living in the least deprived decile (86.4 years). The disparity in life expectancy between females living in the most and least deprived deciles in Enfield was 5.3 years (Public Health England (PHE), 2014b).

However, whilst the range of female life expectancies across the deprivation deciles in Enfield (5.3 years) compares the two extreme values (i.e. lowest and highest life expectancies), the Slope Index of Inequality (SII: 4.6 years) has the advantage of reflecting the experience of the whole population, since it is sensitive to distribution across all socio-economic groups (London Regional Public Health Group (RPHG-L) and London Health Inequalities Network (LHIN), 2012).

**References**


**GP Registrations**

The GP Patient Register data is a live database put together by individual Primary Care Trusts. Information from these databases is passed to the ONS every year, allowing population estimates to be calculated more accurately.

Number of Male Individuals registered with a GP in Enfield, by Ward of residence: 2013

Source: NHS Connecting For Health
Number of Female Individuals registered with a GP in Enfield, by Ward of residence: 2013

Whilst it is worth nothing that not all individuals registered with a GP will still be a resident in the Borough - some individuals fail to change their GP when they move home (particularly young men) - the dataset provides a valuable insight into geographic variations in population, and can help us to better understand where demands on health services may be at their greatest.

In Enfield, the GP registration data reflects the evidence demonstrated in other population data sources. The east, and particularly the south-east, of the Borough is home to the greatest number of GP registrations. The three Edmonton wards have over 56,000 individual GP registrations between them, whilst Grange and Highlands wards have the lowest number of registrations, with both wards having just over 13,000 individual records.

Further information on this topic is available from:
Improving Health and Wellbeing in Enfield, the Annual Report of the Director of Public Health 2012
National General Practice Profiles

Ethnicity

As well as having an unusual age mix amongst its residents, another interesting characteristic of Enfield, is the ethnic diversity of its population. Data taken from the 2012 GLA estimates tell us that, whilst two fifths (40.05%) of residents regard themselves as 'White British' or 'White Irish', there are also a large number of individuals declaring themselves as:

- Black African - 9.83%
- Turkish - 6.68%
- Black Caribbean 5.81%
- White Other - 5.03%
- Greek Cypriot - 4.88%
- Black Other - 4.26%
- Indian - 3.16
- Turkish Cypriot - 1.91%
- Bangladeshi - 1.79%
- Kurdish - 1.31%
- Greek - 0.91%
- Pakistani - 0.84%
The 2011 Census also collected information on the ethnicity of people in the Borough. The approach of the Census was slightly different to that of the GLA, and therefore ethnic groups have been grouped together slightly differently. In the Census, the 'White' group contains individuals who are either 'White British', 'White Irish', 'White Gypsy or Irish Traveller', or 'White: Other', where 'Other' includes any individual who self identifies as 'White' but who does not identify as British, Irish or Gypsy / Irish Traveller. This group can therefore include individuals from an array of countries, including Turkey, Greece and Poland.

If we now consider this Census data, we can see that the level of ethnic diversity of the population varies from ward to ward in Enfield. For example, whilst around 80% of the population in Town, Grange and Highlands wards are classified as 'White', this figure drops to around the 40% mark in Lower Edmonton, Upper Edmonton and Edmonton Green.
If we look at the make-up of the two wards sitting at the opposite ends of the spectrum, in terms of ethnic diversity, we can see how local population characteristics can vary massively between areas that are geographically very close to one another.

Firstly we see that in Town ward, 82% of the population are classified as ‘White’, with the only other significantly sizeable ethnic group being ‘Other’, which sits at 6.8%. However, just over 2 miles away in Edmonton Green, only 39.4% of the population is classified as ‘White’, with 19.5% of the population classified as ‘Black African’, 9.7% ‘Black Caribbean’, and 13.0% as ‘Other’.

Source: 2011 Census
Enfield, Ethnic Group by Age – Under 15: 2011

- White: 53.2%
- Black Carribean: 5.7%
- Black African: 17.2%
- Black Other: 1.4%
- Indian: 2.2%
- Pakistani: 0.9%
- Bangladesh: 3%
- Chinese: 0.4%
- Other Asian: 2.7%
- Other: 13.3%

Source: 2011 Census


- White: 58.9%
- Black Carribean: 6%
- Black African: 9.2%
- Black Other: 5.7%
- Indian: 3.4%
- Pakistani: 0.9%
- Bangladesh: 1.6%
- Chinese: 0.8%
- Other Asian: 4%
- Other: 9.6%

Source: 2011 Census
Ethnic diversity also varies significantly by age range.

