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| This form should be completed with the ERBA guidance. Only ERBAs approved by the team should be saved on the SIP | |
| Name of policy/project | Automatic Fire Alarms Project |
| Main purpose | The key objectives of the project are:   * To reduce unnecessary mobilisations to fire alarms. * To ensure we attend fire alarms where there are confirmed signs of fire or a risk to life.   The project scope is as follows:  In scope:   * To change our attendance model to reduce automatic attendance where there is no nighttime sleeping risk. * To investigate if alarms in the residential category can be sub-divided for improved call challenge. * Review of call challenge arrangements to support Fire Control * Look at further ways to reduce mobilisations to false alarms, particularly in areas where attendance procedures are not subject to change.   Out of scope:   * Non-attendance at domestic properties. * Changes to our predetermined attendance (PDA) for specific incident types or buildings with site specific risk information (SSRI) classification.   Additional anticipated benefits:   * Decrease in road risk due to fewer mobilisations. * Decrease in fuel consumption leading to potential fuel savings (subject to the varying nature of fuel prices). * Decrease in carbon footprint due to fewer mobilisations. * Increase in wholetime capacity for training, prevention work, and availability for mobilisation to genuine incidents. * Financial savings range from zero to £154,818 annually (dependent on implementation of chosen option). |
| Policy/project author/lead | Project Executive: Paul Compton Senior Project Manager: Lee Pundsack |
| Summarise the data, research, information or evidence used to inform this analysis. | Reference materials informing this ERBA include:   * Engagement programme (used to shape options) - **REF 1**:   + One-to one interviews x 3 – NHS trusts x 2 & Leisure Provider x 1   + Focus Group – Internal stakeholders - Operational Resource Managers, On-Call Firefighters, Wholetime Firefighters, Business Safety Personnel & Operational Risk Personnel.   + Options Appraisal Session – Businesses x 2 * Devon & Somerset Fire & Rescue Service – Community Risk Management Plan – 2022-2027 – **REF 2** * Devon and Somerset Fire & Rescue Service – Equality Impact Assessment – Community Risk Management Plan 2022-2027 – **REF 3** * Themes in Accidental Fire Deaths (South West) – 2013-2017 – **REF 4** * [www.dpt.nhs.uk/our-services/gender-identity](https://www.dpt.nhs.uk/our-services/gender-identity) - **REF 5** * [www.gov.uk/government/statistical-data-sets/fire-statistics-data-tables](https://www.gov.uk/government/statistical-data-sets/fire-statistics-data-tables) - **REF 6**:   + FIRE0301: Primary fires, fatalities and non-fatal casualties in other buildings by motive and building type, England   + FIRE0502: Fatalities and non-fatal casualties by fire and rescue authority and location group, England   + FIRE0503: Fatalities and non-fatal casualties by age gender and type of location * National Fire Chief Councils – Measuring turnover and retention – **REF 7** * Surrey Fire and Rescue Service – How Surrey Fire & Rescue Service responds to Automatic Fire Alarms – **REF 8** * Age UK - The Internet and Older People in the UK – Key Statistics – **REF 9** * Devon County Council – Education and Learning - Annual Performance report Autumn 2022 Based on published data to 25/10/22 - **REF 10** * Devon County Council - Special educational needs and disability (SEND) schools – **REF 11** * Mosques UK - <https://mosques.muslimsinbritain.org> - **REF 12** * <https://jobs.churchofengland.org/> - **REF 13**   Public Consultation – We will be holding a public consultation. It will include demographic questions so that we can better understand the impacts for people based on protected characteristics, as well as from rural and urban locations. This ERBA will be reviewed and adjusted appropriately following the findings report from the public consultation. |
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| **Equalities assessment** | | | | |
|  |  |  |  | Describe the particular characteristic you are assessing and explain:  **Negative: What are the risks?**  **Positive: What are the benefits and/or opportunities?** |
| **Characteristic** | **Neutral**  (x) | **Negative**  (enter score likelihood x impact =) | **Positive**  (x) |
| Age |  | 1x4 = 4 |  | Mobilisation changes to property types typically populated by specific age groups (e.g. hospitals, schools, colleges, nurseries) may be disproportionately impacted:  **Negative** – Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure.  Certain characteristics have been identified as increasing likelihood of fire death. One of these is limited mobility (REF 4). Elderly people are more likely to have limited mobility as well as other forms of impairment that put them at greater risk (REF 2). Elderly people are more likely to be users of emolients and medical equipment that can contribute to rapid fire development (REF 3). Babies/Infants, it can be argued, also have limited mobility however, in settings such as nurseries, they are being cared for by adults whose mobility is unlikely to be impaired and with high, mandatory ratios of care. Elderly people in hospitals and residential care are in settings where risk of incident is low, but severity of incident can be high due to occupants' health and wellbeing. Buildings are also often large and complex (REF 2) and staff to occupant ratios are less prescriptive and likely to be lower.  