DEVON & SOMERSET
FIRE & RESCUE SERVICE

Equality Impact Assessment

Community Risk Management Plan 2022-2027

Devon and Somerset
Fire and Rescue Service

November 2021

Contents

1 SUMMARY

For a Community Risk Management Plan (CRMP) to impact on those it serves, it needs to make the community safer, evidenced by data, and reduce feelings of concern that people have. The way in which the Service does the work to make that happen, impacts on its staff.

From the CRMP pre-consultation, concerns about dwelling fires and road traffic collisions feature at the top of concerns in the community, together with concerns about help not being available when needed such as limited firefighter availability and slow response times. The concerns people have, or their likelihood to take action to mitigate risks, depends on their level of risk awareness and their feeling of being responsible. Respondents to the pre-engagement survey more often than not, had done 'nothing' in relation to mitigation of risk.

The impact risks will have on people, both in the community and in the organisation, can be mitigated by preparing communities for incidents through raising awareness, supporting resilience and providing training or equipment. Reassurance that the Service has the resources and expertise to provide a sufficient and timely response is key. When participants of the survey were asked about what the Service could do to reduce concerns, the largest single theme was around being more engaged or pro-active with communities. This was followed by promoting the work that the Service does more, improving the website and having more or enough staff available. Business owners believe that the Service needs to consult with businesses more regularly to support them in managing risks.

This document articulates in detail the different risk groups in Devon and Somerset, the strategic intent of the Service to mitigate risks to these groups and what impact the CRMP will have on these groups.

Overall, the proposed actions to mitigate the risks contained in the CRMP will have a positive impact on all members of our community. Some more positive than others, but all leading to a safer place to work and live. **No negative impacts were identified.**

2 PURPOSE

Equality legislation, in particular the Public Sector Equality Duty, requires public services to assess the impact of changes made to processes and services to ensure any impact and equality-related risks on staff and community are identified and mitigated. This assessment identifies whether changes suggested within the Community Risk Management Plan 2022-2027 will have a disproportional impact on people with certain protected characteristics.

In line with our values and code of ethics, Devon and Somerset Fire and Rescue Service takes this duty further by undertaking a full people impact assessment to ensure impact is known and mitigating actions are identified whether or not it involves people with protected characteristics. This assessment involves completion of an Equality Impact Assessment, an evidence-based analysis tool which is completed to ensure and evidence that the service does not unlawfully discriminate and that it positively fosters good relations with underrepresented groups, in line with the Public Sector Equality Duty 2011.

Undertaking the equality impact assessment and equality of access assessments helps to ensure that the CRMP process is:

- mitigating the risk of inequality and/or discrimination detrimentally impacting a risk group or individuals
- eliminating the risk of unconscious bias and/or discrimination inadvertently influencing decision making and/or resource allocation
- fully considering and understanding the needs and expectations of diverse communities and groups (including employees);
- ensuring that the Service is meeting its legislative duties linked to supporting equality and inclusivity; and
- supporting the strategic objective, the Service will have embedded within its overall strategy, of ensuring inclusivity in all the services provided to its communities and employees.

This equality impact assessment is based on perceptions of the community and staff as expressed in the pre-consultation survey and online community. These perceptions will be taken into consideration when drafting the Community Risk Management Plan 2022-2027 and the actions which mitigate the risks identified.

A public consultation will take place late 2021 to ensure that the information provided by communities in Devon and Somerset has been accurately interpreted and are reflected in the CRMP. Consultation results will inform an updated equality impact assessment used for decision making towards the final version of the CRMP. When the final version is agreed, the equality impact assessment will also be finalised, reflecting the impacts of the plan as it is put in place and any actions which need to be monitored.

3 Equality risk and benefits analysis methodology

The CRMP relates to the Service's external and internal operating environment, the risk groups in its community (including residents and firefighters), assets or things that could be harmed.

This analysis considers the impact of the changes on all groups affected, namely:

- all communities in Devon and Somerset counties (in the Service's area)
- visitors to the counties
- Devon and Somerset Fire and Rescue staff
- Authority members
- Devon and Somerset local authorities
- emergency and blue light partners
- other community partners
- representative bodies

In April 2021, the Service commissioned DJS Research Ltd (DJS) to support an engagement process. DJS provided support in three core ways.

1. Management and delivery of a qualitative online community with a selection of key audiences which the Service had identified a requirement to hear from in-depth
2. Analysis of quantitative data generated by a survey designed, delivered and hosted by the service.
3. Provision of telephone surveys to ensure accessibility of the above survey to those who were unable or preferred not to complete the survey online – these were carried out by a team of specialist telephone interviewers.

To ensure that this engagement was open to as many residents as possible, no quotas were set on participation and no upper limit to the number of responses was instituted.

The survey was open from 8 April to 20 May 2021 and resulted in 1,694 responses. This includes a number of participants who were supported to complete the engagement survey by telephone as well as those who completed online.

Due Covid-19 restrictions it was not possible to undertake face-to-face engagement events in a safe and practical way. Instead, the survey was hosted on the Service's website and used a responsive design to ensure accessibility on all devices (smartphones and tablets as well as laptop or desktop computers). In addition, a dedicated phone number for the engagement was shared through posters and press releases. The engagement itself was promoted via a range of channels by the Service team.

In addition to results from the engagement survey, this analysis has been written with input from the documents listed in Appendix 2.

The analysis is also based on community profiling and an analysis of attended incidents over the past five years in the affected communities, including road traffic collision incident data for period 1 May 2016 to 28 February 2021 and data collected by the police taken for the period 2015-2019.

Details of the population in relation to protected characteristics was retrieved from census (2011) data. Estimates have been based on this data as 2021 census data was not available at time of publishing this analysis.

Although there is some data on sexual orientation from the 2011 census, this was limited to registered same sex partners (same sex marriage was not legal at the time of the census). Registered partnerships only accounts for a small percentage of the LGBT population. No further data was available, but the distribution of registered partnerships suggests that LGBT population percentage is higher in urban areas. To ensure their opinions are included in the consultation, specific LGBT groups need to be approached.

4 Devon and Somerset communities

The first step when considering a strategy for service delivery is to identify whether there are good reasons for interventions. In the context of managing risks, there may be specific demographics, health issues or socio-economic problems that may make action worth considering. Interventions should tackle as directly as possible the identified socio-economic problems (4.3) and specific public concerns (4.4), together with the specific causes and consequences of the risk. Consequently, options should be generated that address both the risk itself as well as the concerns that have been expressed.

4.1 Demographics

The counties of Devon and Somerset cover an area of 10,170 km^2 (3,926 square miles), mainly rural areas containing large towns and cities located remotely from each other. 1,762,900 people live in the area, resulting in a population density of 173 per Km^2, one of the lowest in England.

Both counties contain a large number of small towns and villages connected by a network of B and C class roads and a complicated network of narrow lanes. Agriculture is the dominant land use across the region. Across both counties are a number of high and often remote areas which include Dartmoor and Exmoor.

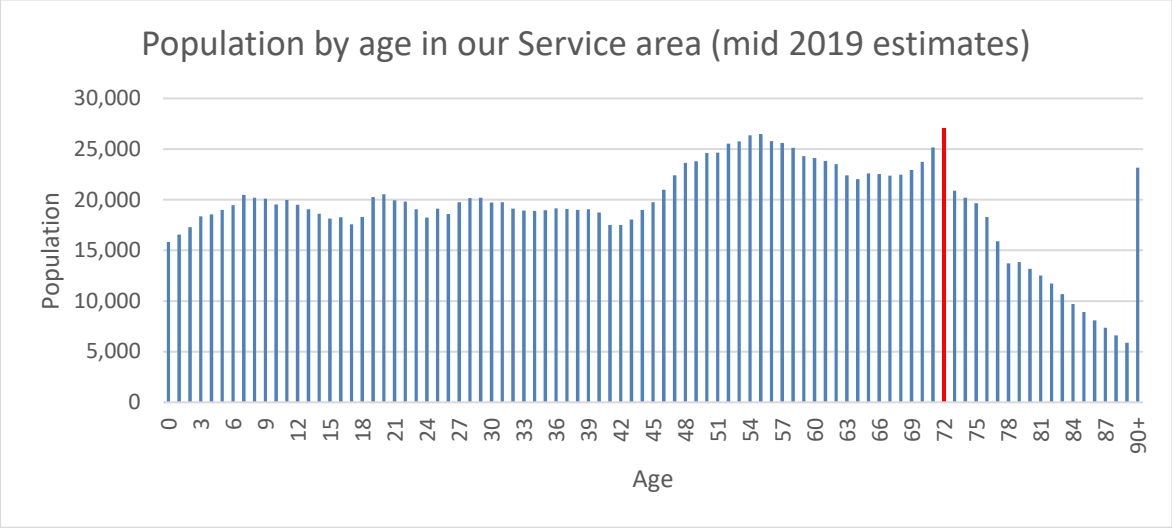
The total coastline which falls under the jurisdiction of the service is 659 miles, divided between the north and south coasts of Devon and the north western perimeter of Somerset.

The population of Devon and Somerset is expected to grow by just over 100,000 in the next decade, partly as people are living longer due to improvements in healthcare and technology. This means that the profile of the population of both counties will alter.

Besides the people living and working in Devon and Somerset, the counties have high numbers of visitors and holiday makers each year (1.1m in 2017), which means that at certain times (mainly in spring and summer) and certain places (coastal resorts, Exeter) the number of people present is far more than the census data for population would indicate.

Age

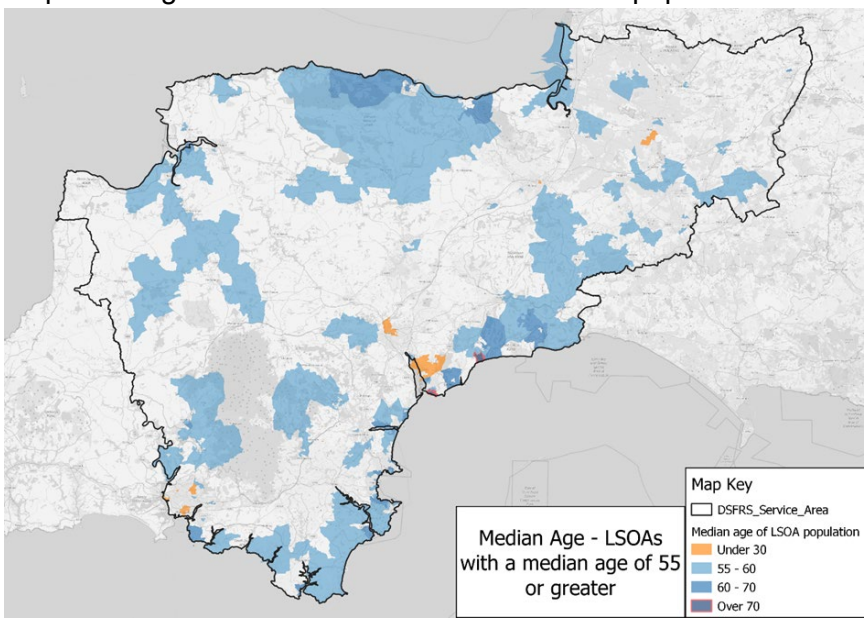
Of the total population, 24% were aged 65 and over with 3% (just under 60,000) aged over 85. 19% of the population was aged under 18 in June 2019.
The most common age as estimated by the Office of National Statistics (ONS) was 72, for the 2019 mid-year estimates this was those born between July 1946 and June 1947 (almost immediately after the end of World War 2).



This distribution partly reflects the attraction of the counties as a retirement destination, and also the post-war baby-boom generation reaching retirement age.