Residents aged 65 and over, predominantly classify themselves as ‘White’ (83.11%), ‘Black Caribbean’ (4.94%) or ‘Indian’ (3.59%).

For residents aged 15 - 64, the profile changes. Whilst residents classifying themselves as ‘White’ still make up a majority (58.87%), and the proportion of ‘Black Caribbean’ remains sizeable (6.01%), the proportion of ‘Black African’ residents increases significantly (from 1.17% to 9.16%) as does the proportion of residents classified as ‘Other’ (9.55%).

Finally, for the Borough’s youngest demographic - those aged under 15 – the proportions are different again. Young people declaring themselves ‘White’ again make up the majority, but once more, the size of the majority decreases, falling to a total of 53.21%. This compares with a large increase in those declaring themselves as Black African (17.22%) and ‘Other’ (13.28%).
Indeed, such is the diversity of Enfield’s population that, in their responses to the 2012 School Census, conducted by the local education authority, Enfield pupils recorded themselves under 97 different ethnic codes.
In 2011, a total of 2086 people attended British Citizenship ceremonies in Enfield. All adults wishing to become British citizens in the United Kingdom are required to attend a ceremony, usually in their local area.

Over the last two years, Enfield has witnessed a decline in the number of people being granted British citizenship. Having peaked at 2930 in 2009, the latest figure represents a subsequent decline of close to one thousand.

This decline in people attending citizenship ceremonies has been replicated across London, where the total figure of 52,837 for 2011 compares to the figure for 2009 of 63,640. Indeed, only the London Borough of Sutton has seen an increase in numbers since 2009.

Similarly, nationally, the 2011 figure of 131,294 compares to a 2009 figure of 151,941 – a fall of close to 14%.
Religion
As is to be expected from a Borough with a population as diverse as Enfield's, the Borough is home to a myriad of religions.

Religions in Enfield: 2011

According to the 2011 Census, the most prevalent religion in the Borough is Christianity, with just over half of residents (53.6%) identifying this as their choice of faith. Alongside Christianity, 16.7% of residents identify themselves as Muslim, and 15.5% of residents state they have no religion.

Religions in Enfield: 2001

If we compare the 2011 Census results with those of the 2001 Census, we can see that the changing demographic nature of the resident population is having an effect upon the religious make-up of the area. Christianity has declined by around 10% over the last decade, whilst Islam has increased by around 7% over
the same period. The proportions of people belonging to the other major religions has seemingly remained around the same during this time, although the number of people citing ‘No Religion’ has increased by just over 2%.

**Household Incomes**


In 2012, the average resident in Enfield earned £554.80 a week, before any deductions. This figure of £554.80 compares unfavourably with the London average, which, during the same period, was close to sixty pounds higher at £613.30.

When we consider average household income in Enfield, it is important that we are aware of the stark geographical differences that exist in the Borough. It is apparent that there is a considerable divide between wards in the east and west of Enfield.
By way of example, median income estimates, provided by CACI Ltd, suggest that whilst the average household in Winchmore Hill ward is earning just over forty thousand pounds a year (£41,119), the average household in Edmonton Green ward is earning barely half this amount (£21,085).

Indeed, such is the stark nature of the geographic divide, that, according to CACI’s 2012 figures, of the ten wards with the lowest median income per household, all ten are found in the east of the Borough.

Source: Greater London Authority
Further proxy measures for income also highlight the income disparity that exists in the Borough. The Claimant Count, which tells us how many individuals are claiming Job Seekers Allowance (JSA) – payable to anyone aged over 18, but under pensionable age, seeking full time work – shows that as of January 2013, Enfield was home to 10,146 claimants.

Again, of the ten wards with the highest number of claimants, all ten are found in the eastern portion of the Borough. Of all individuals claiming JSA, two thirds (68.3%) live east of the A10 road.

With only 2.7% Highlands ward is home to the lowest proportion of residents claiming JSA, whilst at the other end of the spectrum, 19.7% of residents in Edmonton Green are claiming JSA.

Similarly, take up of Council Tax Benefit or Housing Benefit – both income dependent benefits - ranges from 50% of households in parts of Edmonton down to 15% in areas of western Enfield.

Further information on this topic is available from: Enfield Employment and Skills Strategy

Employment and Unemployment

Employment Rate: 2004 – 2013

Figures for April 2012 to March 2013 show that the rate of employment in Enfield is 67.0%. This is the eleventh lowest rate in London - well below the London average of 69.5% and the England average of 71.1%.