Responding to questions about patterns of behaviour in response to hearing a fire alarm, research suggests that elderly respondents are more likely to stay put within a premises and await the arrival of the Fire and Rescue Service. Elderly respondents also said that they would look for items (such as handbags and animals) before evacuating (REF 3). Questioning may have been in relation to alarm activations within dwellings however, it suggests a pattern of behaviour which may be applicable across alternative settings, including those impacted by the proposed response changes.  Evidence from research suggests that children and young persons may be inclined to capture ’footage’ of an incident using mobile phones. They may place themselves at greater risk of injury in the additional time it may take fire crews to reach the scene of a fire (REF 3).  There may be fewer opportunities for elderly people to access and participate in the Public Consultation process due to being less likely to regularly access the Internet (REF 9).  **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/workers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier resumption of ‘business as usual’.  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| Disability (all forms, visible or invisible) |  | 1 x4 = 4 |  | Mobilisation changes to property types typically populated by people with disabilities, (e.g. hospitals, healthcare providers, specialist schools/colleges, community spaces) or businesses that provide services/products that cater for persons with disabilities may be disproportionately impacted:  **Negative** – Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure or business. Loss of premises and services that provide specific provisions for people with disabilities can disproportionately impact those groups due to the relatively low provision of services across Devon and Somerset. For example, there are 372 schools across Devon. Of these 372 schools, 28 are Special Educational Needs and Disabilities (SEND) schools (REFS 10 & 11). The loss of a SEND school due to fire would have a disproportionate impact on students attending that school due to the paucity of alternative options available.  A change in response could have a greater impact on individuals with mobility and/or mental health issues given their vulnerability statistically to being injured or killed in fires (REFS 3 & 4).  Some people with learning disabilities may not respond appropriately to fire alarms, potentially due to sensory overload or due to difficulties in perceiving risk or danger. Proposed option changes place greater emphasis on ‘confirmed fire’ calls. This requires that the occupants of a premises have the ability to access and use a working means of communication; typically, a phone. This may disproportionately impact on people who have disabilities that affect their ability to communicate in this way. For example; individuals with learning difficulties may struggle to listen, comprehend and act on instructions (particularly by phone). They may experience high levels of panic and anxiety due to the fire alarm and evacuation, especially if there is greater time pressure due to a delayed response (REF 3).  Individuals with certain disabilities (e.g. sensory loss, learning disabilities, neuro-divergency, mental health issues) will have personal barriers to engagement that may make it more challenging to access and participate in the public consultation (REF 3).    **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/workers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier resumption of ‘business as usual’.  A reduction in AFAs and evacuations could lead to a reduction in unnecessary stress and worry for vulnerable occupants of premises (REF 8).  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| Sex, male or female |  | 1 x 3 = 3 |  | **Negative –** Certain fire death risk factors are more prevalent in men (e.g. drug and alcohol abuse, living alone) and others are more prevalent in women (e.g. mental health issues) (REF 3). Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure. Loss of a service that supports individuals with drug and alcohol addiction could arguably disproportionately impact on men whilst loss of a service that provides mental health support could arguably disproportionately impact on women.  There is anecdotal evidence from Fire Control Operators and Operational Fire Crews that men are more likely to risk sustaining an injury in a fire by returning to a premises to retrieve items or to deal with the fire (REF 3). A delayed Fire Service response to a more developed fire may increase the window of opportunity for this to occur. |
| Sexual orientation | X |  |  | There is currently no evidence that the proposed options for change within the AFA project will disproportionately impact a group of people of a specific sexual orientation. |
| Marriage and civil partnership | X |  |  | There is currently no evidence that the proposed options for change within the AFA project will disproportionately impact people that are married or in a civil partnership. |
