



# DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**M. Pearson  
CLERK TO THE AUTHORITY**

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**To: The Chair and Members of the  
Community Safety Committee**

**(see below)**

**SERVICE HEADQUARTERS  
THE KNOWLE  
CLYST ST GEORGE  
EXETER  
DEVON  
EX3 0NW**

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Your ref:  
Our ref: CSC/MP/SS  
Website: [www.dsfire.gov.uk](http://www.dsfire.gov.uk)

Date: 1 February 2022  
Please ask for: Sam Sharman  
Email: [ssharman@dsfire.gov.uk](mailto:ssharman@dsfire.gov.uk)

Telephone: 01392 872200  
Fax: 01392 872300  
Direct Telephone: 01392 872393

**COMMUNITY SAFETY COMMITTEE  
(Devon & Somerset Fire & Rescue Authority)**

**Wednesday, 9th February, 2022**

A meeting of the Community Safety Committee will be held on the above date,  
**commencing at 10.00 am in The Committee Rooms, Somerset House, Devon & Somerset Fire & Rescue Service Headquarters, Exeter** to consider the following matters.

M. Pearson  
Clerk to the Authority

**A G E N D A**

***PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING  
SHEETS***

**1 Apologies**

**2 Minutes (Pages 1 - 6)**

of the previous meeting held on 2 November 2021 attached.

**3 Items Requiring Urgent Attention**

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

## **PART 1 - OPEN COMMITTEE**

**4     Draft Community Risk Management Plan (Pages 7 - 230)**

Report of the Director of Service Improvement (CSC/22/1) attached.

**5     Strategic Priority 1 and 2 Performance Measures: Quarter 2 2021 (Pages 231 - 246)**

Report of the Director of Service Delivery (CSC/22/2) attached.

**6     Fire Engine Availability (Pages 247 - 260)**

Report of the Director of Service Delivery (CSC/22/3) attached.

**7     Home Fire Safety Visits (Pages 261 - 270)**

Report of the Director of Service Delivery (CSC/22/4) attached.

**8     Forward Plan 2022-23 (Pages 271 - 276)**

Report of the Director of Service Delivery (CSC/22/5) attached.

### **MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER**

**Membership:-**

Councillors Chesterton (Chair), Biederman, Corvid, McGeough, Parker-Khan, Radford (Vice-Chair) and Redman

## NOTES

### 1. **Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the “Please ask for” section at the top of this agenda.

### 2. **Reporting of Meetings**

Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chair - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority.

Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

### 3. **Declarations of Interests at meetings (Authority Members only)**

If you are present at a meeting and you are aware that you have either a disclosable pecuniary interest, personal interest or non-registerable interest in any matter being considered or to be considered at the meeting then, unless you have a current and relevant dispensation in relation to the matter, you must:

- (i) disclose at that meeting, by no later than commencement of consideration of the item in which you have the interest or, if later, the time at which the interest becomes apparent to you, the existence of and – for anything other than a “sensitive” interest – the nature of that interest; and then
- (ii) withdraw from the room or chamber during consideration of the item in which you have the relevant interest.

If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have an interest of a sensitive nature. You must still follow (i) and (ii) above.

Where a dispensation has been granted to you either by the Authority or its Monitoring Officer in relation to any relevant interest, then you must act in accordance with any terms and conditions associated with that dispensation.

Where you declare at a meeting a disclosable pecuniary or personal interest that you have not previously included in your Register of Interests then you must, within 28 days of the date of the meeting at which the declaration was made, ensure that your Register is updated to include details of the interest so declared.

	<b>NOTES (Continued)</b>
<b>4.</b>	<p><b><u>Part 2 Reports</u></b></p> <p>Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.</p>
<b>5.</b>	<p><b><u>Substitute Members (Committee Meetings only)</u></b></p> <p>Members are reminded that, in accordance with Standing Orders, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.</p>
<b>6.</b>	<p><b><u>Other Attendance at Committees )</u></b></p> <p>Any Authority Member wishing to attend, in accordance with Standing Orders, a meeting of a Committee of which they are not a Member should contact the Democratic Services Officer (see "please ask for" on the front page of this agenda) in advance of the meeting.</p>



## COMMUNITY SAFETY COMMITTEE

(Devon & Somerset Fire & Rescue Authority)

2 November 2021

### Present:

Councillors Chesterton (Chair), Coles (vice Corvid), Biederman, Parker-Khan, Radford (Vice-Chair), Randall Johnson (vice McGeough) and Redman

### Apologies:

Councillors Corvid and McGeough.

#### \* **CSC/21/5**      **Minutes**

**RESOLVED** that the Minutes of the meeting held on 26 July 2021 be signed as a correct record subject to amendment as follows:

- Minute CSC/21/2 – to add a further bullet point in the third paragraph to reflect that “The Committee asked to look in more depth at areas such as P4A, roving appliances, removal of the P3 appliances together with information on station/appliance availability as part of the Forward Plan”; and
- Minute CSC/21/3 – to add a further bullet point under the third paragraph to reflect – “that the Service should also reach out to other local authorities and partners to seek wider involvement in the fitting of domestic sprinklers and/or other fire suppression systems.

#### \* **CSC/21/6**      **Strategic Priority 1 and 2 Performance Measures: Quarter 1 2021/22**

The Committee considered a report of the Director of Service Delivery (CSC/21/3) that set out a set of Key Performance Indicators (KPIs) in order to measure the Service’s performance against Strategic Priorities for quarter 1 of 2021-22.

The Director of Service Delivery advised the Committee that the performance measures were based on the following criteria:

- Succeeding                      –            the KPI was achieving its target;
- Near target                      –            the KPI was less than 10% away from achieving its target; and
- Needs improvement –            the KPI was at least 10% away from achieving its target.

In terms of Priority 1, the Service was succeeding in 7 KPIs, near target in 10 KPIs and needing improvement in 2 KPIs. On Strategic Priority 2, the Service was succeeding in 4 KPIs, near target in 4 KPIs and none needed improvement.

The Director of Service Delivery reported that the two KPIs needing improvement were:

- KPI 1.1.4.1 – number of home fire safety visits completed (-33.9%); and
- KPI 1.2.4.1 – number of fire safety checks completed (-10.8%).

Both of these areas had been subject to review and an action plan had been instigated to bring performance back on target.

The Committee made reference to the following points (amongst others) in discussion on this item:

- A breakdown of the number of home fire safety visits into who had undertaken them, i.e., wholetime, On Call or technicians was requested in future reports;
- Whether the performance under KPI 1.2.4.1 had improved to September 2021 and whether the target was likely to be hit at year end;
- Whether the Service was confident in its partnership approach for the referral of vulnerable people for home fire safety visits.

The Director of Service Delivery, in response to these points, advised that he would enquire if the report could be amended in future to provide the breakdown requested above. He added that the Service had completed 6400 home fire safety visits to the end of October 2021 so it was still behind on this target but the action plan instigated should deliver improvements by the year end. The Service would need to consider the target for future years then based on performance and factors such as the community risk profile. He also advised that the referral process requesting home fire safety visits from partners for vulnerable people was simple with the majority of this process being undertaken by the Service.

In terms of areas of focus at future meetings, the Committee requested reports on the following areas:

- Risk and incident types;
- Appliance/station availability (linked to the Pay for Availability system);
- Home Fire Safety Visits;
- Forward Plan of other areas of work.

The Committee expressed its thanks to officers and staff for the quality of the performance report presented.

## **RESOLVED**

- (a) That the areas of focus for performance as set out in the bullet points above be agreed as a focus for the next meeting; and
- (b) Subject to (a) above, the report, including the exception reports for KPIs 1.1.4.1 and 1.2.4.1, be welcomed and noted.

\* **CSC/21/7    Overview of Devon & Somerset Fire & Rescue Service's Collaboration Activity**

The Committee considered a report of the Director of Service Delivery (CSC/21/4) that provided an overview of the collaboration activity undertaken by the Service, together with the legislative requirements, the emerging national picture within the fire and rescue sector and the agenda for reform.

The Director of Service Delivery advised the Committee that the Service had saved in the region of 150 lives through its collaboration activity. Current collaboration activity included (amongst others):

- Co-responding;
- Ambulance driving;
- Police and Fire Community Support Officers;
- Community Responders; and
- Safeguarding.

Reference was made to the following points:

- The work of the Police and Fire Community Support Officers and the potential to increase the numbers from 3 whilst still aligning to the new system under Pay for Availability;
- The work undertaken in developing the collaborative approach with the South West Ambulance Service and paragraph 4.5 of this report in particular which was commended; and
- Whether the staff undertaking ambulance driving were delayed by waiting times at hospital accident and emergency departments.

The Chief Fire Officer advised that the Service was working through the best way to increase the numbers of Police and Fire Community Support Officers in conjunction with Devon & Cornwall Police. The Director of Service Delivery added that staff driving ambulances were not available to the Service so they did not delay turn out times of fire engines. It was recognised that ambulance waiting times did impact on the Service and this was being discussed with partners along with the instigation of training for staff in respect of the prognosis of the casualty and encouraging people to take themselves to hospital but it was an ongoing issue.

The Committee also raised the point of cost recovery for collaboration work undertaken by the Service. The Director of Service Delivery confirmed that the Service had cost recovery arrangements in place for all aspects of collaboration.

Councillor Redman **MOVED** (seconded by Councillor Biederman):

“the addition of an additional recommendation at (a) to reflect that the Committee acknowledged the great work undertaken on by staff on collaboration activity and particularly during the Covid-19 pandemic”.

Upon a vote, the motion was **CARRIED** unanimously.

## RESOLVED

- (a) That the Committee acknowledged the great work undertaken on by staff on collaboration activity and particularly during the Covid-19 pandemic; and
- (b) subject to (a) above, the report be noted.

\* CSC/21/8

### **Progress Regarding Outcomes from the Grenfell Tower Fire Inquiry**

The Committee considered a report of the Director of Service Delivery (CSC/21/5) that set gave an overview of the actions the Service had taken to respond to the recommendations and changes in legislation arising from the Grenfell Tower Inquiry.

The report addressed, amongst other matters:

- The response by Government following the Inquiry;
- The immediate actions taken by the Service following the fire;
- The independent review of Building Regulations and Fire Safety;
- Fire Safety legislation, notably the Fire Safety Act 2021 and the Building Safety Bill;
- The Buildings Risk Review;
- Additional grant that had been received by Fire and Rescue Services;
- The Grenfell Tower Inquiry;
- The progress made with recommendations arising from the Grenfell Tower Inquiry.

The Director of Service Delivery drew attention to the point that the Service had undertaken a survey of all residential blocks in its areas with 6 floors and above and 3 residential towers had been identified in Plymouth with flammable cladding that did not resist the spread of fire to the standard required in Building Regulations. Additional measures were put into place and this work was now completed and the tower locks were now a much better place to reside as a result. He added that, in terms of the Building Risk Review, 85 of 92 premises had been inspected now and the Service was on track to complete this work in accordance with the Home Office requirements. The Service had experienced incidents since the Grenfell Tower fire where poor construction methods had resulted in fire spread between new build properties which was a concern.

In terms of funding, the Service had received a number of grants to support investment in staff and technology to improve protection capability. Notably, £60k had been provided to the Service as a grant to resource specialist teams to carry out the work on the Building Risk Review. Further money had been used to support the recruitment of Business Safety Officers and Apprenticeships had been established to ensure that there was a career pathway for staff employed in the fire safety role.

In response to a question, the Director of Service Delivery confirmed that a new Building Safety Regulator had been appointed by Government who would be responsible for actions once the Building Safety Bill was enacted. The National Fire Chiefs Council (NFCC) had a Protection Policy Reform Unit set up to understand how fire and rescue services could undertake this work in future. The Service had seconded some of its staff to work in this Unit already so was well placed to contribute and to see what may emanate from this. The Committee requested a six monthly update on progress with Grenfell to be included within the Forward Plan.

Councillor Coles **MOVED** (seconded by Councillor Parker-Khan):

“the addition of a recommendation to express thanks to the Director of Service Delivery and his staff in continuing, at pace, to protect the residents of Devon and Somerset”.

Upon a vote, the motion was **CARRIED** unanimously.

Councillor Randall Johnson stated that fire safety prosecutions should be covered within this report in future whereupon she **MOVED** (seconded by Councillor Coles):

“the addition of a further recommendation that the Authority continues to support the Service in the delivery of fire safety enforcement action”.

Upon a vote, the motion was **CARRIED** unanimously.

#### **RESOLVED**

- (a) That thanks be expressed to the Director of Service Delivery and his staff in continuing, at pace, to protect the residents of Devon and Somerset;
- (b) that the Authority continues to support the Service in the delivery of fire safety enforcement action; and
- (c) that subject to (a) and (b) above, the report be noted.

#### **CSC/21/9     Draft Community Risk Management Plan 2022-2027**

The Committee considered a report of the Chief Fire Officer (CSC/21/6) setting out the proposed draft Community Risk Management Plan (CRMP) for 2022-27 together with a Strategic Risk Analysis.

During consideration of the draft CRMP, the following amendments were requested by the Committee:

- To take account of the points raised by Councillor Buchan in her email to the Chief Fire Officer recently;
- Under “About Us” to reference the additional work undertaken by the Service which was outside of its statutory duties;
- In terms of the protection work undertaken, to add relevant statistics;
- Under “Looking Back” to show the impact and/or outcomes of the changes made;

- To reference the Emergency Response standards;
- To remove reference to the precept which would sit elsewhere in Fire & Rescue Authority documents; and
- To make reference to holiday let premises which may be unregulated and a risk if subdivided into numerous rooms.

The Committee requested a further version of the draft CRMP showing the changes discussed at the meeting as above. The Chief Fire Officer undertook to provide this but commented that it may be difficult to produce this version in time for publication with the Authority agenda for its meeting on 10 November 2021.

**RESOLVED** that, subject to incorporation of the amendments referred to at the Community Safety Committee meeting on 2 November 2021 as annotated above, the Authority be recommended to approve the draft Community Risk Management Plan for 2022-27 for public consultation.

**\*DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10:00hours and finished at 12:10hours

<b>REPORT REFERENCE NO.</b>	<b>CSC/22/1</b>
<b>MEETING</b>	<b>COMMUNITY SAFETY COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>9 FEBRUARY 2022</b>
<b>SUBJECT OF REPORT</b>	<b>DRAFT COMMUNITY RISK MANAGEMENT PLAN</b>
<b>LEAD OFFICER</b>	<b>DIRECTOR OF SERVICE IMPROVEMENT, ACFO GAVIN ELLIS</b>
<b>RECOMMENDATIONS</b>	<p>(a). <i>To consider the consultation feedback amendments highlighted in yellow in the draft Community Risk Management Plan attached at Appendix A of this report; and</i></p> <p>(b). <i>Subject to incorporation of the amendments indicated at (a). above and any other amendments as may be indicated at the meeting, the draft Community Risk Management Plan be recommended to the Devon &amp; Somerset Fire &amp; Rescue Authority for approval on 18 February 2022.</i></p>
<b>EXECUTIVE SUMMARY</b>	<p>The Fire and Rescue National framework for England requires Fire and Rescue services to produce an Integrated Risk Management Plan. In line with the National Standard, we are calling ours the Community Risk Management Plan 2022-2027.</p> <p>The Community Risk Management Plan provides an overview of fire and rescue-related risks faced by the communities we serve and identifies the plans for tackling those risks through our prevention, protection, and emergency response activities.</p> <p>The Fire Authority agreed on 10 November 2021 the draft Community Risk Management Plan 2022-2027 should be go for public consultation. With the consultation complete the Community Safety Committee are asked to agree the consultation changes to the Community Risk Management Plan.</p>
<b>RESOURCE IMPLICATIONS</b>	N/A
<b>EQUALITY RISKS AND BENEFITS ANALYSIS</b>	An equality impact assessment has been prepared alongside the CRMP to identify any disproportionate impacts on groups of people within our communities. This will be finalised before the document goes to public consultation.
<b>APPENDICES</b>	<p>A. Draft Community Risk Management Plan (CRMP) 2022-2027</p> <p>B. Strategic Risk Analysis</p>

	<p>C. Community Risk Management Plan Consultation Overview:</p> <ul style="list-style-type: none"> <li>(i) Online Survey Findings</li> <li>(ii) Email Response Summary</li> <li>(iii) Focus Group Report (Devon Communities Together)</li> <li>(iv) Focus Group Report (Consultation and Engagement Team)</li> </ul> <p>D. Equality Impact Assessment</p>
<b>BACKGROUND PAPERS</b>	None.



## **1. INTRODUCTION**

- 1.1. Devon and Somerset Fire and Rescue Authority (the Authority) is responsible for ensuring that the communities of Somerset, Devon, Plymouth and Torbay are protected and supported by an effective and efficient fire and rescue service.
- 1.2. The Authority has a statutory duty to assess and plan for threats and risks to our communities. All fire and rescue services maintain a response capability to ensure that we can respond with our partners to foreseeable risks, such as those identified at a national and regional level. This requirement is fulfilled through the Community Risk Management Plan (CRMP), where the key challenges and risks facing the Service are set out along with how it is intended to meet and reduce them.
- 1.3. There is an integrated approach to keeping our communities safe through the Service's prevention, protection and response activities. The Service protects over 1.8m people and will always seek to prevent incidents from occurring but when needed, it will respond quickly to minimise harm and economic loss.
- 1.4. Through the Community Risk Management Plan, it is demonstrated how the protection, prevention and response activities have and will be used collectively to prevent and/or mitigate fires and other incidents to reduce the impact on its communities (including Business), firefighters and to promote economic wellbeing.
- 1.5. The Community Risk Management Plan should be read in conjunction with the strategic risk analysis which accompanies it (see Appendix xx). The strategic risk analysis outlines future trends anticipated in the next five years and the top-level plans to keep our communities and staff safe.

## **2. THE COMMUNITY RISK MANAGEMENT PLAN**

- 2.1. The Fire and Rescue National Framework for England requires each fire and rescue service to prepare an Integrated Risk Management Plan. For Devon and Somerset Fire and Rescue Authority, this is the Community Risk Management Plan and it provides an overview of how the services are aligned to keep people safe from fire and rescue-related risks by balancing our resources across Prevention, Protection and Emergency Response. The Community Risk Management Plan is framed by strategic duties and responsibilities including the Fire and Rescue Services Act 2004, the Civil Contingencies Act 2004 and the Regulatory Reform (Fire Safety) Order 2005.
- 2.2. The Community Risk Management Plan is for the next five years 2022- 2027 and provides an overview of fire and rescue-related risks faced by the communities we serve and identifies the plans for tackling those risks through our prevention, protection and emergency response activities.

- 2.3. The Community Risk Management Plan provides the strategy to help in keeping Devon and Somerset communities, environment, home and people safe from fire and other emergencies. Any emerging risks over the next five years will be considered and evaluated with evidence to inform, support and develop the resilience of our service and communities. The impacts of extreme events can be devastating and far reaching for communities; therefore, the Authority will seek to improve community resilience through successful engagement and partnership working.
- 2.4. In determining the risks within the community and how to mitigate them, it is important to ensure that the CRMP process is sustainable for the future to deliver services to our communities. This requires the CRMP proposals to take account of the operating budget of the service to identify the capacity and capabilities required to meet the needs of the existing and new & emerging risks.

### **3. THE CRMP CONSULTATION PROCESS**

- 3.1. The Service wanted to understand the views of its communities, residents, businesses, staff and visitors, regarding this draft Community Risk Management Plan on behalf of the Authority.
- 3.2. The consultation for the draft Community Risk Management Plan started on 15 November 2021 and closed on 14 January 2022. A mid-term and closing review were undertaken to monitor responses from identified stakeholders and quality of response.
- 3.3. The consultation consisted of a dedicated email address, engagement events, focus groups and on-line survey.
- 3.4. Almost 250 responses to the consultation were received, 241 completed responses by online survey and 8 responses received by email. A further 36 individuals were engaged through focus groups. 53 members of staff and 13 members of the public engaged through the virtual events. Most members of the public represented a local parish council.
- 3.5. From the on-line survey, a third (33%) of respondents were female, and 55% male (1% identify as non-binary and the remaining 12% chose not to say). A quarter (25%) of respondents are aged between 45-54, with a further 22% aged between 55-64. Those aged between 65-74 make up 18% of respondents, with a further 14% comprised of 35–44-year-olds, and 9% are aged 34 or under. Over half (54%) of respondents are from rural area, 29% from urban areas, and 15% from coastal areas.
- 3.6. 71% of respondents either agree or strongly agree that the Service had identified all the major risks it is responsible for. 9% have responded to disagree and 6% strongly disagree.
- 3.7. 63% of respondents either agree or strongly agree that the activities the Service continues to and proposes to deliver are appropriate to the identified risks. 10% disagree and 8% strongly disagree.

3.8. 57% of respondents either agree or strongly agree that ‘the activities the Service continues to and proposes to deliver do not affect me or anyone else more positively or negatively than other people’. This question has seen more neutral responses with 23% neither agreeing nor disagreeing, and 16% responding they disagree or strongly disagree. This is in line with the equality impact assessment which considers a positive or neutral impact. The question was edited to have ‘do not’ in bold following a response which selected ‘strongly disagree’ to this question but made a positive comment in the free text.

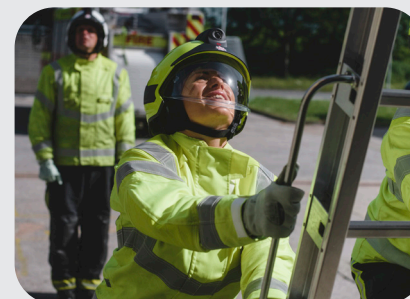
3.9. The feedback received from the consultation process has been analysed and included within the draft Community Risk Management Plan (attached at Appendix A of this report) as appropriate for consideration by the Community Safety Committee.

#### **4. RECOMMENDATION**

4.1 The Community Safety Committee is asked to consider the changes made as a result of the consultation process and recommend the Community Risk Management Plan to the Fire and Rescue Authority for approval at its meeting on 18<sup>th</sup> February 2022.

**ACFO GAVIN ELLIS**  
**Director of Service Improvement**

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# Community Risk Management Plan

2022 - 2027

This is a high level, strategic plan. More detail about the risks and how they have been established in our communities is in the Strategic Risk Analysis available on our website where you will also find the Equality Impact Assessment.

**Text change.** *Explanation - making the Strategic Risk Analysis more prominent to address feedback about lack of detail, and to replace previous note which signposted it being a draft plan.*



DEVON &  
SOMERSET  
FIRE & RESCUE SERVICE

# Community Risk Management Plan

*"Together we will work to end preventable fire and rescue emergencies, creating a safer world for you and your family."*





## Introduction

This document outlines who we are and what we do. It sets out the key challenges and patterns of incidents that we experience now and anticipate in the future. Specifically, it highlights the risks facing our communities and how we intend to reduce these over the life of this plan. The resources that we have available to us to achieve our priorities are also identified.

This Community Risk Management Plan is a five year strategic plan and is supported by a Strategic Risk Analysis and an Equality Impact Assessment which are available on our website. If any of the reviews proposed in this plan result in significant change to the service communities receive, we will consult further as required.

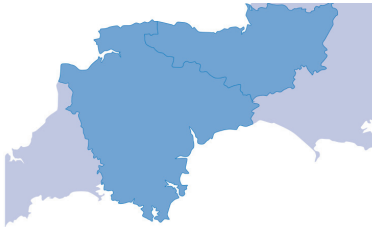
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## About us

We are the largest non-metropolitan fire and rescue service in England, covering almost **4,000 square miles**.



We protect **820,000 households**, **74,000 businesses** and a further **1.1 million visitors** a year.

Our Service area has a network of over **13,000 miles** of roads, 90% of which are smaller, rural roads and country lanes, and **659 miles of coastline**.



We have **332 emergency response vehicles** and **1,915 dedicated staff**.

Devon and Somerset Fire and Rescue Authority (the Authority) is responsible for ensuring that the communities of Somerset and Devon, including Plymouth and Torbay, are protected and supported by an effective and efficient fire and rescue service. Devon and Somerset Fire and Rescue Service (the Service) is the organisation put in place by the Authority to deliver its duties and responsibilities.

Each fire and rescue authority has a statutory duty to produce a Community Risk Management Plan (CRMP) – this document. Our CRMP sets out the key challenges and risks facing our communities and how we intend to meet and reduce them. It demonstrates how our protection, prevention and response activities have, and will be, used collectively to prevent and/or mitigate fires and other incidents. This integrated approach will keep you safe and reduce the impact of emergencies on people, businesses and the local economy.

We protect over 1.8m people and we will always seek to prevent incidents from occurring but when you need us, we will respond quickly to minimise harm and economic loss.



*332  
emergency  
response  
vehicles and  
1,915  
dedicated staff*



## Prevention

We believe that prevention is better than cure. We aim to stop fires and incidents happening in the first place. By doing this we not only reduce the suffering caused but also save money, for ourselves and our partners, such as the police, ambulance service, local councils and the National Health Service.

We provide home fire safety advice so that you can keep yourself safe. For most people this is through targeted social and traditional media to influence behaviour. We also:

- deliver free home safety visits to people most at risk of fire
- deliver education and campaigns
- work with partners to deliver road safety advice, education and campaigns
- work with partners to deliver water safety advice and equipment.

We will increasingly use community partnerships, as well as internal and external learning, to identify trends and emerging risks to enable us to target prevention activities. We plan to better understand local risks to help us focus our activities on those most at risk of fire and high risk locations, taking a prevention-first approach.

We work with our partners to improve the wellbeing of vulnerable people by signposting appropriate help, advice and services, and helping them with basic crime prevention measures. Reducing the potential for slips, trips and falls, and reducing the likelihood of a fire, means that vulnerable people can carry on living independently in their homes.

More people are killed and seriously injured in road traffic collisions than in fires. With roads such as the M5, A30, A38 and A303 in our Service area, road traffic collisions form a significant part of our emergency response and we aim to educate drivers to reduce these.

One in four of our residents are aged 65 years or over<sup>1</sup>, and 60,000 of those are over 85 years. As the population ages we expect to see greater numbers of older people living with some form of impairment, many of whom will be living alone and in relative isolation given the rural nature of much of our area. Fifty four percent of the victims of fires in the home live alone, meaning that people living alone are more likely to have a fire at home than those living with others.

Employment levels are relatively high and there are many affluent areas across the two counties. However the average hourly rate in Devon and Somerset is £9.15, significantly lower than the national average of £14.00<sup>2</sup>. Those on a lower income tend to live in areas of deprivation, where the likelihood of a fire in their home is higher than those living in less deprived areas.

Help us to help you stay safe by following the advice on our website **[dsfire.gov.uk/safety?home](https://dsfire.gov.uk/safety?home)**

If you have paying guests, you will also need to ensure you comply with the law. Visit **[gov.uk/government/publications/do-you-have-paying-guests](https://gov.uk/government/publications/do-you-have-paying-guests)** for guidance.

**Text added. Explanation - wording changed to better reflect the data.**

<sup>1</sup> Office for National Statistics mid-year population estimates.

<sup>2</sup> From NOMIS labour market statistics.



## Protection

We carry out fire protection activities guided by a risk-based approach, completing fire safety checks at lower risk business premises and fire safety audits at higher risk business premises. We work with partners to ensure fire safety in high-rise buildings and to ensure that public events are safe. The devastating fire at Grenfell Tower in London raised several significant questions over building regulations, how fire safety regulations are enforced in such premises and how the fire and rescue service respond to fires in high-rise residential premises.

There are 163 buildings in our Service area with six floors or more. We continue to focus our protection resources on the inspection of high-rise buildings and protecting buildings and the area around them. We will continue to adopt recommendations from the Grenfell Public Inquiry.

We are also involved in influencing the safety of buildings even before they are built. We work closely with architects, planners and owners, advising them how to maximise the safety of occupants, the public and our firefighters through technical solutions and building design. This work includes encouraging the use of sprinklers in higher risk buildings like high-rise properties, schools and residential care homes.

We work hard to support local businesses to help them reduce fire risk and be compliant with their legal responsibilities. We are the enforcing body for fire safety prosecutions and continue to take action against those who break the law. Fire protection laws are there to keep people safe whenever they enter a public building or business. We are here to help those responsible for these buildings meet the legal standards and to help them protect businesses from fire. We undertake fire safety audits based on our risk-based inspection programme.

*We work hard  
to support local  
businesses to  
help them reduce  
fire risk and  
be compliant  
with their legal  
responsibilities.*



## Response

Our response to emergencies is designed to get the right equipment to the right place as quickly as possible. It requires highly trained firefighters, with modern equipment, supported with risk information to respond safely. We have about 1,600 frontline operational staff and 83 fire stations across Devon and Somerset.

Our Emergency Response Standards enable us to monitor how often we arrive within our target attendance time to dwelling fires and road traffic collisions on a daily basis.

Our aim is for a fire engine to attend dwelling fires within 10 minutes of the emergency call being answered, and road traffic collisions within 15 minutes.

The rural nature of Devon and Somerset means that this isn't always going to be possible, so our target is to achieve the Emergency Response Standards for at least 75% of incidents.

Across our Service area, on average, we arrive at an emergency in about nine minutes from answering the call.

We have:

- **12 wholetime fire stations** (crewed 24 hours a day, seven days a week, by immediately available wholetime firefighters. Ten of these stations also have an on-call section attached.)
- **69 on-call fire stations** (crewed 24 hours a day, seven days a week, by firefighters who are on call and respond to the fire station within five minutes of a call being received)
- **two volunteer fire stations** (crewed by on-call firefighters).

**Text added.** *Explanation - this is in response to how people in rural areas tended to respond so wanted to make this clearer.*

As well as responding to fires and road traffic collisions we also undertake a wide variety of specialist rescues, working with the police, HM Coastguard, Environment Agency and many other organisations. Examples of our activities include:

- rescuing people from height or below ground
- rescue of extremely overweight people or supporting the ambulance service
- rescuing people trapped within or under structures or large vehicles
- rescues from difficult locations like lifts, cliffs and mud
- rescuing large animals that are trapped
- response to flooding incidents
- chemical and hazardous response
- marine firefighting.

All our firefighters are trained in casualty care. This is vital and means that when we are the first to arrive at an emergency we can provide immediate, and potentially lifesaving, first aid.

We also operate medical co-responder schemes at 20 of our fire stations, where trained firefighters attend medical emergencies at the request of the ambulance service. More recently, we have supported the ambulance service during the Covid-19 pandemic for example with firefighters driving ambulances.

We have a statutory duty to assess and plan for threats and risks to our communities. All fire and rescue services maintain a response capability to ensure that we can respond with our partners to foreseeable risks, such as those identified at a national or regional level.

We have specialist rescue capabilities and additional specialist vehicles at various locations that will support incidents where a higher level of intervention is needed, such as mass public decontamination. We also have two specialist teams prepared to help mitigate the impact of terrorism.