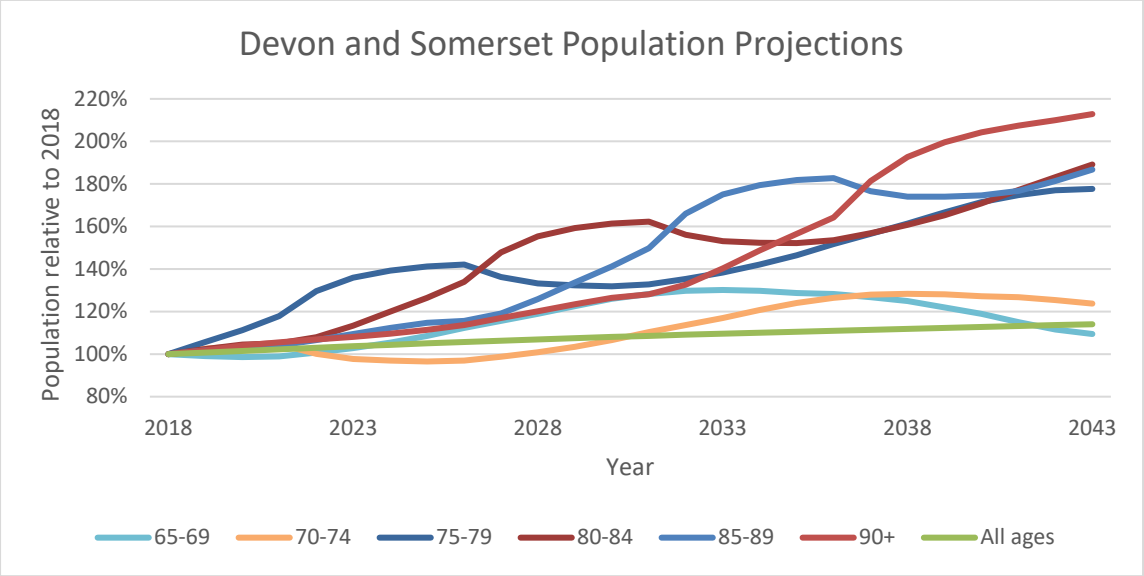
There are slight variations between areas. Compared to rural areas (West Devon 24-28%, Somerset 24-26%, South Hams 29%, East Devon 31% and Torbay, 27%), urban areas with universities or areas with large military establishments or large, prestigious schools tend to have a lower percentage of over people 65 (Plymouth 19%, Exeter 16% and Yeovil 19%).

Map showing areas where more than half of the population are over the age of 55 and over.



Over the next 20 years the population of Devon and Somerset is likely to change. Office for National Statistics estimate that by 2025 the whole population will have increased by 5% and by 2043 it will have increased by 14%. This increase is not uniform across all areas and age groups.

The very elderly age groups are likely to increase most significantly as the post war baby boom generation age (the pattern on the chart below is that group moving up through the ages). The population aged 75-79 is likely to increase by about 40% in the next few years, while by 2043 the population aged over 90 is likely to be more than twice the size it is now.

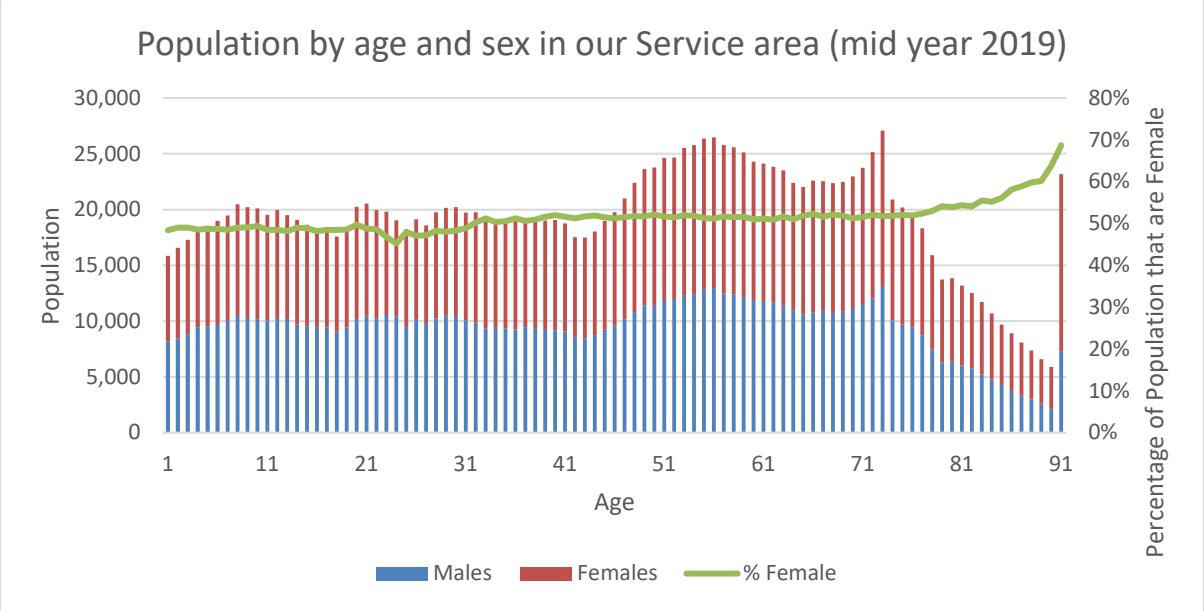


Similarly the population is likely to change in different ways in different parts of Devon and Somerset, Exeter is likely to see the lowest rise in those aged over 90 (but will still see an 80% rise), while Torridge is forecast to rise by 140%.

The ageing population has particular implications for public and care services. Projected estimates, based solely on demographic change, suggest that the number of those over 65 years with limiting long-term illness will increase significantly. There are increases predicted for diabetes, obesity, heart attacks, stroke and chronic obstructive pulmonary disease (COPD) as well as conditions such as falls, dementia, depression, visual and auditory impairments.

Gender

The population aged distribution is not uniform between the sexes, with the oldest ages seeing higher percentage of residents who are female with more than two-thirds of people aged over 90 being female. This is likely linked to the greater life expectancy of women compared to men.

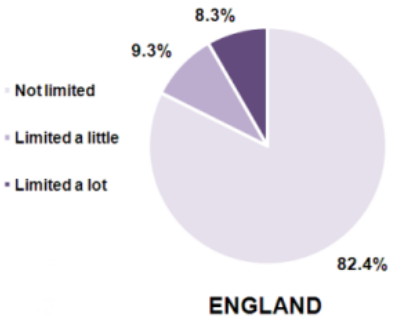


The fact that there are more women in older age groups and that many elderly are living on their own, means that a disproportionate amount of those living on their own will be women.

Disability

As a measure of disability, the census asks a question about having activities limited because of a health problem or disability.

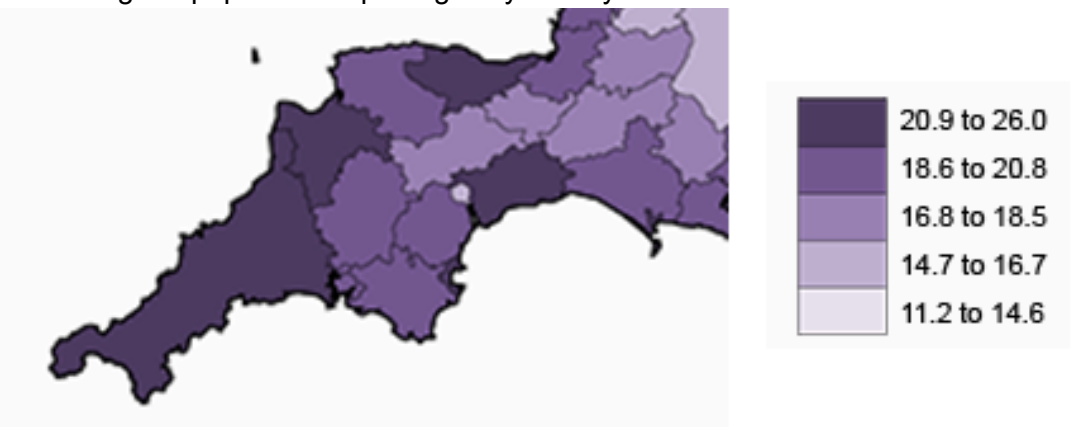
In 2011, the 8.3% of the population of England indicated they were limited a lot and 9.3% said they were limited a little.



In the south west those percentages were 8.3% and 10.2%. However, within the counties of Devon and Somerset in 2011, a higher percentage of 19.8% of the population indicate they had a long-term condition or disability which limited their day-to-day activities a lot or a little. There are differences between areas and these relate closely to areas with greater density of older people.

Exeter, which has also got one of the highest densities of younger people, has an ‘activities limited by a long term health condition or disability’ percentage of 16.7%. This is the lowest of all areas. Torbay, with 24%, is the highest, followed by West Somerset (23.8%).

Percentage of population reporting daily activity limitations in 2011.



A higher proportion of women than men report having a long-term health problem or disability.

As with the increase in the population of people aged over 65 years, there will be increases in the percentage of the population reporting a long term health problem or disability, both mental and physical.

Mental health issues are also on the rise in the general population. Data released in May 2021 from the Office for National Statistics, reveals that depression rates have doubled since the Covid-19 pandemic began and forewarns of a growing mental health crisis in the UK. Particularly concerning is that those in more precarious economic positions or burdened by existing inequalities – young people, women, clinically vulnerable adults, disabled people and those living in the most deprived areas of England – have been disproportionately affected. Despite increasing rates of depression, diagnoses by GPs fell by almost a quarter, suggesting access to mental health care is in decline. Reduced access to care will have long-term implications on mental health and put even greater pressure on health services (source: The Health Foundation).

The percentage of the working age population with a learning disability is likely to remain fairly stable.

The Office of National Statistics published data in 2020 that indicates that people living with a disability are mostly either owner of a house they live in or are renting social housing. The percentage of house ownership increases with age to 61% for the 60-64 years age group. The 45-49 years group is the largest group in relation to living in social rented housing, just over 30%. Of the 25-29 years age group 30% lives with their parents compared to 25% of those without a disability. This drops to 15% in the next age group up.

Marital status, and pregnancy and maternity

The census of 2011 indicated that in Devon and Somerset 16-20% of the population in rural areas was single, 22-32% in urban areas. Around 50% of the population was married (with Exeter at 38% due to its student population) and around 15% divorced or formerly in a same-sex civil partnership which is now legally dissolved. At that time 12-16% of the population was widowed or surviving partner from a same-sex civil partnership (11% in Plymouth and Exeter). The latter group is expected, in line with the ageing population, to

increase. Social trends, with younger generations changed attitude to being single, may also lead to increases in the 'single' group (source: Psychology Today 22 October 2018).

The Civil Partnership Act 2004 came into force in December 2005 allowing same-sex couples to register their relationship for the first time. Since 2006 the Office for National Statistics has published annual statistics on civil partnership formations.

Devon and Somerset are broadly in line with the national average in terms of rates of civil partnership per head of population. Rates tend to be higher in larger urban areas (such as Bristol, Plymouth and Exeter). Male partnership formation also tends to be more prominent in large cities. In 2011, rates of same sex civil partnerships were between 0.15% and 0.25%. Much has changed since then, not least social acceptance towards same sex relationships and implementation of the Marriage (Same Sex Couples) Act 2013, and it is expected that the proportion of same sex relationships will be much higher within the 2021 census data.

Birth rates have decreased in both Devon and Somerset, which, together with an ageing population, will result in a rapid increase of that part of the population aged 65 and above, in other words, retirement age. This is likely to result in difficulties with recruitment of people to staff our on-call stations in certain areas.

Sexual orientation and transgender

The 2017 Annual Population Survey estimates that 2% of UK adults identified themselves as gay, lesbian or bisexual (LGB), representing a statistically significant increase on the 1.5% figure of 2012. The population aged 16 to 24 were the age group most likely to identify as LGB (4.2%). More men (2.3%) than women (1.8%) identified themselves as LGB.

The south west was the region that saw the largest change in the percentage identifying as LGB over the last five years, from 1.4% in 2012 to 2.4% in 2017. The percentage of people who identified as 'other', meaning they do not consider themselves to be heterosexual or straight, bisexual, gay or lesbian, was 0.6%.

In 2017, around 69% of those identifying as lesbian, gay or bisexual (LGB) stated they had never married or entered into a civil partnership. This is a higher percentage than those identifying as heterosexual or straight (34%). Those who had a legal marital status of single may be in same-sex cohabiting couples. In the UK, 0.5% of families were same-sex cohabiting couple families in 2017.