| Pregnancy and maternity |  | 1 x 4 = 4 |  | Mobilisation changes to property types typically populated by persons during pregnancy or maternity (e.g. hospitals; specifically maternity wards, community spaces hosting antenatal classes and/or parent groups, charities/businesses that provide services for parents pre/post birth) may be disproportionately impacted:  **Negative** – Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure or business/charity.  At present in many clinical settings (i.e. hospitals) it is common practice to complete phased evacuations, moving patients to a ward or bedded area, but not evacuating the building completely (REF 1). This would include maternity/labour wards and operating theatres. Expectant mothers may experience reduced agility, dexterity, coordination, speed, reach and balance that will make evacuation more challenging (REF 3). A delay to firefighting resulting in a more developed fire may require full evacuation having a significant impact for those expectant mothers, new mothers, mothers mid-labour or mid-surgical procedure.  **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/workers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier return to an appropriate clinical setting.  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| Race |  | 2 x 4 = 8 |  | Mobilisation changes to property types typically populated by ethnic minority groups (e.g. Asylum Detention Centres, Businesses with a high proportion of ethnic minority workforce) may be disproportionately impacted:  **Negative** – A review conducted in 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 (REF 3). These businesses are more likely to fall into specific sectors, such as distribution, hotels and restaurants. Research shows that there are barriers to these businesses accessing information such as compliance regulations. Barriers include:   * Knowing where to access information. * Knowing how to access to access support and trusting that support. * Language and cultural barriers. * Negative perception of Local Authority officers based on previous experiences.   These barriers to engagement may be a factor in reduced involvement in the Public Consultation and reduced awareness/understanding of any proposals that are implemented.  Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure and businesses.  Language barriers for those where English is their second language may lead them to being afraid or worried to call 999 (REF 3). Some may not be aware of the 999 - emergency services’ number. In certain communities, individuals would be more likely to phone their spouse in the event of an emergency rather than the emergency services. Some communities may know the number, but may choose not to call due to being fearful of getting into trouble (REF 3).  Individuals from some cultures may attempt to tackle fires themselves as they come from areas where there is no fire service or long delays in response (REF 3).  Refugees who have experienced trauma may have psychological issues which could impact upon how they react in an emergency (REF 3).  **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/workers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier resumption of ‘business as usual’.  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| Religion and belief (including lack of belief) |  | 2 x 4 = 8 |  | Mobilisation changes to property types used as community spaces for people to gather and observe their religion, belief or lack of belief (e.g. Churches, Mosques, Synagogues, Atheist Secular Congregation Spaces) may be disproportionately impacted:  **Negative** – Engagement with some religious groups may be more limited due to the requirement of having to engage through an ‘elder representative’ (REF 3). This may limit participation in the Public Consultation.  Challenges around English as a second language may also be relevant to certain religious communities (see details in Race section).  Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of premises (this may include heritage buildings).  Some religious communities may be disproportionately impacted by any changes because they may already be perceived as being at greater risk of having a fire. Factors such as; use of candles during religious worship/cultural events, potential for overcrowding at religious venues, and places of worship becoming temporary sleeping risks during religious festivals (e.g. during Ramadan, Muslim worshippers may sleep at a Mosque) (REF 3). A suitable and sufficient Fire Risk Assessment and Fire Evacuation Plan may not be held. Also, certain cultural/religious beliefs may delay evacuation further. For example, Muslim women may want to ensure that they are completely covered head to toe before evacuating a premises.  Minority religious groups may be disproportionately impacted by the loss of their place of worship due to the relatively low number of alternative venues compared with a larger religious group. For example, there are 10 mosques across Devon and Somerset (REF 12) compared with over 600 Church of England churches in Devon alone (REF 13).  **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/worshippers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier resumption of ‘business as usual’.  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| Gender reassignment |  | 1 x 4 = 4 |  | Mobilisation changes to property types typically populated by people at various stages of gender reassignment, (e.g. hospitals, healthcare providers, community spaces) may be disproportionately impacted:  **Negative** – ‘Heteronormative assumptions and both the experience and fear of discrimination prevents LGBT people from accessing mainstream services’ REF 3. This may act as a barrier to the Transgender community engaging in the Public Consultation.  Delayed response due to ‘confirmed fire’ call requirement may result in a more developed fire, a more protracted incident, increased risk of injury/fatalities and potential temporary/permanent loss of community infrastructure.  