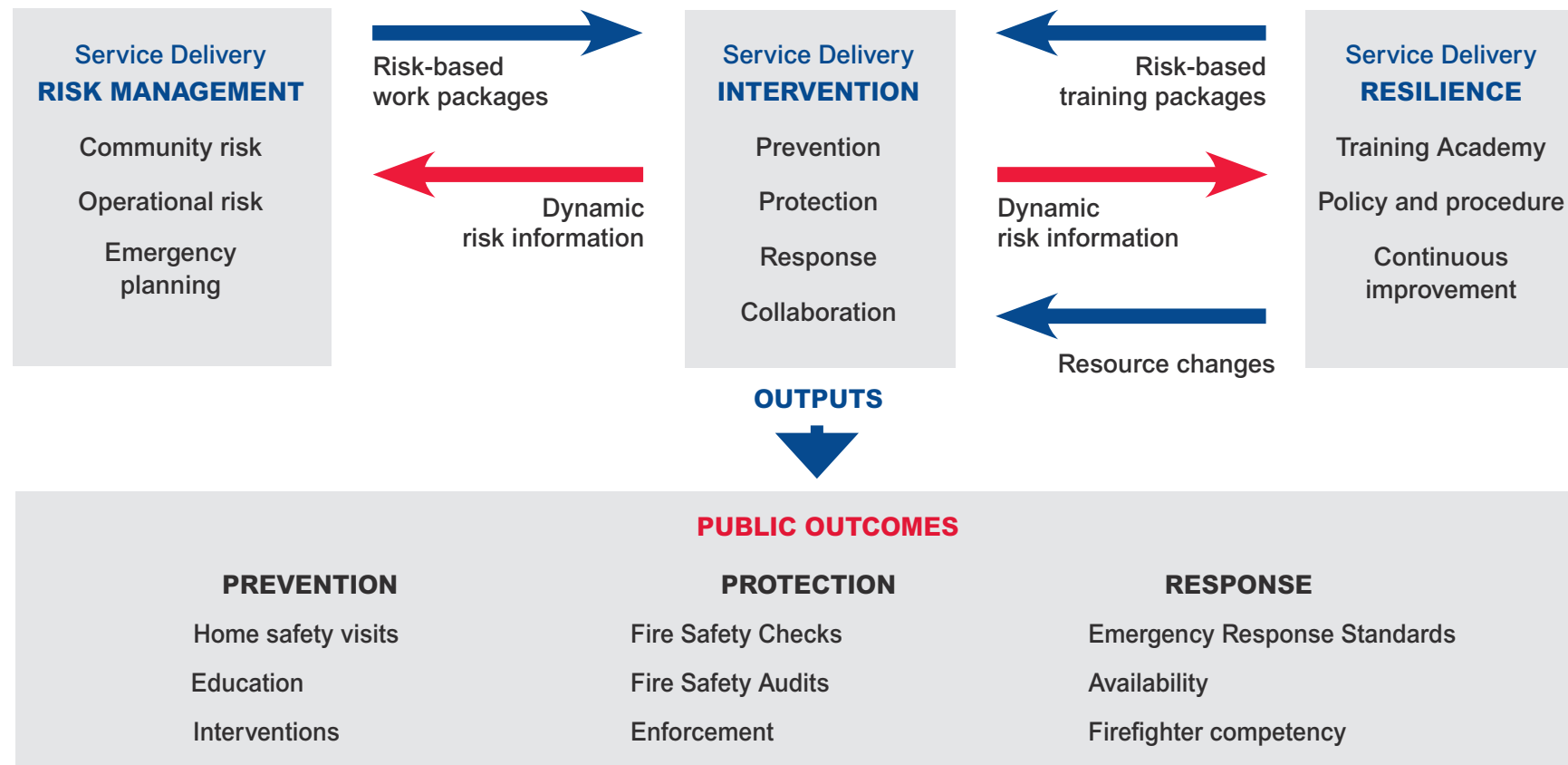
More information about us and how we use our resources is available on our website [dsfire.gov.uk](https://dsfire.gov.uk)

Fighting fires and attending other emergency incidents is inherently dangerous. We need to ensure that we assess the risks faced by our staff and introduce control measures to reduce the risks as much as possible. We will continue to carry out operational assurance and learning to understand significant risks, providing our firefighters with access to a suite of guidance and risk information when attending incidents.



The diagram below shows how our work connects our planning activity to improve public outcomes. We use risk management to inform what needs to be done by who, where and when. We train our staff and have effective policy and procedures to ensure that our prevention, protection and response arrangements make people safer.

This is our high level operating strategy for Service Delivery. At the bottom are the public outcomes that we are here to deliver – anything and everything we do should be able to be linked to providing at least one of these outcomes.



## Looking back

This plan provides an overview of fire and rescue-related risks faced by the communities we serve, and outlines how we will address them through our prevention, protection and emergency response activities. It's our strategy for the next five years to help keep you, your home, your community and your environment safe from fire and other emergencies.

This plan will replace our Integrated Risk Management Plan 2018-2022 (IRMP) and Fire and Rescue Plan 2018-2022. We will continue to build upon the work already delivered under these plans. We have outlined some of the changes and achievements below.

Under our existing **Integrated Risk Management Plan** we have:

- improved delivery of home fire safety visits using new working arrangements and training highly skilled staff to reduce the risk of fire to households
- developed a heritage property fire reduction policy
- expanded our community engagement and collaboration work with the police and other partners, including health and social care, to ensure the highest risk individuals can receive our support
- developed a strategy to support the installation of domestic sprinklers in the highest risk households
- improved control of fire risk through investment in training for business safety officers to expand our capability in enforcing fire safety legislation
- developed our relationships with partners who manage high risk sites to manage risk through legal compliance and integrated response plans
- implemented new firefighting technology, enhancing incident skills and knowledge of operational staff, and providing specific training to ensure they are prepared to deal with flooding, hazardous material and counter terrorism incidents

- shared data with partners and used predictive analysis to target interventions with road users
- worked with other emergency services to share resources and response to resolve incidents effectively and efficiently
- implemented an Operational Resource Centre to redistribute surplus capacity to meet forecasted crewing needs
- reviewed skills and requirements for the role of on-call firefighter and adjusted recruitment process, ensuring positive action in place to encourage recruitment.

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Our **Fire and Rescue Plan** identified six areas of focus and we have made significant changes and improvements, some of which are outlined below.

- **Service delivery** - how we deliver the best possible prevention, protection and response services to keep our community safe. For example we have:
  - introduced a model for centralised prevention and protection activity. Investing in more home fire safety visit technicians and specialist equipment to tailor solutions to keep those most at risk safe. Investing in more business safety officers to ensure that businesses comply with fire safety legislation
  - developed and implemented a new Service Delivery Operating Model. This included investing £3 million in our on-call model to support us to better match resource to risk, relocating Topsham and Budleigh Salterton crews to Clyst St George and Exmouth, moving fire engines and creating new on-call sections at Middlemoor and Clyst St George stations, and removing nine fire engines whilst maintaining operational cover. The new model brought together the four key components of our response capability: staff, the duty systems they work, the appliances used and the stations from which they operate. This has been a contributing factor to improving our risk-based appliance availability, and the wellbeing and retention of our staff, whilst fulfilling our statutory duties
  - collaborated with partner agencies both locally and nationally to improve emergency response
  - established a robust process for managing and implementing risk-critical information including learning from emergencies elsewhere.

- **People** - ensuring we are recruiting, retaining, supporting and developing the best people. For example we have:
  - developed a people strategy and established a workforce plan to support our new ways of working including improved leadership and management development, new apprenticeship opportunities and encouraging diversity and inclusivity in our workforce
  - introduced a new on-call duty system called Pay for Availability, which means that we now pay our on-call firefighters by the hour for their availability. Compared to the previous system, this approach allows more flexibility on the hours each person needs to commit to and enhances their pay
  - provided risk-based training and development that is centred on safety-critical elements.
- **Value for money and use of resources** - ensuring that we provide value for money, making the most of our assets, investing in improvement and planning a sustainable future. For example we have:
  - a medium term financial plan, and capital and investment strategies that take into account the interdependencies of revenue budgets and capital investments
  - produced an environmental strategy and action plan, and developed an estates strategy that provides the resources needed to deal with risk and maximises the opportunities for shared use, including investing in rebuilding Chagford, Brixham and Plymstock fire stations
  - designed our change and improvement programme around clearly identified cost-benefit analysis
  - reviewed our vehicle fleet to support new service delivery models – we have bought 35 new vehicles including 15 front-line fire engines and 20 specialist vehicles. We identified a need to improve our ability to get to locations off-road, so five of our new specialist vehicles are equipped to deal with this, and have improved our wildfire response
  - developed a reserves strategy to indicate how we are investing for the future.



- **Governance** - putting the right information, processes and people in place to help us make the right decisions. For example we have:
  - improved our governance and programme management arrangements
  - developed a comprehensive communications, consultation and engagement strategy, and also worked with our staff and their representative bodies on changes that affects them
  - introduced a new website
  - developed a performance management culture with meaningful conversations and measurable outcomes
  - published an annual report showing how we are meeting priorities and managing our finances.
- **Collaboration** - seeking opportunities to work better with others to provide an improved service to our shared communities. For example we have:
  - built on the work of the Offices for Data Analytics to develop an analytical model to predict locations with an increased risk of dwelling fires and we will be working to share data with other public sector organisations to improve services
  - improved our approach to partnership working across our Service area and have a key role in the South West Emergency Services Forum
  - established Community Responders (on-call firefighters who are also special constables) at three locations in Devon, with the ability to deliver a wider range of services at an overall reduced cost to the public
  - supported the ambulance service by providing firefighters to drive ambulances during the Covid-19 pandemic
  - continued to explore opportunities through strategic partnerships such as Networked Fire Services Partnership.



- **Digital transformation** - making use of technology to provide the information we need in the right way and developing smarter ways of working and thinking. For example we have:
    - developed a digital transformation strategy and invested in technology such as video conferencing and applications to help us work more efficiently and effectively
    - implemented a data architecture and improved operational data capture through the single operational reporting tool
    - restructured our business analysis and data architecture teams to support these ways of working.
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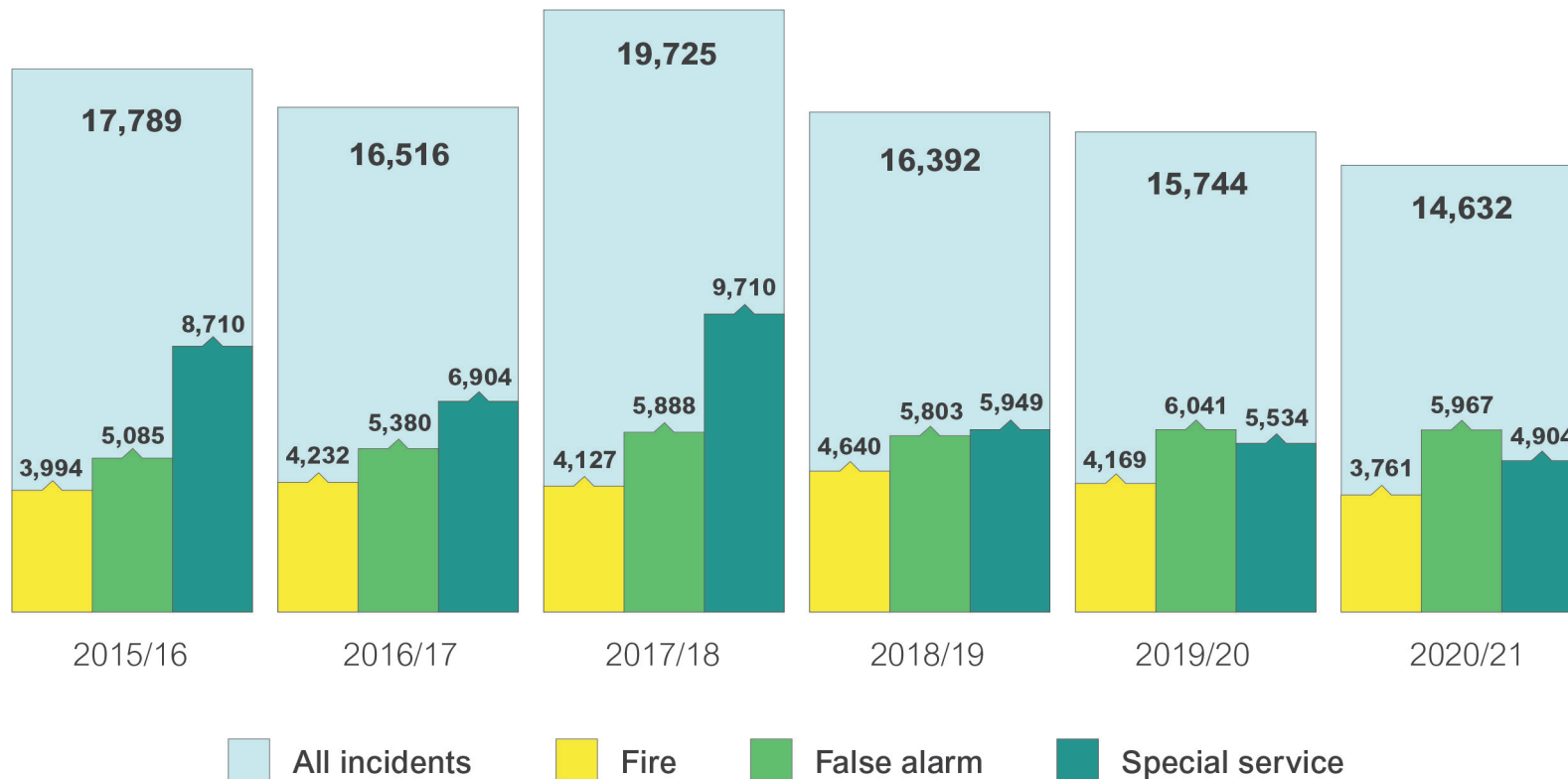
In 2019 we received recommendations from Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services on the themes of effectiveness, efficiency and people. Full reports are published on their website. We developed a comprehensive action plan and some of the areas we have been focusing on include:

- improving the availability of on-call staff
- performance against Emergency Response Standards
- allocating prevention, protection and response resources in relation to risk
- using operational crews more efficiently to support prevention, protection, and response activity
- having assurance that operational members of staff meet the minimum fitness requirements to perform their role
- ensuring that selection and promotion processes are fair, open, and transparent and that feedback is available to staff.

**You can find more information about the changes we have made, and continue to make, on our website. If you need the information in a different format please contact **01392 872200** or email **[comments@dsfire.gov.uk](mailto:comments@dsfire.gov.uk)****

### Incidents attended over the last five years

This chart shows the total incidents in Devon and Somerset that the Service attended each year (2015/16 to 2020/21). The total is shown along with the number of fires, false alarms and special services attended.



The range of incidents that we attend is extremely broad and has increased over recent years, as has the equipment needed to deal with each incident type.

## How this plan has been informed

When preparing this plan, we asked residents, businesses and our staff about the dangers they face and how we could help them feel safer. We did this with an online survey and an online forum, both also available to participate in over the phone. We received nearly 1,700 responses.

We consulted on the draft plan asking to what extent respondents agreed or disagreed with three statements.

- 71% agreed that the Service identified all the major risks it is responsible for.
- 63% agreed that the activities the Service continues to and proposes to deliver are appropriate to the identified risks.
- 57% agreed that the activities the Service continues to and proposes to deliver do not affect them or anyone else more positively or negatively than other people. 23% neither agreed nor disagreed.

We received around 250 responses to an online survey and by email. We also held focus groups and a paper version was available on request.

By looking at our data and listening to what our staff, partners and those who live and work in Devon and Somerset have told us, we have sought to identify the key fire and rescue-related risks, and how we will work with our partners and communities to reduce those risks. All of the feedback has been considered and, where appropriate, changes included in this plan.

**Text added.** *Explanation - addition to explain consultation stage and outcome.*

## What you told us

## Our response

**The plan doesn't include a risk facing my local community or what you will do in my local area.**

This is a high level, strategic plan and does not detail every local risk or activity such as retaining walls, narrow bridges and type of fire engine at individual stations. Specific local risks will be covered in local risk management plans we will develop for each station area.

Local risk management plans have been added to the actions on pages 45 and 48 to make our intent clearer. We will refer to the local information provided when creating these plans.

There is now greater reference to the Strategic Risk Analysis, which provides more detailed information about risk.

**Rural communities were less likely to agree that all the risks have been identified and that the activities planned were appropriate than those in urban or coastal areas.**

We recognise that large parts of our Service area are rural. Whilst not specifically mentioned as a risk in itself, rural communities are considered throughout the plan, and in supporting Equality Impact Assessment and Strategic Risk Analysis.

We talk frequently about tailoring our service for those most at risk. This includes geographic areas (including rural) as well as groups of people.

Specific risks for rural communities will be picked up in the local risk management plans we plan to develop.

**Young people and education were underrepresented in the draft plan.**

We will continue to engage with young people through education programmes and activities including cadets, our firesetter intervention programme and partnership work.

Our prevention activities on page 43 have been updated to reflect this.

## What are the risks?

As a result of engaging and listening to the public, partners and our staff we have a much better understanding of the risks we need to manage. Like all fire and rescue services, we are required to look at the risks faced by our communities. This is so that we can make sure that we have the best plans in place to reduce the likelihood of those risks becoming incidents, while also having the right people, skills, equipment and tactics in place to respond if an incident happens.

<b>Risk category</b>	<b>Identified risks</b>
<b>Fires</b>	<ul style="list-style-type: none"> <li>■ Dwelling fires</li> <li>■ High-rise buildings</li> <li>■ Large commercial, industrial and agricultural fires</li> <li>■ Hospitals and residential care homes</li> <li>■ Hotels and guest houses</li> <li>■ Heritage property fires</li> <li>■ Secondary fires</li> <li>■ Fires on-board vessels</li> <li>■ False alarms</li> </ul>
<b>Transport</b>	<ul style="list-style-type: none"> <li>■ Road traffic collisions</li> </ul>
<b>Specialist rescues</b>	<ul style="list-style-type: none"> <li>■ Rescues from height and confined space</li> <li>■ Rescues from water</li> <li>■ Animal rescues</li> </ul>
<b>Hazardous materials</b>	<ul style="list-style-type: none"> <li>■ Hazardous materials sites and incidents (including responding to collapsed structures and bomb or terrorist attacks)</li> </ul>
<b>Environment and climate change</b>	<ul style="list-style-type: none"> <li>■ Severe weather events including flooding response and water rescue</li> </ul>
<b>National risks</b>	<ul style="list-style-type: none"> <li>■ Major emergencies</li> <li>■ Resilience and business continuity</li> </ul>
<b>Health and wellbeing</b>	<ul style="list-style-type: none"> <li>■ Medical response and health-related incidents</li> </ul>

■ Core operational activities and statutory duties
 ■ Other operational activities

Some of the main risks are shown on the table opposite and more detail is provided on the pages that follow. Full data for each risk is available in the Strategic Risk Assessment available on our website.

The main focus of this plan is to outline what the risk is to our communities and what our action is to mitigate that risk. Action is delivered through departmental and individual plans that have been aligned with our Priority 1\* (prevention and protection) and Priority 2\* (emergency response) activity. A series of charts on the following pages provide more detail on these risks.

Whilst the external risks are outlined in some detail within this document, there are also some internal risks that we will need to continue to manage if we are able to respond effectively. For example, if our staff are not well trained or not provided with suitable equipment we will not be able to respond effectively. Similarly, if we have limited financial resources, we will need to continue to focus our resources on areas where this has the greatest impact. These risks are addressed in Priority 3\* and 4\*.

This plan provides a high level overview of the risks and our main effort to reduce these.

\* See page 42 for more detail about our strategic priorities.





## Looking forward - future risk

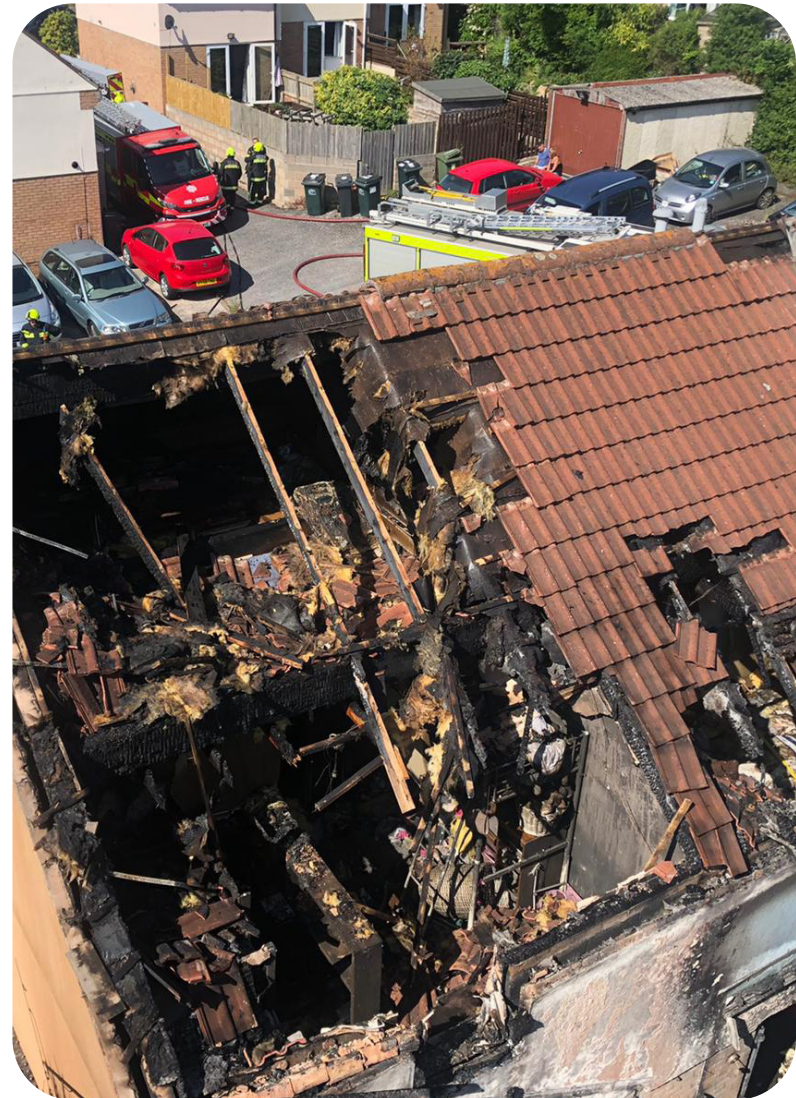
The expectations on fire and rescue services have increased as a result of the Grenfell Tower fire and Manchester Arena terrorist attack. Recommendations from these incidents will continue to be adopted in our own resilience and preparedness arrangements. The impacts of extreme events can be devastating and far-reaching, so we will work with our communities and partners to become more resilient.

We recognise the need to identify emerging and future risks and trends across our communities and to our staff. For example, electric vehicles and potential 'self-drive' vehicles, domestic and commercial battery energy storage systems, biomass fuel plants and the government's agenda for renewable energy, modern building construction methods, future pandemics and an increasing use of e-cigarettes.

We also recognise that risks may change following the Covid-19 pandemic, for instance due to a shift in people's working arrangements. We will monitor this through our annual review of this plan and make arrangements to deal with new and emerging risks should they arise.

To help us prepare we will link to national operational learning and review our position against national operational guidance. We will also collaborate with other fire and rescue services, the National Fire Chiefs Council and other blue light partners.

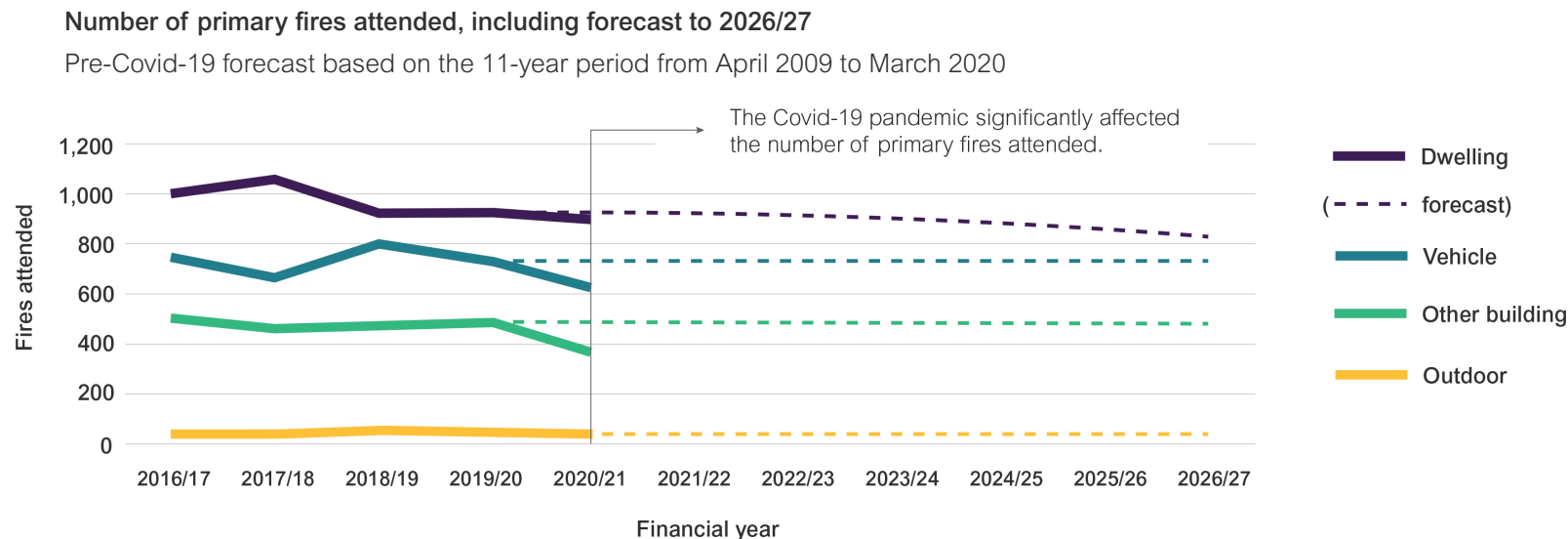
**Text added. Explanation - added in response to feedback that this was not represented.**



## Fires

Fires in buildings, vehicles and outdoor structures are known as primary fires as they are most likely to involve a risk to life. The majority of outdoor fires, including grassland and refuse fires are known as secondary fires.

The following graphs show the number of fires we attend each year, the causes and the impact of fire on communities and individuals. They also indicate the trends we may expect by 2027 (based on the past being an effective indicator of the future). As indicated in the risk table presented earlier, fires continue to be a significant risk. The following chart shows the number of primary fires attended by type of fire. We have also developed a trend line to indicate a possible level of forecasted risk which can be used to anticipate demand.



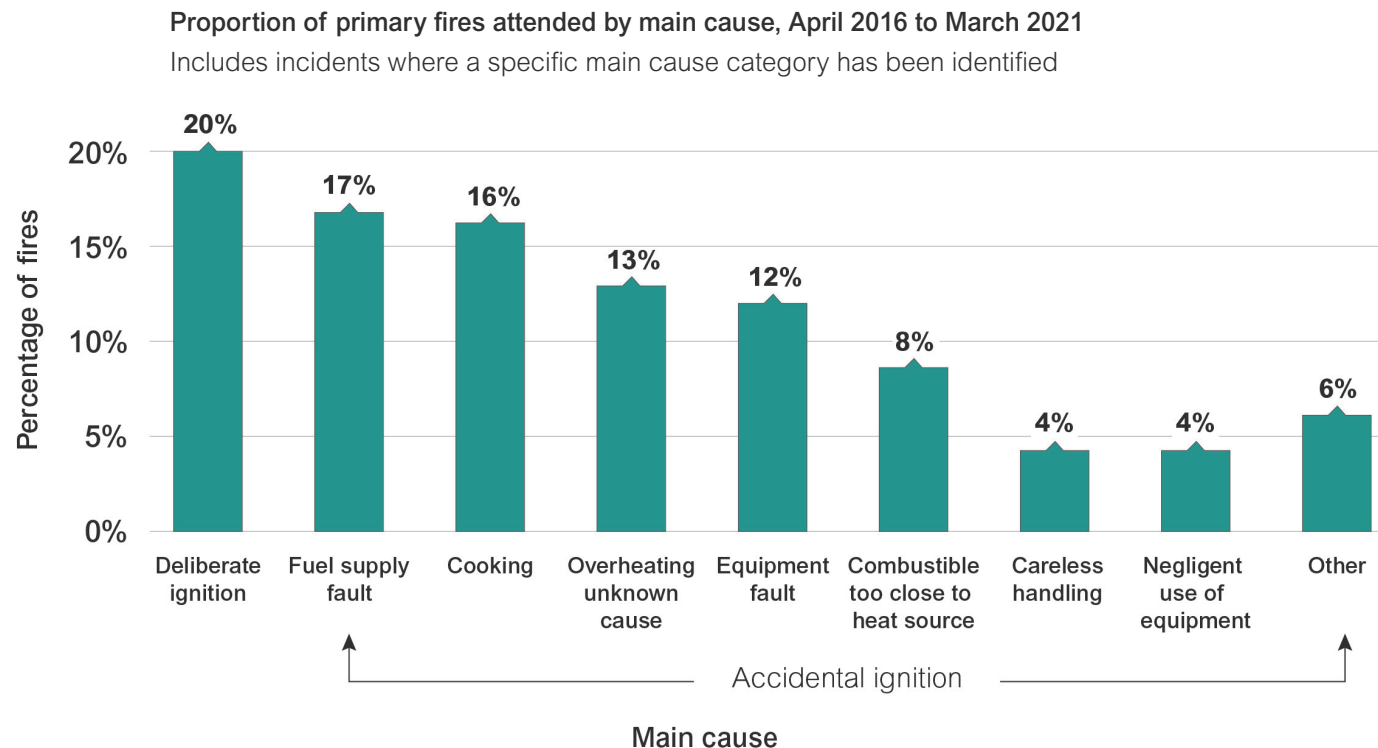
The chart above shows data for the four high level categories of primary fire attended: dwelling, other building, road vehicle and outdoor location. The forecasts are based on 11 years of historic data, from April 2009 to March 2020. We have excluded the 2020/21 financial year from our calculations as the Covid-19 pandemic had an exceptional effect on some of our incident levels.



The forecasts indicate that we are likely to see a continuation of the downward trend in dwelling fires, while primary fires in other buildings, vehicles and outdoor locations are likely to remain at a relatively consistent level. This information helps us to understand what our future operational demand may look like.