There are no official estimates of the numbers of transgender people at a national or local level. However, in a Home Office funded study, the Gender Identity Research and Education Society estimated between 0.6% and 1% of the UK adult population experience some degree of gender variance.

Ethnic background

Ethnic group classifies people according to their own perceived ethnic group and cultural background. According to the Census, 2011, 97.7% of the population in our counties identify

as white (94.9% ‘white British’ and 2.8% other white backgrounds). On average, only 2.3% identify as ‘people of colour’.

In the urban areas ethnic diversity is more common with Exeter (11.7%) being most diverse, followed by Plymouth (7.1%) and Taunton Deane (6.5%). Rural areas vary between 3 and 6%.

After ‘other white’ backgrounds, ‘mixed/multiple ethnic groups’ and ‘Asian/Asian British’ tend to be the largest groups of ethnic minority population. Larger groups are found in Exeter and Plymouth and sizeable groups in South Somerset, Taunton Deane and Torbay.

Larger groups of Gypsy and Traveller residents were found in the Mendips and Taunton Deane, Plymouth and South Somerset. Some of these residents, due to their travelling culture, may have moved since. However, many may either rent their accommodation or own their own land.

Brexit will have affected EU workers who were working in our counties and many may have returned to their home countries since. The 2021 census will confirm whether this is the case.

English as a second language

Language and being able to communicate effectively is vital to many different aspects of life. For the Service, this could impact when calling 999, applying for a job or interpreting fire protection requirements for a business owner. Being able to communicate can provide someone with the ability to find their place in the world and protect themselves against the risk of fire or road traffic incidents.

Being able to speak, read and understand English will contribute to a safe living and working environment for themselves and others. But also the potential employment opportunities that people have with the fire service, through people being able to make the most of the skills they have, they can contribute more to the economy of an area and safety of those living in it. Being able to talk with those around helps to reduce barriers and improve community cohesion.

At the time of the 2011 Census, 2.5% of the resident population identified themselves as having a main language other than English, higher percentages are found in urban areas like Exeter (7.5%), Plymouth (3.7%) and Taunton Deane (3.5%). Rural areas vary from 1.3 to 2.7%.

Approximately four out of five residents who had a main language other than English indicated that they could speak English ‘well’ or ‘very well’. Highest concentrations of people who could not speak English well or at all were found in the counties’ principal urban areas.

Religion

On average 62% of the Devon and Somerset population identified as Christian in 2011. Christianity is slightly more prevalent in older people. Some of the highest concentrations are

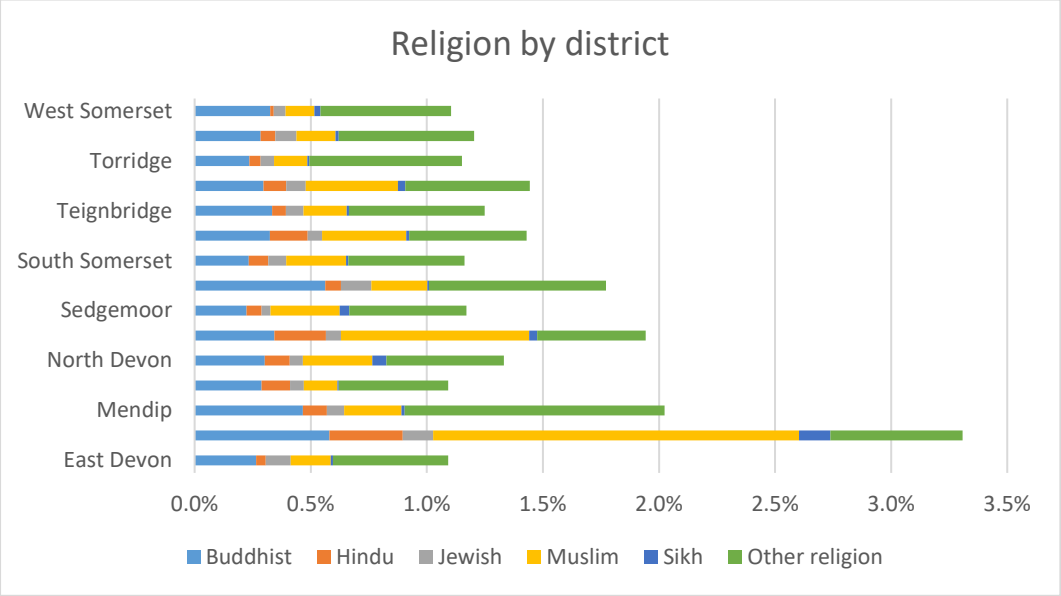
in areas with and older population particularly East Devon, South and West Somerset (all around 65%). The lowest concentrations are found in Exeter (54%) and Plymouth (58%).

0.3% identify with the Buddhist religion, two thirds of which were born in the UK and around a third born in Asia. The highest concentrations can be found in Exeter, South Hams and the Mendips. All other areas vary from 0.2-0.3%.

The proportion of people identifying as Muslim is the second highest after Christian with 0.4%. Half of those are of Asian ethnicity and around a quarter are white. Just over half identify as English/British. The highest concentrations are in urban areas like Exeter (1.6%), Plymouth (0.8%), Taunton Deane and Torbay (both 0.4%).

0.1% are of Hindu religion, with the majority being Indian. Around 6 in 10 were born in Asia and less than half identifying as British/English. Residents are mainly concentrated in and around urban areas, particularly parts of Taunton and Yeovil.

0.1% define themselves as Jewish.



Other religions together, including paganism, cover a population of between 0.5-0.8%. In Exeter 1.1% has an 'other religion'. Pagans notably reside in and around Glastonbury and Totnes.

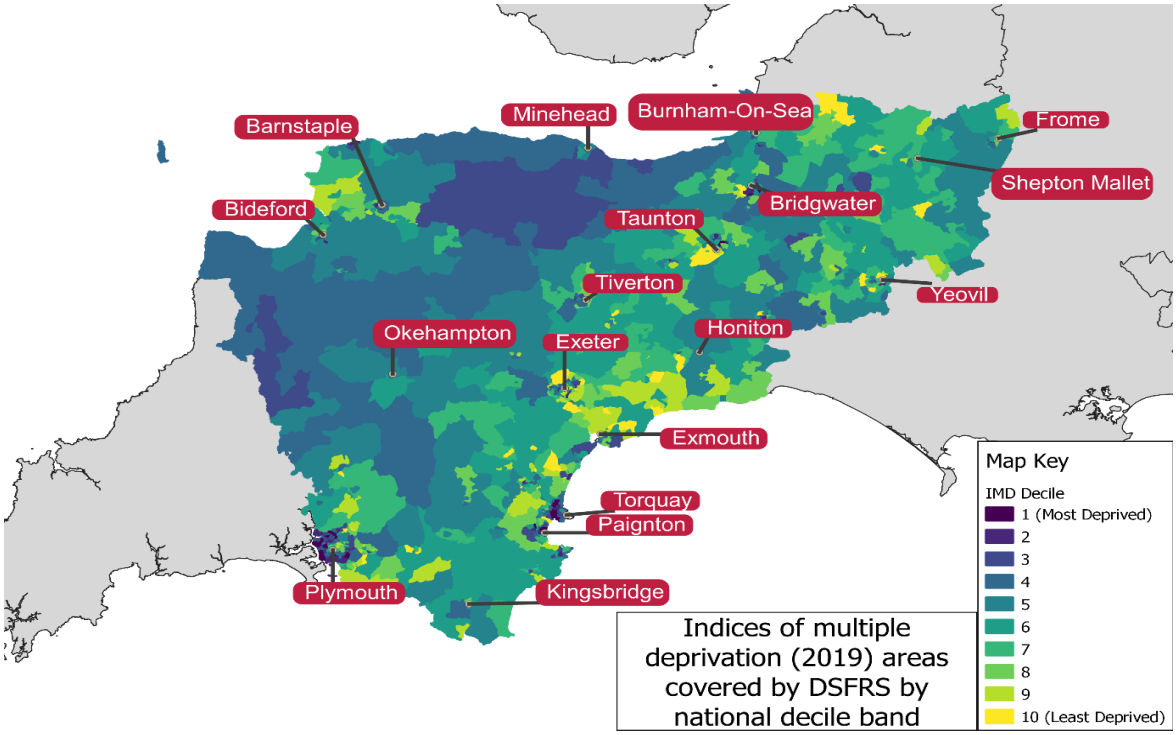
Deprivation

The Indices of Deprivation provide a relative measure of deprivation in small areas. It is based on the concept that deprivation consists of more than just poverty. Deprivation refers to a general lack of resources and opportunities. The Indices of Deprivation is the collective name for a group of eight indices which all measure different aspects of deprivation.

The domains used in the Index of Multiple Deprivation 2019 are:
• income

• employment
• education, skills and training
• health deprivation and Disability
• crime
• barriers to housing and services
• living environment

All the small areas in England can be ranked according to their Index of Multiple Deprivation score; this allows users to identify the most and least deprived areas and to compare whether one area is more deprived than another. An area has a higher deprivation score than another one if the proportion of people living there who are classed as deprived is higher. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. And it is important to remember that not everyone living in a deprived area is deprived – and that not all deprived people live in deprived areas.



In 2019, Devon has become marginally less deprived since 2015 when compared to the national picture. The most deprived areas in Devon are in the wards of Ilfracombe Central, Barnstaple Central Town and Forches and Whiddon Valley in North Devon. These three areas are in the most deprived 10% of all areas in England. There is a noticeable north-south division with much of East Devon, Exeter, South Hams and Teignbridge being less deprived than North Devon, Torridge and West Devon.

Since 2015, Exeter, Mid Devon, South Hams and Teignbridge have become relatively less deprived. The remaining Devon district areas have remained relatively static. Torridge is the most deprived district in Devon. Levels of deprivation affecting children and older people are below the average for England. Children in Somerset face greater income deprivation than older people

Somerset generally is better than the national average in terms of overall levels of deprivation. Since 2015 there has been a slight shift towards greater deprivation in Somerset relative to the rest of England, particularly in relation to the quality of housing.
The number of 'highly deprived' neighbourhoods in Somerset, categorised as being within the 20% most deprived in England, increased since 2015.

The highest levels of deprivation are found within Somerset's larger urban areas with the most deprived area of Somerset being the Highbridge South West area of Sedgemoor.
The least deprived area is in the Sampson's Wood area of Yeovil, which falls within the 1% least deprived in England.

4.2 Health

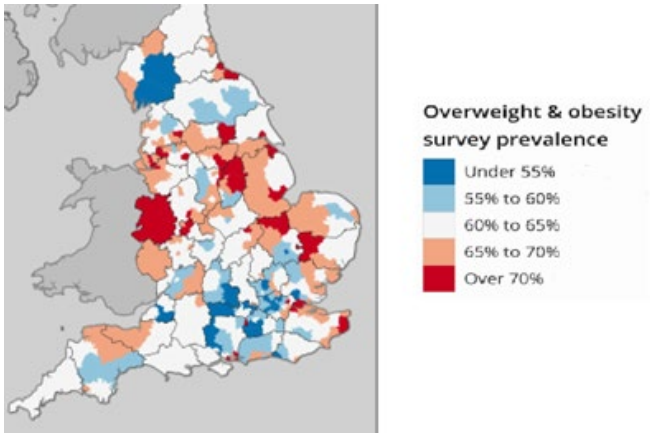
In the 2011 census, around four in five residents considered themselves to be in good or very good health, while 5.5% described their health as bad or very bad, in line with the regional average and slightly below the England and Wales mark of 5.6%. There are particular areas, like Plymouth and Torbay, where that percentage rises to 6.5-7.6%. Mainly those over the age of 65 report bad or very bad health.

As the new census 2021 data is not available at the time of publication of this document, we cannot be sure how these figures have changed since then. However in view of the Covid-19 pandemic, particularly around the long term effects of Covid-19, and the increasing population of those aged 65 years and over, it is likely there will be an increase in the proportion of the population who will describe their health as bad or very bad.

Since 1993 the proportion of adults in England who are overweight or obese has risen from 52.9% to 64.3%. The proportion who are obese has risen from 14.9% to 28.0%. The proportion of adults who are overweight or obese in Devon is below the national average and show that there is fluctuation between rural and urban, and deprived and less deprived areas.