Resources and Services across Devon and Somerset that serve the transgender community are few. There is one NHS gender identity clinic across the two counties (located in Exeter) (REF 5). Potential loss of this premises would have a disproportionate impact on the transgender community.  **Positive** – Frequent false alarms can lead to complacency amongst residents/occupants/workers (REF 8). Onus to resolve AFAs will fall to Responsible Persons at specific properties. Potential that Unwanted Fire Signals will be identified earlier with minimal disruption to occupants e.g. reduced evacuation time, earlier resumption of ‘business as usual’.  Research shows that ‘help not being available when needed and slow response times’ are concerns specifically raised by those in our community (REF 3). Reduced attendance to ‘false alarm’ incidents increases availability for ‘confirmed fire’ calls. |
| **Other considerations**  (eg applying across communities/protected characteristics; socio-economic factors; drug & alcohol dependency; safeguarding; rural living; human rights.) |  | 2 x 4 = 8 |  | Proposed option changes place greater emphasis on ‘confirmed fire’ calls. This requires that premises occupants have the ability to access a working means of communication. This may disproportionately impact people that are; from a low socio-economic group, drug and/or alcohol dependent, vulnerable due to safeguarding issues.  Those living in rural communities may also be disproportionately impacted upon due to reduced mobile phone network availability and delayed Fire Service response due to longer travel times to remote rural locations. |

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| Further considerations | |
| How does the policy or project….. |  |
| …support our values: we are proud to help; we are honest; we are respectful; we are working together. | This project has been and continues to be conducted in a manner consistent with our Service values. The engagement work, both completed and planned, demonstrates that we are being transparent with internal and external stakeholders about the need for change and how we think we might achieve that change. We are helping stakeholders understand the rationale behind proposed changes by sharing supporting evidence and by working with those stakeholders to shape the potential options for change. |
| …impact on the service priority to increase the diversity of the workforce through recruitment, retention, development and inclusive working practices. | This project is unlikely to have an impact on the diversity of the Wholetime work force.  It is potentially feasible that fewer ‘unnecessary mobilisations’ may have an impact on On-Call workforce retention, due to reduced disruption of primary employment. This however, is a speculative assertion as we do not have evidence to support the claim that On-Call personnel are leaving Service employment due to frequent ‘unnecessary mobilisations’. |
| …affect different contract types, for example on call, wholetime, and part time workers. | Achievement of the key objective of the project (i.e. fewer unnecessary mobilisations to fire alarms) will have differing impacts for Wholetime and On-Call personnel.  Both contract types will have fewer blue light runs and this will have the benefit of reducing exposure to road risk. Arguably this may impact on drivers from both contract types maintaining their emergency response driving skills.  Fewer mobilisations would result in less disruption to wholetime work routines and the primary employment of On-Call personnel. This may have the additional benefit of contributing to On-Call retention (see above).  There is a potential for a reduction of income due to fewer mobilisations for On-Call personnel. There may also be a loss of the positive by-products of attending ‘unwanted alarm calls’ (e.g. driver skills maintenance, local risk familiarisation, business and community safety activities) (REF 1). This has been recognised by the project team, resulting in proposed investment of funds to support the On-Call in mitigating the loss of these positive by-products.  Any changes in mobilisation policy for AFAs will impact on Fire Control personnel. Individuals will be required to triage incoming AFA calls accordingly, dependent upon the current AFA mobilisation policy. This may be made easier through the creation of an automated decision process. However, if this is not feasible, the decision to mobilise will be down to the individual Control Operator. |

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| **Consultation, decisions and actions** | | | | |
| If medium or high range results were identified who was consulted and what recommendations were given? | | | | |
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| Describe your decision having considered the recommendations | | | | |
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| List all actions identified to address/mitigate negative risk or to promote positive outcomes | | | | |
| Action | | | Responsible person | Completion due date |
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| When, how and by whom will these actions be monitored? | | | | |
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| **Authorisation** | | | | |
| ERBA author | | | | |
| Name Ben Lewis | Date: 14/1/2025 | | | |
| Validated by (Project Executive) | | | | |
| Name Paul Compton | Date 14/1/2025 | | | |
| **Forward to diversity & inclusion team** | | | | |
| Reviewed by (name) | | ERBA number: | | |
| Date | | Policy/ERBA review date: | | |
|  | | | | |

**Email the ERBA and draft policy to .cweteam@dsfire.gov.uk**