The chart below shows the proportion of primary fires attended by the main cause of the fire for the period April 2016 to March 2021. Deliberate ignition, faulty fuel supply and cooking being the most prevalent. This type of data is used to inform our community safety messages

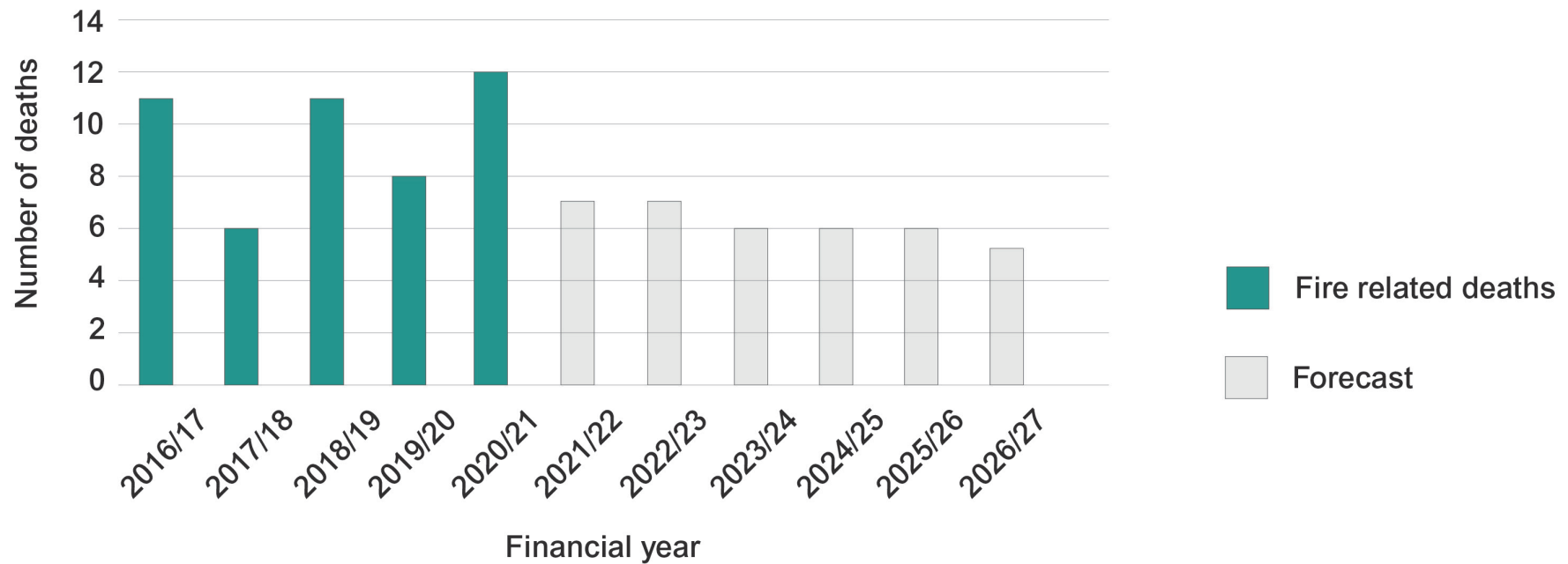
Between April 2016 and March 2021, over three-quarters of primary fires (80%) started accidentally. Fuel supply fault (17%) and cooking (16%) were the most common accidental causes. We use this information as a focus for our communication campaigns. Other causes include overheating (cause unknown), equipment fault and combustibles placed too close to a heat source.



The chart below shows the number of fire related deaths in our Service area for each financial year for the period 2016/17 to 2020/21. For the period 2021/22 to 2026/27 a forecast of fire related deaths is shown. There are around 1.8 million people in our Service area. Any fire death is a tragedy for those affected and we are committed to reducing fire deaths and injuries.

**Proportion of fire-related deaths in our area, including forecast to 2026/27**

Pre-Covid-19 forecast based on 11 year period from April 2009 to March 2020



### Primary fire risks in more detail

**Dwelling fires:** most fire-related deaths and injuries occur when there is a fire in a home, so we need to make sure that we are working effectively to reduce the number of fires and limit their severity when they do happen.

Evidence from national and local studies suggests that, while the overall risk of fire in the home is low, some people are at greater risk from fire than others. We undertake research and analysis to identify the lifestyle and environmental factors that are most commonly associated with fires and related deaths and injuries.

We understand from our recent survey that our communities are concerned about increases in housing stock. The Office for National Statistics estimates that by 2025 the population of Devon and Somerset will have increased by 5% and that by 2043 it will have increased by 14%<sup>3</sup>. We are expecting to see more than 78,000 new homes built in our two counties by 2031<sup>4</sup>, with most of this development focused around urban areas.

The Home Office publication ‘Detailed analysis of fires attended by fire and rescue services, England, April 2020 to March 2021’ states “by combining Incident Recording System (IRS) and English Housing Survey data, Home Office statisticians have calculated that you are around eight times more likely to die in a fire if you do not have a working smoke alarm in your home.”<sup>5</sup>

**High-rise building fires:** seventy-two people died after a fire engulfed Grenfell Tower, a west London residential high-rise building. More than 200 firefighters and 40 fire engines responded to the fire, and 151 homes were destroyed in the building and the surrounding area.

The fire has impacted nationally on fire services’ prevention, protection and emergency response arrangements. It will continue to do so as lessons are learnt and recommendations from both the public inquiry and Independent Review of Building Regulations are implemented.

<sup>3</sup> Office for National Statistics mid-year population estimates.

<sup>4</sup> Office for National Statistics household projections for England.

<sup>5</sup> Detailed analysis of fires attended by fire and rescue services, England, April 2020 to March 2021 - GOV.UK.

**Large commercial, industrial and agricultural fires:** these incidents can pose significant societal, economic and environmental risks to our communities and can require large numbers of our resources, meaning that they may not be available to respond to other incidents. Whilst the life-risk at these incidents is generally lower than at dwelling fires, undertaking firefighting activity in large and often complex buildings can pose a high risk to our firefighters.

**Hospitals and residential care home fires:** while the likelihood of a significant fire in hospitals, residential homes and other health care acute services is low, the potential severity of an incident in a setting that accommodates many people with greater levels of vulnerability due to health and wellbeing issues is high. The buildings are often large and complex and our response can be due to hazardous materials that may be present and the procedures that we need to follow.

**Hotel and guest house fires:** like hospitals and residential care homes, hotels and guest houses have the potential for significant loss of life in the event of fire. This is largely because many people are sleeping in an unfamiliar environment and are likely to be less aware of the layout of the building.

**Heritage building fires:** losing any historic building or landscape to fire, storm or flood would be a significant loss to local, and in some cases national or even international heritage. The effects can be far reaching, including loss of unique features and irreplaceable art, and the economic impact on local communities.

**Fires on-board vessels:** although the Service does not have an offshore firefighting responsibility, we do have a duty to respond to fires in vessels alongside (next to land). These incidents can be hazardous because of the way vessels are constructed. Getting in and getting out is difficult, and fire can spread easily by conduction through metal bulkheads and air handling machinery.

**Flooding and wildfire:** the impact of global warming on the environment can also be seen in the increase in wildfires globally. More locally, Devon and Somerset has two major national parks within our area and we need to ensure we have sufficient resources in place at the right time to minimise the impact on affected communities. At the same time, the Service has experience that it can use to support others who are charged with the responsibility for reducing the impact of flooding.

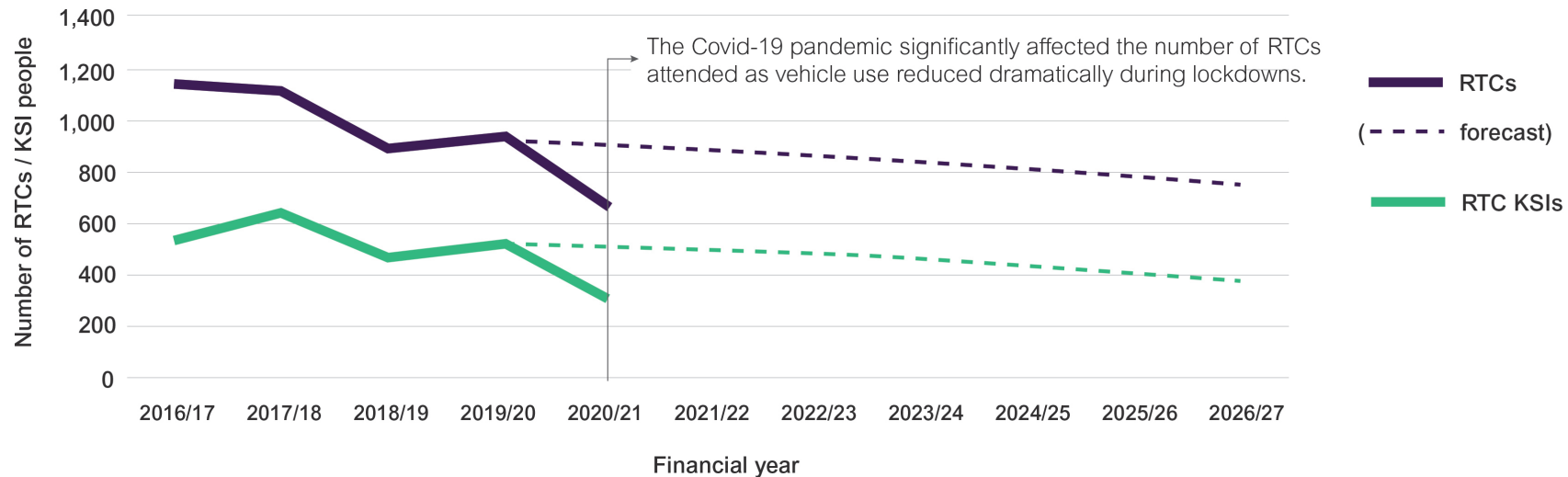
## Road traffic collisions

More people are killed and seriously injured in road traffic collisions (RTCs) than in fires. While we do not need to attend every road traffic collision in our Service area, they do form a significant part of our emergency response.

Drawing from our main risk table, the chart below shows the number of collisions attended and the number of people killed and seriously injured per financial year. For the years 2016/17 to 2020/21 the actual number recorded is shown. A forecast is also shown. Road traffic collisions can result in a fire as a result of fuel coming into contact with an ignition source. Where vehicles catch fire but are not involved in a collision, we record these separately.

**Number of RTCs attended and KSI<sup>6</sup> victims, including forecast to 2026/27**

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



<sup>6</sup> Killed or seriously injured (requiring hospital treatment) victims at incidents we attended based on our understanding at the point the incident concluded.

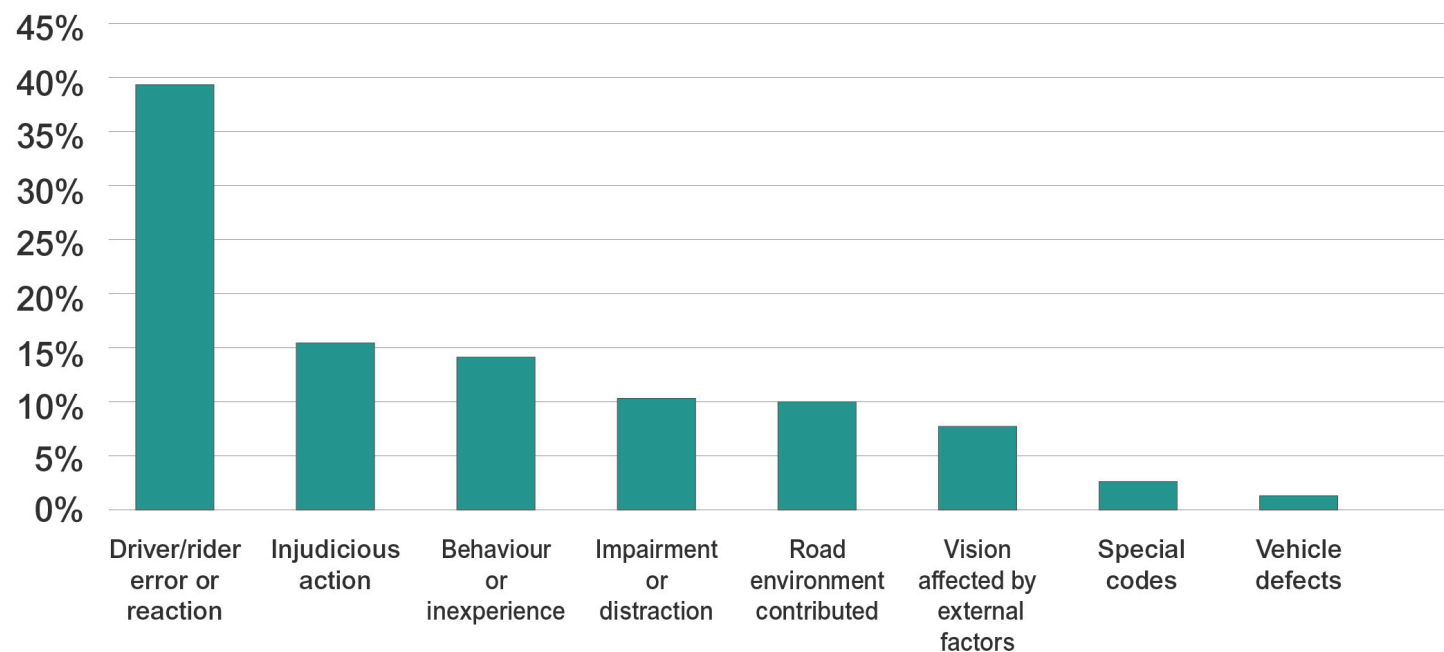




The chart below shows that almost 40% of road traffic collisions have 'driver/rider error or reaction' as a contributory factor and about 15% have 'injudicious action' (meaning showing very poor judgement) as a contributory factor. Special codes relate to specific endorsement and 'penalty points'. The contributory factors present in more than 10% of collisions are 'behaviour or inexperience' and 'impairment or distraction'.

#### Proportion of RTCs by contributory factor, South West England, April 2015 to March 2020

Source: Department for Transport data table - RAS50012: Contributory factors for accidents by English region and country



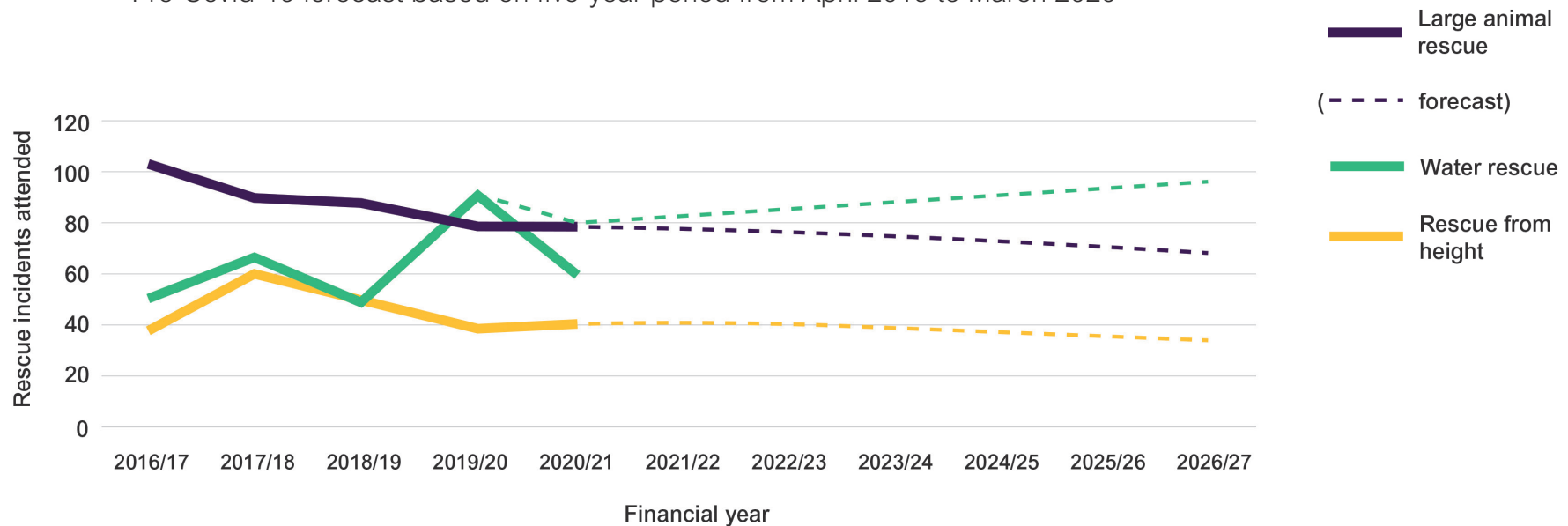
## Specialist rescue

Specialist rescues are not statutory responsibilities for fire and rescue services, but there is an expectation and a need for our communities and partner agencies to be supported at these incidents. We also have legislative and regulatory requirements that apply when attending statutory duty incidents involving flooding, confined space and working at height.

In the following chart, it can be seen that water rescue incidents have seen an upward trend from 50 incidents in 2016/17 to 90 incidents in 2019/20 (which was a very wet year). Water rescue activity is forecasted to continue due to the effect of climate change. Rescues from height incidents have generally seen a downward trend from 60 incidents in 2017/18 this is forecast to continue to fall to less than 40 incidents per year by 2026/27. Large animal rescue incidents have fallen from more than 100 in 2016/17 to 80 in 2020/21. This trend is forecasted to continue.

### Number of specialist rescue incidents attended, including forecast to 2026/27

Pre-Covid-19 forecast based on five-year period from April 2015 to March 2020







**Image added.** Explanation - to include a more diverse range of images.

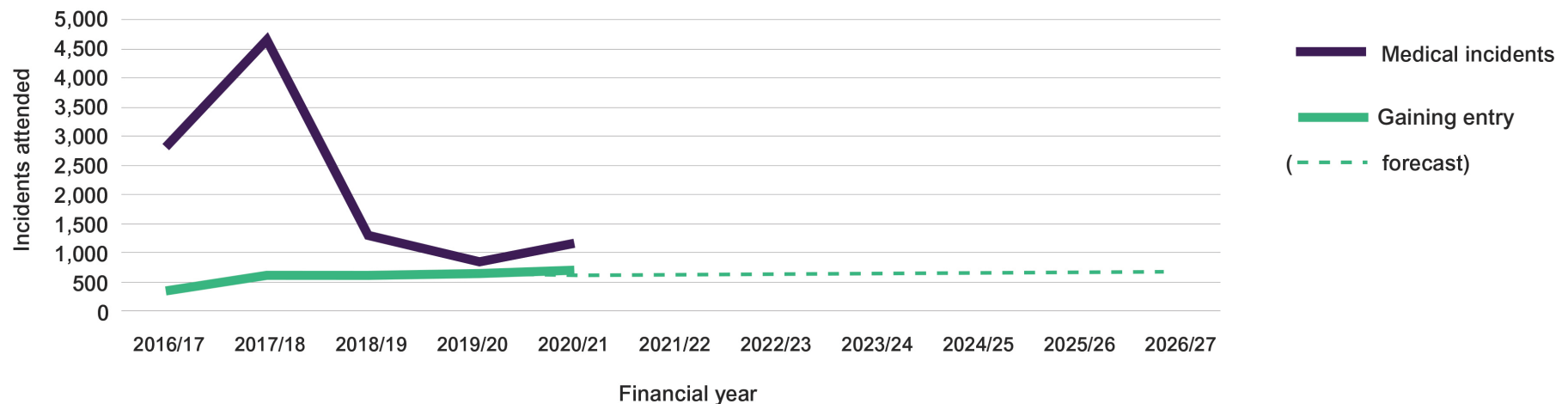
## Medical incidents

As part of the wider emergency service community, to support our colleagues in the police and ambulance service, and to help keep our communities safe, we have 20 co-responder stations that have the capability to respond to medical emergencies. We also support the police and ambulance service to gain entry to properties where there may be a medical issue or risk to life.

### Number of medical related incidents attended, including forecast to 2026/27

Medical pre-Covid-19 forecast unavailable due to changes in policy

Gaining entry pre-Covid-19 forecast based on three-year period from April 2017 to March 2020







## Equality impacts

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 increase the likelihood of fire death: mental health issues, alcohol use, drug use, smoking, poor housekeeping, limited mobility, living alone and low income. Certain groups of people are more likely to face these challenges than others. For example, elderly people are more likely to have limited mobility and live alone – over half of victims in dwelling fires live alone.

Our Service area has a growing and ageing population, with one in four of the 1.8 million residents aged 65 years or over <sup>7</sup>. We expect to see greater numbers of older people living with some form of impairment, many of whom will be living alone and in relative isolation given the rural nature of much of our area. 54% of the victims of fires in the home live alone, making it the most common factor.

Over the next 20 years the population of Devon and Somerset is likely to change, with the Office for National Statistics estimating that by 2025 the population will have increased by 5% and that by 2043 it will have increased by 14%<sup>8</sup>.

Communities look very different across our counties and includes complex patterns of urban and rural deprivation across our service area. We know that the 10% most deprived areas have rates of fire nearly six times higher than those in the least deprived areas.

Deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities. Pay inequality, poorer health outcomes and unemployment are a good indicator of the level of risk of fire in the home. Those with a lower income tend to live in areas of deprivation, where the likelihood of a fire in their home is higher than those living in less deprived areas.

Low quality or older housing doesn't tend to have the same advantages as modern homes with fire safety features, such as fire doors and hard-wired alarm systems. Other factors such as rising house prices and the prevalence of second homes in some areas can increasingly push people on lower incomes into poorer quality housing.

<sup>7</sup> Office for National Statistics mid-year population estimates

<sup>8</sup> Office for National Statistics mid-year population estimates



Private rented homes are more likely to be damp, less likely to have at least one working smoke alarm and are more likely to contain hazards such as infestations and electrical dangers that pose a risk to life.

Poorer health outcomes from behaviours such as smoking or substance misuse also tend to be higher in these areas, leading to an increase in the causes of fire such as smoking in bed or leaving appliances unattended.

The most deprived areas in our Service are concentrated around Plymouth, Torbay and Sedgemoor<sup>9</sup>.

Although we have a lot of information about how age or disability and fire risk are linked, certain characteristics like ethnic background, English as a second language, sexuality and religion, are not routinely captured within the data recorded and analysed by the Service. We need to capture and analyse more data and review our prevention, protection and response interventions to ensure that our services meet the needs of everyone and that no one is disadvantaged.

To ensure we serve all those in our communities and provide equal access to our services, we consider the make up of our communities when making decisions and developing prevention interventions and engagement opportunities.

An Equality Impact Assessment is published alongside this plan.

<sup>9</sup> [gov.uk/government/statistics/english-indices-of-deprivation-2019](https://gov.uk/government/statistics/english-indices-of-deprivation-2019)



## Action – what we will do to reduce the risks faced by our communities

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The following high level actions will be undertaken to mitigate the risk anticipated by 2027 to better protect the public. These will be built into the annual planning cycles for each of the five years of this plan. In the section that follows, we link our activities to the risks identified earlier in the report.

As part of the annual budget setting process, areas for investment will be identified and consideration given by the Authority. As well as setting the operating budget for the Service, the Authority also scrutinises performance of the Service (for example decisions made in 2020 following a specific public consultation on the Service Delivery Operating Model).

The Authority has agreed four strategic priorities which guide the Chief Fire Officer, Directors and Department Heads in everything they do.



**Our targeted prevention and protection activities reduce the risks in our communities, improving health, safety and wellbeing and support the local economy.**



**Our operational resources provide an effective emergency response service to meet the local and national risks identified in our Community Risk Management Plan.**



**Our Service is recognised as a great place to work. Our staff feel valued, supported, safe and well trained to deliver a high performing fire and rescue service.**



**We are open and accountable and use our resources efficiently to deliver a high performing, sustainable service that demonstrates public value.**



**Priority 1: Our targeted prevention and protection activities reduce the risks in our communities, improving health, safety and wellbeing, and supporting the local economy.**

**We will continue to do the following**

- Deliver home safety visits to those most at risk of fire, raising their awareness, developing escape plans, fitting smoke alarms and providing a range of other safety equipment including misting systems and sprinklers.
- Engage with residents to provide prevention advice and education and working with partners on safeguarding.
- Work with partnership organisations to raise awareness of the services we provide and reduce risks such as wildfire, road safety, water safety and fires on vessels.
- Engage in national projects looking at changes to fire safety legislation to ensure we deliver a protection service that is aligned to changing national standards.
- Work with business owners and responsible persons to ensure they comply with fire safety regulations by:
  - carrying out fire safety checks and audits
  - working with local authority partners and carrying out operational risk inspections at the highest risk sites
  - providing advice and guidance on the issues and measures they can take to prevent false alarms. During 2019/20 false alarms accounted for 38% of the incidents that we attended – having the potential to draw resources away from higher life risk incidents like fires and road traffic collisions
  - responding to concerns about fire safety in buildings from partner agencies, members of the public and operational firefighters.
- Use a range of data to identify high risk and high priority buildings and to inform our risk based inspection programme, improving the accuracy of the information used.
- Engage with young people through education programmes and activities including cadets, firesetters and partnership work.

**Text added.** Explanation - addition in response to feedback that the impact of mental health on people who use our services was underrepresented.

**Bullet point added.** Explanation - inserted following feedback from consultation that underrepresented.



- Address the risks identified following the Grenfell Tower fire. We formed a specialist high rise building team in 2020, working closely with partners in local authorities and other housing providers to improve safety in these buildings, such as promoting the use of sprinklers.
- Continue to support national and local campaigns to raise awareness, provide advice and reduce risk.
- Act as a key consultee in building regulations applications.





## What we plan to do

- 1.1 Further define our community safety campaigns to make sure we have a clear annual set of campaigns to influence people taking safer actions to prevent incidents, promote home fire safety visits, reinforce the benefits of smoke detectors, domestic sprinklers and mist suppression systems and provide advice about what to do during an incident.
- 1.2 Enhance our efforts to communicate road safety messages to those most at risk to reduce death and injury.
- 1.3 Review the effectiveness of our road safety education events and initiatives, delivered across Devon and Somerset in collaboration with partners including Learn to Live, Survive the Drive, Biker Down and My Red Thumb.
- 1.4 Increase communication campaigns to educate building owners about the impact of false alarms on the fire service and their business.
- 1.5 Work with those who are responsible for flood defence planning to support flood prevention efforts using our experience in responding to water rescue and flood incidents.
- 1.6 Engage closely with planning authorities to ensure that the housing growth includes domestic sprinklers or/water mist suppression systems in high risk housing to ensure that these buildings are safer for people.
- 1.7 Improve our use of data and intelligence to more effectively target those people most at risk of fire.
- 1.8 Improve our learning from serious incidents, including the Grenfell Tower fire, to identify how we can improve our prevention and protection work.
- 1.9 Increase our work with partners to help communities prepare themselves for major emergencies and severe weather events, by providing training and storage for equipment.
- 1.10 We will prepare for the impact of climate change on our communities (for example wildfire and flooding) and work with partners to reduce the impact.
- 1.11 We will develop local risk management plans for each station area, involving staff, partners and communities, to help us shape and improve the service we provide.

**Text added.** Explanation - to provide additional clarity following consultation feedback as mentioned on page 44.

**Bullet added.** Explanation - added in response to feedback that the draft did not account for very specific local differences.



**Priority 2: Our operational resources provide an effective emergency response to meet the local and national risks identified in this plan.**

**What we will continue to do**

- Ensure we have the right fire engines and equipment in the right place at the right time to match the risks faced by communities.
- Develop tactical plans specific to individual sites, which set out the right number and type of operational resources (such as water supplies), salvage plans and how we work with the owner (or custodian) and other emergency services to deal effectively with the incident.
- Invest in our fleet and equipment strategy ensuring that our fire engines, special appliances and equipment meet modern standards for efficiency and meet the risks identified in communities.
- Invest in our information and communications technology to ensure we are able to support the delivery of front line services.
- Increase our work with partners to provide life-saving water safety equipment at locations with a high number of drownings, similar to the work carried out at Exeter Quay in 2021 to provide reach poles and throw lines.
- Work with partners in local resilience forums to plan and co-ordinate multi-agency responses to major incidents, severe weather and national emergencies.
- Have a working at height and confined space capability at key stations located across our Service area.
- Continually review operational procedures in line with national guidance and best practice to improve and refine our response to commercial, industrial and agricultural fires.
- Develop our team of hazardous material and environmental protection advisers ensuring that they are trained and equipped to identify hazardous materials present at incidents, assess the risk posed by those materials and advise the incident commander.

- Investigate fires to identify probable causes and support police where arson is suspected.
- Support the provision of high volume pumping equipment for use in local and national flooding.
- Support the National Resilience Capabilities Programme which can provide support across the country in the case of a national emergency.
- Provide emergency medical response in support of the ambulance service to communities through our co-responding at stations.
- Improve our operational assurance process to ensure that we learn from incidents and continue to improve.
- Prepare for and respond to terrorist incidents.



**Image added.** Explanation - to include a more diverse range of images.

## What we plan to do

- 2.1 Use our new Management of Risk Information system to better provide accurate, relevant and timely information to operational crews responding to incidents.
- 2.2 Review the location and type of specialist vehicles to ensure that they are correctly located and have the capacity and capability needed to deal with incidents effectively.
- 2.3 Improve our off-road capacity by introducing all-terrain vehicles with firefighting capability.
- 2.4 Review how we respond to gaining entry requests in support of the police and ambulance service to ensure that we are providing this service efficiently.
- 2.5 Review how we assist the ambulance service to move extremely overweight patients in emergency situations to ensure the best use of resources and the best outcome for patients.
- 2.6 Review and introduce new capabilities to deal with incidents in high-rise buildings. For example the smoke hoods we now carry on our fire engines to assist evacuation in smoke filled escape routes.
- 2.7 Review our flood response capability to ensure that our resources are matched to risk and need.
- 2.8 We will develop local risk management plans for each station area, involving staff, partners and communities, to help us shape and improve the service we provide.

**Bullet text change.** Explanation - bullets 2.2, 2.3 and 2.5 consolidated into one to remove duplication.

**Bullet added.** Explanation - added in response to feedback that the draft did not account very specific local differences.



**Priority 3:** Devon and Somerset Fire and Rescue Service is recognised as a great place to work: our staff feel valued, supported, safe, and well-trained to deliver a high performing fire and rescue service.

#### What we will continue to do

- Improve staff safety through continuous improvement.
- Provide staff with access to counselling and mental health support services.
- Carry out operational exercises to ensure that our staff are familiar with the risks and are able to practice procedures.
- Develop and train specialist responders for terrorist incidents.
- Train and exercise our operational crews and commanders to deal with large scale multi-agency incidents using the Joint Emergency Services Interoperability Programme principles.
- Develop our specialist officers (water incident managers) trained to deal with flood incident management.
- Carry out exercises to test our business continuity plans.



## What we plan to do

- 3.1 Further develop our occupational health screening to support the wellbeing of staff.
- 3.2 Further develop our defusing service, which helps staff to mentally recover from traumatic incidents, to cover suicide-related incidents.
- 3.3 Evaluate the training of operational crews, who have an identified risk in their area, in maritime firefighting techniques and procedures.
- 3.4 We will enhance our 'Safe to' approach to encourage psychological safety so that we can learn from our experiences and generate a culture of constructive challenge at all levels.
- 3.5 Review, update and improve policies, procedures, training, specialist advice and equipment to support operational crews in successfully resolving hazardous materials incidents.
- 3.6 Create a more diverse workforce and engage with underrepresented communities to help us do this.
- 3.7 Develop our next people strategy to support us with developing our workforce.
- 3.8 Improve our on-call firefighter recruitment process to encourage more people to join us and support their local communities.'

**Text added.** Explanation - added to provide additional clarity in response to comments about inclusion and diversity.

**Bullet added.** Explanation - additional action following internal feedback.





**Priority 4: We are open and accountable, using our resources efficiently to deliver an effective, sustainable service that demonstrates improving public value.**

**What we will continue to do**

- Work in collaboration with partners in other public sector organisations and neighbouring services, to address multiple risks across legislative boundaries.
- We will continue to carry out operational risk inspections at the highest risk sites up to 15km cross-border.
- Tailor our approach to enable us to identify those most in need of our support and to deliver services that meet their needs effectively.
- Work in partnership with neighbouring fire services to cope with high numbers of calls through our Networked Fire Control agreement. For example during extreme flooding events.
- Continually review our business continuity plans to ensure minimum impact on the delivery of our services should a business continuity event happen.