At the same time, the economic activity rate in Enfield was 74.7.0%. This is the tenth lowest rate in London – just below the London average of 76.4% and the England average of 77.3%.
Unemployment in Enfield rose markedly in the early 2000s and is now consistently above both the London and England averages. As of March 2013 Enfield's rate was 9.3% compared to 9.1% for London and 8.9% for England.

One of the key indicators outlining the level of worklessness is the Department for Work and Pensions (DWP) Working-Age Client Group figures. These figures include not only, job seekers allowance claimants, but also bereavement benefit, carer's allowance, disability living allowance, employment support allowance and incapacity benefit, severe disablement allowance, income support, and widow's benefit.

Proportion of Working age Population Claiming Benefits: February 2013
At February 2013, Enfield’s caseload as a proportion of the estimated working age population was 15.9%, compared to 13.2% in London and 13.9% in England. Enfield had the joint 107th highest rate of the 326 local authorities in England and the joint 6th (with Haringey) highest of the 32 London boroughs.


Within Enfield, the working-age client group figures vary hugely between wards. Whilst Grange ward has a rate of only 7.5%, and Bush Hill Park, Cockfosters and Winchmore Hill wards all have rates around 10%, the wards of Enfield Highway, Enfield Lock, Haselbury, Turkey Street, Upper Edmonton, Lower Edmonton and Ponders End all have rates above 20%, whilst Edmonton Green ward has a rate of almost 30%.
Employment – Mental Health

Adults in Contact with Secondary Mental Health Services, in Paid Employment: 2009/10 – 2012/13

Source: Adult Social Care Outcomes Framework

Please note that data for 2012/13 is currently provisional

As of 2012/13, a total of 4.0% (60 from a base of 1485) of adults who were in contact with secondary mental health services (services provided by medical specialists who generally do not have first contact with patients), living in Enfield, were in paid employment. This rate was above that seen in 2011/12 but below that seen in 2010/11.

Adults in contact with secondary mental health services in paid employment: London - 2012/13

Source: National Indicator 150

Please note that data for 2012/13 is currently provisional
In a London context, Enfield has the seventh lowest employment rate for adults who are in contact with a secondary mental health service. The rate is significantly beneath that seen, on average, across both London and England.

**Employment – Learning Disabilities**

**Adults with learning disabilities in employment (%) – Enfield: 2009/10 – 2012/13**

![Bar chart showing employment rates for adults with learning disabilities in Enfield from 2009/10 to 2012/13.](chart1.png)

Source: National Indicator 146

Please note that data for 2012/13 is currently provisional.

As of 2011/12, a total of 16.2% of adults (140 from a base of 870) who had a learning disability, living in Enfield, were in paid employment. This figure was the highest seen in recent years.

**Adults with learning disabilities in paid employment: London – 2012/13**

![Bar chart showing employment rates for adults with learning disabilities across London boroughs.](chart2.png)

Source: National Indicator 146

In a London context, Enfield has the third highest employment rate for adults who have a learning disability. Only the Boroughs of Harrow and Bexley perform better than Enfield.
**Deprivation**

Deprivation can be considered to be a key determinant of health. The Index of Multiple Deprivation (IMD) measures deprivation, by combining a number of social and economic indicators.

Using the 2010 IMD – which relies on data from 2008 - on almost all indicators Enfield is one of the most highly deprived Outer London boroughs. In a Greater London context Enfield fares better than many inner London Boroughs, and is therefore ranked as the 14th most deprived London Borough, out of 32. Nationally, Enfield is ranked 64th most deprived out of the 326 local authority areas in England.

**Deprivation in Enfield, Position Nationally, by Ward: 2010**

Within the Borough of Enfield itself, the most deprived wards, in rank order, are Edmonton Green, Upper Edmonton, Lower Edmonton, Ponders End and Turkey Street.

Such are the levels of deprivation in the three Edmonton wards that all three are within the most deprived 10% of wards in England. Twelve of Enfield’s twenty-one wards are in the most deprived 25% of wards in England.

More detailed analysis at super output area (SOA) level shows increasing polarisation within Enfield. Previous IMD figures indicated that Enfield had 13 SOAs in the worst 10% of areas in England. The latest figures show this number has now increased to 19. Conversely, the number of SOAs in Enfield included in the least deprived half of the country has increased from 52 to 54.

Overall, the proportion of Enfield’s population who are living within the most deprived 10% of areas throughout the country as a whole has increased from 7.0% to 10.3%.