The picture in Somerset is different where 66.1% of adult residents are overweight or obese with the highest rate is Sedgemoor in which 70.8% adults are overweight or obese.

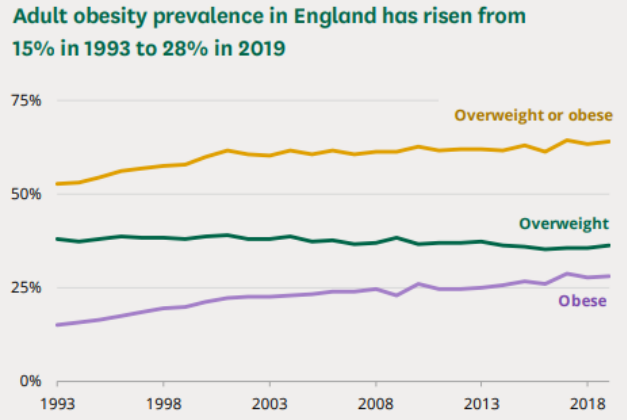
The map below shows the level of excess weight in England amongst adults 2018/2019



Excess weight in adults (the percentage either overweight or obese) is not equally distributed among social groups.

- Deprivation: in the most deprived areas in England, prevalence of excess weight is nine percentage points higher than the least deprived areas.
- Disability: among people with disabilities, excess weight is 10 percentage points higher than among those without disabilities.
- Ethnicity: Black people have the highest rates of excess weight, and White British people have higher rates of excess weight than all other ethnic groups except Black.
- Education: among people with no qualifications, rates of excess weight are 12 percentage points higher than among people with level four qualifications or higher (a degree).

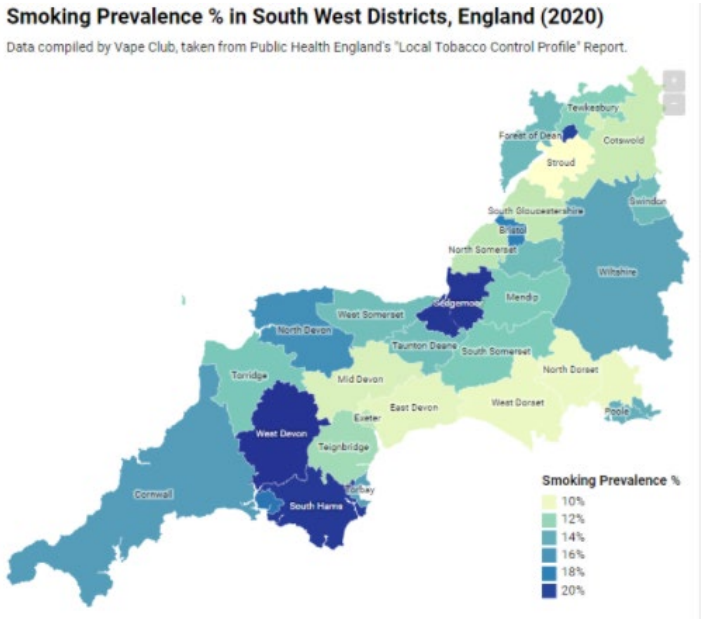
From the below graph it is clear that obesity is on the rise.



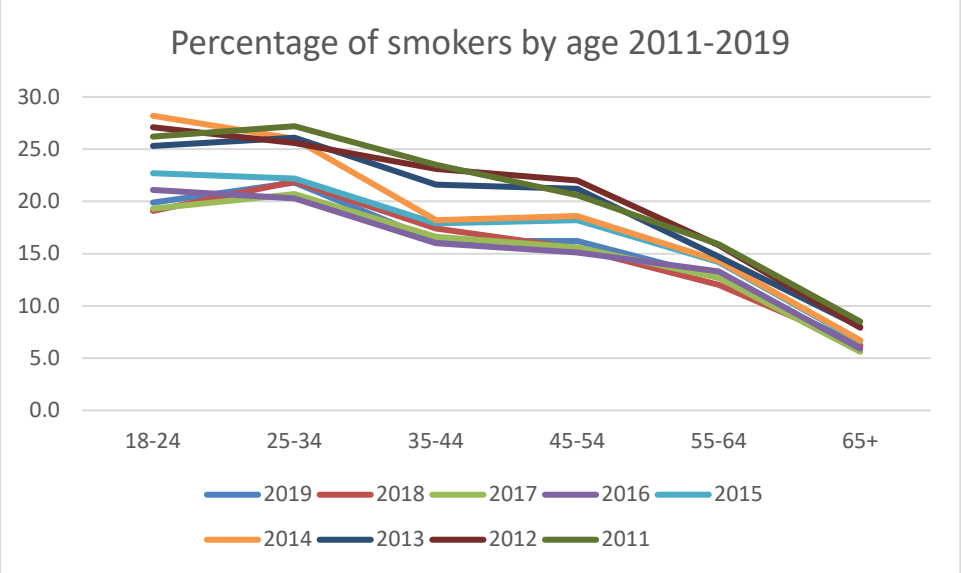
The obesity epidemic, affecting both adults and children across the UK and our counties, results for the Service in more requests from ambulance services in relation to extrications for health reasons and co-responding incidents.

The Southwest region has more smokers than expected from the England average (13.9%) for the population, according to official figures released by Public Health England on 7 July 2020. The best performing area in Devon and Somerset is East Devon with only 10.3% of people being smokers.

The worst performing part of the South West is West Devon, which has the greatest prevalence of smokers with 20.6%. This is followed by Sedgemoor with 20.5%.



The amount of people smoking has been decreasing and in the South West the percentage of the population by age who smoke is shown in the graph below:



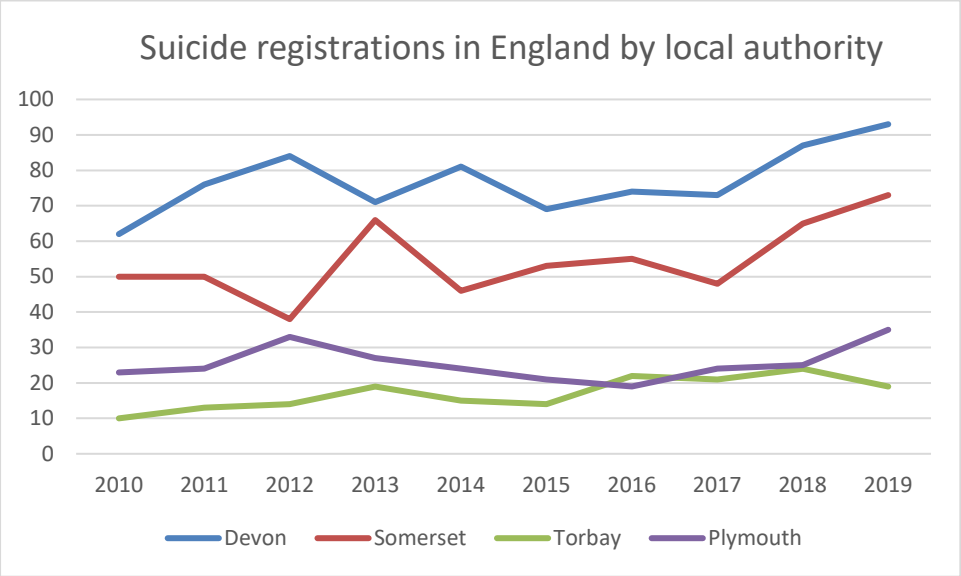
Mental health problems are common across all sectors of society. It is estimated that in any one year approximately one British adult in four experiences at least one diagnosable mental health disorder. Mental health issues can both originate from and lead to alcohol and drug abuse.

Devon's population compares well nationally and to similar areas when looking at indicators of physical health but compares much less favourably when we consider measures of mental health. General indicators of wellbeing and happiness seem really good – but like overall life expectancy in Devon, can mask the experience of those whose mental health outcomes are poor. Inequality exists in just the same way for mental health as for physical

health, with the added disadvantage that mental illness and physical illness often co-exist, leading to significantly worse outcomes.

In Somerset one in 24 adults over the age of 65 is diagnosed with dementia. The 65 years or older diagnosis rate of 4.09% in Somerset is slightly lower than the England average of 4.27% but slightly higher than the average rate in the South West of 4.02%. 5.8% of the population in Devon is living with dementia. Considering the ageing population, this is likely to increase.

The increase in mental health issues puts increased pressure on health services and results in increasing numbers of suicides. We have also established a link between mental health and risk behaviours that lead to fires and other incidents. Mental health issues also affect staff, resulting in decreased performance, more absences and, sadly, some suicides.

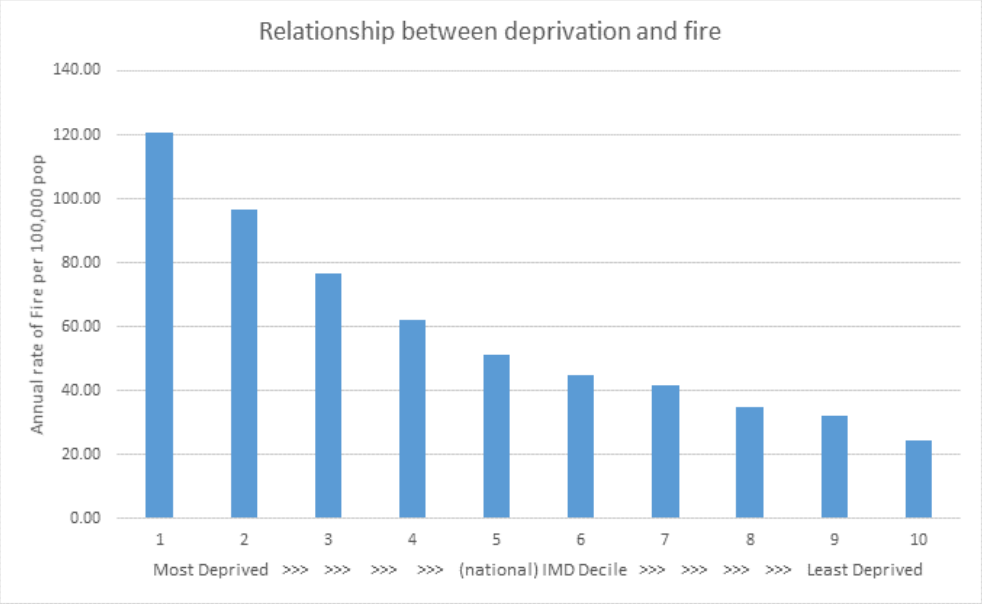


Although the Service doesn't necessarily get involved when a suicide is reported, under certain circumstances crews are called out to assist. Dealing with suicide incidents is traumatic for crews and can result in mental health problems.

4.3 Socio-economic considerations

In relation to the services provided by the Service, specifically the 'responding to fire and road traffic collisions', various socio-economic issues are highlighted by the data captured and monitored, including mosaic data (a population segmentation model).

For example, data in the chart below shows us that the rate of fires in the 10% most deprived areas (column 1) have rates of fire nearly six times higher than those in the least deprived areas (columns 9 and 10).



Fire

Our data shows that two groups of households have a rate of dwelling fires well above the average. These are:

- residents who **rent** inexpensive city homes in central locations. A relatively high proportion are in the latter half of their working lives, but people from all generations live in these **budget housing** options. The group also includes some families with young or adult children
- retired people aged over 65 who live in accommodation that is modestly sized. The majority now **live alone**. These properties are small and often have one or two bedrooms. Many **rent** their homes from local authorities or housing associations, and a smaller number own their homes outright.

Three further groups of households have a rate of dwelling fires well above the average. These are:

- households bringing up children, who have limited incomes and budget carefully. Many of these affordable homes are **rented** from local authorities or housing associations; others have been purchased with a mortgage
- young single people in their twenties and thirties who rent affordable living spaces. Levels of movement are high, and accommodation is **rented in low-value properties**, usually terraced houses or flats
- young people enjoying city lifestyles, they moved to their current addresses relatively recently. Most are well educated and either have university degrees or are in the process of gaining them.