## What we plan to do

- 4.1 In addition to preparing for the community impact of climate change (such as wildfires or flooding), we will minimise our own impact. Our Environmental Strategy<sup>10</sup> sets out how we plan to reduce our impact on the environment. We aim to reduce our impact on the environment and deliver efficiency savings from improved practices.
- 4.2 Invest in our estate ensuring that our buildings meet modern standards for energy efficiency and have suitable training facilities for operational crews to maintain their competence.
- 4.3 Capture more data to inform our learning, enabling us to consider the impact on individuals and communities and to refine the range and depth of our services.
- 4.4 Engage more with community groups, businesses and through established networks. We will carry out effective and meaningful engagement activities with our staff, partners, wider stakeholders and communities by offering a range of opportunities for them to get actively involved, have their say and work with us to help shape and improve the service we provide.
- 4.5 Increase our focus on equality of access to our services, recognising the diversity of our communities.
- 4.6 Share resources widely with emergency, local authority and public health partners and seek to learn from commercial partners.
- 4.7 Following repeated attendance at unwanted fire alarms, we will explore options to reduce the costs to the Service.
- 4.8 We will review and evaluate our approach to reducing unwanted fire alarms.
- 4.9 We will be a partner in the Devon and Cornwall Serious Violence Prevention Partnership.

**Bullet added. Explanation - addition following feedback from Devon and Cornwall Police.**

<sup>10</sup> [dsfire.gov.uk/about-us/environmental-strategy](https://dsfire.gov.uk/about-us/environmental-strategy)



Summary table of our actions mapped against our risks (Note: these are in addition to the work we are currently undertaking).

<b>Risk category</b>	<b>Identified risks</b>	<b>Proposed actions</b>
<b>Fires</b>	Dwelling fires	Action 1.1. Action 1.6. Action 1.7. Action 1.8. Action 2.1. Action 2.8. Action 3.6. Action 4.4. Action 4.5.
	High rise buildings	Action 1.1. Action 1.6. Action 1.8. Action 2.1. Action 2.6. Action 2.8. Action 4.4.
	Large commercial, industrial and agricultural fires	Action 1.1. Action 1.7. Action 1.8. Action 2.1. Action 2.8. Action 4.6.
	Hotels and guest houses	Action 1.1. Action 1.4. Action 1.7. Action 1.8. Action 2.1. Action 2.6. Action 2.8.
	Hospitals and residential care homes	Action 1.1. Action 1.4. Action 1.7. Action 1.8. Action 2.1. Action 2.8.
	Heritage property fires	Action 1.1. Action 1.6. Action 1.7. Action 1.8. Action 2.1. Action 2.8.
	Secondary fires	Action 1.1. Action 1.7. Action 1.10. Action 2.1. Action 2.4. Action 2.8.
	Fires on board vessels	Action 1.1. Action 1.7. Action 2.1. Action 2.8. Action 3.3.
	False alarms	Action 1.1. Action 1.4. Action 2.1. Action 2.8. Action 4.7. Action 4.8.
<b>Transport</b>	Road traffic collisions	Action 1.1. Action 1.2. Action 1.3. Action 2.1. Action 2.2. Action 2.8.
<b>Specialist rescues</b>	Rescues from height and confined space	Action 1.1. Action 2.1. Action 2.2. Action 2.8.
	Rescues from water	Action 1.1. Action 1.9. Action 1.10. Action 2.1. Action 2.2. Action 2.7. Action 2.8.
	Animal rescues	Action 1.1. Action 2.1. Action 2.2. Action 2.8.
<b>Hazardous materials</b>	Hazardous materials sites and incidents (including responding to collapsed structures and bomb or terrorist attacks)	Action 1.1. Action 1.7. Action 1.8. Action 2.1. Action 2.2. Action 2.8. Action 3.5.
<b>Environment and climate change</b>	Severe weather events including flooding response and water rescue	Action 1.1. Action 1.5. Action 1.9. Action 2.1. Action 2.2. Action 2.3. Action 2.7. Action 2.8. Action 4.1. Action 4.2.
<b>National risks</b>	Major emergencies Resilience and business continuity	Action 1.9. Action 2.1. Action 2.8. Action 3.7. Action 4.3.
<b>Health and wellbeing</b>	Medical response and health-related incidents	Action 1.1. Action 2.1. Action 2.4. Action 2.5. Action 2.8. Action 3.1. Action 3.2. Action 3.4.

## Resources available

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The Service receives funding each year from a combination of local taxation business rates (NNDR) and council tax (precept) as well as receiving central government grants. This funding is used to pay for our day-to-day expenses such as our workforce, fuel, heat and light, and to provide the systems, resources and infrastructure needed to support our services.

Total funding as of 2021/22 of **£74.2 million** for the financial year 2021/22 from the following sources.

- Council tax **£54.8 million**
- Non-domestic business rates **£13.0 million**
- Central government grants **£6.4 million**

There are also financial reserves to help pay for specific projects and to reduce the amount we need to borrow.

The total net cost of running Devon and Somerset Fire and Rescue Service for the 2021/22 financial year is **£74.2 million**. These costs cover:

- Workforce **£66.2 million**
- Premises and fleet **£7.4 million**
- Other **£13.5 million\***
- Income **£12.9 million\*\***

\*this includes: equipment and furniture (mostly equipment on appliances), information and communication technology, and loans and leases.

\*\*such as Government grants for Covid-19, Fire Protection Grant, Mobile Communications, Urban Search and Rescue.

The Service continues to make affordable and sustainable capital investments, such as the re-development of our estate and fleet.

The Service is required to deliver a balanced budget meaning outgoings do not exceed income. We will use the resources available in the best way to minimise the impact of risk to our communities. Further information about our spending, including the medium term financial plan<sup>11</sup> is on our website.

## Measuring and evaluating impact

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The Service provides performance information on our website<sup>12</sup> and Authority committees scrutinise performance as does the fire service inspectorate. We have also agreed an evaluation framework that is based on established good practice (College of Policing) and this is built into commissioning and portfolio management arrangements.

<sup>11</sup> [dsfire.gov.uk/about-us/what-we-spend](https://dsfire.gov.uk/about-us/what-we-spend)

<sup>12</sup> [dsfire.gov.uk/about-us/our-performance](https://dsfire.gov.uk/about-us/our-performance)







## Glossary

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**Appliance** - The general term used to describe all firefighting vehicles, including the standard fire engine or pumping appliance.

**Community risk** - The risk of unwanted events that might occur in the community, which Devon and Somerset Fire and Rescue Service aims to reduce. Includes fires, road traffic collisions and other incidents that the Service might respond to.

**Co-responders** - On-call firefighters who receive enhanced training and respond to medical emergencies in their communities in support of the ambulance service.

**Emergency Response Standard** - A risk-based target for response times and number of personnel to attend all relevant emergency incidents in Devon and Somerset.

**Gaining entry** - An initiative where firefighters assist the ambulance service to get into properties where they suspect there is an unconscious or unresponsive casualty inside.

**Hazmat** - Hazardous materials like chemicals, fuel spillages, substances that can cause harm to persons and or environment.

**Her Majesty's Inspectorate of Constabularies and Fire and Rescue Services** - The body that independently assesses the effectiveness and efficiency of the police and fire service.

**Incident** - An event requiring fire service assistance.

**National resilience** - The National Resilience Programme was introduced in 2003 to strengthen the country's ability to handle emergencies and crises. The national resilience assets are owned by the fire and rescue services which host them. Servicing of the vehicles and procurement of equipment for them is managed centrally.

The programme delivers:

- mass decontamination
- urban search and rescue
- high volume pumping capacity
- operational logistics and support
- long term capability management.

**Prevention** - Activity associated with fire safety in the home and community.

**Primary fire** - Fires in buildings, vehicles and outdoor structures.

**Protection** - Sometimes referred to as 'Business Safety'. This activity is linked to the advice and guidance for regulated premises and enforcement of the Regulatory Reform Order 2005.

**On-call** - Firefighters recruited to be available on call close to their local fire station for a certain minimum number of hours per week, plus regular training. They carry an alerter to call them to the fire station when an incident happens in their area. Many have other employment or a lifestyle that enables them to commit a certain number of hours per week to be on call.

**Operational risk** - The risk of unwanted events that might occur to the Service while carrying out its operations. Includes firefighter occupational accidents or illness.

**Resilience** - The ability to respond to major or larger incidents whilst maintaining the core service provision. This is made possible through effective emergency planning and flexible resource arrangements.

**Risk analysis** - The process of examining in detail the risks that could affect the communities in Devon and Somerset.

**Road Traffic Collision** - An incident involving vehicles on the highway.

**Secondary fire** - The majority of outdoor fires, including grassland and refuse fires.

**Wholetime** - Operational staff immediately available while on duty.







DEVON &  
SOMERSET  
FIRE & RESCUE SERVICE

## **Devon and Somerset Fire and Rescue Service Strategic Risk Analysis (November 2021)**

(Supporting the Community Risk Management Plan 2022-2027)

This document directly supports the Community Risk Management Plan and should be read in conjunction with the Equality Impact Assessment.

The Fire and Rescue National Framework for England requires each fire and rescue service to prepare an Integrated Risk Management Plan (IRMP). We name this the Community Risk Management Plan and it sets out the fire and rescue related risks facing our communities and how we intend to manage them. It demonstrates how our protection, prevention and response activities have and will be used collectively to prevent or mitigate fires and other incidents. The plan is framed by our statutory duties and responsibilities including those within the Fire and Rescue Services Act 2004, the Civil Contingencies Act 2004 and the Regulatory Reform (Fire Safety) Order 2005.

## Planning process

The Community Risk Management Plan planning process enables each service to assess foreseeable fire and rescue related risks in their service area and to decide how to use resources in the most effective way to save lives, improve public safety and reduce emergency incidents. The planning is a continuous process with three main stages.

### Stage 1 – identifying and assessing risk

To understand what risk looks like in Devon and Somerset we have reviewed data from partners locally and nationally, we have considered incidents that we have attended and forecasted future trends. We have also asked people across Devon and Somerset about risks in their area, who they think is most at risk and what, if anything, they feel anxious about. This has helped us to better understand priorities and perceptions of risk and, where relevant, we highlight this feedback throughout the plan.

### Stage 2 - managing and reducing risk

We have assessed our current arrangements for managing each risk. We have also considered how we can work together with our communities and partners to continue to reduce the fire and rescue related risks over the next five years to keep everyone as safe as possible. We organise our work under three interrelated activities.

- **Prevention** – preventing fires and other emergencies from happening in the first place.
- **Protection** – the Service has a statutory duty to ensure that a range of buildings, other than private homes, comply with fire safety regulations.
- **Response** – responding to and dealing with fires and other emergencies promptly, safely and effectively.

### Stage 3 - measuring performance and evaluating our impact

We will monitor the impact of our activities so that we understand the most effective and efficient ways to manage the risks in our Service area. We will regularly report our performance so that our staff and those who live or visit our area can see how we are doing.

Performance measures help us understand how individual and collective efforts contribute to achieving our objectives, and how we might need to alter our activities.

## Identification of risks

### What are the risks?

The table below gives a summary of the risks we have identified. On the following pages we explain these risks and how we are managing them.

Core operational activities and statutory duties	
Risk category	Identified risks
Fires	Dwelling fires High-rise buildings Large commercial, industrial and agricultural fires Hospitals and residential care homes Hotels and guest houses Heritage property fires Secondary fires Fires on-board vessels False alarms
Transport	Road traffic collisions
Hazardous materials	Hazardous materials sites and incidents (including responding to collapsed structures, and bomb or terrorist attacks)
National risks	Major emergencies Resilience and business continuity
Other operational activities	
Specialist rescues	Rescues from height and confined space Rescues from water Animal rescues
Environment and climate change	Severe weather events including flooding response and water rescue
Health and wellbeing	Medical response and health-related incidents

## Identified risks and how we plan to reduce them

### Fires

#### Dwelling fires

#### Why is it a risk?

Most fire-related deaths and injuries occur when there is a fire in a home, so we need to make sure that we are working effectively to reduce the number of fires and limit their severity when they do happen.

#### Incident statistics

During the five-year period from April 2015 to March 2020<sup>1</sup>, there were 1,108 fire-related deaths<sup>2</sup> in dwellings in England, including 31 in our Service area. This equates to 3.6 deaths per million residents within our Service area compared to the average within England of 4.0 deaths per million residents.

There were 11,617 serious injuries<sup>3</sup> in dwelling fires in England, including 402 in our Service area. While there has been a very slight downward trend in the number of dwelling fire injuries nationally, there has been a slight upward trend in our Service area. This equates to 46.2 serious injuries per million residents within our Service area compared to the England average of 41.8 serious injuries per million residents.

Between April 2015 and March 2020 there were 150,645 dwelling fires in England including 4,893 in our Service area. There has been a downward trend both nationally and in our Service area, with our forecast<sup>4</sup> indicating that this is set to continue.

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<sup>1</sup> Pre-Covid-19.

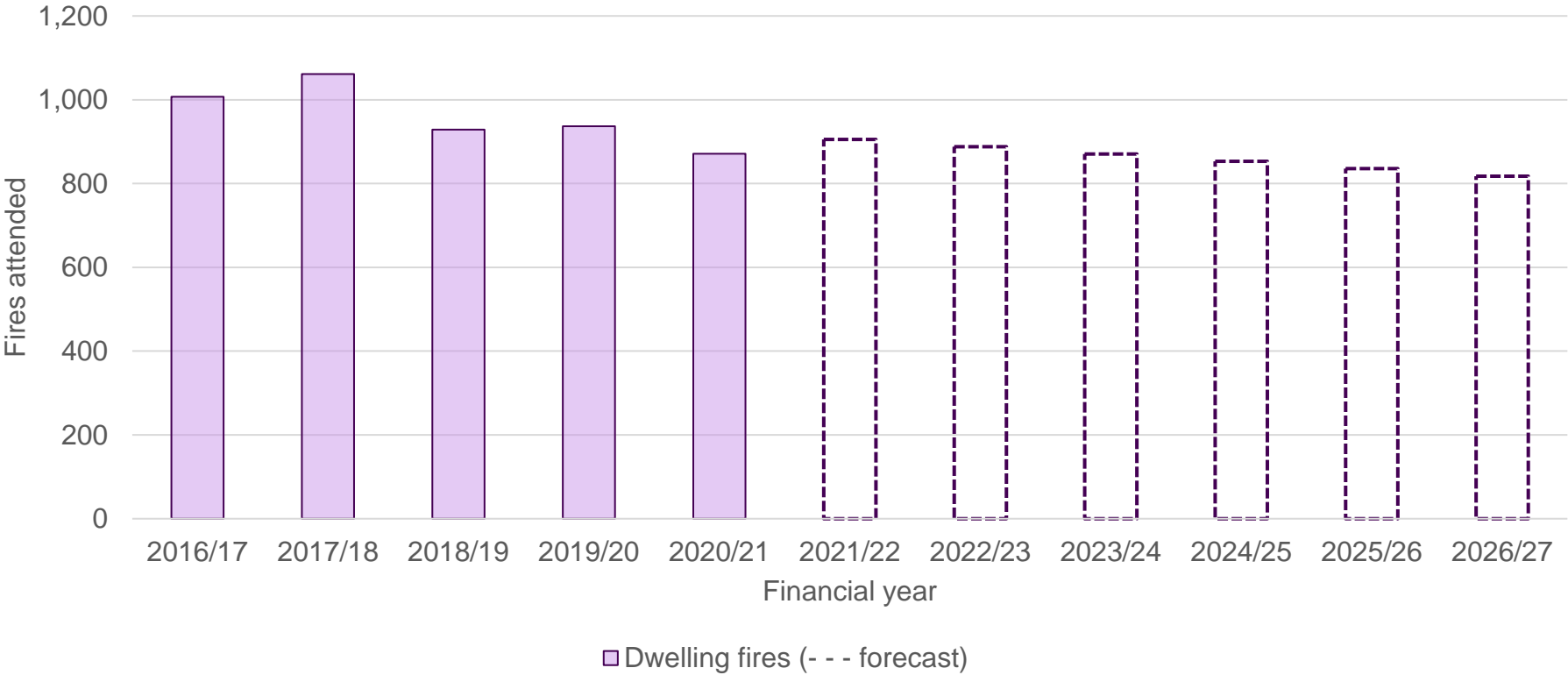
<sup>2</sup> A fire death is reported when the cause of death is suspected or confirmed to be a direct result of the fire. Figures may be subject to change if a coroner rules that a death that was suspected to be fire-related was caused by something other than fire.

<sup>3</sup> A serious injury includes any non-fatal victim that attended hospital in an ambulance because of the incident, the injury may not be as a direct result of the fire.

<sup>4</sup> Based on data submitted to the Home Office Incident Recording System April 2010 to March 2021 (pre-Covid-19). Note that there is a 95% confidence interval associated with the forecast.

Number of dwelling fires attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



## Who or what is at risk?

Evidence from national and local studies<sup>5</sup> suggests that, while the overall risk of fire in the home is low, some people are at greater risk from fire than others. Common lifestyle, health and behavioural risk factors identified as being influential include:

- living alone (over half of the people that die in dwelling fires in our area live alone)
- challenges such as limiting long-term illness, mental health difficulties or mobility issues
- misuse of alcohol or drugs (both prescription and illicit)
- smoking
- poor housekeeping, such as hoarding
- not having a working smoke alarm (people that do not have a working smoke alarm are around eight times more likely to die in a dwelling fire<sup>6</sup>).

We know that the factors above are often more prevalent in certain groups, for example:

- older people are more likely to experience health and mobility issues<sup>7</sup>
- people living in rented properties<sup>8</sup>
- people living in areas with high levels of deprivation, including those with high levels of unemployment, crime and poor educational attainment<sup>9</sup>.

<sup>5</sup> [dsfire.gov.uk/sites/default/files/2021-08/Themes%20in%20accidental%20fire%20deaths%202013-2017.pdf](https://dsfire.gov.uk/sites/default/files/2021-08/Themes%20in%20accidental%20fire%20deaths%202013-2017.pdf)

<sup>6</sup> [gov.uk/government/statistics/detailed-analysis-of-fires-attended-by-fire-and-rescue-services-england-april-2020-to-march-2021/detailed-analysis-of-fires-attended-by-fire-and-rescue-services-england-april-2020-to-march-2021](https://gov.uk/government/statistics/detailed-analysis-of-fires-attended-by-fire-and-rescue-services-england-april-2020-to-march-2021/detailed-analysis-of-fires-attended-by-fire-and-rescue-services-england-april-2020-to-march-2021)

<sup>7</sup> South West fatal fire review.

<sup>8</sup> Our data and Experian Mosaic.

<sup>9</sup> Our data and ONS Indices of Multiple Deprivation.



## High-rise building fires

### Why is it a risk?

Seventy-two people died after a fire engulfed Grenfell Tower, a west London residential high-rise building. More than 200 firefighters and 40 fire engines responded to the fire and 151 homes were destroyed in the building and the surrounding area.

The fire has impacted nationally on fire services' prevention, protection and emergency response arrangements, and will continue to do so as lessons are learnt, and recommendations from both the public inquiry and Independent Review of Building Regulations are implemented.

The immediate aftermath of the fire saw a multi-agency response to both reassure residents and assess the fire safety of these buildings, based on national government guidance.

High-rise buildings present a higher risk due to their construction and lengthy escape routes.<sup>10</sup> This makes it harder to evacuate the building and can increase the complexity of fighting the fire.

### Incident statistics

National data on high-rise fires is not readily available. During the five-year period from April 2015 to March 2020, there has been a slight downward trend in the number of fires in purpose-built flats<sup>11</sup> over four storeys high<sup>12</sup>, and this has been reflected in our Service area. Our forecast suggests that this trend is likely to continue.

In our Service area there was a distinct drop in the number of high-rise fires during 2018/19 and 2019/20. It is likely that this is related to heightened awareness following the Grenfell Tower fire and the targeted intervention work that we undertook. As numbers appear to have increased to previous levels during 2020/21, our forecasting has excluded 2018/19 and 2019/20 as they appear to be exceptions.

<sup>10</sup>A high-rise building is defined as a building of more than 18 metres.

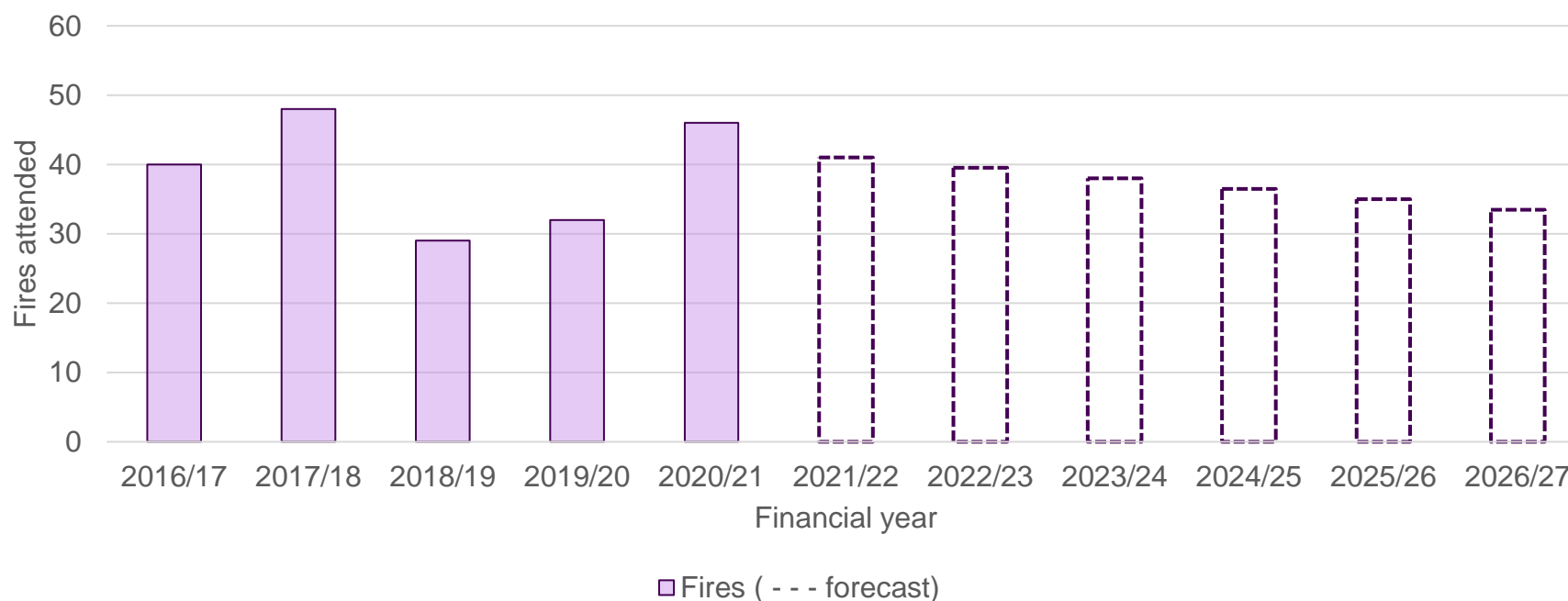
<sup>11</sup> FIRE0205: Primary fires, fatalities and non-fatal casualties in dwellings attended by fire and rescue services in England, by dwelling type and fire and rescue service.

<sup>12</sup> Based on IRS dwelling types: purpose built high-rise (10+) flats/maisonettes, purpose built medium rise (4-9) flats/maisonettes.

Over the past five years there have been 328 casualties<sup>13</sup> in purpose-built flats over four storeys in England. Of the 34 casualties in our Service area, there was one fatality and 14 people required hospital treatment.

### Number of primary fires attended in purpose-built flats of four or more storeys, including forecast to 2026/27

Pre-Covid-19 forecast based on eight-year period from April 2010 to March 2018



### Who or what is at risk?

There are around 160 high-rise buildings across our Service area with the majority located in the urban areas of Plymouth, Exeter and Torbay and other larger towns.

<sup>13</sup> Includes fatalities and injuries of any severity level.

## Large commercial, industrial and agricultural fires

### Why is it a risk?

Business insolvency is at record levels across the UK. In 2019, 5,625 businesses closed in our Service area (9.2% of all enterprises)<sup>14</sup>. The impact of Covid-19 means that there is potential for arson and commercial fraud to increase<sup>14</sup>. The Association of British Insurers estimates that 29% of all commercial fire claims in the UK can be considered as 'deliberate'.

Diversification in agriculture with more solar farms, battery storage and conversion of farm outbuildings into accommodation or light industrial units changes the risk of fire in rural locations.

### Incident statistics

These incidents often require a significant amount of operational resource over a long period of time, on average lasting around five hours and requiring six fire engines.

During the five-year period from April 2015 to March 2020, there were 13,153 fires in premises of this type<sup>15</sup> in England, 618 of them in our Service area. Both nationally and in our Service area, around 14% of these incidents were recorded as being started deliberately.

During the same period, one death and 11 serious injuries were reported within our Service area. National statistics for the number of deaths at these type of premises is not readily available.

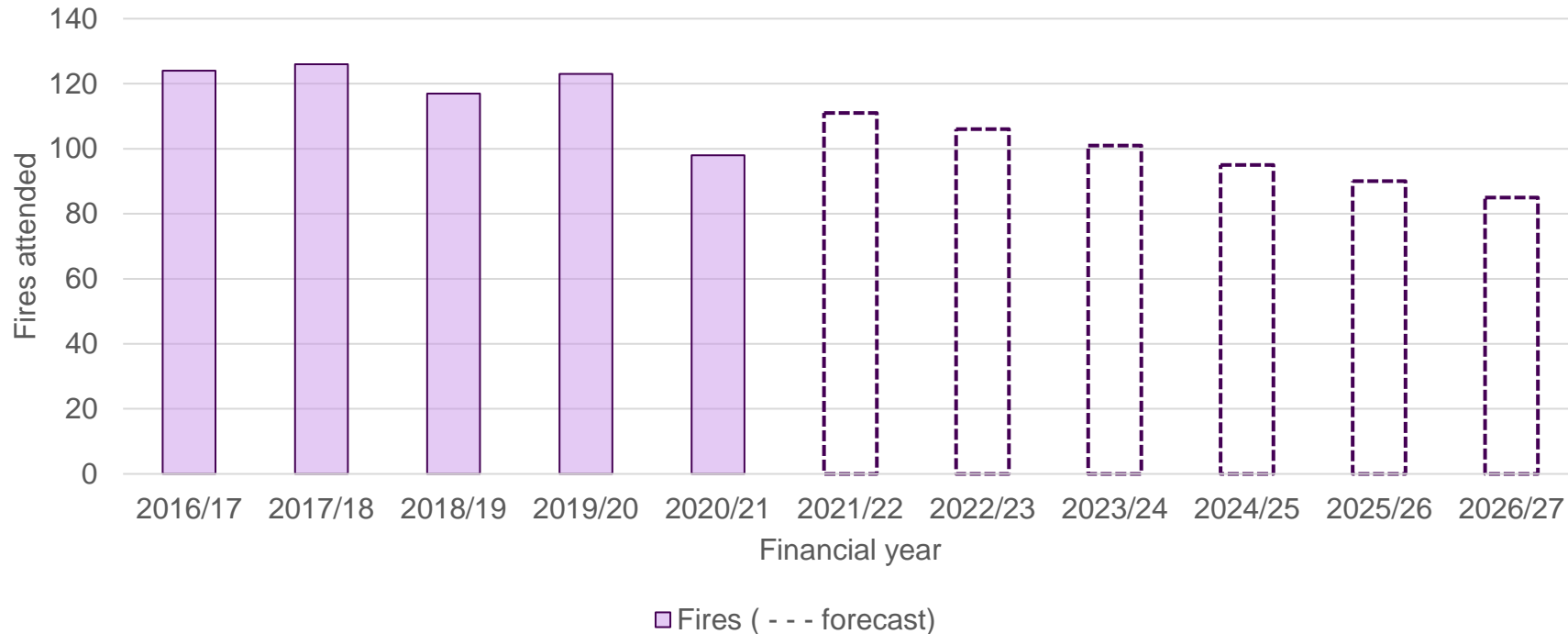
Our forecast indicates that incident levels are likely to continue in a downward trend over the coming years.

<sup>14</sup> Office for National Statistics business demography data.

<sup>15</sup> [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx) based on Industrial and Agricultural categories (definition within publication).

## Number of fires attended in large commercial, industrial and agricultural premises, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



### Who or what is at risk?

Incidents at large premises can cause disruption to local services. For example road or rail closures or having to relocate waste processing to an alternative facility. Smoke from these incidents can impact local residents, crew safety and the environment and can sometimes lead to temporary evacuation of residential areas.

Depending on the scale of damage to the building and business, there is a potential impact on the local economy and services including loss of employment.

## Hospital and residential care home fires

### Why is it a risk?

Premises that have the potential for significant loss of life in the event of fire will be at the forefront of our risk-based approach to planning and delivering our services.

Hospitals, health care acute services<sup>16</sup> and residential care homes accommodate many people with greater levels of vulnerability due to health and wellbeing issues. This means that while the likelihood of a significant fire is low the potential severity is high, with the possibility of multiple deaths and injuries.

Our response to fires in such buildings can be challenging due to hazardous materials, processes and often complex layouts or extended travel distances between entry and exit point.

There are around 75 hospital and medical care facilities in our Service area and 730 registered residential care homes.

### Incident statistics

National statistics are not readily available for incidents in these settings, however we can compare hospital and medical related incident levels. During the five-year period from April 2015 to March 2020, there were 3,260 fires in hospitals and medical care facilities<sup>17</sup> in England, including 92 in our Service area. Of the incidents in our area, there was one death and four serious injuries.

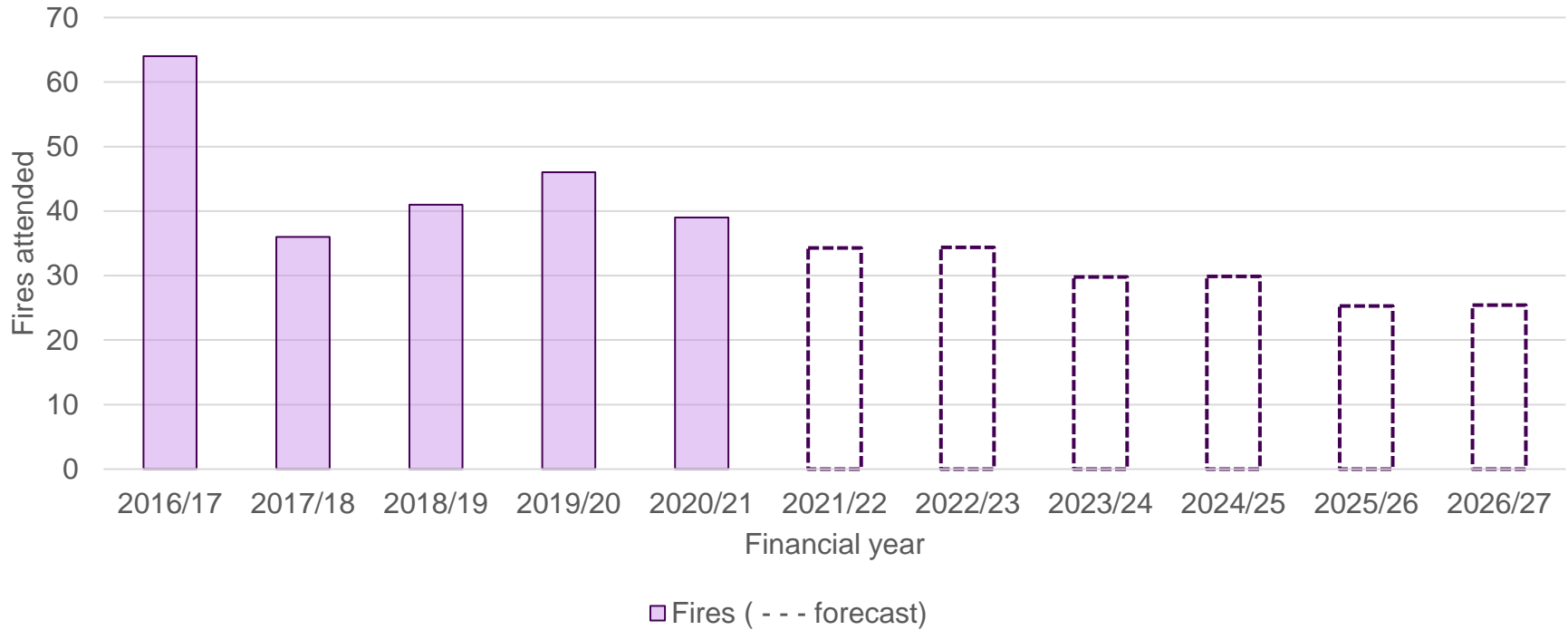
Our forecast indicates that incident levels are likely to remain relatively steady over the coming years.