Further information on this topic is available from:

- **Enfield Child and Family Poverty Strategy: 2012**
- **Enfield Employment and Skills Strategy**
- **Improving Health and Wellbeing in Enfield, the Annual Report of the Director of Public Health 2012**
Child Poverty

The Children in Low-Income Families Local Measure (formerly the Revised Local Child Poverty Measure or National Indicator 116) shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income.

This measure provides a broad proxy for relative low-income child poverty as set out in the Child Poverty Act 2010, and enables analysis at a local level. Statistics are published at various levels of geography providing an annual snapshot as at 31 August from 2006 onwards.

Enfield’s rate, for all dependent children under the age of 20 at August 31 2011 was 32.5%. Enfield’s rate compared to an England average of 20.1% and a London average of 26.7%. Enfield’s rate was the joint 11th highest in England and the 8th highest in London.

As with deprivation amongst adults, deprivation amongst children varies wildly depending upon geography.

Source: HM Revenue and Customs – Child Poverty Unit

More detailed analysis at LSOA level shows child poverty levels are at their highest in the east of the Borough. Of the 100 LSOAs with the highest rates of children in low-income families in London, 4 are found in Enfield, all to the east of the A10. This figure of 4 is the highest for any Outer London Borough.

Only 6 other London Boroughs had more LSOAs in the worst performing 100 - these were Hammersmith and Fulham (5), Hackney (7), Camden (9), Westminster (13), Islington (14) and Tower Hamlets (28) - all of which are Inner London Boroughs.

Further information on this topic is available from:

Enfield Child and Family Poverty Strategy: 2012
A household is said to be suffering from fuel poverty when it is spending over 10% of its income on heating the home to maintain a healthy temperature. Fuel poverty is caused by a combination of low income levels, increasing fuel costs and poor energy efficiency.

In Enfield, the latest figures, for 2010, show that 12.0% of households in the Borough are suffering from fuel poverty. In a national context this is not particularly high; however, further examination of the figures does reveal some cause for concern.

Firstly, Enfield’s figure of 12.0% puts the Borough above the London average of 11%, and makes its fuel poverty rate the fifth highest in London. Only Barking and Dagenham, Waltham Forest, Havering and Newham have higher rates.

And, secondly, Enfield has a total of 13,124 households in fuel poverty. This is the fourth highest figure in London, and puts Enfield within the worst 25% of districts nationally, in terms of the number of fuel poor households.
Households in Fuel Poverty (%), by Ward: 2009

If we look at ward figures, taken from 2009, we can see that 17 out of the Borough’s 21 wards exhibit fuel poverty levels above that seen in London as a whole. However, all wards are performing better than the England average.

The geographic distribution of fuel poverty shows higher levels of fuel poverty are seen on the east of the Borough. Upper Edmonton, Haselbury, Lower Edmonton and Ponders End wards have the highest level of fuel poverty, whilst Southgate and Highlands wards have the lowest. Of the worst performing seven wards, all seven are found to the east of the A10 road.
Homelessness

Number of Homeless Households, by London Borough – 2012/13

As the Annual Public Health Report from 2012 states, "Lack of secure, permanent accommodation is a major stress factor and contributor to poor health and Wellbeing". In Enfield, in 2012/13, 551 households were identified by the Council as being statutory homeless, giving the rate of statutory homeless households as 4.5 – meaning that per 1,000 households, 4.5 were without a permanent home.

Homeless Household rate, by London Borough – 2012/13

In a London context this homeless household rate is fairly low – the 14th highest across the Capital - however in a national context the figure is high – significantly above the national average of 2.37. Furthermore, the count figure of 551 is relatively high, and means Enfield has the 20th highest number of homeless households amongst district and borough councils in England.
To put Enfield’s level of homelessness in a more local context, we can analyse the figures over the last nine years, from the boroughs which previously made up the NHS North London Cluster. All authorities have seen an overall decline in homelessness rates since 2004/05. Enfield’s rate has fallen from a high of 7.3 in 2005/06, to its present level of 4.55. However, over the last four years figures have been increasing steadily in Enfield, Haringey, Islington and Barnet. This trend has also been replicated both in London as a whole and nationally.

Alongside homelessness, many households live in temporary accommodation. The 2012/13 figures for Enfield show that this is the reality for over two thousand (2,143) households in the Borough. This is the seventh highest figure in both London and England as a whole.
The proportion of households in temporary accommodation, per 1,000 households, in Enfield is the eighth highest in London, and considerably higher than the England average of 2.44.