The five groups with the highest rates of fire in the home have the lowest rates of home ownership, ‘renting properties’ features in all five groups. It is worth noting here that people from an ethnic minority background also have the lowest rates of home ownership. The housing crisis, captured in a report from Shelter only adds to the problem of rented, low cost, unsafe and overcrowded living situations.

Renting a property, with the responsibility of fire risk mitigation being with the landlord, leads to many residents not mitigating risk themselves because they don’t know what else they could do or feeling it is not their responsibility. The English Housing Survey 2018-19,

suggested overcrowding is more common for renters and is more common in ethnic minority households compared to White households, with Black and Asian families twice as likely to live in housing that is severely overcrowded. Private rented homes were less likely to have at least one working smoke alarm and were more likely to contain hazards such as damp, infestations and electrical dangers that pose a risk to life.

Those groups who have the most fires also have a disproportionate number of cooking fires. 'Lone adult' households experience a much greater proportion of fires starting in the kitchen. More than 75% of fires in households recorded as 'Lone person over pensionable age' start in the kitchen.

Although certain protected characteristics are not captured within the (MOSAIC) data used by the Service, people with particular characteristics are more likely to be included in the MOSAIC groups without a specific mention e.g. people from specific ethnic backgrounds are more likely to live in low cost, rented accommodation in urban areas.

Other research and information indicates some additional considerations in relation to fire risk. 'An investigation into accidental fatal fires in the South West of England' Report (2013-17) identified eight characteristics which predict fire death: mental health issues, alcohol use, drug use, smoking, poor housekeeping, limited mobility, living alone, low income.

When this is linked to protected characteristics we get a picture which may not necessarily reflect in the data held by the Service, mainly because certain data is not collected. The information provided below is not exhaustive and research is ongoing.

Impacts on groups in relation to eight characteristics which predict fire death
All information and categorisation is from NFCC Equality of Access to Services and Employment documents, unless otherwise indicated

LGBT
Older LGBT people are more likely to engage in harmful health behaviours such as drug use, frequent alcohol consumption and smoking in comparison to older non-LGBT people. The prevalence of alcohol and other substances in many traditional LGBT venues, combined with the long-term impact of minority stress, means that alcohol and drug consumption rates are significantly higher than the general population. This can have a lasting and significant effect on physical health, mental health, and overall life expectancy. Smoking rates are significantly higher among the LGB population. 18.8% of heterosexual people smoke, this compares to 27.9% of lesbians, 30.5% of bisexual women, 23.2% of gay men and 26.1% of bisexual men.

Neurodiversity
Many people with neurodiverse conditions, like dyslexia and autism, may have had previous 'bad experiences' and may also be reluctant or not know how to access services. Children and adults with autism are approximately twice as likely to die from drowning as members of the general population. Research has also found that autistic children have later development in relation to understanding dangerous situations, may prefer to be alone, may tend to wander and have 'hide' responses to loud noises or fear.

Hoarding disorder often coexists with other conditions (ADHD is the most common condition diagnosed alongside Autism Spectrum Disorder). There is correlation between ADHD and Attention Deficit Disorder (ADD) as risk factors for hoarding disorder although it is important to be clear these neurodiverse conditions do not cause hoarding.

Black communities
Black people can be subject to a range of interlinked factors that can contribute to social and economic deprivation, including higher rates of unemployment, experience of hate crime and racism, impact of structural inequalities and poor mental health. The evidence suggests some Black people may be at more risk of fire because of their prevailing social or economic history and current discrimination. Suicide rates are higher among young men of Black African, Black Caribbean origin, and among middle aged Black African, Black Caribbean and South Asian women than among their White counterparts.
Black men were reported to have the highest rates of drug use and drug dependency than other groups.

Research undertaken in the Greater Manchester area between 2010 and 2015 considered ethnicity recorded against fire injuries. “From the cross-tabulation analysis of the numbers of different accidental dwelling fire types by community and cultural groups over the period 2010 to 2015 within the Greater Manchester area it appeared that: Overall the Black or Black British ethnic group had the highest likelihood of fire injury risk, followed by the White British, Irish, Other and Other Ethnic groups.”

Although statistically at lower risk of smoking and alcohol related fire injuries, the study found Black people were at a heightened risk of injury from cooking related fire injuries, nearly double the injury rate of the next nearest group, White/Irish. Evidence suggests some Black communities may not be used to cooking on gas and often cook food by deep frying. There is significant evidence to suggest that recently arrived migrants were in a very different (high risk) position to those whose families had lived in the UK for a number of generations.

While many Black and Minority ethnic led businesses had awareness of some regulations affecting them, many felt there were barriers which prevented them from fully complying. There barriers include not being aware of where to access information, how to access support (or trusting support available), language and cultural barriers and negative perception towards Local Authority officers based on previous experiences.

English as a second language
In England, adults from a Bangladeshi and Pakistani background, primarily those in the older age groups, were the most likely not to speak English well or at all. Around one in four people from an Asian background are in persistent poverty and are they are more likely to live in areas of deprivation

Many Roma speak one of the many Romani dialects as a first language, and they usually speak the language of their countries of origin as a second language (for example Slovak or Romanian). Some Roma who speak English may need interpreters to help explain information. There is also often misunderstanding and mistranslation in terms of cultural context. Levels of educational attainment are generally low in Roma communities (often as a result of forms of discrimination in schools), and many Roma adults are illiterate making written communication inappropriate for Roma community members. Research during the Covid-19 pandemic highlighted that only 3% of Roma could access online forms for applications, and less than 20% of Roma families were able to offer any sort of home schooling due to lack of technology. Especially older Roma people may have no education, live on low income and are unlikely to engage with services. Evidence suggests Roma people prefer not to raise issues for fear that other agencies may get involved.

Finally, language barriers can often be a key factor as to why a business is unable to comply with regulations. Many Black and Minority ethnic led businesses felt that it would be helpful to have access to information in their native language, in plain English or in a pictorial way that would be easier to understand

Ethnic Minority Background
In 2016 to 2018, 17% of households (3.9 million) in England lived in social housing (they rented their home from a local authority or housing association). Black African (44%), Mixed White and Black African (41%) and Black Caribbean (40%) households were most likely to rent social housing out of all ethnic groups (Indian (7%), Chinese (10%), and White Other (11%) households had lower rates of renting social housing.

As a group, ethnic minority households are also much more likely to rent privately than White British households and to spend a higher proportion of their incomes on rent, regardless of whether they rent from a social or private landlord.

Their housing tends to be of lower quality, particularly among households of Pakistani origin, and evidence suggests overcrowding is more common, especially among households of Bangladeshi origin. Overcrowding affects ethnic minority households disproportionately, 30.9% of people who have emigrated from Pakistan or Bangladesh live in overcrowded accommodation.

Gypsy and Travelling communities
In its December 2017 update the Equalities and Human Rights Commission reported that: 'Gypsies, Travellers and Roma' were found to suffer poorer mental health than the rest of the population in the UK and they were also more likely to suffer from anxiety and depression.'

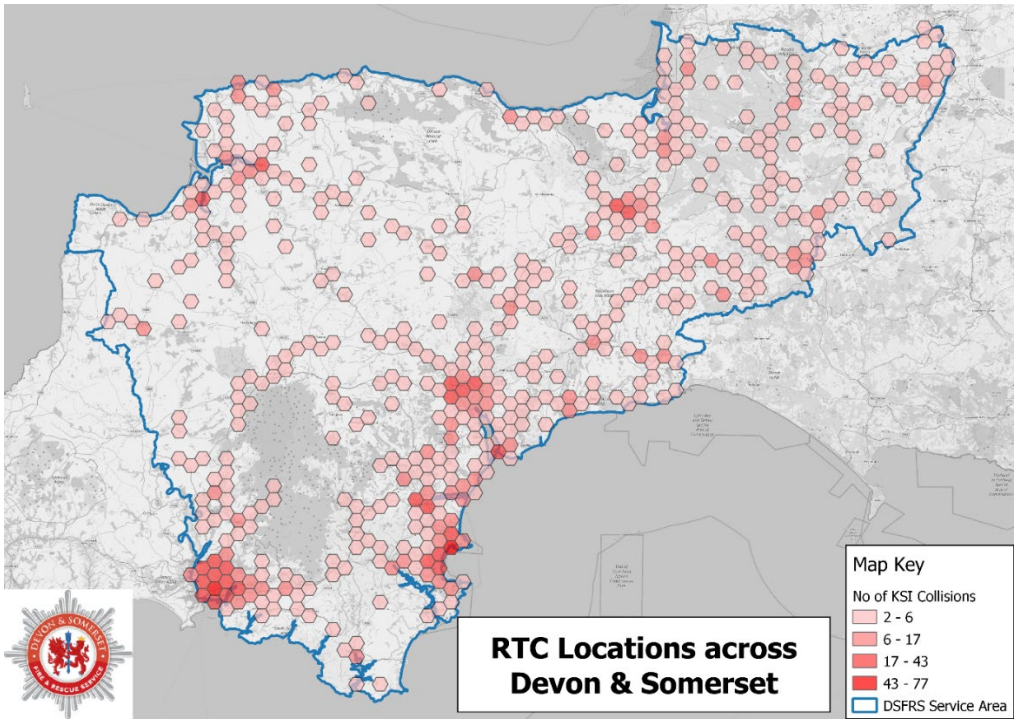
There are no official statistics on substance abuse among Gypsies and Traveller communities. However, there is a wealth of anecdotal evidence that it is a growing problem. Exclusion and discrimination against Gypsy and Traveller communities may be linked to a growing trend of substance abuse within such communities, with alcohol likely being the biggest problem. Smoking is identified as a strong part of the cultural, ethnic, and individual identity of the Roma. Those who live on sites can be faced with overcrowding, having to share kitchens, bathrooms and toilets. Waste collection is likely to be non-existent on temporary and illegal sites.

Gypsies and Travellers who are homeless are likely to face the constant threat of eviction. They may face poor living conditions without access to clean water or electricity and are thus the most vulnerable community members. Members of travelling communities are more likely to have seasonal and/or low paid work.

Road traffic collisions (RTCs)

In a normal year the Service attends between 900 and 1000 RTCs per year. Of these approximately 20% require firefighters to carry out a rescue using specialist extrication equipment. There is slight seasonality to RTCs with the autumn and winter seeing generally higher levels than spring and summer. A more significant pattern to the volume of RTCs is present by time of day with the evening peak seeing the highest levels of incidents.

The Service does not attend all RTCs as many collisions involving pedestrians, cyclists and motorcyclists do not require a fire service attendance.



The map indicates that collisions where people get killed or seriously injured are more prevalent in urban areas.

It is a well-known fact that particularly younger people are more likely to be involved in road traffic collisions, despite making up just 11% of the population of Devon and Somerset, people aged 16 to 25 account for 19% of those killed on the roads and 24% of those seriously injured.

For almost all age groups men are at higher risk than women, with the rate of 'Killed or Seriously Injured' for men between 16 and 30 more than 90 per 100,000 population per year making them the highest risk group. Men aged 16-19 are three times as likely as average to be killed or seriously injured on the roads.

As vehicle repair issues and poor driving skills are a causal factor in a number of RTCs, it is reasonable to assume that the higher risk for people from ethnic minority background communities may be linked to limited funds and in some cases recent arrival in the UK and familiarity with UK traffic conditions.

5 Public concerns

Assessing the level of public concern can assist the creation of policy choices that address these concerns directly and can greatly improve policy choices and the public's acceptance of them, particularly where they are personally affected/impacted. The public will hold genuine views and concerns about risk, even if they have a non-expert level of technical understanding.

5.1 Community Concerns

From the engagement with the members of our community a few matters were highlighted in relation to concerns.

Concern about 'High occurrence' incidents, with potential significant *personal* impact, like dwelling fire and RTC feature at the top of concerns in the community, together with concerns about help not being available when needed (limited firefighter availability) and slow response time. These concerns are likely to be as a result of fear of the risk consequences and to a certain level of trust in risk management.

Those from ethnic minority backgrounds, those over the age of 75, those who identify as having a disability and those who identify as being members of a number of specific audience groups were more likely to say they were anxious about risks in their local community. This could be for reasons of familiarity and experience of the risk and equity of the consequences.