<sup>16</sup> [cqc.org.uk/guidance-providers/regulations-enforcement/service-types#acute-services](https://cqc.org.uk/guidance-providers/regulations-enforcement/service-types#acute-services).

<sup>17</sup> [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx) based on Hospital and Medical Care category (definition within publication).

Hospital, acute medical services and residential care home fires,  
including forecast to 2026/27

Pre-Covid-19 forecast based on 10-year period from April 2010 to March 2020



**Who or what is at risk?**

Hospitals, health care acute services and residential care homes accommodate many people with greater levels of vulnerability due to health and wellbeing issues. This may make it more complex to evacuate a building if there is a fire and could mean that these people are less able to cope with smoke inhalation and the consequences of fire.

If there is a significant incident in one of these settings it may have an impact on the wider community as services need to be relocated or vulnerable people need to be moved to new care facilities.



## Hotel and guest house fires

### Why is it a risk?

Similar to hospitals and residential care homes, hotels and guest houses have the potential for significant loss of life in the event of fire. Hotels and guest houses have guests sleeping in unfamiliar surroundings, so in the event of a fire they may be less aware of the layout of the building than they would if they were at home.

### Incident statistics

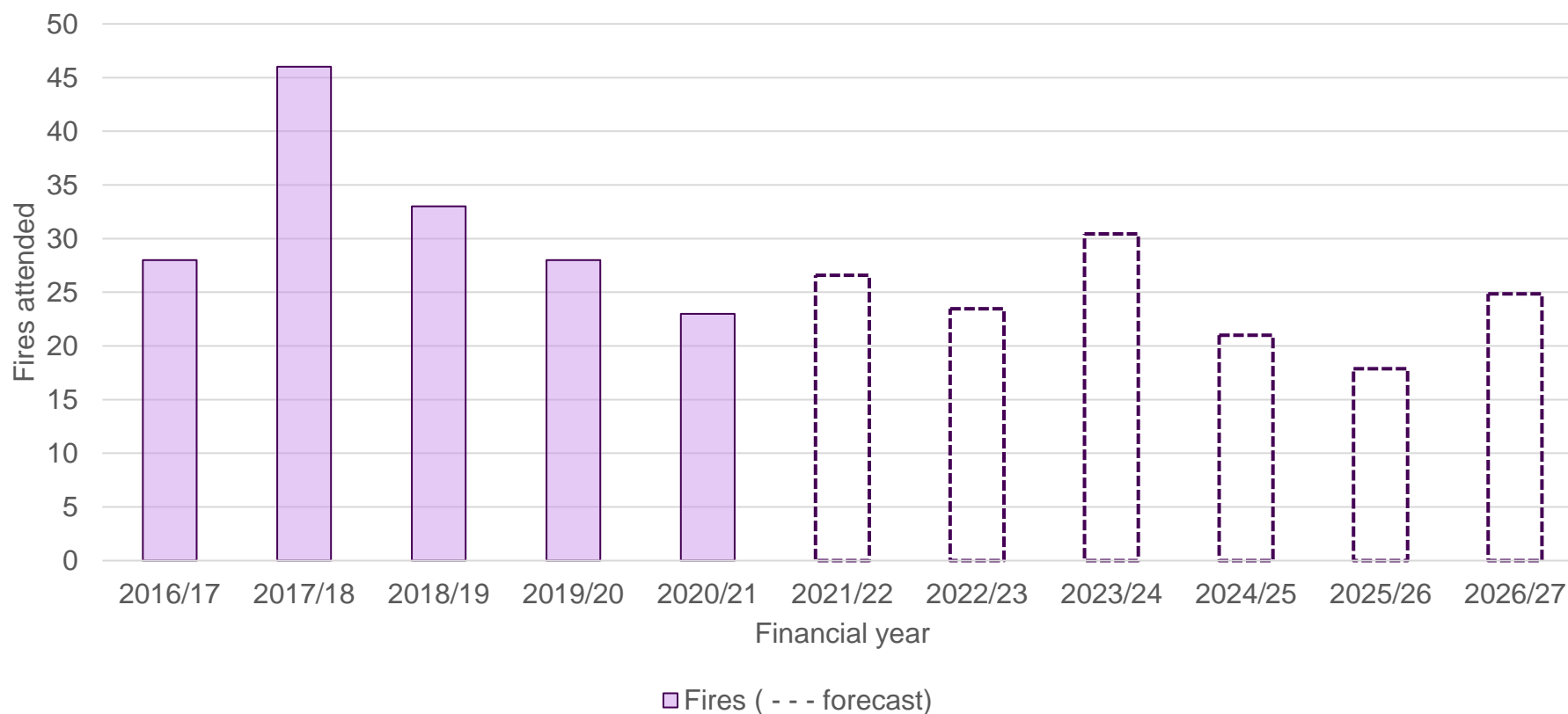
Over the past five years, there have been 3,151 fires in hotels and boarding houses<sup>18</sup> in England. In our Service area there were 179 incidents, one death (in sheltered housing, not self-contained) and 15 serious injuries. National statistics on deaths at these premises is not readily available.

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<sup>18</sup> [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx) based on hotel, boarding houses, hostels etc. category (definition within publication).

## Hotel and guest house fires attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 10-year period from April 2010 to March 2020



### Who or what is at risk?

Guests and staff could be at risk should a fire occur. There may also be an economic impact on the local community should there be a significant fire, with potential loss of employment.

## Heritage building fires

### Why is it a risk?

Losing any historic building or landscape to fire, storm or flood would be a significant loss to local, and in some cases national or even international heritage, and can have a range of impacts.

- Many of the buildings, structures and landscapes have unique features or contain irreplaceable works of art of local and national significance.
- There are around 8,000 thatched properties in our Service area (6,000 are listed)<sup>19</sup>. In most cases the damage to a thatched property after a fire is significant and has a major impact on the occupant.
- There are an average of 12 property fires in our Service area involving thatch a year, this may not seem significant but they require a minimum of eight fire engines per incident and require an average of over 3,700 firefighter hours<sup>20</sup> per year.

### Who or what is at risk?

These incidents present a significant challenge to our resources, drawing them away from more urban areas of higher risk into the rural areas where most thatched properties are located.

They may have a considerable impact on the local economy - many of these buildings are a significant reason for visitors to come to the local area and provide employment for residents.

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<sup>19</sup> The thatched estimate is based on English Heritage figures and that about 75% of thatched premises nationally are believed to be listed.

<sup>20</sup> Five-year average 2015-19 (pre-Covid-19)

## Secondary fires

### Why is it a risk?

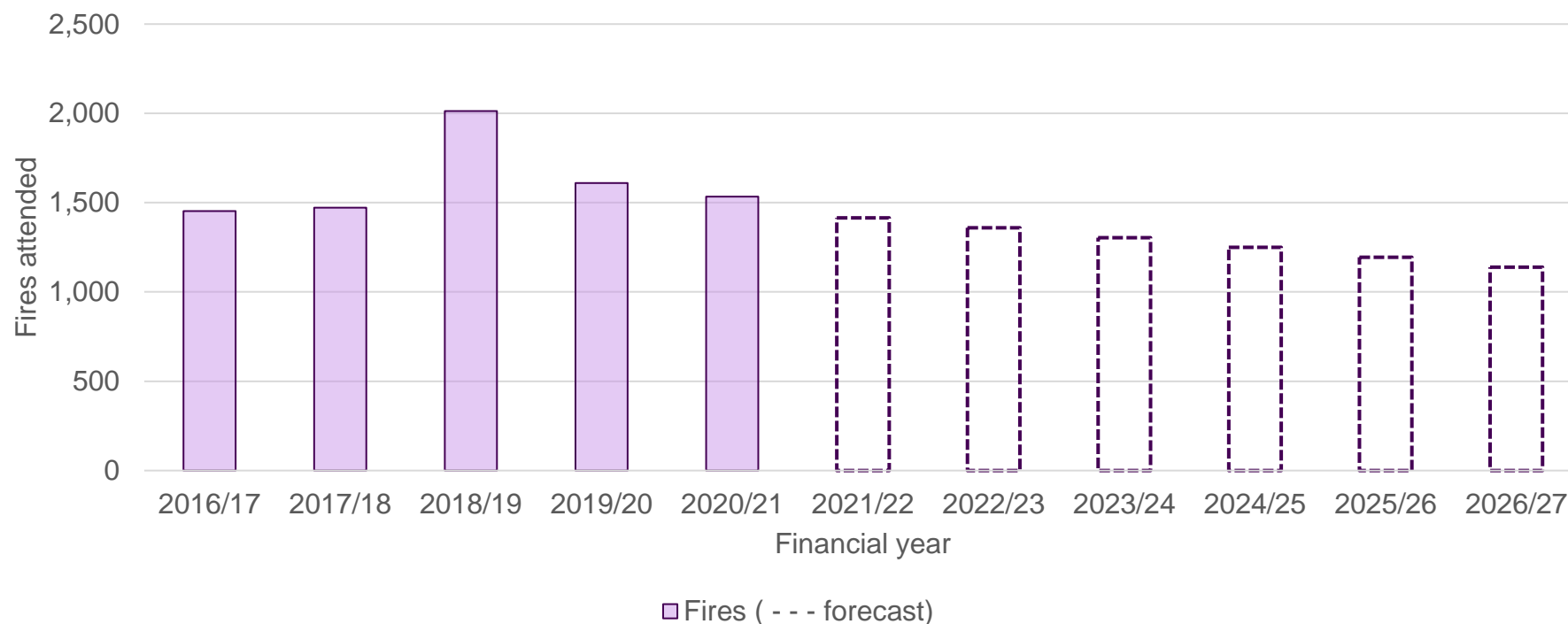
We use the term secondary fires to describe the majority of outdoor, grassland and refuse fires. These types of incidents can have an impact on the environment and local economy and can reduce the availability of fire engines to respond to incidents with a higher risk to life. We are expecting significantly more wildfires in the years ahead because of climate change, so need to ensure that we are equipped to deal with an increase in this risk type.

### Incident statistics

During the five-year period from April 2015 to March 2020, there were 445,066 secondary fires in England, including 7,911 in our Service area. There has been a downward trend in the overall number of secondary fires nationally and in our Service area, and our forecast suggests that this is likely to continue.

## Secondary fires attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



### Who or what is at risk?

While there is no direct life-risk associated with this category of incident<sup>21</sup> they can tie up resources, preventing them from attending other incidents that may have a greater life risk.

Large grass fires can have a significant impact on the environment damaging natural habitats, endangering wildlife and affecting air quality in residential areas.

<sup>21</sup> If an injury is reported the fire will be reported as a primary incident.

## Fires on board vessels

### Why is it a risk?

With 659 miles of coastline, Devon and Somerset has many harbours and estuaries as well as being home to the largest naval dockyard in western Europe at Devonport.

Although the Service does not have an offshore firefighting responsibility, it has a duty to respond to fires in vessels alongside (next to land). The Service attends an average of 12 fires on vessels each year.

Incidents involving vessels in the marine and inland waterway environment are not commonplace for fire and rescue staff; they can be complex to deal with, range from incidents involving small boats to large ships, and can include military vessels.

A fire on a vessel is a hazard because of the way vessels are constructed. Getting in and getting out is difficult, and fire can spread easily through conduction through metal bulkheads and air handling machinery.



## False alarms

### Why is it a risk?

An unwanted or false alarm is 'a fire alarm (signal) resulting from a cause other than a fire'.

The impact of false alarms is significant.

- They divert the fire service away from attending real emergencies.
- Responding to them creates unnecessary risk to fire crews and members of the public when fire engines are driven under blue lights.
- Occupants of buildings that have frequent false alarms get used to them and may delay their response, or worse, not respond at all to a real emergency.
- They disrupt other prevention activities (like home safety visits and arson reduction activity) and firefighter training.
- These calls have a financial impact for our Service, as we must send vehicles and firefighters when they may not be needed.
- Repeated false alarms can have a significant impact on a business's productivity due to continual interruptions.

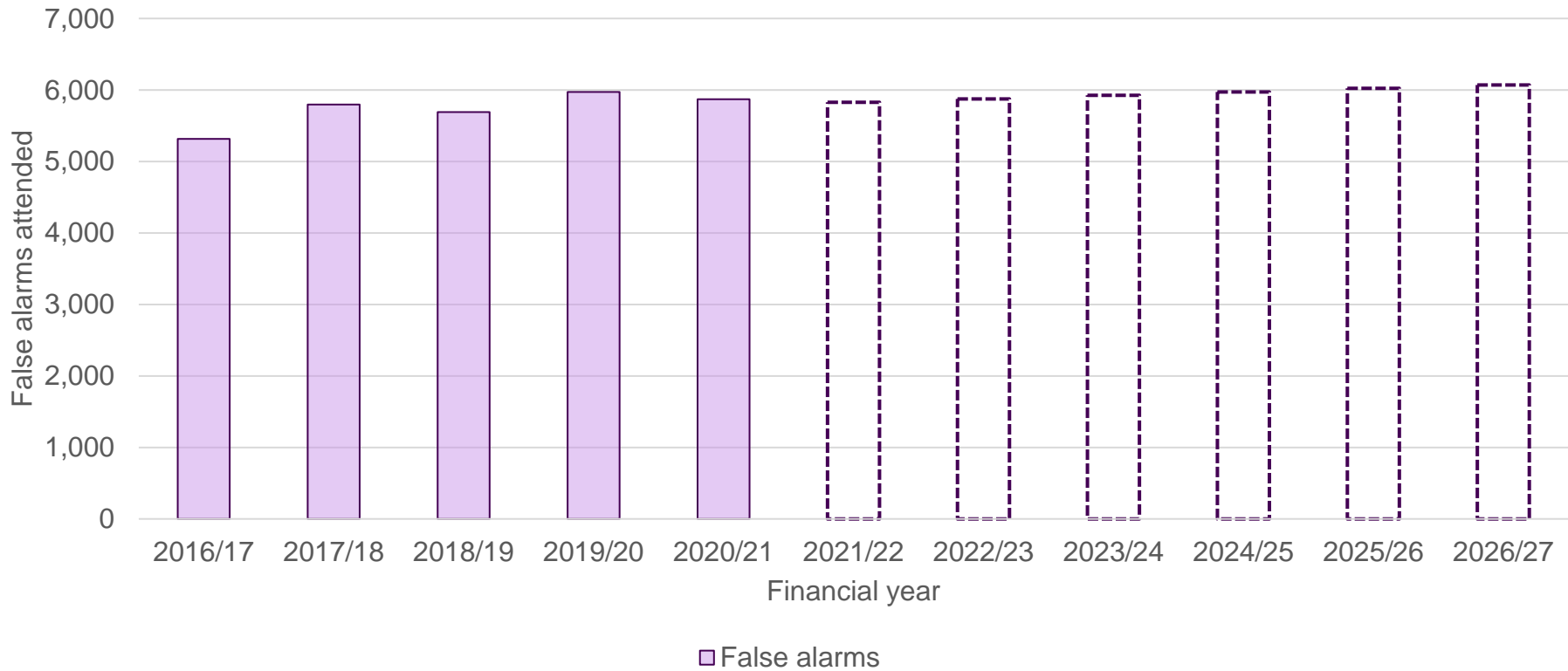
### Incident statistics

During the five-year period from April 2015 to March 2020, there were 1,127,279 fire false alarms in England, including 27,758 in our Service area. There has been an upward trend in the number of false alarms attended over this period, both nationally and in our Service area. Our forecasts suggest that there will be a slight upward trend in the number of false alarm incidents that we attend over the coming years.

The 2019/20 financial year saw false alarms account for 38% of the incidents we attended. The greatest proportion of false alarms are automatic fire alarm actuations, accounting for around 70% of false alarm incidents we attend.

Number of false alarms attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



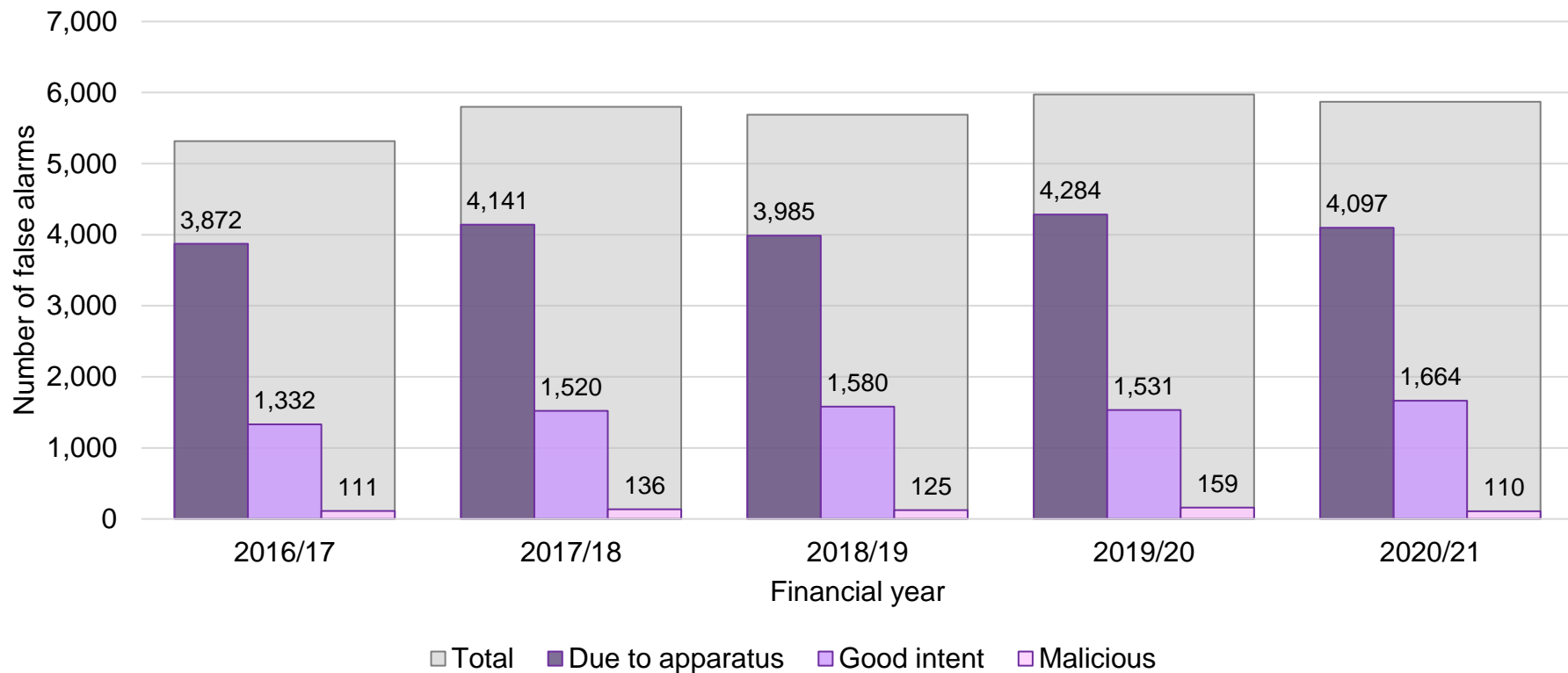
There are three high-level categories of false alarms.

**Due to apparatus** calls are where a fire alarm or firefighting equipment operated in error (including accidentally by someone).

**Good intent calls** are made in good faith in the belief that we really would be attending a fire.

**Malicious false alarms** are made with the intention of getting us to attend a non-existent incident.

## Number of false alarms attended, by category

**Who or what is affected?**

While these incidents do not carry a significant risk in themselves, the impact of our resources responding to calls that turn out to be false alarms means that they may not be available to respond to another, more serious incident. This can mean that we have to send a resource from further away, extending the time that it takes us to arrive at the incident.

Occupants of buildings where there are repeat false alarms become complacent, and may be at risk if there were to be a real fire.

## Transport

### Road traffic collisions (RTCs)

#### Why is it a risk?

Our Service area has a network of over 13,160 miles of roads (5% of the UK road network). Most of these (90.4%) are smaller, rural roads and country lanes. Only 1.7% are major roads.

In our engagement survey, people told us that road traffic collisions are a real cause of concern and anxiety in their communities. Road traffic collisions remain a key priority for us.

In the five years from January 2015 to December 2019 there were 17,013 road traffic collisions<sup>22</sup> across Devon and Somerset. In 3,189 of these at least one person died or was seriously injured.

During the five-year period from April 2015 to March 2020, fire services in England attended 153,077 road traffic collisions, however there was a downward trend over this period.

#### Incident statistics

We attend road traffic collisions where a person is physically or medically trapped or where the vehicle needs to be made safe. An average of 8,000 firefighter hours per year are spent at these incidents.

During the five-year period from April 2015 to March 2020, we attended 5,555 road traffic collisions. These incidents resulted in 2,835 people being killed or seriously injured<sup>23</sup>.

Like the national data, we have seen a downward trend over this period and our forecasts suggest that this is likely to continue over the coming years.

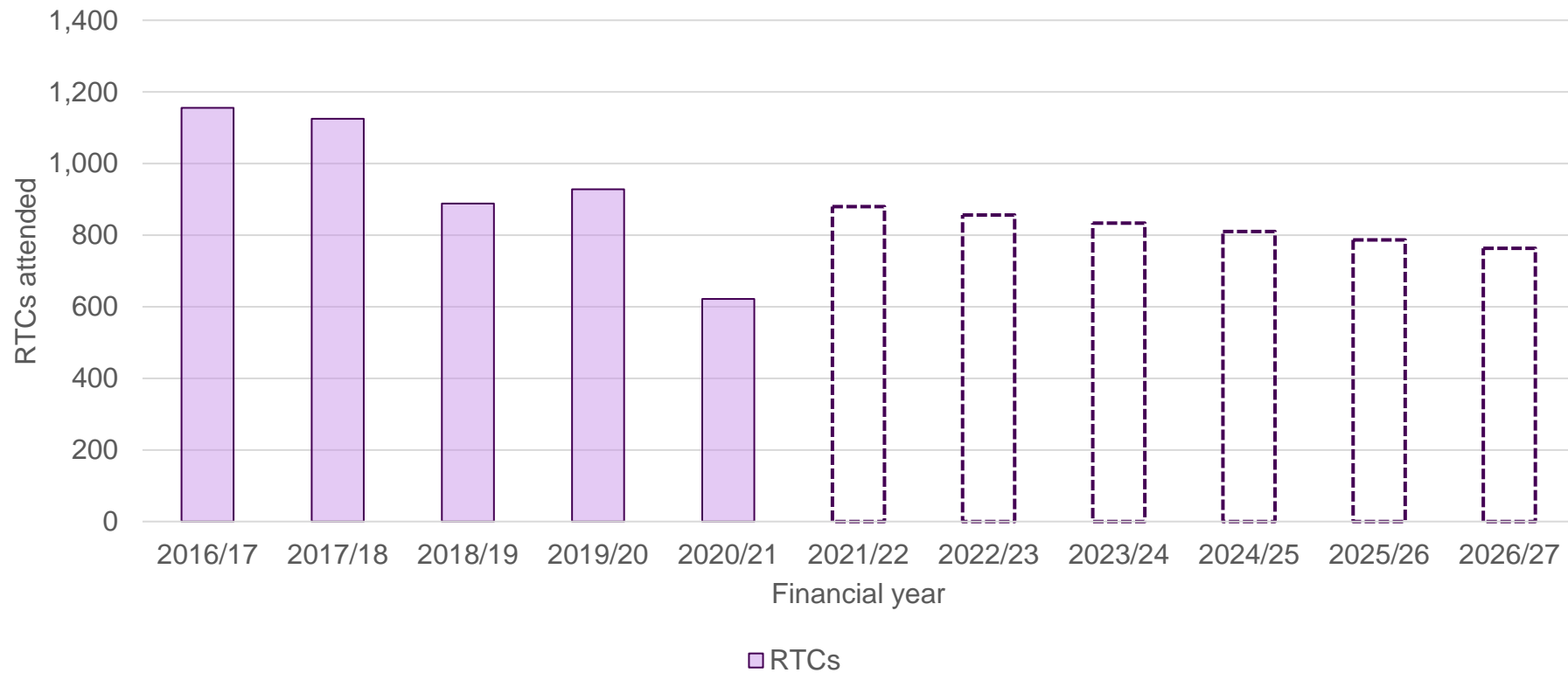
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<sup>22</sup> From Police STATS 19 data.

<sup>23</sup> Based on our understanding at the time of the incident.

### Number of RTCs attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



#### Who or what is at risk?

Nineteen per cent of people killed on the roads are aged between 16 and 25. Almost a quarter of those seriously injured are also in this age group.

Men between the ages of 16 and 30 are the highest risk group<sup>24</sup>.

<sup>24</sup> Police STATS 19 dataset.

## Specialist rescues

### Rescues from water

#### Why is it a risk?

Specialist rescues are not a statutory responsibility for fire and rescue services, but there is an expectation and a need for our communities and partner agencies to be supported at these incidents. We also have legislative and regulatory requirements that apply when attending statutory duty incidents involving flooding, confined space and working at height.

#### Water safety

Drowning is one of the UK's leading causes of accidental death. Each year more than 300 people drown after tripping, falling or just by underestimating the risks associated with being near water. Many more people are left with life changing injuries in water related incidents.

The Department for Environment, Food and Rural Affairs is the lead government department for major flooding in England. However responding agencies report to a range of government departments, requiring co-ordination in the event of flooding over a wide area.

#### Incident statistics

Tragically around 400 people drown around the UK every year and a further 200 take their own lives on our waters.

During the five-year period from April 2015 to March 2020 we attended 1,353 flooding incidents of which 162 were rescues from water - 96 of these were from vehicles. Our forecast suggests that we may see an upward trend in water rescue incidents over the coming years.

Based on figures from the National Water Safety Forum's WAID database, during 2020 there were 176 accidental drownings in England, 10 of them in our Service area. <sup>25</sup>Sixty-eight people accidentally drowned on the coast and 90 (just over half of the drownings) took place in lakes, rivers, ponds, streams, canals or harbours.

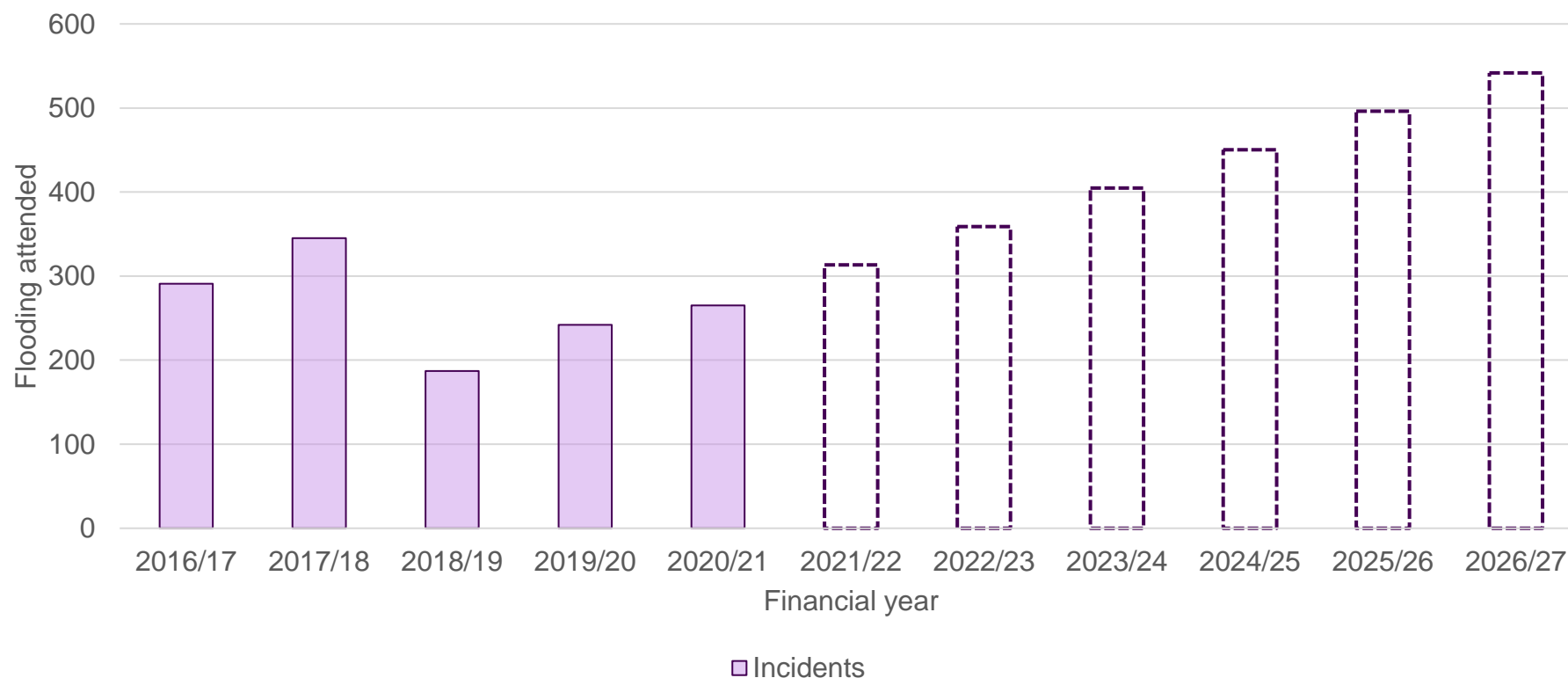
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<sup>25</sup> 2020 Annual Fatal Incident Report, [Annual reports and data - National Water Safety Forum](#)



## Number of flooding incidents attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



### Who or what is at risk?

National statistics show that more people drowned from falling into water whilst walking or running than from swimming. Nearly 80% of accidental drowning victims were male. The presence of alcohol or drugs was reported in 50% of accidental drowning victims aged 25-34 years.

## Rescues from height and confined spaces

### Why is this a risk?

Every time we receive an emergency call for assistance we want to make sure we can respond promptly, safely and effectively. To help us do this, we prepare, plan and train for all kinds of emergencies. This includes maintaining a capability for working at height and confined space to ensure the safety of our staff as well as attending these types of rescues.

### Incident statistics

Each year we carry out around 50 rescues from height and 80 animal rescues from height or depth.