Further details on housing in Enfield, including information on: the Housing Register; Housing tenure; Social Housing; Sheltered Accommodation; and the Rental Market, is contained in the JSNA ‘Place’ Chapter.

Other sources of information include:

Enfield Homelessness Strategy: 2013 (Draft)
Enfield Housing Strategy: 2012 - 2027
Enfield Tenancy Strategy: 2013 - 2018
Asylum

Asylum seekers are excluded from claiming mainstream welfare benefits and, in most cases, from working. They can access support in the form of housing and/or basic living expenses while in the UK through Section 95 support. This is aimed at asylum seekers whose claims are ongoing, who are destitute or about to become destitute, and their dependents.

Enfield, Number of Asylum Seekers Supported Under Section 95: 2006 – 2012

As recently as 2006, Enfield was offering Section 95 support to close to eight hundred asylum seekers, a quarter of who were being provided with accommodation. However, there has been a rapid decline in the number of asylum seekers in the Borough since, and, as of 2012, the number receiving Section 95 support had fallen to 196, with around half of these being provided with accommodation.

Total Proportion of London’s Asylum Seekers in Enfield: 2006 – 2012
In a London context, the proportion of asylum seekers receiving Section 95 support living in Enfield is now the lowest it has been since 2006. Having peaked at close to 11% in 2011, the figure is now 7.7%.

Physical Activity

Introduction including subject of need and overview of topic

Being adequately physically active throughout one’s life is a critical part of being healthy. Compared to those who are inactive physical activity is associated with a 30% risk reduction of all-cause mortality, a 20-35% lower risk of heart disease, 30-40% lower risk of metabolic syndrome and type 2 diabetes, a 36-68% lower risk of hip fracture, 30% lower risk of colon cancer, 20% lower risk of breast cancer, and a 20-30% lower risk for depression and dementia\(^2\).

Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. This is therefore much wider than sport or exercise and encompasses physical activity that can be built into people’s lives without the need to join gyms or sports clubs. Rather daily physical activity can be accumulated through day to day activities, for example by walking, cycling, using the stairs.

Across the UK physical inactivity is estimated to cost the NHS £1.06 billion per year. In England it is estimated that there are further costs from lost productivity and premature death of £6.5 billion per year. In Enfield in 2006/7 physical inactivity was estimated to cost primary and secondary care £3.5 million\(^3\). However, physical activity can also be cost-saving for residents; it is estimated that Enfield residents spend £14 million / year on journeys under 2 miles and £85 million on journeys under 5 miles.

There is a notable discrepancy between the levels of self-reported physical activity and the activity levels recorded via objective measurement. Within the Health Survey for England (HSE) (2008) 39% of men and 29% of women aged 16 and over self-reported meeting the Chief Medical Officer’s (then) minimum recommendations for physical activity in adults. Research using accelerometry data (data collected by an instrument (an accelerometer) worn by study participants, that detects acceleration, and as such can be used to monitor physical activity levels) indicated that only 6% of men and 4% of women met guidelines\(^4\).

Key issues and gaps

There is no robust data on levels of physical activity in Enfield. Applying Health Survey for England data to Enfield would indicated that at least 95% of Enfield residents are insufficiently physically active to enable them to maximise their health (it is important to note that participants in the HSE survey knew that their activity levels were being monitored and may therefore have altered their behaviour).

Over recent decades, the amount of physical activity that people do as part of their day to day lives has declined. Car ownership has increased and levels of walking and cycling have declined, while electrical appliances have considerably reduced the physical exertion required to undertake many household tasks. Many jobs which were previously very physically active have become less active due to the increased use of machinery. The internet, IT and audio-visual equipment have made home entertainment more attractive, often to the detriment of active leisure. As a result we now walk and cycle less, sit down more and move less, and as such we now need to deliberately find ways to add physical activity into our lives.

New UK physical activity recommendations were introduced in 2011 with specific recommendations across the life course\(^5\). For example, the guidance recommends that children under 5 who are able to walk unassisted should be physically active for at least 3 hours (180 minutes) per day, while adults aged 19-64 years are recommended to complete 2 ½ hours (150 minutes) of moderate intensity activity, or 75

\(^2\) Dept. of Health (2011) Start Active, Stay Active: A report on physical activity from the four home countries’ Chief Medical Officers.

\(^3\) Dept of Health (2009) Be Active, Be Healthy. A Plan for getting the Nation moving.