The risks considered 'high' on the national risk register, for example pandemics and terrorist attacks, are at the bottom of the list of concerns of those living in Devon and Somerset. When considering risks arising in the local area in the next five years, participants of the research mention climate change and extreme weather most after increased traffic. Concerns regarding risk appear to be driven by environmental factors like where people live, their background or health.

Those in rural (29%) and coastal (31%) regions are more likely to cite extreme weather, drowning and water safety. Younger participants are more likely to cite incidents as a result of decreased mental health or those with learning difficulties as being very likely.

People who identify as having a disability are much more likely to cite 'trapped persons' (27%) as very likely, as are families (28%) and people with poor mental health (38%). Those in rural areas are more likely to cite 'animal rescue' and are more likely to cite 'limited firefighter availability' as very likely. So do the elderly (85 years or older), people with mobility issues, people with poor mental health, people known to other agencies, people living alone, those living in poverty and those identifying as substance abusers. These concerns could be as a result of familiarity and experience of the risk and to a certain extent, lack of control of the risk.

In relative terms, road traffic collisions, considerations around an ageing population, crime, pressure on emergency services and English as a second language are of the greatest concern in the community. The community are concerned about an ageing population due to the increased pressure it puts on emergency services. But also, for the elderly themselves, in terms of lacking the necessary support and being physically or emotionally isolated.

In 2019 to 2020, the Ministry of Housing, Communities and Local Government's Housing Survey collected data on whether people felt safe from fire in their homes. The data shows that:

- most people feel safe in their home and do not fear that a fire will break out
- s small proportion - 5% - felt unsafe and feared that a fire would break out
- renters were more likely to feel unsafe at home than owner occupiers
- those who live in low-rise (11%) and high-rise (21%) flats were more likely than those who live in other dwelling types (like houses) (2-6%) to feel unsafe in their homes

- those aged 16-24 were more concerned than all other age groups.
- those from an ethnic minority background were more concerned than those from a White background.

It is likely that all these findings are related. For example, younger people and those from an ethnic minority background are more likely to be renters and renters are more likely to live in flats.

Renters were more likely to agree that they did not feel safe at home because they fear that a fire may break out. Social renters were more concerned, with one in ten agreeing with the statement, compared to 7% of private renters. Owner occupiers were the least likely to agree that they did not feel safe at home due to the fear of a fire breaking out (3%).

Respondents in purpose-built flats (low-rise and high-rise) were more likely than respondents in almost all other dwelling types to feel unsafe in their homes. In 2019 to 2020, 21% of those in high rise flats and 11% of those in low rise flats felt unsafe in their home. Rates for those who live in other dwelling types were much lower. For example, 5% of those in small terraced houses and 4% of those in bungalows agree that they did not feel safe at home because they feared a fire breaking out.

These aspects of concern are important as they will help direct the Service response and the communication strategy.

5.2 Control over exposure to risk

As people tend to be more concerned if they feel they have no control over the risks involved it is important to consider how the organisation can respond to ensure they feel more in control through mitigating actions.

Generally, we see apathy across the community accessed for the survey. Mitigation is most likely among the mobility group but more specifically, it is where the respondent has a specific need that they've had to particularly plan for, be this to do with health (such as mobility) or a symptom of where they live (a thatched house for example). If no 'specific need' is involved, mitigation is driven by a respondent being 'in the know' either through experience from work or having sought advice from the fire service.

There was a strong sense that individuals should take responsibility for reducing their own risk – although this was held much more strongly by members of the public and council representatives (27%) than by the Service partners (15%) operational staff (17%) and support staff (20%).

However, respondents are more likely to have done 'nothing' in relation to mitigation of risk than to have taken a proactive approach. Other than get a smoke alarm, they were not clear what else they should do or they are unable/unwilling to do anything because they assume it is someone else's (such as a landlords) responsibility.

Nearly all participants in the 'mental health', 'sensory' and 'English as Second Language' groups within the research have done 'nothing' to mitigate risk.

A key barrier to any further, proactive contact is that those asked were generally unaware of what further information and advice they can obtain from the fire service.

For those in social housing, regardless of protected characteristic, there is a strong sense that mitigation isn't their responsibility but that of the housing association.

5.3 Trust in risk management by the Service

Trust is based on understanding what falls within the person's or organisation's responsibility and them then fulfilling those expectations (regularly). Understanding of fire services' responsibility links to the likelihood of people connecting or engaging with the Service in relation to those responsibilities. Events in the last few years, including the Grenfell Tower fire and Manchester Arena attack, and their coverage in the news affects the public perspective on whether they can expect the fire service to fulfil their duties.

There is an overwhelming sense of recognition, gratitude and admiration for the Service. It is generally accepted that the Service does an important job, providing an essential service. Overall, the vast majority of respondents were aware of the full range of responsibilities undertaken by the Service. Among specific audiences, people with learning disabilities and those for whom English is a second language were significantly less likely to be aware of the Service's responsibility around a number of areas. There is an opportunity to raise awareness of the 'wider' role of the Service – as it does more than incident response.

Any negativity is generally driven by not 'seeing' the Service or a negative past experience.

There were some participants of the survey (no link by protected characteristic) who would be hesitant to contact the fire service, even if they knew they needed advice, perceiving they would be wasting the service's time. Ringing 999 is a step too far and awareness of an alternative is low. For some communities, there is an inherent lack of engagement with 'authoritative' public sector organisations, due to historic mistrust and discrimination experienced by those communities. Distribution of information within these communities is likely to be through trusted gatekeepers, visibility, and continuity from the Service is expected.

The Ethnic Minority/English as Second Language group is more likely to provide comments about the Service needing to raise their profile but it is unclear what specifically drives this.

Where engagement has been successful in the past (for example community events and home visits) it has been accessible and approachable: a two way process with the opportunity for discussion.

Social media is key to improving engagement for most, but not all. Some don't have or wish to have access. Targeted visits, as already carried out on a risk basis, have an overall positive impact for groups at risk of fire, including the elderly and people with disabilities.

There are some personal barriers to engagement, such as access to technology (internet or mobile signal), physical isolation, personal willingness to ask for help, hearing issues, being housebound either due to health or Covid-19, hearing, shyness, or fear of raising an alarm and panic. However these personal barriers don't fall specifically within a category of people. Rather the takeout is a 'one size fits all' approach will not work. The internet, Facebook specifically, will suit the majority but other approaches will also need to be used. Distribution of information within some communities is likely to be face to face, through trusted gatekeepers, being visible and being there regularly.

Within the mental health group there are some personal barriers to engagement, reiterating the need for a mixed approach to communication, education and raising awareness. The Sensory group is more likely to need help and assistance to install smoke alarms and don't necessarily rely on the Service for help with this.

In the Elderly group it is evident there is a commitment to independence with about half saying someone in their household would be able to install a fire alarm. It suggests this group would be less likely to actively seek help. Members of this group also express concerns about their peers who lack a support network or have slipped through the net. Although this group are 'active' online there is some expressed preference for telephone.

Business owners are aware that there are risks to their business around safety and compliance and they think they know where to look for support. However, they also believe that the Service needs to consult with business more regularly. This is not something they feel they have experienced.

The 'Engaging with Diverse Businesses Rapid Evidence Review 2018' found that approximately 5% of small or medium enterprises within the UK are led by an owner, partner or director from a Black and Minority ethnic background and are more likely to be concentrated in specific industry sectors, such as distribution, hotels and restaurants. The proportion of migrants establishing their own business is increasing, with migrants to the UK more likely to set up their own business compared to their UK born counterparts.

While many Black and Minority ethnic led businesses had awareness of some regulations affecting them, many felt there were barriers which prevented them from fully complying. These barriers include not being aware of where to access information, how to access support or trusting support available, language and cultural barriers and negative perception towards local authority officers based on previous experiences.

Some Black and Minority ethnic led businesses found compliance with regulations to be burdensome and potentially costly. In addition, it was felt that there is a lot of duplication as different regulatory bodies ask for the same or similar information. While Black and Minority ethnic led businesses often do not feel they are treated differently by inspectors to non-Black and Minority ethnic businesses, they feel that regulatory bodies should be more sensitive towards cultural factors, for example, avoiding inspections during religious holidays or festivals and being more respectful of their culture and faith.

Finally, language barriers can often be a key factor as to why a business is unable to comply with regulations. Many Black and Minority ethnic led businesses felt that it would be helpful to have access to information in their native language, in plain English or in a pictorial way that would be easier to understand.

Heteronormative assumptions and both the experience and fear of discrimination prevents LGBT people from accessing mainstream services. Research therefore suggests LGBT people have a preference for and are more engaged with specialist organisations. Social isolation resulting from the need to transition is prevalent and hate crimes have risen against the transgender group and much hateful social media is generated, sometimes led by influential public figures. The offer of home fire safety visits and other engagement opportunities needs to be understood and bespoke for individuals, and employees carrying out the checks are sensitive to individual needs and circumstances.

One in ten respondents (8%) said that there was something the Service could do to make it easier for them to access services. The largest single theme was around being more engaged or pro-active with communities (25%). This was followed by promoting the work the Service does more (24%), improving the website (14%) and having more/enough staff available (12%). The top three issues raised are all around communication and outreach.

5.4 What is needed?

Intelligence around language, culture and location will help drive targeted information campaigns, engagement activity and inform recruitment practices such as positive action. Therefore, significant work needs to be done around incident and employment related ethnicity and cultural background data. Without the direction that informed use of data would give the Service's efforts will be hampered and it will be difficult to ensure equal access to our services. The Service also needs to use a range of activities and approaches to ensure equality of access in terms of its messaging, provision of services and employment.

Increased engagement and working with individuals, representatives, groups and organisations from specific communities, as well as in partnership with other statutory bodies such as county councils, district councils and police is essential to successfully meeting the needs their communities.

6 Service staff

In 2018 Her Majesty's Inspectorate scored the Service as 'good' in relation to preventing fires and other risks, protecting the public through fire regulation, responding to national risks and getting the right people with the right skills. This indicates that, overall, staff are well equipped and trained to do their work and they do it well. Considerations around the impact the CRMP will have on staff and communication and engagement implications, can only be given when the CRMP has been drafted and changes to services or ways of working become apparent. Therefore, only what is currently known about the workforce is captured here.

As of 31 March 2021, the workforce composition was as follows. Overall female representation was 13.9% of the workforce. For operational staff this proportion was 6.1% of on-call staff and 6.2% of wholetime staff. The proportion of female support staff as 44.5% and in Fire Control it was 75%.

Not taking into account the 5% of individuals who have chosen not to state their ethnic background, the Service's workforce consists of 2.7% ethnic minority staff. The Fire Control group is most diverse with regards to minority ethnic representation with 7.5% and 0% 'not stated'. The support staff group is the next highest with 4.0%, but with 'not stated' of 5.9%.

Excluding all White groups, the representation of People of Colour (Black, Asian, mixed, other) in the Service is 0.8%. The community percentage in most areas is 1.5-2.5%, but more in urban areas (Exeter 7%, Plymouth 3.8%). In the south west as a whole, that percentage is 4.6%.

The identification as LGBT (anything else than Heterosexual), with 2.2% identifying within this category, closely reflects the community average of 2.2%.

Besides on average 5% of individuals who have chosen not to state whether they have a disability (visible or invisible), currently 2.6% of the Service's workforce has declared a disability. This is far below the average of 11% in the community. In view of the physical nature of the role it is not surprising that only 1.8 to 2.4% of operational staff indicated that they consider themselves to have a disability. Within the Fire Control staff group the percentage of 7.5% is much nearer the community average. In the support group the percentage is 5.1%.

Some staff responded to the pre-engagement survey. In relation to the work the Service undertakes and the importance of undertaking it, 70% of operational and 71% support staff feel that 'working with our communities to help them understand how to keep safe and avoid an emergency situation' is very important.

However, compared to the overall survey respondents (63% 'very important' overall), only 50% of operational staff felt that 'co-responding with the ambulance service' was important. Although, in general among respondents to the survey, there was a strong sense that individuals should take responsibility for reducing their own risk only 17% of operational staff and 20% of support staff felt this way.

The general public were also significantly more likely to say that they were anxious compared to those with a relationship to the Service.