## Animal rescues

### Why is this a risk?

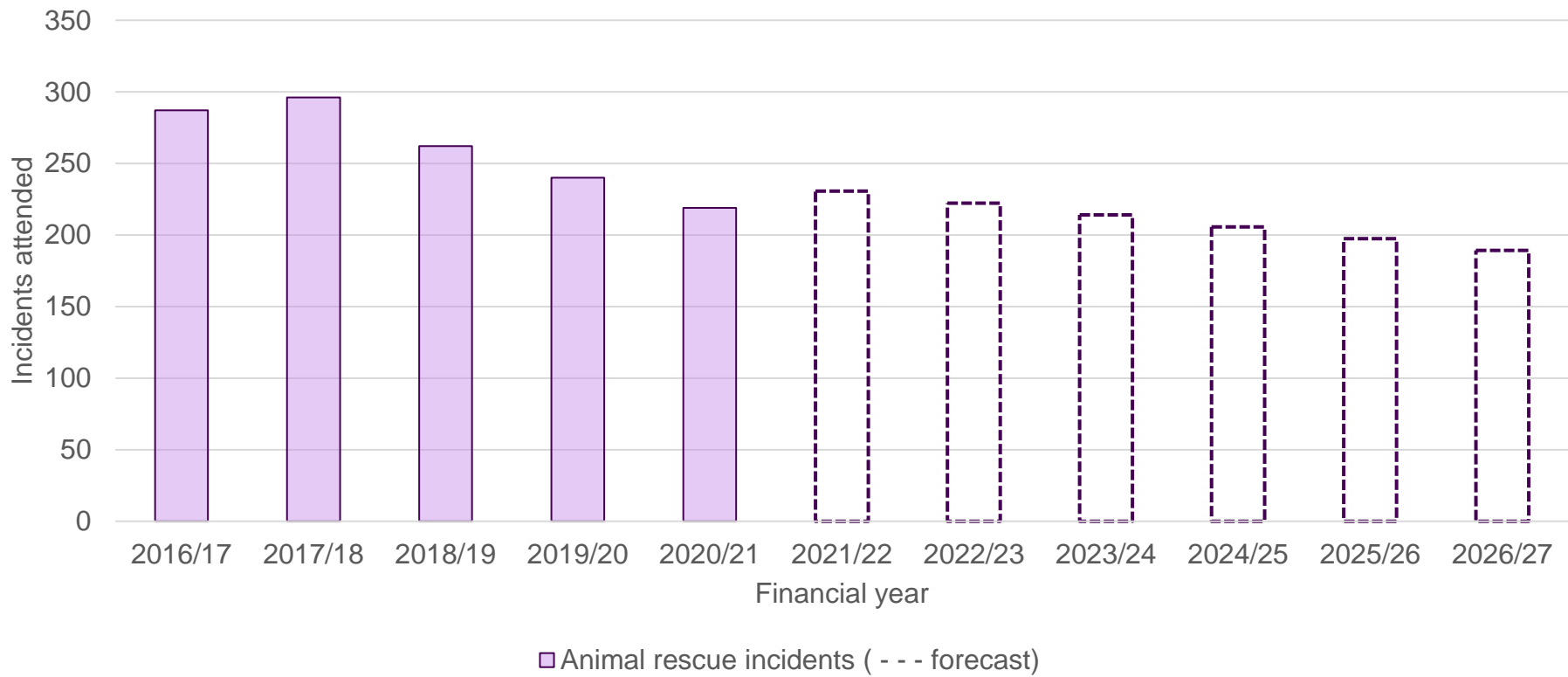
Our Service area is largely rural, and we are often called upon to help rescue animals including wildlife, pets and livestock. While we do not have a duty to respond to these incidents, we do attend if there is likely to be a risk to a member of the public if they attempt to rescue the animal themselves or if an animal is trapped in a location that is particularly challenging to access.

### Incident statistics

During the five-year period from April 2015 to March 2020, there were 23,451 animal rescue incidents in England, including 1,325 in our Service area. While there was a slight upward trend nationally during this period, we saw a slight downward trend.

Number of animal rescues attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2009 to March 2020



**Who or what is at risk?**

These incidents generally pose a low risk to human life and can draw resources away from more serious incidents, requiring resources to be sent from further away and potentially extending the time it takes us to arrive.

## Hazardous materials

### Hazardous materials sites and incidents

#### Why is it a risk?

The potential risks of hazardous chemicals and other dangerous substances, which can cause serious injuries to people and damage to the environment include:

- explosive substances
- gases
- flammable liquids and solids
- oxidising substances
- poisonous substances
- radioactive substances
- corrosive substances.

There are a small number of industries whose products or activities could have a serious impact on people's health and safety or a damaging effect on the environment in the event of an accident.

- Those industries that could be extremely hazardous are also subject to specific safety regulations. Thirteen sites across our Service area are covered by the Control of Major Accident Hazards (COMAH) regulations.
- There are also three licensed nuclear sites – Devonport Dockyard and two at Hinkley Point.

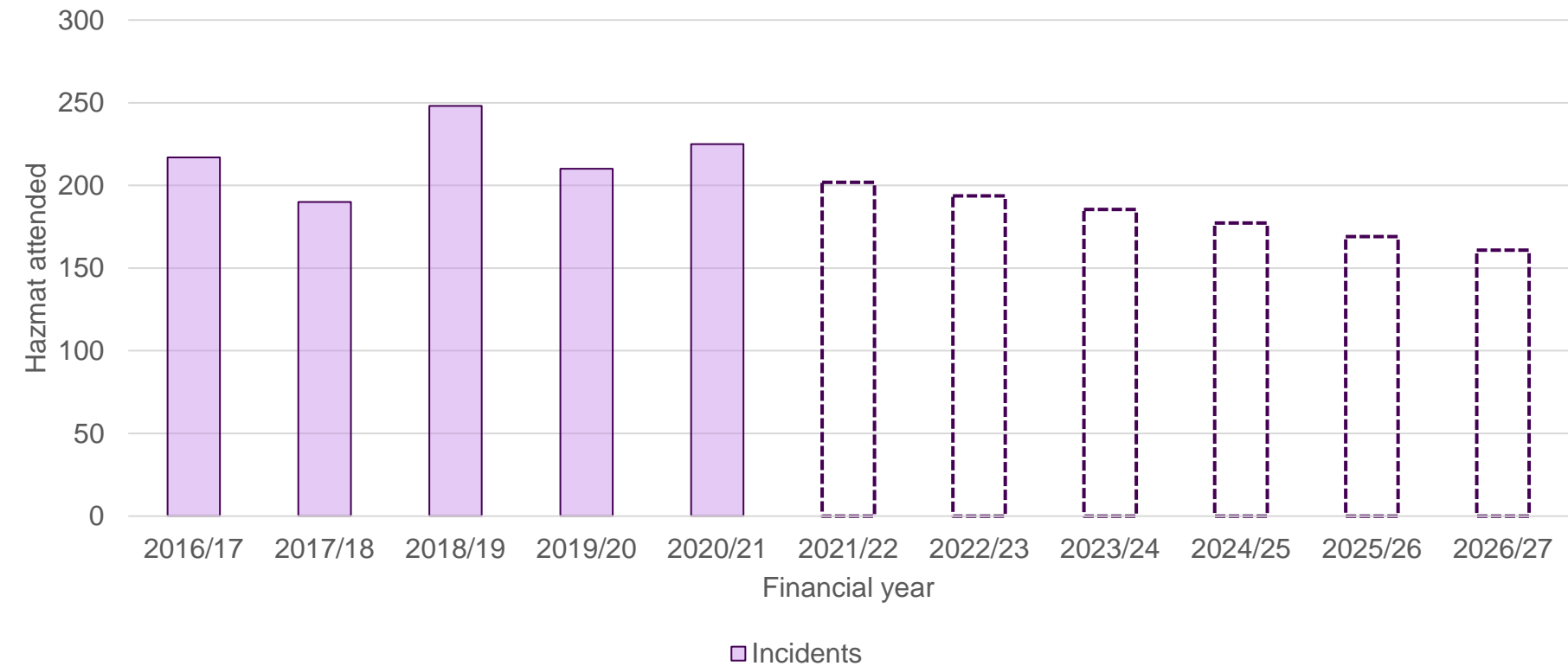
#### Incident statistics

During the five-year period from April 2015 to March 2020, we attended 1,138 hazardous material incidents, of these 556 were from spills or leaks. Our forecast suggests that we are likely to see a reduction in these incidents over the coming years.

While the number of hazardous material incidents is relatively low, we deal with incidents that have an element of hazardous materials and environmental protection risk on a regular basis. For example, fuel spills from road traffic collisions and materials containing asbestos at many domestic and commercial fires. The Service also attends an average of 60 suspected carbon monoxide poisoning incidents each year.

Number of hazardous material incidents attended, including forecast to 2026/27

Pre-Covid-19 forecast based on 11-year period from April 2015 to March 2020



**Who is at risk?**

There is emerging evidence that repeated exposure to hazardous materials may have a long-term health impact on firefighters, including an increased risk of developing some forms of cancer. Pollution from industrial and transport incidents involving such substances may require people to be evacuated from their homes and may lead to adverse effects on water courses and air quality. Contamination could spread to agricultural land and wildlife populations. Tackling these incidents requires specialist equipment and training and it often takes a considerable time to bring them under control.

## Environment and climate change

### Extreme weather events, flooding and wildfires

#### Why it's a risk and who or what it affects

We need to consider the likelihood of severe weather events when designing our overall operational capacity and resilience.

With increasing global temperatures, the UK is experiencing an increase in the frequency and severity of extreme weather events. Among the most serious events are storms and gales, extreme temperatures, heavy snow, drought and flooding. These can have a severe local impact on both the natural environment with the loss of valuable habitats, and on local communities with disruption, damage to property and potential for injury and loss of life.

A continuing pattern of warmer drier summers, warmer wet winters, and more periods of intense rainfall and storms is expected. With significant areas of wide, low-lying river valleys across Devon and Somerset, the risk of flooding (including flash flooding) is likely to increase.

Over the last decade we have seen an increase in the number of incidents linked directly to extreme weather events. This has had a significant impact on overall incident numbers year-on-year, with the operational activity focused within short timeframes and not spread out across the year.

During the winter of 2013/14 almost 45 square miles of the Somerset levels was under water, cutting off several communities.

These types of incidents affect:

- people living and working close to areas at risk of flooding
- people travelling during severe weather events
- businesses in areas at risk of flooding
- areas susceptible to wildfire including heathland, moorland and woodland.



## National risks

### Major emergencies, resilience and business continuity

#### Why it's a risk and who or what it affects

The Civil Contingencies Act (2004) requires emergency services, local authorities, the environment agency and health providers to work together to make sure they know how to respond in a major incident. This includes joint risk assessment, planning, training and exercising. The act also requires consultation with utilities, transport services and voluntary sector responders.

The definition of a major incident is 'an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency'.

Large scale incidents have a significant impact on the health and wellbeing of our communities. For public sector and emergency service providers this impact can often be two-fold. As the demand for services increases as a result of the crisis or disaster, at the same time we can be hit with the same pressures as other organisations on the ability to maintain services over extended periods - such as during Covid-19.

This requires us to have well tested contingency plans in place with our Local Resilience Forum (LRF) partners for the local impact of national and major emergencies which are identified in the community risk registers for each LRF and includes:

- natural and environmental hazards (such as severe weather events like wide scale flooding)
- cybercrime and fraud
- human and animal disease
- terrorism including marauding terrorist attacks
- social disruption
- major accidents and system or infrastructure failures.

## National Resilience

The National Resilience Capabilities Programme was introduced in 2003 to strengthen the country's ability to handle emergencies and crises. The Programme enhances the capability and capacity of fire and rescue services to respond to a range of incidents as well as providing a national coordination facility, and includes equipment and capability to support:

- mass decontamination
- urban search and rescue - able to respond to any major unstable or collapsed structure
- firefighting and flood relief with high volume pumps
- enhanced logistical support.

## Health and wellbeing

### Medical response and health related incidents

#### Why is it a risk?

As part of the wider emergency service community, we understand the pressures that our police and ambulance service face with limited resources and high levels of demand. To support our colleagues in the police and ambulance service and to help keep our communities safe, we have 20 co-responder stations that have the capability to respond to medical emergencies. We also support the police and ambulance service to gain entry to properties where there may be a medical issue or risk to life.

The number of people aged 90 or over is expected to double in size by 2043<sup>26</sup>. The risks associated with ageing will increase the demand for medical response.

#### Incident statistics

During the 2019/20 financial year we attended over 150 suicide-related incidents.

During the same period, we attended 14,483 medical incidents. Between April 2017 and March 2020, we attended 1,991 gaining entry incidents.

#### Who is affected?

We know from our analysis that many of the people that we engage with through our community safety activities are also affected by health-related issues.

Mental health problems are common across all sectors of society. NHS England estimates that in any one year approximately one in four British adults experience at least one diagnosable mental health disorder<sup>27</sup>. The increase in mental health issues puts additional pressure on health services and results in increasing numbers of suicides.

Health related incidents and particularly those linked with suicide can have a significant impact on the crews attending.

<sup>26</sup> Office of National Statistic's mid-year population estimates.

<sup>27</sup> [NHS England » Adult and older adult mental health.](#)

## Data sources

National Fire Statistics

[Themes in accidental fire deaths 2013-2017 \(dsfire.gov.uk\)](https://dsfire.gov.uk/themes-in-accidental-fire-deaths-2013-2017)

[Detailed analysis of fires attended by fire and rescue services, England, April 2020 to March 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx)

[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021262/fire-statistics-data-tables-fire0304-300921.xlsx)

Office for National Statistics (ONS):

- Business demography data
- mid-year population estimates

[Annual reports and data | National Water Safety Forum](#)

Environment Agency Flood Zone 2

English Heritage listed building data



# Community Risk Management Plan Consultation Overview

This report outlines the key findings from the online survey, focus groups and email feedback received as part of the consultation

January 2022

Emma Kay

Devon and Somerset Fire and Rescue Service

28.01.2022

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5. Executive summary of key issues identified	7

## Appendix (separate documents)

- A: Online survey findings report
- B: Email response summary
- C: Focus group report (Devon Communities Together)
- D: Focus group report (Consultation and Engagement team)

## 1. Introduction

The Service is seeking to understand the views of our communities, residents, businesses, staff and visitors, regarding this draft Community Risk Management Plan on behalf of the Authority.

Recommendations will be presented to the Fire Authority members so they can make an informed decision when approving the Community Risk Management Plan at the full meeting in February 2022.

This Community Risk Management Plan is a five-year strategic plan and is supported by a Strategic Risk Analysis and an Equality Impact Assessment.

The Community Risk Management Plan needs to be agreed and in place in April 2022.

## 2. Methodology

The consultation for the draft Community Risk Management Plan started on 15 November 2021 and closed on 14 January 2022. A mid-term and closing review were undertaken to monitor responses from identified stakeholders and quality of response.

### **How we captured feedback to the consultation:**

Online survey:

- Responses were captured through an online survey which received 241 completed responses with 246 responses in total.
- The survey was responsive to devices so that it could be easily accessed from a mobile phone or tablet.
- Paper copies have been offered by request. One paper copy of the document was requested and no surveys.
- The responses to the survey have been reported by an independent third party, BMG (full report appendix A).

Dedicated email address:

- Eight individuals or organisations chose to respond by email.
- Themes from these responses have been included in this executive summary (full detail in appendix B).



#### Engagement events:

- Three public and three staff question and answer sessions have been hosted virtually with some before and some after Christmas.
- 53 members of staff and 13 members of the public attended. Most members of the public represented a local parish council.
- Themes that came from these sessions has been considered by the Service.

#### Focus groups:

- It was acknowledged that an online survey and engagement events may not enable us to hear from all audiences. Specific audiences were identified for focus groups to ensure that we heard from these communities.
- Focus groups have taken place involving people with mobility loss, from ethnic minorities, age 75+, people living alone, people living in rented accommodation, business representatives and people living with sensory loss.
- Focus groups with the specific audiences were outsourced to third party Devon Communities Together except business representatives which was hosted by the consultation and engagement team. Full reports appendix C and D.

### **3. Promotional communication channels**

- The consultation featured on the homepage of our website throughout with regular social media content throughout the period.
- Stakeholders: personal letter from Chief Fire Officer to key stakeholders, including blue light partners, Police and Crime Commissioners, Clinical Commissioning Groups and Constituent Authority Chief Executives. Also emailed letter from the Chief Fire Officer to parish clerks, community partners and business groups such as Better Business for All and the Federation of Small Businesses.
- Non-digital audience: Posters, leaflets, and radio and print advertising. Neighbourhood Watch contacts, partners and parish councils have received

the poster to display and share with their networks. Postcards promoting the consultation were handed out at events by community safety teams.

- Targeted advertising: social media adverts responsive to the profile of people who had responded, print adverts in publications where there was low engagement with the pre-engagement work, radio advertising in Exeter and Somerset areas.
- Internal: regularly featured in the weekly e-update (Shout Out), message from the Chief Fire Officer, Yammer posts promoting the consultation, Business Change Managers conducted virtual station visits. Service Intranet homepage had a banner at the top of the page. Emails to Senior Leadership Team sent requesting support and promotion of the consultation. Link on DS Connect for ease of access to operational staff. Poster and hard copy of the plan.

## 4. Profile of respondents

Almost 250 responses to the consultation were received, 241 completed responses by online survey and 8 responses received by email. A further 36 individuals were engaged through focus groups. 53 members of staff and 13 members of the public engaged through the virtual events. Most members of the public represented a local parish council.

Detailed demographic information was collected only the online survey respondents.

Online survey respondents:

- Almost two-thirds (61%) were from residents, a fifth (21%) from either operational or support staff, and the remainder of the responses (17%) came from businesses, council members, or organisations with partnerships<sup>1</sup>
- A third (33%) of respondents were female, and 55% male (1% identified as non-binary and the remaining 12% chose not to say).
- The majority of responses were from age 45-64 (47%). Those aged between 65-74 made up 18% of respondents, with 6% age 75+. 14% comprised of 35–44-year-olds, and 9% were aged 34 or under.
- Over half (54%) of respondents are from rural area, 29% from urban areas, and 15% from coastal areas.
- 8% of respondents have said they have a disability. Those who answered yes were asked more about their disability and most have a physical disability. Focus groups are planned for people.

Focus groups:

- Participants to the focus groups self-identified. Attendance was:

Target Group	Number of participants
75+	9
Ethnic minorities	11
Limited mobility	6
Rented accommodation /C2DE	11
Additional sensory needs	9
Living alone	6
Business representative	4

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<sup>1</sup> These came from Devon and Cornwall Police (n=1), Fire and Rescue Service Association (n=1), and South Western Ambulance Service NHS Foundation Trust (n=1). The remaining three respondents who said they are from a partner organisation or are a stakeholder did not disclose which one.

## 5. Executive summary of key themes identified

The online survey gathered feedback based on three quantitative questions and a series of open questions for respondents to explain their answer and add any further feedback.

The focus groups, online survey open questions, engagement sessions and email responses brought similar themes. Key themes are outlined below.

### **Quantitative question responses:**

- 71% of respondents either agree or strongly agree that the Service had identified all the major risks it is responsible for. 9% have responded disagree and 6% strongly disagree.
- 63% of respondents either agree or strongly agree that the activities the Service continues to and proposes to deliver are appropriate to the identified risks. 10% disagree and 8% strongly disagree.
- 57% of respondents either agree or strongly agree that 'the activities the Service continues to and proposes to deliver do not affect me or anyone else more positively or negatively than other people'. This question has seen more neutral responses with 23% neither agreeing nor disagreeing, and 16% responding they disagree or strongly disagree. This is in line with the equality impact assessment which considers a positive or neutral impact. The question was edited to have 'do not' in bold following a response which selected 'strongly disagree' to this question but made a positive comment in the free text.

### **Key themes from the online survey, focus groups, engagement sessions and email responses include:**

- The online survey, engagement sessions and email were used as an opportunity to raise localised queries or concerns, such as water access at Hartland, access to an estate in Aveton Gifford or equipment at Cheddar. Local issues were one of the most mentioned themes within the free text responses.
- Whilst almost three quarters of respondents agreed that the major risks had been identified, missing or underrepresented risks were one of the most common free text comments. This includes climate change, transport other than road traffic collision, electric vehicles and staff availability. This was also the same with the staff engagement sessions and some of the email responses. Missing or underrepresented risks identified through the online

survey and email feedback focused largely on local concerns rather than strategic level. Focus group participants did not raise new risks.

*“Luccombe is surrounded by forest and moorland. In the past it has faced the real threat of a moorland fire spreading to ignite the houses in the village, many of which have thatched roofs.” Email response*

- Risk around staffing and availability was raised in the online survey, email and in engagement sessions as something that had been underrepresented.

*“The loss of experienced firefighters due to retirement represents a significant risk to Devon and Somerset fire and rescue service and needs addressing.” Email response*

- Rural communities are less likely to agree that the risks have all been identified and that the activities are appropriate. Email responses and free text responses included comment about insufficient coverage in rural areas, such as the need to increase co-responder stations in rural areas, or having the right equipment and appliances to deal with fires in thatched houses or farms:

*“If the Fire appliance in Cheddar is reduced to a smaller one, I think that will affect fighting a fire in Wedmore. As a rural village a backup fire engine will take some time to get to there. The purposed smaller Fire appliance might run out of water as the dwellings in the village are predominately large family homes.” Online survey*

*“As a rural area we need our emergency service, where ever we can get them, the fire service being the most important. Whether it’s out of control bonfires, property fire, car accidents or any incident, they know our area. They know how to help and what we need in those situations. We cannot be without them.” Online survey*

- Overall people seemed to agree that the activities the Service propose are appropriate to the risks in the online survey and focus groups. Underrepresented mitigation activities feature as the fifth most mentioned theme in the online survey, including false alarms, nuclear risk, and education.
- Communication, both to and from the Service was discussed by all focus groups, with a recognition that education of the public was a core need for the Service. This education related both to risks and prevention matters (such as appliance care), and also education on the Service’s service provision itself (such as availability and cost, or lack of cost, of home safety visits). Communication, and suitable language, was also discussed as essential in emergency response scenarios between crews and the people impacted by the incident. This came through in all focus groups but was particularly

important to people with additional sensory needs. Education was also raised in engagement sessions and the online survey.

*“How do we communicate if you're being cut out of a car or crash? How do we communicate? And it's those sort of worries. You know whether people are trained in, just sort of, basic communications? We use gesture but obviously sometimes if you're in shock, you've been in a car crash. It's very rare. People are just sort of thrown into shock, can't move so it's how do we get over those communication issues?” (Participant, Additional Sensory Needs) Focus group*

- Concern about resources and priorities are mentioned frequently, making it one of the top five mentioned themes in the free text comments of the survey. The theme was also raised at staff engagement events. This includes comments about availability of staff, delivery within the financial constraints, fleet, first aid equipment and location of stations. Concern about fire engine type was particularly focused around Cheddar in the online survey and by email.

*“The planned reduction in firefighting capability at Cheddar with the replacement of the current appliance with a less capable LRP is putting my community at risk.” Online survey*

- The level of detail within the plan was mentioned both on email and in response to the survey. People referred to the plan as vague and generic. It was clear in a staff engagement event that the Strategic Risk Analysis had been missed as a supporting document.
- Staff engagement events highlighted that staff wanted to see some detail about their area of work represented within the Community Risk Management Plan.

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# Devon and Somerset Fire and Rescue Service

## Community Risk Management Plan consultation

January 2022

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# Executive summary

## Background and methodology

- Devon and Somerset Fire and Rescue Service commissioned BMG to analyse and report on the results of an online public consultation survey to gather feedback on their draft Community Risk Management Plan. This plan outlines the actions the Service plans to take over the next five years (2022-2027) to help keep residents, their home, community and environment safe from fire and other emergencies.
- The online survey was launched on 15 November 2021 and closed on 14 January 2022. In total, 241<sup>1</sup> individual responses to the consultation survey were received, with almost two-thirds of these (61%) being from residents, a fifth (21%) from either operational or support staff, and the remainder of the responses (17%) came from businesses, council members, or partner organisations. Paper copies were available by request; however, no paper copies of the survey were requested.
- Posters, leaflets and radio, social media and print advertising was used to promote the consultation to non-digital audiences. Neighbourhood Watch contacts, partners and parish councils were also asked to share with their networks. The consultation also featured on the home page of the Devon and Somerset Fire and Rescue Service website, and it was also promoted to staff through internal communication channels.
- A third (33%) of respondents are female, and 55% male (1% identify as non-binary and the remaining 12% chose not to say). A quarter (25%) of respondents are aged between 45-54, with a further 22% aged between 55-64. Those aged between 65-74 make up 18% of respondents, with a further 14% comprised of 35–44-year-olds, and 9% are aged 34 or under.
- Over half (54%) of respondents are from rural area, 29% from urban areas, and 15% from coastal areas.
- Other protected characteristics such as disability, identity, and ethnicity have not been included in the analysis owing to the low number of responses for certain groups.

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<sup>1</sup> 246 respondents started the survey; however, five respondents did not progress beyond the introduction and so for the purpose of analysis a total of 241 is used.

## Identification of major risks

- The majority of respondents feel that the Service has identified all of the major risks (71%).
- This is slightly more pronounced for women (79%, compared to 73% of men) and those aged between 55-64 (81%, compared to 57% for 45–54-year-olds).
- Respondents in rural areas are less likely to agree that major risks had been identified (68%), compared to 73% in urban areas and 79% for those in coastal areas.
- Respondents who are residents are less likely to agree that the plan identifies all major risks (66%), compared to 88% of support staff\*, 77% of operational staff, and 78% of council workers.
- The most common issues raised were concerning missed or underrepresented risk in the plan, and this included references to, for instance, high rise or old building, hazardous events, concerns around terrorism, and risks associated with modern buildings. Respondents also commonly cited issues in specific areas, such as towns, particular roads or incident hotspots.

## Activities in response to risks

- A majority also agreed that the proposed activities are appropriate to the risks identified (63%).
- Again, this was higher amongst women (74%, compared to 65% of men) and those aged 65-74 (74%, compared to 59% for both 45-54-year-olds and 35-44-year-olds, and 47% for 25-34-year-olds\*).
- Three quarters (74%) of respondents in coastal areas agree that the activities are appropriate to the risks, compared to 67% in urban areas, and 60% in rural areas.
- Six in ten (61%) respondents who are residents agreed that the activities are appropriate to the risks, which was lower compared to support staff\* (88%) and council members\* (78%).

## Equality impact assessment

- Most respondents (57%) do not think the activities impact anyone disproportionately, however, a quarter (24%) remain unsure.

- Just over half (53%) of those living in rural areas agree that the activities do not impact anyone disproportionately, which is lower in comparison to those in urban areas (66%).

## Notes on this report

The following points should be noted when reading this report:

- This was an open consultation to which anyone could respond rather than a sample survey, therefore results are not intended to be wholly representative of the population.
- A respondent profile has been described in the report, however base sizes for key demographic questions can be found in Appendix A: Demographic profile of respondents.
- Questionnaire wording and base sizes for the data used in the figures can be found in Appendix B: Question wording and base descriptions for figures.
- Maps which detail where respondents live can be found in Appendix C: Respondent maps.
- Details about open text comments can be found in Appendix D: Comments on identification of, and response to, major risk
- Details of the councils and partner organisations that responded to the survey can be found in Appendix E: Council and partner organisations that responded.
- A \* denotes a base size less than 30
- Where results do not sum to 100 percent, this is either due to rounding or due to multiple responses being allowed for the question.

## Identification and response to major risks

This section covers respondents' thoughts on the analysis of risk undertaken by the Service, as well as the explanation of what is being done about those risks.

### Overall agreement with identification of major risks

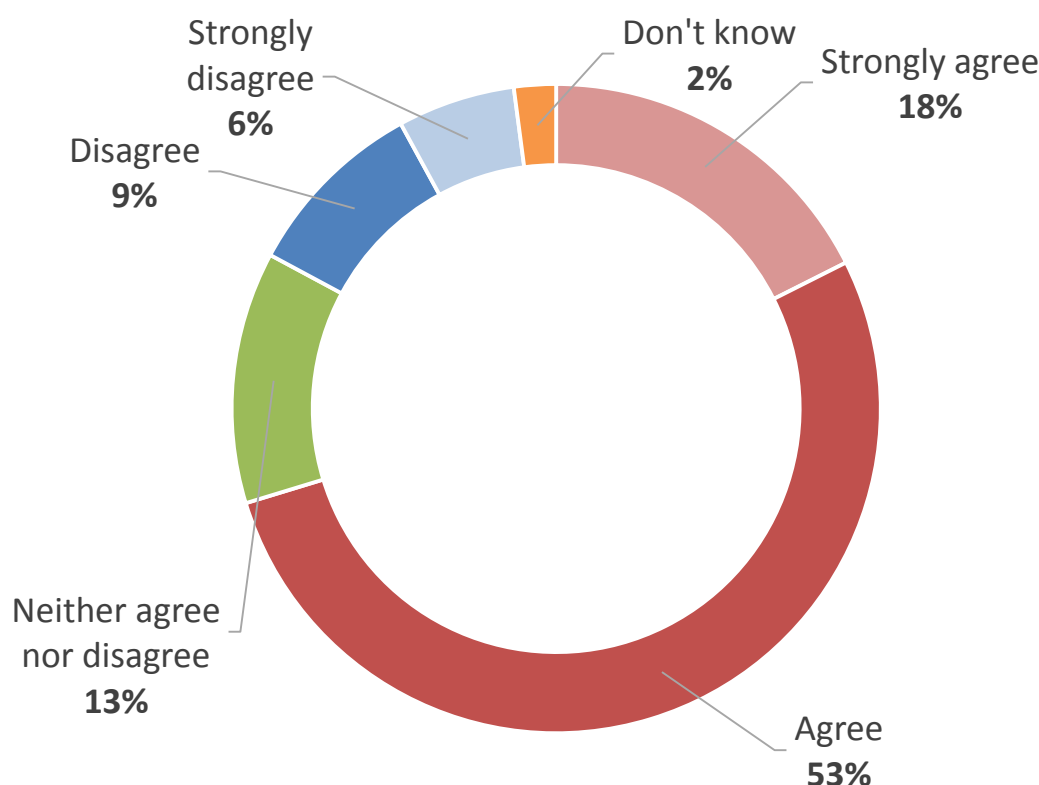
Around seven in ten respondents (71%) feel that the Service has identified all of the major risks it is responsible for, with 18% saying they "strongly" agree:

*"As a rural area we need our emergency service, where ever we can get them, the fire service being the most important. Whether it's out of control bonfires, property fire, car accidents or any incident, they know our area. They know how to help and what we need in those situations. We cannot be without them."*

However, 15% disagree to some degree, with 6% of those "strongly" disagreeing.

*"Certain areas have been overlooked, this is not a comprehensive plan."*

**Figure 1: Agreement with the identification of major risks**



Women feel more positive about the identification of these risks; 79% agree overall, with 29% saying they "strongly" agree. Men on the other hand were less inclined to think this way, although three quarters (73%) agree to some degree with 15% "strongly" agreeing. Men are also more likely to feel ambivalent when asked about

the identification of major risks; 13% neither agree nor disagree, compared to just 4% of women. Overall levels of disagreement are similar for both women and men (12% and 15% respectively).

There are some notable differences across age groups, with those aged between 45-54 less likely to agree that the Service has identified all major risks (57%), compared to those aged 25-34\* (68%), 35-44 (75%), 55-64 (81%), and 65-74 (76%)<sup>2</sup>.

The area in which a respondent lives also appears to have some influence over sentiment. Those living in coastal areas are more likely to agree that the Service has identified all major risks, compared to other areas: 79% agree to some extent, with 15% saying they “strongly” agree. Encouragingly, a quarter (26%) of respondents in urban areas strongly agree that the Service has identified all of the major risks, with 73% agreeing overall.

This was comparatively lower for those in rural areas (68% agreed overall):

*"[There is a risk in] leaving large rural areas with poor road system with minimal D&SFS coverage."*

*"There are lots of older properties in the local area with unknown problems that can potentially pose fire risks."*

There are no notable differences in the number of respondents who disagree across geographical areas.