\(^5\) Department of Health (2011) Start Active, Stay Active – A report on physical activity for health from the four home countries’ Chief Medical Officer
minutes of vigorous activity per week. The guidance also includes recommendations around reducing time spent being sedentary, for example minimising time sitting watching TV or using a computer, and reducing use of motorised transport.

Recommendations for consideration by commissioners including short and long term priorities - where appropriate to include prevention options

The greatest benefit of encouraging and enabling people to be more active is to be obtained by doing this with those who are currently the least active; they have the most to gain.

The key to people being more active is not just exhorting this but changing the environment such that being more active becomes the default option. This includes:

- leading by example, so that staff in organisations, for example, see senior personnel walking up stairs and walking to meetings and walking to work from public transport;
- planning and design of the built environment: so that there to be good reasons to walk (such as facilities that people want to use), and so that it is easier and safer to walk outside (for example, making it easier to get across roads, and easier to park some way away so that people walk to places rather than drive to them); and designing buildings so that it is easier to access stairs to walk up a few floors rather than use a lift or an escalator;
- providing promotional posters, notices and information, and working with local media, including social media, to constantly reinforce simple messages about being more physically active – this could include simple examples of benefits;
- working with schools and local employers to establish programmes to increase physical activity;
- encouraging people to use open spaces more for sport and recreation, especially working with voluntary sector organisations, clubs, and local community organisations;
- ensuring that health and social care staff and others, are trained and encouraged to raise the subject of physical activity with clients/patients and that they know where people can be signposted/referred to for help and support.

Who is at risk and why?

Potentially almost every Enfield resident is at risk of poorer health and of premature death because some 95% of Enfield residents are not sufficiently active. This applies to children, young people, adults and older people, all of whom have the potential to benefit from an increased amount of physical activity.

Local prevalence /level of need in the population

As above, some 95% of the population is not active enough to gain the maximum benefit for their health. However, there is also a need to recognise that the greatest benefits from physical activity are from those who change from no activity to some activity.

Current services (including quality assurance) and assets in relation to need including information and advice - costs where possible

There are a number of resources in Enfield available to increase people’s levels of physical activity. However, to encourage and enable population level change in physical activity levels it will be necessary to re-design physical environments to make physical activity more accessible and convenient as part of everyday living activities.

Community resources – input into services and interventions to improve outcomes – local offer

As above. However, it remains that such services do not reach significant proportions of the population.

Projected service use and outcomes in 3-5 years and 5-10 years

The majority of physical activity that people undertake to improve their health can be part of everyday life and should not require the use of resources such as gyms and swimming pools. While these facilities are of great value to the minority of the population who use them, the majority of the population can easily increase their physical
activity by walking more (which can include things such not using a car for short trips and getting off a bus one stop earlier); and using stairs and not lifts, and walking on escalators'. Unless steps are taken to reverse the elimination of physical activity from everyday life current levels of physical activity are likely to remain.

Evidence of effective interventions - what works and makes a difference e.g. NICE and other local actions that evidence effectiveness

There have been 4 NICE Public Health guidance completed in the field of physical activity:

- **Four commonly used methods to increase physical activity** (NICE, 2006). This guidance focused on brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling. The review found a lack of evidence of effectiveness and recommended that they should only be implemented as part of a research programme (i.e. when properly evaluated).

- **Physical activity and the environment** (NICE, 2008a). This guidance recommends that planning the physical environment should include plans to ensure that people are able to be physically active and assessment of planning on people’s ability to be physical active. When planning roads, prioritisation should be given to enabling people to be physical active over motor vehicle use. Ensuring that public open spaces are accessible by foot and bicycle, that internal design of buildings should make being active easy and that schools have an environment that is conducive to physical activity. This approach is supported by Manual for Streets, a design guide for planners and highways engineers to ensure design of people friendly street environments.

- **Promoting Physical Activity in the Workplace** (NICE, 2008b). This guidance recommends that organisations should have as part of wider health and wellbeing plans, actions to promote physical activity amongst employees. This should be a multifaceted programme including policy, environmental, provision and incentive measures).

- **Promoting Physical Activity for Children and Young People** (NICE, 2009). This guidance recommends promoting the benefits of physical activity and encouraging participation, ensuring high-level strategic policy planning for children and young people supports the physical activity agenda, consultation with, and the active involvement of, children and young people, the planning and provision of spaces, facilities and opportunities to be active, the need for a skilled workforce, promoting physically active and sustainable travel.

Public and user/patient and carers views including quality assurance

No consultation with the public / carers has taken place.