7 Equality impact assessment

Strategic intent through the CRMP and the affect on different groups.

With the strategic intent for the next five years laid out in the CRMP we can expect that certain groups of people will be impacted more than others.

This section looks at the expected impact of the suggested actions on a strategic level.

Strategic intent to reduce risks.

- Take a 'prevention first' approach to all risks.
- Focus response activity on statutory requirements.
- Develop detailed local risk management and reduction plans.
- Improve data and intelligence.
- Improve engagement with communities and businesses.
- Increase collaboration with partners.
- Deliver efficiency savings from improved practices.
- Reduce our impact on the environment.
- Improve staff safety through continuous improvement.

Further detail.

Take a 'prevention first'-approach to all risks

Firstly, we intend to continue in taking a 'prevention first' approach to all risks, because preventing incidents from happening is always better than having to respond to incidents which, on many occasions, have life changing effects on those involved.

This approach will have a particular positive impact on those who have higher risks of having fires or are more likely to be killed or seriously injured in Road Traffic Collisions as identified in the sections earlier in this document for example elderly residents, younger men and those living in areas of deprivation. It is not expected this approach will have a negative impact on any members of our community or specific groups.

It is recognised that people with mental health issues or learning disabilities may not be always as able to fully benefit from certain prevention activities, so we will tailor those activities and, ultimately, we will respond when incidents occur.

Focus response activity on statutory requirements

Where we have to respond, we will focus/prioritise our response activity on statutory requirements such as fires and road traffic collisions and ensure our staff are fully trained to undertake the work which is required.

Focussing our response activities on our statutory requirements will have a positive impact on those groups of people who are at higher risks of having a fire or being involved in a RTC

as they will get an effective and timely response to assist them and, where possible, reduce the impact of the incident on them.

Develop detailed local risk management and reduction plans

Considering the size of the Service and huge variation of geography and the people living in our counties, a blanket approach in delivering and targeting our services is not possible in an area as large as Devon and Somerset.

Therefore, the Service will develop local risk plans to better understand vulnerabilities and the impact of hazardous events on individual communities present in defined areas within our counties. These plans will account for those who live in those areas and their needs to ensure everyone get the support, information and guidance they need.

Local risk plans will be positive for communities and, especially, smaller communities with certain ethnic backgrounds, disabilities or other characteristics, which would be lost if a county wide plan approach was taken. Local plans can address local issues and needs better.

Improve data and intelligence

For the local risk plans to be specific enough to better understand local risks and help focus our activities on the most vulnerable people and high risk locations, detailed data is required. To this end we need to improve data and intelligence. We will do this by working with partner organisations to share data, but also we will start asking for more data when we engage with members of the community.

Some ethnic and religious groups, people with English as a second language or those with particular sexual or gender identities may find it difficult to understand the reasons for collecting this data or may not be willing to share it. Also, some of our staff may have similar concerns in that they may have to collect personal data, sometimes in difficult circumstances, and may be lacking awareness around the importance of the data in providing services to the community. Clear information for members of the public and training for staff will be essential in ensuring that any negative impacts are negated.

Despite the above, especially those groups who we have limited information on, for example religious, minority ethnic background, sexual and gender identity, will benefit from us having a better insight in their risks and needs in that we will be better able to address those and providing a more personalised service.

Improve engagement with communities and businesses

Engagement with communities and businesses doesn't only provide us with data and intelligence. It also allows for greater understanding what guidance, information and support is needed.

Providing our prevention and protection services in a way which is appropriate for the groups and individuals involved, culturally and socially, is essential. In a lot of circumstances this engagement is face to face and needs to be in a location which allows for the most effective exchange. Depending on the purpose of the engagement, this can be at fire stations or schools, sports facilities, community centres, businesses or places of religion.

A person- or community-centred approach will be positive for those groups who are less likely to take initiative to connect to the fire service for support. These could be people from particular ethnic backgrounds, those with English as a second language and refugees. Visits

to retirement villages, schools for those with sensory needs and religious communities also provide targeted prevention messages or support.

Increase collaboration with partners

Both 'improving data and intelligence' and 'improving engagement with communities and businesses' rely heavily on collaboration with partners with sharing data between services like police, ambulance and fire service, but also with various organisations which represent and look after the needs of specific groups for example Age Concern.

By working closer and removing duplication of engagement between partners, more vulnerable people can be identified and supported. This will be positive, especially for those who we may not be reaching at the moment, but who do engage with some of our partner organisations. Any data sharing agreements will be entered into with strictest adherence of privacy legislation to ensure the data is not used for any other purpose than intended.

Although no negative impact is expected, if in the development of our local risk plans negative impact is identified, some of the mitigating actions which need to be put in place may also rely on collaboration with partners like police constables with on call fire response capabilities.

Deliver efficiency savings from improved practices

Where we can improve ways of doing things to save money, without the increased risk to life, we will do so. Any savings will be invested again in ways that ensure both our communities and Firefighters are safer in the end, for example new equipment, training, engagement opportunities with the community and prevention and protection resources.

As these savings will enable us to deliver better services, everyone in our counties is impacted positively, but particularly those who are most vulnerable and at risk of fire and road traffic collisions. No negative impact has been identified in the context of the proposed CRMP, but every proposal in relation to savings will have its own equality impact assessment to ensure this is fully considered.

Reduce our impact on the environment

The environment affects each and every one living in our counties, but not in equal measure. Global warming and rising sea levels affects our coastal communities more with flooding and storm damage, severe weather like heavy rain affects those living near rivers or lower sections in our counties with increased and extended flood occurrences, but can also have serious implications on those who live on land without the necessary infrastructure for example some traveller sites which become muddy, polluted and inaccessible for emergency services.

Reducing our impact on the environment will, therefore, be positive for everyone, not just those in our counties.

Improve staff safety through continuous improvement

Staff safety is vital to ensure an effective response and providing a 'prevention first'-approach. We invest a lot of time and effort to recruit, train and retain our staff so that they can give the response required for the needs of the communities.

By improving staff safety, both physically and mentally, staff can do their jobs well and have a longer and more satisfying career. This improves the service our communities receive from us, making Devon and Somerset a safer place to live, work and visit.

Impact Assessment

The below table shows the expected impacts of the strategic intent headings on all the protected characteristic groups. The responses below are based on research conducted by DJS Research Ltd that included focus groups, questionnaires and telephone calls and other additional research (see Appendix 1).

The table below shows the feedback from the different groups based around the strategic intent headings measured against the impact of the proposals in the CRMP (either negative, neutral or positive). There were mainly positive impacts, some neutral however no negative impacts were identified

Feedback from groups and impact of CRMP proposals

Age

Take a prevention first approach to all risks – positive impact

From our community engagement we know that there was a good knowledge of what things they could do at home to prevent a fire from occurring:

- Smoke alarms
- Not having curtains where unnecessary
- Having spark guards
- Having chimney's swept
- Not overloading electric sockets
- Fire guards
- Extinguishers
- Alarm systems

There was no mention of testing smoke alarms.

Focus response activity on statutory requirements – positive impact

Some (elderly) people may, if their smoke alarms sounded and there was a fire, stay in the house and wait for the fire service to get there rather than evacuate the property.

All of the group said they would look for items before leaving their home. Things such as animals or handbags. Some said there was a possibility they might have grandchildren staying with them.

None of the participants had an evacuation plan in place. However, most know where their keys are and have methods in place like leaving keys in door locks. None had walked their evacuation route.

Some of the participants felt like there should be further communication and reinforcement of evacuation, especially where fire extinguishers were available. They felt like having a fire extinguisher present gave mixed messages for example they felt they should tackle a fire.

The group felt more information about shutting doors when they went to bed or about cluttering would be helpful. None of the group knew that we offered free home fire safety visits. They did not think we let people know about them or carbon monoxide alarms.

From research we gathered that children and young people may be more inclined to capture 'footage' of an incident using their mobile phone and may place themselves at a greater risk of injury when doing so in the extra time it takes for the fire crew to reach the scene.

Younger people may have a greater appetite for risk and therefore be more inclined to ‘have a go’ at tackling a dwelling fire.

Some of our elderly customers may, on balance, have greater difficulty perceiving the degree of danger in an emergency situation (for example “The fire is only in one room and has not spread.”)

Older residents may also have greater difficulty in both comprehending and acting on our survival advice. Those with hearing impairments may also find it harder to receive instructions given on the phone or in person.

Improve engagement with communities and businesses – positive impact
More and tailored engagement will ensure that members of communities and owners of businesses get the information and guidance which is applicable to them whether they are old or young.

Increase collaboration with partners – positive impact
By working with partners it will be easier to identify those who are vulnerable in relation to fire risk (elderly) and road traffic collisions (younger people) and engage with them to reduce the risk.

Deliver efficiency savings from improved practices – positive impact
Improved practices remove duplication and any savings, both financially and resources, will ensure we can reinvest those to reach more vulnerable people, many of them elderly. However, with road traffic collisions the focus will be more on younger men.

Reduce our impact on the environment – positive impact
We want to leave a better world for our younger generations.

Improve staff safety through continuous improvement – positive impact
Our staff are, in line with the population of our counties, ageing and staff safety is pertinent to keep them fit and healthy to continue their support to our communities.

Develop detailed local risk management and reduction plans and improve data and intelligence – positive impact

Disability (all forms, visible or invisible)

Focus response activity on statutory requirements and take a prevention first approach to all risks – positive impact

Effective response affects risk to life and serious injury. This could have a greater impact on those with mobility or mental health issues given their vulnerability statistically to be injured or killed in fire, and on people with mobility issues given that they may have greater difficulty escaping a fire.

Between April 2013 and March 2017, of the 90 people who died in an accidental dwelling fires in the South West of England, 33 (36.7%) were known to have mobility issues that affected their ability to escape the fire.

Mental Health: The fatal fires analysis highlights mental health issues as a contributory factor to accidental dwelling fire deaths. Ten of the 90 people who died in an accidental dwelling fires in the South West of England between April 2008 and March 2017 were suffering from mental health issues.

It is likely that the fire risk factor 'mental health' combines learning disabilities and other mental health conditions like depression. It is unclear whether learning disabilities on their own have any fire risk.

Smoking (and Mental Health): Devon County Council's Mental Health needs assessment (2013) also identifies that mental health service users exhibit rates of smoking at significantly higher than that found among the general population. Between April 2008 and March 2017, in the South West of England 29% of the accidental fatal dwelling fires were caused by smoker's materials.

People with learning difficulties may also have difficulties perceiving risk or danger and comprehending instructions given by fire officers. We also explored how any inability to recognise risk or danger could have significant implications for us as a fire and rescue service in respect of:

1. the ability to listen, comprehend and act on instructions given (particularly by telephone)
2. potentially greater levels of panic and anxiety which may be exacerbated by the arrival of crews using lights and sirens
3. potential injury due to evacuation in a highly anxious state
4 inappropriate extinguishing attempts e.g. dowsing an electrical fire with water.

Residents with medical disabilities relating to breathing could have much greater difficulty managing issues relating to smoke inhalation. Some residents may be in receipt of end of life care in their home and may not want to, or be able to be rescued easily.

From community engagement we know that most people with learning disabilities which would put them at particular risk of fire or not responding to a risk appropriately, are likely to have an increased level of support or live-in/sleep-in support. The above point of having difficulties perceiving risk or danger and comprehending instructions given by fire officers was confirmed.

Some people with learning disabilities don't respond appropriately to a fire/smoke alarm, sometimes as a result of sensory overload, and not evacuate the property. This has implications if the fire service has a delayed arrival. Technical solutions may not be effective and solutions to assist evacuation may come down to an effective handling use of a carer who knows the individual well and their likely response to the alarm. Individuals with Down Syndrome also are more likely to suffer hearing loss.

As with children (research has identified), some adults with slight hearing impairments may not hear smoke alarms due to the particular pitch. It may be that as a result of that a neighbour calls the emergency services, with a delay, and that further delay of the arrival of the appliance is therefore detrimental.

None of the disabled members of the community we spoke to had evacuation plans, even though several had severe mobility issues.