Respondents who are residents are less inclined to agree that the plan identifies all major risks; two thirds (66%) agree to some degree, whilst this is higher for support\* and operational staff (88% and 77% respectively) and council workers (78%).

## **Around two thirds feel the proposed activities are suitable to the identified risks**

Around two thirds (63%) agree that the activities the Service continues to and proposes to deliver are appropriate to these identified risks:

*"Our Parish benefits from the Co-responder service which is an important service. We value the service you provide and are pleased to see it has been given weight in the plan."*

A fifth of respondents (19%) disagree, with 8% saying they “strongly” disagree.

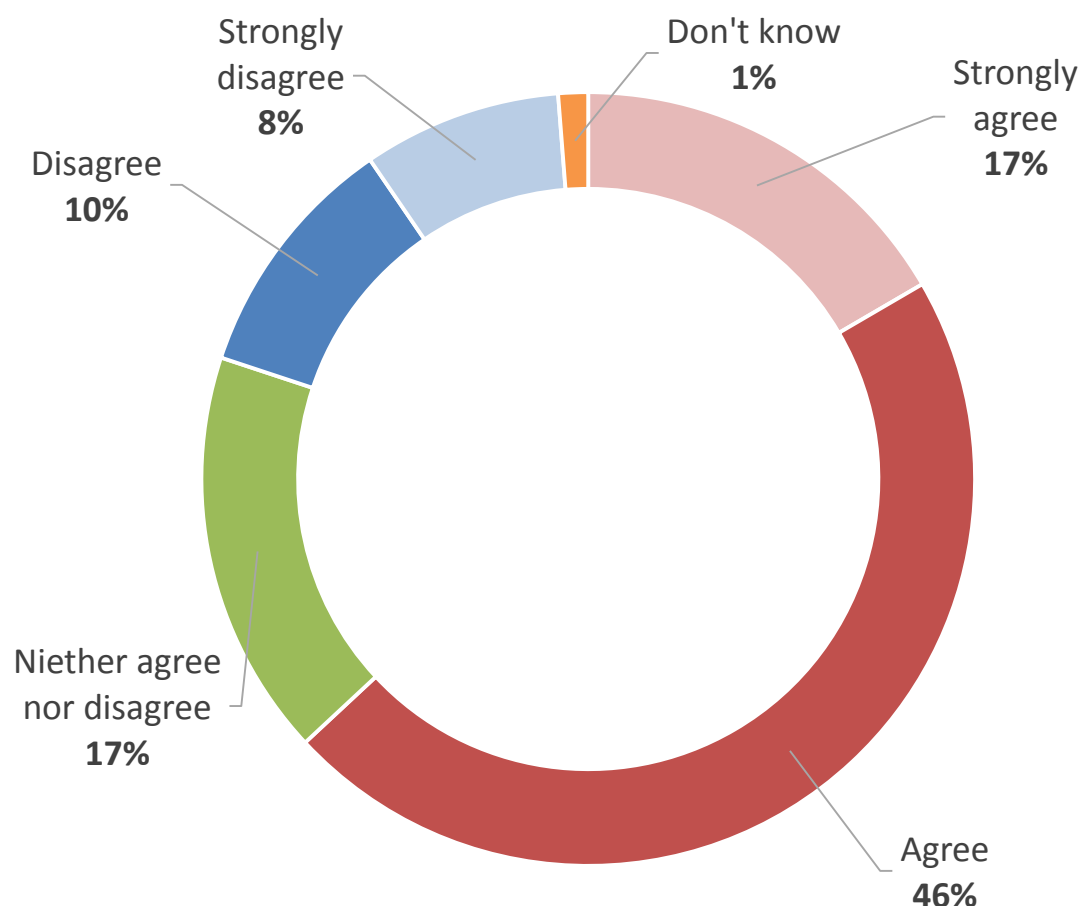
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<sup>2</sup> All respondents aged 17-24 and 85+ agreed to some degree however they have been omitted owing to low number of responses (n=3 and n=1, respectively).



*"The analysis is generic for the entire area as are the appropriate responses to the identified risk. However, it does not take into account very specific local differences, 'hot spots' of the elderly, slow response times, RTA increases due to massive increases in visitor traffic, increased wildfire issues from BBQs to global warming. These are particularly apparent in Porlock and the surrounding villages."*

**Figure 2: Appropriateness of activities**



Women are more inclined to feel positively about the proposed activities being appropriate to the identified risks: almost three quarters (74%) agree to some degree, compared to 65% of men. Again, men are more likely to feel uncertain about whether activities are appropriate to risks, with nearly a fifth (20%) saying they neither agree nor disagree.

There are some differences across age groups. Respondents aged between 55-64 are more inclined to agree that the activities proposed are appropriate to the risk (71%), compared to younger people aged between 25-34\*, of whom less than half agreed (47%).

As with overall identification of risk, there are differences depending on type of area, with coastal respondents being more positive and rural residents less so. Around three quarters (74%) of respondents in coastal areas agree that the activities are

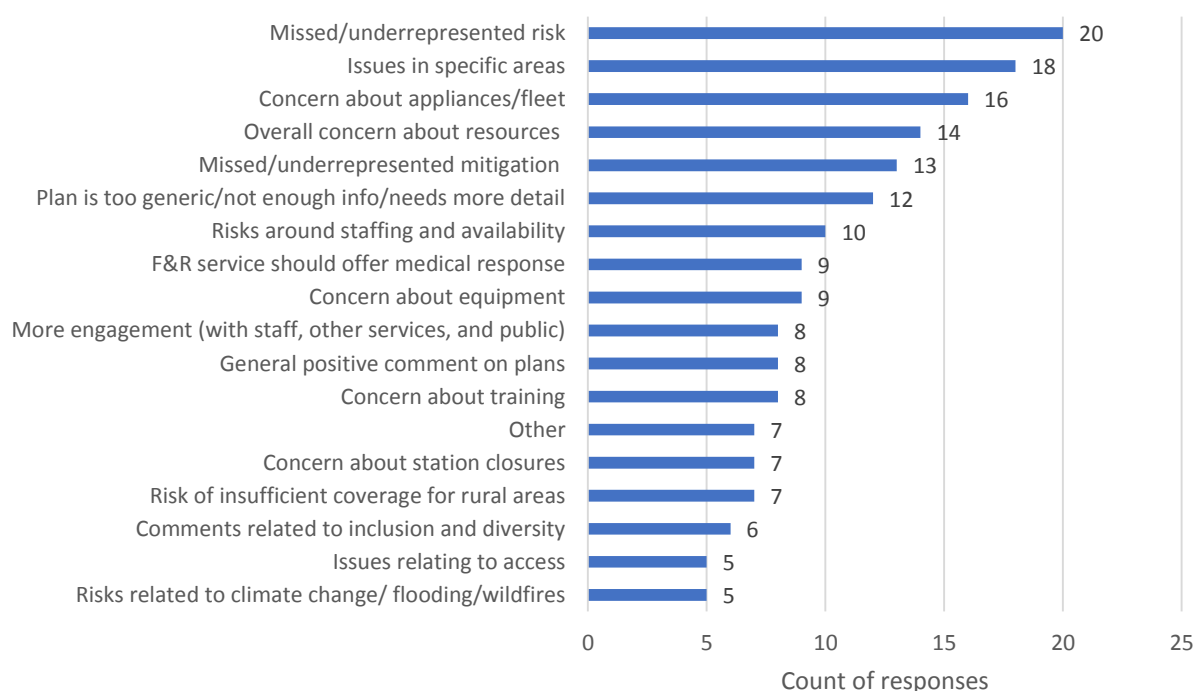
appropriate to the risks, with 17% saying they strongly agree. However, this was lower for respondents in urban areas (67%) and rural areas (60%). There are no notable differences amongst those who disagree.

Around six in ten (61%) respondents who are residents agreed, which is lower than support staff\* (88%), and council members (78%). A quarter of residents (24%) disagree, with one in ten "strongly" disagreeing.

## Respondents are most concerned about issues in specific areas, and risks which have been missed

Respondents were asked if they would like to make any further comments about the identification of risk and the appropriateness of plans. A total of 88 respondents provided additional comments which have been analysed thematically<sup>3</sup>, and are represented in Figure 3, below. The number of counts for each code can also be found in Appendix D.

**Figure 3: Count of open text responses related to the identification of and response to major risks**



<sup>3</sup> The thematic analysis has produced 18 codes. Some of the comments provided by a single respondent fall into multiple categories, in some cases with up to five codes per comment. As such the total number of coded responses (182) has been used for the analysis of this question. Given the large number of codes, there is no analysis against demographic questions owing to very small sample sizes, and the possibility of identifying respondents.

The following explains the meaning behind these codes in more detail:

- Issues in specific areas can include comments relating to certain towns, or particular landmarks or roads:

*"I am concerned about the access road to Icy Park and Glebelands estates from the village. The road is very steep and wall crumbling. If the wall collapses with tree weight or wet behind it, this road will be blocked and difficult to clear. There are no other emergency ways in or out. It needs looking at with a view to creating a new emergency access."*

- Missed or underrepresented can refer to things such as high rise or old buildings, hazardous events, terrorism, or wildfire issues. It also includes comments around emerging technologies, such as fire risks related to modern buildings, or electric cars:

*"The Service does not appear to address the estuarial risk of fires on board vessels which does go beyond the stated statutory duty... There are some significant vessels and risk within the estuarial waters of the Service area that might be seen to have an expected response."*

- Concern about appliances/ fleet, can refer to concerns with change to vehicles and concern about cuts to the number of fire engines. Respondents also mentioned inappropriate or inadequate vehicles being used:

*"LRPs replacing MRPs at stations positioned in high risk RTC areas does not support the proposal to cover identified risks."*

- Overall concern about resources, can include comments around how the activities will all be delivered within the financial constraints and around the ordering of the strategic priorities:

*"I think you will not have the resources to manage this. Mainly financial for equipment, staffing and training."*

- Missed or underrepresented mitigation can refer to comments related to better risk assessments being needed, such as drought hotspots:

*"Climate change risk. Hotter summers, global warming. Risks - forest fires, heathland fires, business fires. Should have the capability to get access to water and lack of it in drought situations, so risk assessment of the Devon and Somerset hot spots and future hot spots and planning for water access."*

- Risk around staffing and availability, can refer to, for instance, investing in more fire fighters, or concerns around the availability of staff following cuts:

*"Like policing, too few stations and staff. Staff will be run ragged and burn out rates will increase."*

- Concern about equipment can include comments relating to the need for better provisions in certain areas, or a need for a specific type of equipment, such as medical equipment:

*"Some aspects are addressed however we are not investing in training equipment enough which makes it difficult to train against specified risks."*

- F&R service should offer medical response can refer to comments related to the need for fire fighters to be trained in casualty care if they are first on scene, an increase co-responder stations, or better support for the ambulance service, for example by offering medical assistance wherever they can:

*"As well as fire and motor accidents they are also trained first aiders who turn up in all kind of emergencies before the ambulance. If we lose them, you are putting all of our lives at risk."*

- Concern about training can refer to better maintenance of skills training, such as providing more comprehensive training, increasing the frequency of training, or a lack of investment in training equipment:

*"The level of response competence does not match the risk in the two counties. Further time and money must be spent on training front line operational staff."*

- More engagement includes comments which relate to consulting with stations, building community resilience, or engaging more with partners:

*"The Service needs to allow crews to identify and target risks locally. Centralising everything has removed ownership and direction massively. A graph doesn't identify the correct risks, local knowledge does."*

- Risk of insufficient coverage in rural areas can refer to the need to increase co-responder stations in rural areas, or having the right equipment and appliances to deal with fires in thatched houses or farms:

*"If the Fire appliance in Cheddar is reduced to a smaller one, I think that will affect fighting a fire in Wedmore. As a rural village a backup fire engine will take some time to get to there. The purposed smaller Fire appliance might run out of water as the dwellings in the village are predominately large family homes."*

- Concern about station closures can include comments which relate to the provision of staff if a station is closed, or stations adapting to changing risks rather than closing:

*"After the recent station closure proposals throughout DSFRS I would hope this plan is not suggesting to close stations again as I think it has been proved that all these stations were needed."*

- Comments related to inclusion and diversity can refer to the inclusion of schools and young people, or better provisions for the elderly:

*"I feel you are missing the best prevention opportunity that exists - by not prioritising the education of future generations. Getting involved with schools to make fire, and the other forms of safety for which you are trained, as part of the school education programme is I believe the best form of prevention."*

- Risks related to climate change/ flooding/ wildfires can refer to the removal of special appliances in flood prone areas, fires as a result of hotter summers, or the need for a wildlife strategy:

*"Saying that flood related incidents are going to become more common yet you're removing front line MRP appliances in most recent flood hit areas to replace them with LRP's which aren't sufficient in the flood plains."*

- Issues relating to access can refer to things such as narrow lanes, or cars parked on the street:

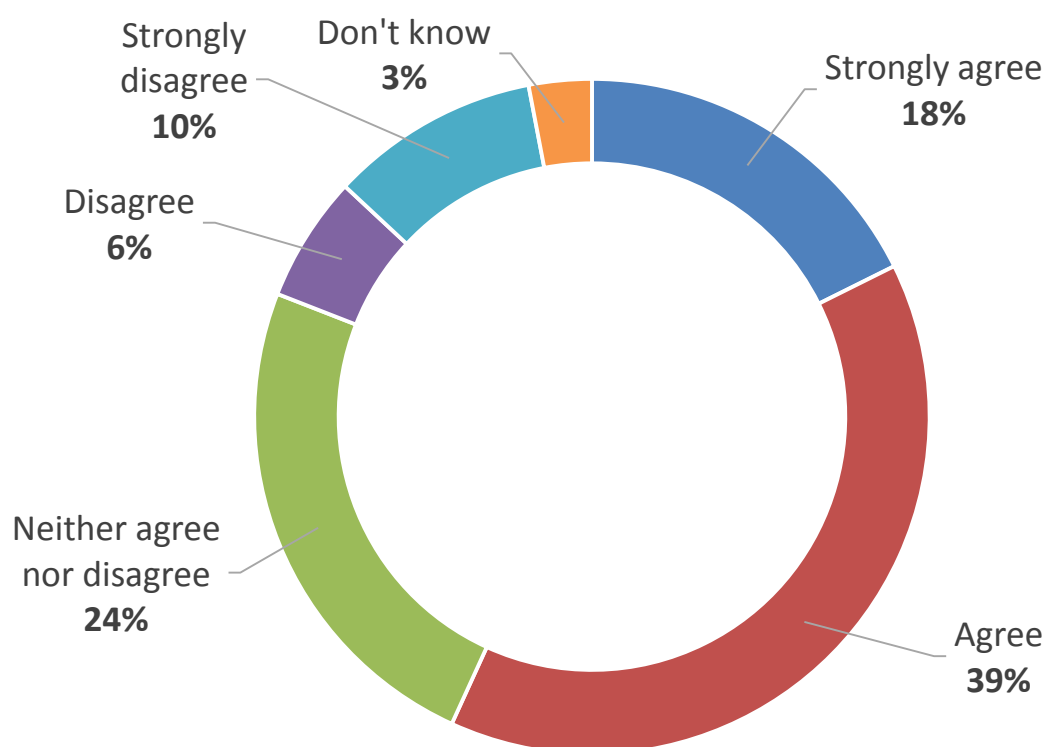
*"The risks are very generic and don't seem to address the rural dispersed communities with limited access".*

## Equality impact assessment

### Most respondents do not think the activities impact anyone disproportionately, yet a quarter remain ambivalent

Over half (57%) of respondents agree that the activities the Service continues to and proposes to deliver do not affect them or anyone else more positively or negatively than other people, whilst a quarter (24%) remain ambivalent, answering that they neither agree nor disagree.

Figure 4: Equality impact assessment



Around two thirds (64%) of women agree that the activities the Service continues to and proposes to deliver do not affect them or anyone else more positively or negatively than other people. Comparatively, 60% of men agree, and are more likely to feel uncertain, with over a quarter (27%) saying they neither agree nor disagree.

Levels of agreement also vary across age groups. Those aged between 45-54 are less likely to agree that the activities do not affect them or anyone else more positively or negatively than other people (47%) compared to those aged 65-74 (70%). For the 45-54-year-olds, over a quarter (28%) disagree with this, 16% of whom "strongly" disagree. Whilst around two thirds (68%) of 25-34-year-olds\* agree with this sentiment, 26% "strongly" disagree which is higher compared to other groups.

Around two thirds of respondents in both coastal and urban areas agree with this (63% and 66% respectively), however those in rural areas were less likely to feel the same (53%), with a third of respondents (33%) disagreeing to some degree (17% "strongly" disagree).

Just over half (54%) of respondents who are residents agree with this, which was lower compared to 88% of support staff\* and 74% of council members\*. A further 25% of residents neither agree nor disagree, which was the same for operational staff.

Respondents were given the opportunity to elaborate on their responses to this question. Some thought it was unclear if or how the Service is engaging with members of the community, and felt they couldn't accurately answer the question. This can likely explain the relatively high number of respondents who answered neither agree nor disagree (24%):

*"I like that you do this and think about everyone but I don't see it entirely reflected in the plans you have put forward. It would be more understandable to see the links between the proposed actions and the people or groups you have written about in the assessment."*

*"There is no detail about how the service makes adjustments to ensure equal access of its services to all members of the community. Are they supporting deprived areas? Are they engaging effectively with ethnic minority groups? I have no idea?"*

Some raised concern for those living in rural areas, because of inappropriate appliances or the distance from a fire station:

*"Living in a rural area leaves me at higher risk than if I lived in an urban area due to where you have located your full-time stations."*

Others mentioned those with less money and the elderly as being at greater risk:

*"My only comment would be those whom are less disadvantaged monetary wise being more at risk and therefore would naturally be targeted more, everyone should be targeted regardless of wealth."*

*"There is much said about the increasing crisis in social care and from personal experience there is a chronic shortage of care services for elderly people living in their own homes no residential care options (cost or places) which means increasing vulnerability. Is the Service confident its prevention activities are investigative enough to identify people in this position? What lessons are being learnt from fatal fires that involve these vulnerable people?"*



## Respondent profile

- Over half of the survey respondents are male (55%), and 33% are female. The remaining 14% either identify as non-binary (1%) or prefer not to say (12%).
- Almost 4 in 5 respondents (79%) are between the ages of 35 and 74; 25% are 45-54, 22% 55-64, 18% 65-74, 14% 35-44, 9% 25 or under, and 5% 75+.
- Over half of respondents (54%) live in rural areas, 29% live in urban areas, and 15% in coastal.
- Nearly two thirds of respondents (61%) are residents, with a further fifth (21%) being a member of staff (operational or support). Council members made up 10% of responses, with businesses accounting for 3%. Respondents who are either an organisation with a partnership agreement or a stakeholder make up 2%.
- Just over three quarters of respondents (77%) identify as straight or heterosexual, with a fifth (20%) stating they'd prefer not to say.
- Eight percent of respondents have a disability, with just over half of these (56%) being a physical disability. Almost 8 in 10 (78%) report not having a disability.
- 7 in 10 respondents (71%) do not have caring responsibilities, whilst 15% do.
- Two thirds (69%) of respondents identify as being English, with 19% identifying as British. Welsh and Scottish respondents make up 2% of responses, and 9% prefer not to say.
- The majority of respondents (87%) are white, 3% comprise ethnic minority groups, with the remaining 9% choosing not to say.
- The most common platforms for hearing about the survey were Devon and Somerset Fire and Rescue Service website and social media (e.g., Facebook or Twitter), or via other contact from Devon and Somerset Fire and Rescue Service (i.e., through work).

## Appendix A: Demographic profile of respondents

This report focuses on key differences for specific sub-groups of the population. The table below outlines the number of surveys completed by each of these sub-groups.

**Table 1: Demographic profile of respondents**

<b>Sub-group</b>	<b>Base</b>
<b>Gender</b>	
Male	77
Female	128
Non-binary	2
Prefer not to say	27
<b>Age</b>	
Aged 17-24	3
Aged 25-34	19
Aged 35-44	32
Aged 45-54	58
Aged 55-64	52
Aged 65-74	43
Aged 75-84	12
Aged 85+	1
Prefer not to say	15
<b>Ethnicity</b>	
African background	1
Any other Mixed and Multiple background	4
Any other White background	2
Gypsy or Irish Traveller	1

<b>Sub-group</b>	<b>Base</b>
Irish	1
Mixed or Multiple ethnic groups, White and Black Caribbean	2
Prefer not to say	22
White English, Welsh, Scottish, Northern Irish or British	199
Prefer not to say	22
<b>Disability</b>	
Have a disability	18
Do not have a disability	182
Prefer not to say	34
<b>Type of disability</b>	
Physical disability	10
Learning disability	1
Loss of sight or hearing	1
<b>Area</b>	
Rural area	128
Urban area	70
Coastal	35
Other	6
<b>Sexual orientation</b>	
Heterosexual	179
Gay/Lesbian	2
Bisexual	4
Other sexual orientation	1
Prefer not to say	46

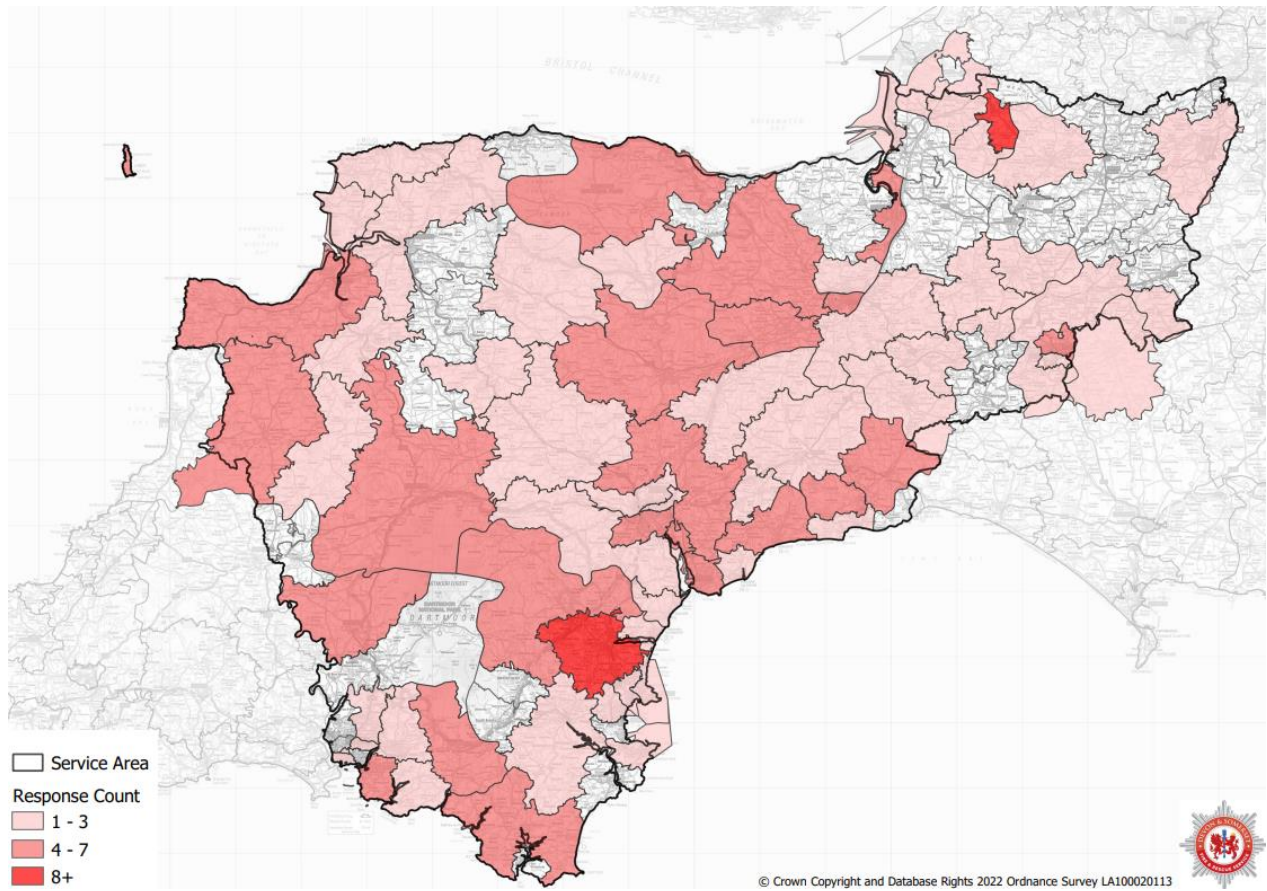
<b>Sub-group</b>	<b>Base</b>
<b>Caring responsibilities</b>	
Caring responsibilities	36
No caring responsibilities	165
Prefer not to say	33
<b>Identity</b>	
British	45
English	161
Scottish	2
Welsh	2
Other	3
Prefer not to say	22

## Appendix B: Question wording and base descriptions for figures

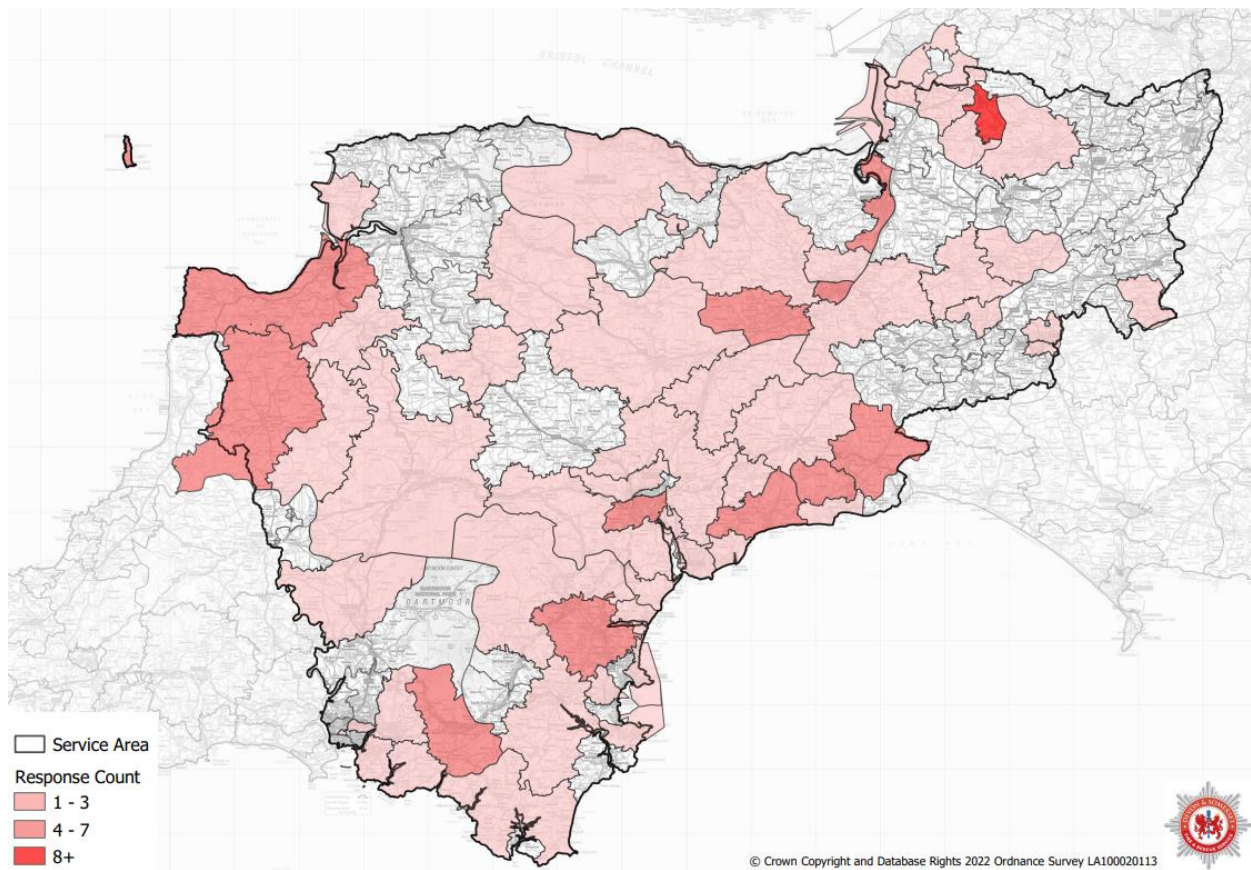
Figure	Question text	Base description
Figure 1	Q2. We'd like to know to what extent you agree or disagree with the following statements. The Service has identified all of the major risks it is responsible for.	239
Figure 2	Q3. We'd like to know to what extent you agree or disagree with the following statements. The activities the Service continues to and proposes to deliver are appropriate to the identified risks.	All respondents (241)
Figure 3	Q4. Please use this space if you would like to make any comments about risks or the current and proposed activities to help explain your answer.	All respondents who provided additional comments (182)
Figure 4	Q5. To what extent do you agree or disagree with the following statement. The activities the Service continues to and proposes to deliver do not affect me or anyone else more positively or negatively than other people.	All respondents (241)

## Appendix C: Respondent maps

Image 1: Map of overall respondents

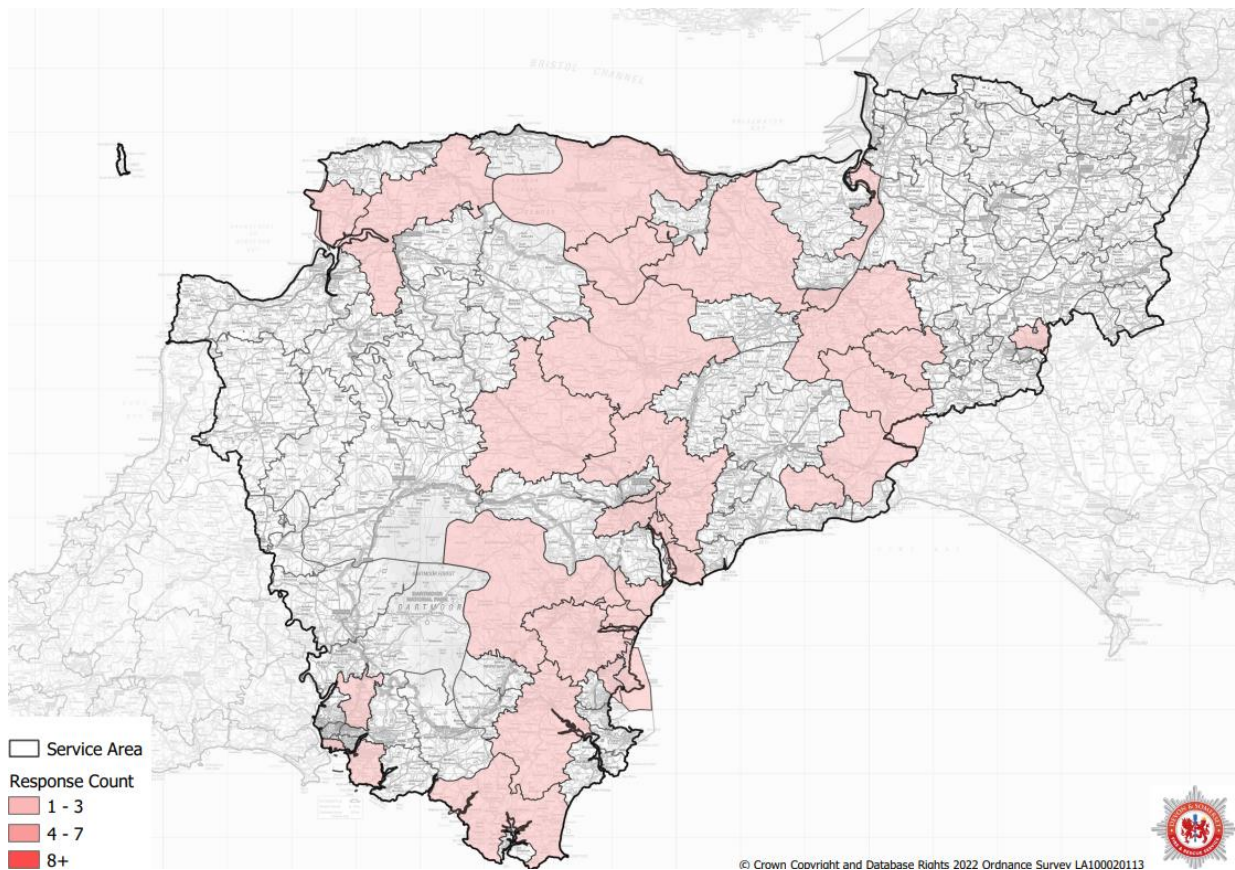


**Image 2: Map of respondents who are residents**





**Image 3: Map of respondents who are staff**



## Appendix D: Comments on identification of risk

The table below shows the frequency of comments for each code related to the identification of major risks.