Equality Impact Assessments – predictive and retrospective and any planned assessments

No EQIAs have been undertaken on physical activity

Impact on other areas

Increased physical activity would have a significant impact upon other health areas (see above). Increased physical activity through increased active transport would also impact other areas including child poverty.

Unmet needs and service gaps

Lack of physical activity is a whole population issue. 95% of Enfield residents are insufficiently physically active in their everyday lives and this is detrimental to their health, increasing their risk of developing one or more significant long-term conditions including dementia, obesity (and its various complications), heart attack. This will not only lead to increased levels of illness and to premature deaths but increase the cost of health and social care services.

Physical inactivity will also have a detrimental impact upon productivity, due to increased illness and absence rates and reduced physical fitness, thereby reducing the borough's prosperity.
People do not just need to be encouraged to be more physically active but the increasingly obesogenic environment which we are creating needs to be changed to make it easier for people to be more active. Ways to achieve this can be as simple as having good signage to stairs in buildings and well-sited posters and messages explaining the benefits of using stairs rather than lifts and escalators. Environmental changes also include making it easier for people to access open spaces to walk and play in.

**Recommendations for consideration by commissioners**
Physical activity needs to be built into the environment including buildings, transport and town planning.

**Recommendations for further needs assessment work e.g gaps in knowledge**
As above.

**Additional Information on Physical Activity**
Physical activity levels are low across the country; with only 21.6% of adults meeting the 5 x 30 minimum recommendation. The gender split is 23.6% men and 19.0% women.

**Physical Activity Levels - Individuals Taking Part in a Minimum of 5x30 minutes exercise each week: October 2010 – October 2011, London Boroughs**

In Enfield, estimates of levels of physical activity suggest that the majority of adults in Enfield are performing worse still, placing the Borough in the worst quintile nationally. Only 18.6% of residents are estimated to meet the recommended minimum activity rate. This is below the Greater London average of 20.4%, although slightly above the North London average of 18.5%.
Contribution of Activity to Exercise: October 2010 – October 2011

- **Sport** - 40.2%
- Recreational cycling: 1-3 sessions in the previous 28 days - 0.4%
- Recreational walking - 24.7%
- Active walking for travel - 18.2%
- Active cycling for travel - 0.7%
- Dance - 3.3%
- Gardening - 12.5%

Source: Active People Survey

For those individuals partaking in 5 x 30 minutes of exercise a week, the breakdown in activities is provided above. 40% of exercise is sport related.

Physical Activity Levels – Individuals Taking Part in no exercise each week: October 2010 – October 2011, London Boroughs

At the other end of the spectrum are those individuals partaking in no exercise at all. In Enfield, the figure for 2010/11 was 33.5%. This is above the London average of 31.2%, and places Enfield 12th worst in London as a whole.

Further information on this topic is available from:

- [Everybody Active Strategy](#)
- [Improving Health and Wellbeing in Enfield, the Annual Report of the Director of Public Health 2012](#)
- [Sustainable Modes of Travel Strategy](#)
- [Transport in Enfield](#)
Qualifications

Qualification Levels in Enfield: 2005 – 2011

The latest estimates, based on the Annual Population Survey, suggest that 37% of Enfield’s resident, working-age, population are qualified to NVQ4 level, or higher. NVQ 4 Level is equivalent to that of a BTEC Higher National Certificate, a Higher National Diploma, a City and Guild Full Technological Certificate/Diploma, or a Certificate of Higher Education (awarded after 1 years full time study at a university).

This figure is above the England average, which stands at 32.7%, but someway below that seen in Greater London, where the figure is 45.9%.

Proportion of Population Aged 16-64 Qualified to NVQ4 or Above: 2005 – 2011

Over recent years the proportion of residents with NVQ4+ qualifications has increased gradually, in line with that seen elsewhere across the country. As recently as 2005 the figure was as low as 28.2%.
However, the Borough has been out-performed by London as a whole, which has seen levels improve year on year since 2005, where the figure had been 33.8%.

Proportion of Population Aged 16-64 with No Qualifications: 2005 – 2011

![Graph showing the proportion of population aged 16-64 with no qualifications from 2005 to 2011 for Enfield, London, and England. The graph shows a decline in the proportion for all regions, with Enfield's performance outstripping both regionally and nationally.](image)

Source: Annual Population Survey

At the other end of the spectrum, the proportion of residents estimated to have no qualifications at all, continues to fall. In Enfield, from a high of 14.9% in 2008, the figure has now fallen to 8.7%. This trend has been replicated across London and the country as a whole, where the respective figures are 9.3% for London and 10.4% for England; although Enfield’s recent strong performance has out-stripped that seen both regionally and nationally.