People with hearing aids take them out at night so are unlikely to hear the smoke alarm. So this issue doesn't only affect the profoundly deaf. Some elderly people do not want to admit or do not realise they have hearing issues. If they live with someone the other person may be able to hear the alarm though. Hearing issues of varying degrees can also cause difficulties in reporting an incident.

Develop detailed local risk management and reduction plans and increase collaboration with partners – positive impact

In the development of these plans, the needs of those community members with disabilities can be better addressed as a result of identification of where those vulnerable people live on a smaller scale and working with local partners.

Improve data and intelligence and engagement with communities and businesses – positive impact
Increasing the data we use in understanding what makes people vulnerable, and using the data we already have better, will ensure we can more effectively identify and support those who need us most e.g. those with certain types of disabilities.

Deliver efficiency savings from improved practices – positive impact
Improved practices remove duplication and any savings, both financially and resources, will ensure we can reinvest those to reach more vulnerable people, many of them with disabilities which severely affect the way they can respond when a fire happens.

Reduce our impact on the environment – neutral impact

Improve staff safety through continuous improvement – positive impact
Our staff are, in line with the population of our counties, ageing and staff can have a longer life, without disability, when we improve staff safety and adjust working practices in a way that they are less impactful physically.

Sex or gender

Overall, there is no indication that any of the strategic intentions will have a significant or disproportionate impact on people with this protected characteristic.

All the following strategic intentions have a neutral impact:
Take a prevention first approach to all risks
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Reduce our impact on the environment

However, gender does impact significantly on risk and protective factors for mental health and expression of the experience of mental distress. Mental health conditions including depression, anxiety, attempted suicide and self-harm are more prevalent in women than men, while suicide, drug and alcohol abuse, anti-social personality disorder, crime and violence are more prevalent among men.

Focus response activity on statutory requirements – positive impact
There is some evidence from our Fire Control operators and operational crews that men are more likely to ‘chance’ returning to their home to either rescue possessions or deal with the fire and, as such, may be at a greater risk of sustaining injury in a fire situation.

In addition, a disproportionate amount of road traffic collision involves younger men.

Improve staff safety through continuous improvement – positive impact
As most of our operational workforce is male, improving staff safety will as a result mainly affect men

Sexual orientation

Overall, there is no indication that any of the strategic intentions will have a significant or disproportionate impact on people with this protected characteristic.

All the following strategic intentions have a neutral impact:
Focus response activity on statutory requirements
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Reduce our impact on the environment
Improve staff safety through continuous improvement

Take a prevention first approach to all risks – positive impact
However sexual orientation does impact significantly on risk and protective factors for mental health and expression of the experience of mental distress. And older LGBT men are more likely to live on their own

Marriage and civil partnership

Overall, there is no indication that any of the strategic intentions will have a significant or disproportionate impact on people with this protected characteristic.

All the following strategic intentions have a neutral impact:
Focus response activity on statutory requirements
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Reduce our impact on the environment
Improve staff safety through continuous improvement

Take a prevention first approach to all risks – positive impact
However, people who live alone, rather than those who live with partners, are at higher risk of accidental fires and deaths in those fires with more than half (49 of 90) accidental dwelling fire deaths being someone who lived alone.

Pregnancy and maternity

Overall, there is no indication that any of the strategic intentions will have a significant or disproportionate impact on people with this protected characteristic.

All the following strategic intentions have a neutral impact:
Take a prevention first approach to all risks
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices

Reduce our impact on the environment
Improve staff safety through continuous improvement

Focus response activity on statutory requirements – positive impact
However, expectant and new mothers could potentially be at risk when escaping from a fire, as emergency evacuation may be difficult due to reduced agility, dexterity, coordination, speed, reach and balance. Expectant mothers are at greater risk of harm to their unborn child resulting from trauma. Mothers will also face the additional difficulty of evacuating babies and/or young children. However, families have a lower likelihood of having a fire in the first place, with lone adults most at risk.

Race or ethnic background

Other than 'Focus response activity on statutory requirements' impacts on this protected characteristic will be significant overall, as we aim to increase our data and intelligence for ethic minority groups both to identify their risk of fire, or RTC, and get to understand their needs in terms of our service to them. Much of the evidence for this area was sourced from an Asian Fire Service Association (AFSA) Publication on working with diverse communities essex-fire.gov.uk/_img/pics/pdf_1374154430.pdf

All the following strategic intentions have a neutral impact:
Develop detailed local risk management and reduction plans
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Reduce our impact on the environment
Improve staff safety through continuous improvement

Take a prevention first approach to all risks – positive impact
Research indicates that households with an ethic minority background had higher odds of not owning a working smoke alarm, with Asian households least likely to do so. Households from multi-ethnic and low income areas are most likely to have suffered a fire in the last 12 months.

Together with low ownership of smoke alarms other factors affecting risk in ethnic minority communities are:

- use of hot oil and naked flames in cooking
- low fire safety awareness
- high rates of smoking in some communities
- lack of motivation to plan what to do if a fire did occur.

Candles for religious worship/cultural events. There may be underrepresentation of smoke alarms in Hindu, Muslim, Sikh, Bosnian homes. Overcrowding at religious venues (if there is no escape plan, delayed response could be an issue). Religious dress in some faiths can be flowing which when combined with cooking and candles could be a potential issue.

Language barriers for most ethnic minorities (particularly new migrants and elderly). This could cause a potential problem if some people were afraid or worried about calling 999 or accessing fire safety information.

Overcrowding in homes and lack of installed fire alarms – Congolese, Ethiopian.

Eritreans – some refugees may suffer psychologically – this may cause issues in an emergency situation. Kosovans, Kurdish are likely to have suspicions of people in uniforms.

Hot oil and naked flames in cooking, low fire safety awareness and high rates of smoking amongst Nigerian communities.

Polish, Portuguese communities may have low fire safety awareness, high rates of overcrowding and smoking. Somalians potential fire hazards include smoking, poor housing and overcrowding. Recent migrants may be suspicious of people in uniform due to personal experiences.

Vietnamese may have a lack of smoke alarms, possible overcrowding, lack of awareness around fire safety and language barriers.

Many migrants arrive into basic accommodation, share rooms/accommodation, live in caravans etc. Many migrants are shy and not open to community groups. They may not see safety information or understand it. They have to concentrate hard when they are learning a language and fully focus to understand. Undocumented immigrants may be affected as they may hide, be fearful to leave the property, or live in squalid conditions with the potential for high fire spread.

From engagement with the Gypsy and Traveller Community we know that this community mainly lives on Council-run sites, tolerated or permissive sites or privately owned land and don't travel that much. Those who live and work at fairs, are the exception as they do travel a lot. Irish Travellers are often only on the mainland for certain periods as they own land in Ireland. In those periods they do move around stopping several weeks at a time in fields, carparks and private land without permission.

The complex nature of how varying groups within the Gypsy and Traveller community live and their customs, gives rise to a need for tailored interventions to reduce the likelihood of incidents and respond to any incident that may occur.

All these specific risks are recognised and addressed in the specific Fire Safety Leaflet for Gypsies & Travellers

Engagement with members from other underrepresented communities confirmed that very few members of ethnic communities have smoke alarms and there are various issues around requesting help/support. Within certain communities, the wife/husband would phone each other if a fire was to break out rather than phone 999. Or they may ring a trusted outside contact.

Some communities would not know which number to call if a fire was to break out. However, some communities may not contact emergency services even if they know the number, as they would see the fire service as an authority and wouldn't want to get into trouble for saying the wrong thing.

A lot of individuals would blame themselves if a fire was to break out and would be concerned of the repercussions if they were required to call the emergency services. Some may fear they will be blamed for a fire because of their ethnicity.

Language issues may also play a part in some instances when people may not call 999. We have found through our own engagement that in some Muslim households, traditionally the woman tends to look after the home and may have limited English language skills so may call their husband rather than the emergency number. This may lead to a delay in reporting the incident and the woman may not do anything or be able to explain the situation until her

husband comes back. Some Muslim women would want to completely cover their head/body before evacuating their homes. This could delay evacuation and endanger an individual or family.

Some may not know who to call and in some cultures people may try to put fires out themselves as they come from areas where they have experience that nobody shows up either because there is no fire service, there is an intermittent or very long response time or the fire service does not attend certain neighbourhoods.

Some may not call for help as they expect that all emergency services show up, which is what happens in the United States or America. Perceptions of how the Service operates may be influenced by American television series/films. For example, illegal immigrants might not call for help if they think the police may turn up.

Black Caribbean communities often cook with gas lit stoves using gas cylinders and there is a possibility that when they migrate to the UK they may continue to cook using this method. Cylinders are kept in doors and next to or under the stove. There is evidence of this in London so there could be a possibility if safety information is not reaching people it could be happening in our Service area. It is likely that this is also dependent of the kind of housing i.e. rented or privately owned.

More targeted engagement within our own communities will build trust, identify risks, and help us to support and raise awareness of personal risk.

Lack of fire safety awareness and different languages may be a barrier.

In cultures where extended families all live together there would not necessarily be a problem with elderly family members because they would not be left on their own. In some cultures, and with child carers in the UK, children are encouraged to cook and they sometimes cook on stoves.

Some communities/elders engage in a different way. The Service may be relying on children, who get Fire Safety Awareness training at school, to pass knowledge on. However, it may be the case that when children get home and talk to their parents that they are discouraged by the parent to follow the advice due to distrust from the parent in the Service or the feeling it doesn't apply to them as they are not White British.

Improve data and intelligence – positive impact
Incident Data is not recorded against 'ethnic background' of the owner/occupier of the property, which leads to a lack of understanding of how big the issues of fire and fire related injuries or deaths are in particular communities. Improved data will address this shortcoming and also allow for more effective engagement with specific communities.

It is also unclear how likely certain communities are to request support from the fire service due to a possible distrust of outsiders or what services are used by communities. There may both be an under recording of incidents, but when they are recorded, they are not recorded against any ethnic background.

Religion and belief

Other than
Focus response activity on statutory requirements
Improve staff safety through continuous improvement
Reduce our impact on the environment

Which will have a neutral impact, impacts on this protected characteristic will be significant overall, as we aim to increase our data and intelligence for religious groups in a similar way as we aim to do for ethic minority groups both to identify their risk of fire, or RTC, and get to understand their needs in terms of our service to them.

Take a prevention first approach to all risks – positive impact
As some religions have customs which involve burning candles or incense throughout the day

In the same way as Race and Ethnic background is impacted the following are impacted positively:
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices

Gender reassignment

Overall, there is no indication that any of the strategic intentions will have a significant or disproportionate impact on people with this protected characteristic.

All the following strategic intentions have a neutral impact:
Focus response activity on statutory requirements
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Reduce our impact on the environment
Improve staff safety through continuous improvement

Take a prevention first approach to all risks – positive impact
However, gender reassignment and transgender people are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their cisgender counterparts. Mental Health issues is one of the eight factors indicating higher risk of having a fire.

Carers (protected by association)

Other than
Reduce our impact on the environment
,which is neutral, impacts on this protected characteristic will be significant overall in a similar way as to those in the ‘age’ and ‘disability’ groups.

All the following strategic intentions have a positive impact:
Take a prevention first approach to all risks
Focus response activity on statutory requirements
Develop detailed local risk management and reduction plans
Improve data and intelligence
Improve engagement with communities and businesses
Increase collaboration with partners
Deliver efficiency savings from improved practices
Improve staff safety through continuous improvement

Appendix 1

This Equality Impact Assessment has been written with input from the following documents and sources:

- NFCC Equality of Access to Services and Employment documents
- CRMP Fire Standard
- Fatal Fires Report
- Devon County Council – Facts & Figures
- Experian Mosaic
- Office of National Statistics (ONS) data including 2011 census data, population estimates and Annual Population Survey data. 2021 Census data not available at time of publication of this document.
- National Risk Register
- HM Treasury - Managing risks to the public: appraisal guidance
- Covid Staff Survey 2021,
- HMI Covid-19 report
- Public Health England - Ageing in coastal and rural communities
- south_somerset_equalities_profile_2019.pdf (southsomerset.gov.uk)
- nomisweb.co.uk/census/2011/qs303ew
- English Housing Survey, 2019 to 2020: feeling safe from fire
- researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf
- Working with Diverse Communities Handbook