Proportion of Enfield’s Population with No Qualifications, by Ward: 2011

![Map showing the proportion of population with no qualifications by ward in Enfield in 2011. The map uses different shades to indicate the percentage of residents with no qualifications, with darker shades representing higher percentages.](image)

Source: 2011 Census
Alongside the data taken from the Annual Population Survey, the 2011 Census results also allow us to explore qualification levels at ward level. We can see from this analysis that there is a significant geographical divide, in terms of qualifications, in Enfield.

Wards in the west of the Borough tend to have more highly qualified (academically) residents, whilst those in the east tend to be home to greater numbers of residents with lower qualifications, or no qualifications at all.

By way of example, 42.9% of Winchmore Hill ward’s population is qualified to Level 4 or higher (equivalent to a Certificate of Higher Education), with only 9.6% of the population having no qualifications. However, in Edmonton Green, Turkey Street and Enfield Highway wards, fewer than 20% of the population are qualified to Level 4 or higher and over 30% of the population have no qualifications.

To put these figures in context, the Census revealed that nationally, 27.4% of people are qualified to Level 4 or higher, with only 22.5% having no qualifications. Furthermore, in London, qualification levels tend to be higher, with 37.7% of residents being qualified to Level 4 or higher, and only 17.6% or residents having no qualification at all.

Further information on this topic is available from:

- Enfield Employment and Skills Strategy
- Schools Information

**Carers**

The 2011 Census contained a question asking how much unpaid care an individual provides each week. The responses were broken down into four categories:

- Those who provide no unpaid care
- Those who provide 1 to 19 hours of unpaid care per week
- Those who provide 20 to 49 hours of unpaid care per week
- Those who provide 50 hours or more of unpaid care per week

The provision of unpaid care is important because not only does it make a crucial contribution to care supply, it also affects the employment opportunities and social activities of those doing the caring.

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**London, Proportion of Resident Population Providing Some Unpaid Care: 2011**

![Graph showing the proportion of resident population providing some unpaid care in different wards in London.](Image)

Source: 2011 Census
In Enfield, the Census reveals that 8.84% (a total of 27,624 people) of residents are providing at least one hour of unpaid care a week. This figure is down from that taken from the 2001 Census, where 8.92% or residents provided some unpaid care each week. The London average is 8.44%, meaning Enfield places 10th on London overall. The figure for England is 10.24%.

London, Proportion of Resident Population Providing 50+ Hours of Unpaid Care: 2011

Further analysis shows that 1.98% (6,194 people) of Enfield’s population are providing 50 hours or more of unpaid care per week. This figure is up from that seen in 2001, where the rate was 1.77%. The London average is 1.83%, meaning Enfield places 10th in London overall. The figure for England is 2.37%.

Proportion of Enfield Residents Providing 50 Hours or More of Unpaid Care per Week, by LSOA: 2011

Source: 2011 Census
As the Carer’s information is based around data gathered from the Census, we are able to look more closely at smaller geographic areas, known as Lower Layer Super Output Areas (LSOAs). In this instance, we can see that a small area in Haselbury Ward is home to one of the highest figures for carers, as a proportion of the population, providing 50 hours or more of unpaid care weekly, in the entire country. According to the Census, the LSOA with the code LSOA Enfield 027E (situated in Haselbury ward) has a population of 1,330 people. Of these people, a total of 50 provide 50 hours or more of unpaid care each week. This is equivalent to 3.76% of the area's population, and means Enfield 027E has the 38th highest rate in London, out of 4835 LSOAs in total.

Further information on this topic is available from:

Enfield Carers Strategy: 2012 - 2015 (Executive Summary)
Enfield Joint Carers Strategy: 2013 - 2016

Access to a Car or Van

The 2011 Census asked people to comment on their level of access to private transport. Households were asked specifically if they had access to a car or van, and if so, how many cars or vans.

Proportion of Households with no Access to a Car or Van: 2011

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Source: 2011 Census

In Enfield, 32.5% of households have no access to a car or van. This is below the London average of 41.6% but above the England average of 25.8%.
Looking more closely at Enfield, it is apparent that areas to the east of the Borough have far more limited access to a car or van. Residents with no access to a car or van are consequently more reliant on public transport and may be more at risk of social isolation. This is particularly true of older residents.

Further information on this topic is available from:

Enfield Transport Strategy
Sustainable Modes of Travel Strategy
Transport in Enfield