Comment	Frequency
Missed/underrepresented risk	20
Issues in specific areas	18
Concern about appliances/fleet	16
Overall concern about resources	14
Missed/underrepresented mitigation	13
Plan is too generic/not enough info/needs more detail	12
Risks around staffing and availability	10
Concern about equipment	9
F&R service should offer medical response	9
Concern about training	8
General positive comment on plans	8
More engagement (with staff, other services, and public)	8
Risk of insufficient coverage for rural areas	7
Concern about station closures	7
Other	7
Comments related to inclusion and diversity	6
Risks related to climate change/ flooding/wildfires	5
Issues relating to access	5

## Appendix E: Council and partner organisations that responded

The table below shows the number of respondents from partner organisation and councils that responded to the survey.

<b>Partner organisations</b>	<b>Base</b>
Devon and Cornwall Police	1
Fire & Rescue Service Association	1
South Western Ambulance Service NHS Foundation Trust	1
<b>Councils</b>	
Aveton Gifford PC	1
Cullompton Town Council	1
High Ham Parish Council	1
Kingsbridge Town Council	1
Morchard Bishop Parish Council	1
Moretonhampstead	1
North Tawton Town Council	1
Plasterdown Grouped Parish Council	1
Sampford Courtenay Parish Council	1
SWT	1
Tiverton Town Council	1
Trudoxhill Parish	1
Trudoxhill Parish Council	1
Ugborough Parish Council	1
Washfield Parish	1

### Email responses to the consultation

28 emails regarding the consultation were received into the CRMP inbox, plus a handful of updates to contact information from the marketing email sent.

14 emails were from councils, 7 from members of the public, 5 members of staff, 1 business and 1 union.

Emails included 7 concerns not relating to the CRMP, mostly relating to the change to fire engine at Cheddar.

There were 6 queries around the consultation (such as joining webinars), 4 requests the consultation document or survey in another format and 8 responses to the consultation. There was also one email from the Chief Fire Officer with an update to reflect following a meeting with police.

Responses to the CRMP consultation were received by email from:

- Appledore
- Belstone Village Parish Council
- Cheddar and Shipham (via Fire Authority member)
- Dartmoor Forest Parish
- FBU
- Luccombe Council
- Somerset West and Taunton (Porlock District)
- Williton Parish Council

Responses from councils include:

- Local risks, including thatch buildings, localised housing developments, narrow roads and bridges cited, beauty spots and use of BBQs.
- Road traffic collisions are a large concern for many especially with an increase in tourism.
- Emergency response standards, with a focus on rural timings. Also, a query around ERS for incidents other than fire or RTC.
- Concern over cuts.
- Classification of 'primary' and 'secondary' fires with rural wildfires seemingly 'secondary' and as such less important.
- Concern over different fire engine type in Cheddar.
- Tourism and staycations as a large risk.
- Risks arising from Covid with more working from home.
- Crewing availability as a risk.

- Somerset Unitary Authority as a potential risk or change.
- False alarm mitigation not robust enough.
- More partnership working within local communities.

# Devon and Somerset Fire and Rescue Service's Community Risk Management Plan: Community Engagement Workshops

Devon Communities Together

January 2022



DEVON &  
SOMERSET  
FIRE & RESCUE SERVICE

## 1. Executive Summary

Seven target audience groups were identified for focus group consultations and 6 sessions were successfully run, with a total number of 31 individuals reached. All focus groups had the potential to reach all demographics, for example many of those attending the ethnic minority session lived in rented accommodation.

Target Group	Number of participants
75+	9
Ethnic Minorities	11
Limited mobility	6
Rented accommodation /C2DE	11
Additional Sensory Needs	9
Living Alone	6

*(a minimum of 6 per category)*

In the consultation process no new risks or mitigation activities were raised, although communication was brought up as something which would improve access for all the groups, both for prevention and response activities.

### 1.1 Key Findings

#### Communication and accessibility

- Overall, participants were happy with the mitigation activities of Devon and Somerset Fire and Rescue Service (DSFRS) and felt reassured by home visits or work being undertaken with businesses. However, this work was not always known about, nor were the details around accessing it.
- Partnership working with community organisations and schools were seen as key to engagement and would allow for DSFRS to be aware of suitable groups or upcoming events and build trust and awareness in Communities.
- Suitable language was a common theme in both prevention and response activities, especially for participants from ethnic minority, deaf and neurodivergent communities.

## **People in later life (aged 75+)**

- Cooking and faulty appliances were the risks this group were most concerned about
- Best reached through community groups and village magazines

## **People with limited mobility**

- Relying on mobility equipment can be a challenge for escape routes
- Desire for business and public buildings to have accessible emergency plans and be proactive in communicating these
- Participants supported smart use of data and joined up working with the Priority Services Register
- Obstructed pavements can lead to navigating onto the road and associated hazards

## **People with additional sensory needs**

- Emergency alarms and signage in public and private buildings are not always suitable
- Desire for technological innovation to communicate emergencies
- Staff training in basic BSL, gesturing or use of imagery are key for communication
- Emergency scenarios and associated alarms can be overwhelming for those with learning differences. DSFRS staff need to be equipped to deal with this.

## **People from ethnic minorities**

- Hazards around cooking with oil was a main source of anxiety for this group
- It was felt that landlords can take advantage of this group and not meet their obligations
- Availability of translators, suitable language materials and imagery are key for communication

## **People living alone**

- All risks named for other target groups are relevant and can be magnified by living alone. For example, navigating escape routes with limited mobility, or hearing an emergency alarm.



## **People living in rented accommodation**

- Feelings of safety can be tied closely to others. Including the landlord's adherence, or lack of adherence, to their legal obligations and regular testing, or neighbours acting responsibly.
- Landlords need to be aware of additional concerns of those with additional sensory, language or mobility needs.

## **People living in C2DE areas**

- Fire and accident prevention can be overlooked when struggling with many competing survival priorities, leading to faulty appliances or unmaintained vehicles.
- This group can potentially be reached through food banks, carers groups and associated social networks.

## **Cross-cutting theme: Mental Health**

- Emergency incidents and associated prevention can be a source of everyday stress and anxiety for any individual, but especially those with additional needs or who are dependent on landlords or others to have suitable provision.
- More severe mental health issues can be an underlying source of danger, as well as being interconnected with other financial and health challenges. Partnership working with support service staff is highly recommended.

## **2. Method/introduction**

### **2.1 Key objectives**

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Devon and Somerset Fire and Rescue Service's (DSFRS) Community Risk Management Plan (CRMP) is a five-year strategic plan which outlines who DSFRS are and what they do. It sets out the key challenges and patterns of incidents the DSFRS experience now and anticipate in the future. Specifically, it highlights the risks facing our communities and how DSFRS intend to reduce these over the life of the plan. The resources that are available to achieve their priorities are also identified. The CRMP will run from April 2022 to 2027.

Production of a CRMP is a statutory duty for each fire and rescue authority. The draft was generated by considering incident data and considering staff and community knowledge (this included nearly 1,700 survey responses). A draft version of the CRMP was consulted on between 15 November 2021 and 14 January 2022. As part of the consultation, DSFRS commissioned a series of focus groups which would complement the survey and ensure that the views of specific audiences, whose voices are not always heard, were heard. The details of these groups are described in the section on ‘focus group design’ below.

## 2.2 Partnership structure and Recruitment

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DSFRS commissioned Devon Communities Together to recruit participants, representative of the specific audiences, from across Devon and Somerset and deliver a series of focus groups. Devon Communities Together worked as lead delivery partner alongside the Community Council of Somerset and Living Options Devon. Partnership working and collaboration was central to the success of these focus groups. Members of DSFRS’s Consultation and Engagement team, and DSFRS’s Diversity and Inclusion Team supported with session design and attended all focus groups.

Recruitment was achieved via the partner organisations’ existing networks and through marketing material distributed through emails and posted on social media.

Seven target audience groups were identified for focus group consultations and 6 sessions were successfully run with a total number of 31 individuals reached. Attendees were representative of the specific audience groups sought, and participants self-categorised by attending groups advertised under the relevant headings (see below). However, all focus groups had the potential to reach all demographics, for example many of those attending the ethnic minority session lived in rented accommodation, and this was evidenced by their declarations or contributions during discussions. In addition, 20 participants completed an equality measurement form related to protected characteristics, this can be seen in Appendix B.

The total number of participants per group are shown in the table below:

Target Group	Number of participants
75+	9
Ethnic Minorities	11
Limited mobility	6
Rented accommodation /C2DE	11

Target Group	Number of participants
Additional Sensory Needs	9
Living Alone	6

In addition, the voices of people living with poor mental health was considered a cross cutting topic across sessions.

## 2.3 Grouping of categories

Due to overlap of categories, Devon Communities Together recommended to group these into 6 session slots, as shown in the table below. There was also an additional session open to all, and in addition 2 people who had expressed an interest but were unable to attend online were contacted for their input via telephone conversation.

Session number	Focus group target:	Date
1	People in later life (aged 75+); and those living alone.	13 <sup>th</sup> December 2021 (10.30am – 12.00pm)
2	People from ethnic minority communities.	13 <sup>th</sup> December 2021 (13.00 – 14.30)
3	People with limited mobility.	15 <sup>th</sup> December 2021 (10.30am – 12.00pm)
4	People from C2DE communities; and those living in rented accommodation.	10 <sup>th</sup> January 2022 (10.30am – 12.00pm)
5	People with additional sensory needs.	10 <sup>th</sup> January 2022 (14.00 – 15.30)
6	Anyone interested in contributing.	17 <sup>th</sup> January 2022 (16.00 – 17.30)

## 2.4 Focus group design

Due to the continuing Covid pandemic and the geographical locations to cover, all the sessions were hosted online. The session plan was developed by Devon Communities Together, in conversation with DSFRS and delivery partners.

Due to the CRMP being such a large and comprehensive document it was never going to be possible to consult on all areas in a 90-minute session, but the focus group structure

was designed to explore the risks and mitigation strategies most relevant to each community group. Additionally, a section explicitly discussing the accessibility and community understanding of the DSFRS's service provision was included. Sessions were designed to be safe and comfortable spaces where participants were able to share aspects of their personal circumstances so that the 'whys' of their opinions could be raised and understood.

The full session plan can be seen in Appendix C and is summarised below:

- Opening introductions (names, location, etc.).
- Short presentation on context of DSFRS and the CRMP from the fire service.
- Each individual raised 1-2 risks/hazards most prevalent in their minds and the minds of their community, and reasons for this prevalence.
- Via input from the fire service the group discussed the mitigation actions named in the CRMP related to risks raised by the group. The group discussed both strengths and potential improvements for these mitigations.
- A closing conversation on the barriers around the accessibility of the service and how to communicate key messages most effectively with that community group.

Where conversations on risk/mitigation had been focused on one area of DSFRS's provision (e.g. dwelling fires), participants were prompted to consider other areas of the service (e.g. road traffic collisions, or business safety).

The above was a broad structure for conversation, but of course conversations criss-crossed between these areas and followed the interests of the group.

Conversation was captured on a Google Jamboard and shared back as appropriate as a prompt to aid further discussion.

### 3. Focus group findings

#### 3.1 Summary of key themes

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This summary section of the report will introduce the key themes, with examples illustrating where specialist considerations arose for specific groups. These considerations and their context are explored further under each group section below.

The three key risk areas raised throughout the focus group sessions were:

**fires in the home**

**fires in businesses or public buildings**

## road safety concerns

All focus groups discussed these three risk areas; however, each group saw these risks with a slightly differing focus. Those with limited mobility and additional sensory needs were most concerned about fires in businesses or public buildings. There were no new risks raised outside of the Community Risk Management Plan.

The risks related to specialist incidents were not mentioned, other than in passing around the potential for wildfires and the impact of climate change. However, it can be inferred that many of the measures relating to the safety of these groups in escape from emergency fire settings would apply to other specialist scenarios. For example, adequate escape plans, and provision for those with limited mobility and additional sensory needs.

Participants discussed hazards related to appliance care, (specifically electric appliances, electric blankets, multi-sockets, and storage heaters) and cooking as primary causes of fire. The topic of cooking was especially discussed by ethnic minority participants who felt the type of smoky/oil-based cooking common in this group was a danger, in that it could both cause fires and that to avoid irritation safety devices can be tampered with.

Those with additional sensory needs discussed the suitability of current warning systems and the potential role for technological innovation, such as smartwatches with vibration, or flashing alerts, and a messaging service to alert and inform people about an emergency situation in the area.

Participants of the limited mobility group suggested that DSFRS work with utility companies to share data of those on the Priority Services Register to best respond in an emergency, and also to target prevention services.

Another key topic which arose in discussion was that of suitable escape routes, and this was especially a concern for those with limited mobility, and those living in buildings of multiple occupation with single escape routes.

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*"I have to store my wheelchair at the bottom of my staircase just inside of the front door which means that exit is blocked pretty much so it's just, it's just complicated."*

*(Participant, Limited Mobility)*

---

Some of those living in rented accommodation felt anxiety due to a reliance on neighbours or landlords to be maintaining safe equipment, signage, and suitable escape routes. Conversely, participants felt reassurance when safety tests and updates are regularly completed by landlords.

---

*"Firstly, I was already anxious about my bedroom being at the end of the apartment, I sleep there and if there is a fire I am just trapped like a rat in*

*a trap. So, when I moved in, I bought all the fire safety equipment, but I still didn't feel very safe. So, when this girl downstairs started to put drapings on the ceilings and on the walls. I mean if that would go up in flames it would up go up.”*  
(Participant, 75+ and living alone)

---

There was a concern that landlords can take advantage of ethnic minority and C2DE communities by not following safety obligations. Similarly, landlords are not always educated in a way to have suitable awareness of, and provision for, those with additional mobility or sensory needs.

### ***Fires in businesses and public buildings***

Overall, there was a positive reception to the coordination and planning work carried out by DSFRS with businesses. The risks discussed focused on emergency escape plans and whether businesses' plans, and associated staff training, were always suitable for those with additional needs. For example, having accessible escape routes for those with limited mobility (including the elderly), or whether warning systems were suitable for those with additional sensory needs. The fear of being stuck, alone, in an emergency was a great source of anxiety.

Mitigations focused on raising best practice standards with organisations. This included using red light signals alongside sounding fire alarms, triaging customers with limited mobility or visual impairment in hotel and restaurant booking systems and providing extra information on emergency procedures, or making sure there is plenty of notice and communication prior to fire tests for those with learning difficulties and their carers.

It was discussed whether a fire safety course for ethnic minority restaurant owners, who may not be familiar with legislation, could be provided via local community partners. In a similar way to how previous health and safety courses have been provided.

### ***Road safety***

The topic of road safety was the least discussed by the focus groups. When it was discussed the narrow country lanes of Devon and Somerset were a source of general concern, regarding both potential for accidents and the accessibility for emergency vehicles. As a mitigation measure participants spoke of installing mirrors in driveways and wondered if DSFRS could support with this. Participants also highlighted how, for those on a low-income, maintenance of safe vehicles can be a challenge.

In towns and villages, the hazard of emergency vehicle access was raised in relation to congested roads. Congested pavements, with vehicles or business equipment (e.g., signage, tables, and chairs), were raised as a concern for those with limited mobility, as they may have to navigate these by going into the road, thereby causing a hazard to themselves and others. There was a view that DSFRS should automatically be involved in discussions around spatial planning and planning applications.

---

*"I've had a few occasions with pavements being blocked and my only option to get round the obstacle is to go into the road where drivers aren't going to be looking for someone at wheelchair height in. And it's really, really unsettling and unnerving and I'm kind of terrified each time I have to do it, I might get hit"*  
(Participant, Limited Mobility)

---

Participants representing the deaf community desired a technology notification system, for example via telephone app, to alert and inform them about a particular emergency as they are not able to hear radio traffic announcements.

### **Accessibility**

Overall people seemed happy with the types of mitigation and activities provided by DSFRS.

However, communication both to and from DSFRS was discussed by all groups, with a recognition that education of the public was a core need for the Service. This education related both to risks and prevention matters (such as appliance care), and education on DSFRS's service provision itself (such as availability and cost, or lack of cost, of home safety visits). Communication, and suitable language, was also discussed as essential in emergency response scenarios with regard to crews communicating with people involved in or impacted by an incident.

### **Educating the public**

Participants recommended engaging with schools, community engagement at events and local groups, or sharing information in parish newsletters and through leaflets. Groups discussed the tailoring of educational sessions to specific needs (for example visiting specialist deaf schools). Printed material such as leaflets was identified as an excellent way to spread information, and by having these at key locations, such as foodbanks and other public support services, this material would spread throughout community networks.

---

*"If you can get the primary school children on board, and they come home full of enthusiasm for whatever the school is running. So, if you go into schools I think that is a very good place to go because the children come home full of enthusiasm and it wins parents round."*  
(Participant, limited mobility)

---

To consistently access hard-to-reach communities, partnership working with community organisations was seen as key and would allow for DSFRS to be aware of suitable groups or upcoming events and build trust and awareness in communities. This relationship building could also extend to building relationships with the admin teams of specialist social media groups. It was noted that DSFRS has historically been good at this engagement, but this has dropped off in recent years as engagement officers have left the Service.

It was also discussed that the fire service could work in a joined-up way with support service staff to reach individuals at risk or pass on key messages through front line workers.

---

*“I run a group in Crediton, an access group for disabled people and I’m pleased to say we had a very nice, very helpful fire service officer come and talk to the group and everybody who was at that meeting was full of praise for the information that was shared. One gentleman who was deaf and he lived alone in a very old and possibly vulnerable building, and he was worried that he might not wake up to his smoke alarm. Because of his deafness the person who visited gave him lots of information, far more information than he was expecting to, and now he flags it up every time anything like this is mentioned at any public meeting he attends. He belongs to the British Legion. So, he tells it to them as well.”*  
(Participant, Limited mobility)

---

### **Suitable language**

In the above discussion on engagement, suitable language was a major theme for ethnic minority participants and participants with additional sensory needs (including hearing loss and learning difficulties). Translators and interpreters were seen as essential to making the Service more accessible. Where translation is provided by the service this was not always known about.

---

*“If English isn’t your first language and you struggle to speak English, and when you Ring 999, is there like a translator though? Because you might be struggling to give your own address or to understand the person...”*  
(Participant, Ethnic minority)

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One suggestion from the deaf community was to explicitly mention on marketing information that BSL translation is available. This would send the signal to the deaf community that there is the possibility for them to engage with the fire service, as otherwise the assumption is they will not be able to engage. The promotion of the SMS



text emergency number should be promoted widely to allow non-verbal communication.

The importance of language extended to emergency response scenarios. Although technological innovations, such as remote access to translators was discussed, participants felt that the use of basic sign language (or even increased gesturing), and written or pictorial prompt cards would be of great value. To further develop mitigation measures, provision of pictures on signage such as escape routes was discussed and should language training should extend to all DSFRS staff.

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*“Something happened with my washing machine. Some smoke started to come out of it. I straightaway called the fire service, and they came and checked the equipment. But one thing that I was really disappointed about at the time was the personnel that came. They were talking to my Children and asking them what happened. And I was trying to sort of, say, don't talk to the children. ‘Hello, I'm here. Can you see me?’ They just didn't know how to communicate with me at all and I think they should have thought no, ‘Actually this is really important’ we make the adults responsible in their house and not the children. I've got small children. They shouldn't have to take on the responsibility. I am the parent, not them.*

*“So, I think it's about the staff who come out? They need a little bit of training about not using children for communication. It's not fair on them. So somehow make sure that you communicate with a parent - even using paper and pen would be better.”*

*(Participant, Additional Sensory Needs, deaf community)”*

---

### **Communication and learning difficulties**

The above discussion on language and training is relevant to those with learning difficulties, who are often familiar with communicating in basic sign language or using Makaton.

In addition, there was discussion on the potentially traumatic and sensorily overwhelming impact of an emergency scenario on those with autism and other learning difficulties. This includes the triggering nature of sirens and fire alarms. Mitigation measures discussed included training for staff on individuals varying needs and the importance of providing space and reassurance and discovering suitable key contacts. It was also raised to equip response vehicles with ear defenders and security blankets.

## 4. Future learning

Despite reaching representative numbers from each target group, it is important to acknowledge the potential barriers which may have limited even greater engagement.

Barriers observed related to 5 areas:

1. **Timing** – The sessions occurred during the daytime, which may have limited the availability of participants. Seeking to mitigate this barrier one session was hosted later in the day, from 16.00 – 17.30.
2. **Community leaders vs general public** – Positive attendance was achieved for all category groups; however, it was notable that many of the participants were ‘community leaders’ in one form or another. For example, participants were involved in running food banks or other support organisations, or they were otherwise active in their community group. The presence of community leaders led to a benefit for the consultation process as the individuals were passionate, articulate and considered in their views relating to risks and mitigations for their community group, and therefore able to provide high quality input. Additionally, they were motivated to take information about the services provided by DSFRS back to others in their community, and they are interested in continuing to strengthen bridges with DSFRS in the future.
3. **Incentives/compensation** – Despite 2x£20 vouchers awarded per session (via raffle) serving as an incentive for participation, it appears that guaranteed incentives would have been more motivating. This is evidenced by delivery partners receiving at least 4 specific enquiries into incentives, and a high number of initial registrations for sessions who did not show. It is likely this issue was most relevant to the C2DE demographic, both due their inherent financial situation and due to this group most dependent on ‘lay’ individuals rather than community leaders (as described in point 2 above).
4. **Language** – Two of the focus groups were explicitly for groups where language was an additional factor. One focusing on members of ethnic minority communities and one focusing on those with Additional Sensory Needs (with interpretation via BSL being a necessity). Participants were advised that interpreters/translators would be present. However, with ethnic minority communities being diverse it was not possible to target all ethnic minority communities.
5. **Digital inclusion** – With the sessions being hosted online, this may have been a barrier to particular groups. DCT was specifically informed of this challenge by individuals who were visually impaired, those aged 75+ and carers of those with learning difficulties. DCT sought to combat this arranging telephone conversations but capacity to reach beyond arranged focus group sessions was limited.

## APPENDICES

### a. Detailed focus group findings

#### i) Target group: People in later life (aged 75+)

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##### **Risks**

Most risks discussed can be grouped under **‘dwelling fires’**. These related to hazardous appliances (electric appliances, multi-sockets, and storage heaters in particular) or human error. One participant explained they had only begun cooking following the death of their wife and was prone to burning food, as such, they were somewhat afraid of setting their apartment on fire.

---

*“I am a notorious for being a non-cook and so for the fire brigade I'm a potential customer for them due to my skills at a stove. But I have recently bought a fire blanket”*  
(Participant, 75+ and rented accommodation)

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In relation to **‘fires in businesses or public buildings’**, participants who represented organisations working with the elderly, or whose volunteers were elderly, commented on the extra attention necessary to create emergency exit plans suitable for the less mobile.

In relation to **‘road safety’** participants discussed concerns for children playing in local streets and them being potentially unseen leading to accidents. There was also discussion of the use of mirrors in driveways to assist with hazardous country lanes, however individuals felt unconfident to install these, or adjust their position after bad weather, and relied on external help.

In addition to this, the potential increase in wildfires was mentioned in relation to climate change.

##### **Mitigations**

Several participants had previously had home safety visits from DSFRS and were positive on the impact, with some being advised to make changes to equipment. The process of speaking with a professional, even if not leading to physical change, was greatly reassuring.

For public risks, educational visits to schools (which would include road safety) were discussed, and there was praise for the way DSFRS had worked with organisations (which participants were involved with) to create suitable exit plans.

---

*“I've seen various elderly people using these adapters. It's elderly people living on their own. How could you reach out to them? I really don't know how you would do that because they're very sort of, they can be very sort of closed and don't want the advice you know: 'I've done this for years'”*  
(Participant, 75+)

---

### **Accessibility**

Participants suggested DSFRS maintain community engagement in the form of a physical presence at community events, or by joining up with community groups for presentations such as the WI or U3A. Leaflets could also be distributed through such groups. Participants were strongly of the opinion that parish/village magazines were good channels for communication of key messages.

The types of information desired included, knowing the types of hazardous appliances, the labelling for fire resistant materials, the frequency of checks required for appliances and who should be completing checks.

## **ii) Target group: People with Limited mobility**

---

### **Risks**

Participants stated that the fear of being stuck in an emergency situation is a great cause of anxiety.

Participants discussing risks associated with **‘Dwelling fires’** highlighted that escape plans are especially important for those with limited mobility, for example relying on stairlifts. In fact, the mobility equipment relied upon can be an additional barrier as one

participant noted they store their wheelchair at the bottom of their staircase, just inside of the front door meaning that exit is blocked.

This challenge extends to properties which form part of accommodation blocks and are managed by housing associations. Participants discussed how they knew of people who could not store their wheelchair in their home safely, but also were not permitted to store it in communal hallways (in their opinion out of the way) but were not provided outside storage.

It was also commented that people with limited mobility can be dependent on others to mitigate hazards, for example one participant discussed how their husband used to tidy the loft before he died, and they are unable to do this but aware the clutter is a fire hazard.

In relation to **'fires in businesses or public buildings'** the same fear of being stuck was prevalent, and the group had an awareness of feeling unsafe, often noticing how horrendous and inaccessible some fire exits, there is a fear that building control do not have evacuation plans for people on upper floors or that business staff are not aware of these plans. Participants noted their experience of hotels with their accessible rooms not being on the ground floor. Participants were scared of being left stranded and alone as everyone else evacuated a building, especially if on a higher floor.

Participants felt a frustration and tiredness that they have to be really proactive in making sure they're safe, and people understand what they. They felt they could be seen as being a hassle.

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*"Yeah, you were often left, or people don't know how to get you out of there. And I know that's sort of the employer's responsibility to give you an evacuation plan, but it doesn't happen much."*  
*(Participant, Limited Mobility)*

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In relation to risks on the **'road safety'** it was highlighted how businesses can often block the pavement with signs or tables meaning their only option, as a wheelchair user, to get round the obstacle is to go into the road. They point out this is terrifying and dangerous as drivers aren't going to be looking for someone at wheelchair height.

Similarly, cars parking on the pavement, especially near schools, can block pavements and dropped curbs.

### **Mitigations**

In relation to dwelling fires some participants had heard of and booked home safety visits and were encouraged by this offer, but others hadn't. It was felt that where technical advice was provided on safety visits linking in with services to support implementation would be welcome (e.g. to aid loft clearance). It was felt that working with the landlords and housing associations to help creation of escape plans was welcome, and these could be bespoke to the situation to take account of issues such as wheelchair storage.

In the case of emergency response, there was strong support for the idea of DSFRS having existing knowledge of where the vulnerable people are, and the additional needs. It was discussed that DSFRS could work with other services such as utility companies and their Priority Services Register (PSR). Upon sign up to the PSR individuals could consent

to their information being shared with DSFRS. Participants liked the idea of only having to register this sort of information once.

In regards to hotel and business best practice it was mentioned that some organisations have a booking practice which, if you have limited mobility, they take the initiative to tell you what the escape route is. It was also mentioned that signage related to escape routes should be at a suitable height for wheelchair users.

In regards to road safety, it was felt that DSFRS could participate in looking at planning applications so they can comment on the design of streets.

### ***Accessibility***

Participants thought that for general awareness channels such as parish councils, community groups and fetes, social media and local newspapers would all be good for promoting DSFRS's offer. The idea of a sponsored wheelchair ride was mentioned to bring awareness and engage people. It was explicitly mentioned that young carers groups could be addressed as they can be forgotten.

It was discussed that if DSFRS partners with a service such as the PSR (discussed above) then this could automatically set up letters to the home address or an email to say that they offer home safety visits and other services.

With the above methods participants felt that a direct approach would be welcomed and not intrusive as fire is such a fear for people and people are not being told off but it is for safety.

For the issue of road/pavement blockages, an idea of a big community event with a fire engine, or similar, being unable to get through the roads they live on would raise awareness.

For public buildings and businesses, and the fear of inadequate escape routes/plans participants were unsure of who/where to mention this and didn't know they could go direct to DSFRS's fire safety helpdesk, or how to direct a business to the service.

As a general point for both prevention and response, it was raised that *all* DSFRS staff should automatically undertake disability awareness training, and this is something that Living Options Devon was happy to assist with in the future. This training would help break down barriers, ensuring all staff feel comfortable meeting people with additional needs, and not be 'hesitant and worrying about being PC'.

## **iii) Target group: People with Additional Sensory Needs**

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### ***Context***

The majority of the findings in this section come from focus group conversation with those of the deaf community, facilitated with BSL interpreters. Additional information

was gathered via telephone call with individuals with neurodivergence and their carers, and also via telephone with an individual with visual impairment.

### **Risks**

The risks the group identified are often to do with people not being aware of the danger: they cannot, for example, hear the alarm, see the exits, hear announcements, or other people around them talking. There is no way to inform themselves about emergency situations. This is relevant in both private and public settings.

In relation to **'dwelling fires'** it was discussed that fire alarms in people's houses do not alert them because they don't hear them. Often it is the children or other family members who alert them to an alarm being set off or there being another danger. Members of the BSL group admitted that their homes have been equipped with 'Angel' alarms, however a few challenges with these were named. The alarms have been placed in drawers due to the ticking noise irritating other family members, the device has been triggered by other digital signals, and the device is only in one room of the house such as the bedroom.

In relation to **'fires in businesses or public buildings'** the theme of missing information is again relevant. The group felt they might not know about an emergency taking place and being forced to 'follow the crowd'. This becomes more of a problem when being alone in a space (such as in a toilet).

Regarding **'road safety'** incidents a deaf person driving would not know what has happened up ahead to be aware of the situation. This is not just a problem for potential hazards, but also inconvenience due to, for example, not hearing traffic announcements on the radio. This feeling of ignorance is frustrating.

### **Mitigations**

One of the mitigations discussed for emergencies in public spaces was having red-light alarms to alert deaf people to an emergency, something which was commented on as being common in London but generally lacking in the South West, and could be considered as being a standard for businesses. For people who are colour-blind, exits and signs need to be marked accordingly. As with those with limited mobility, hotels could use best practice of providing additional information on exit routes for those with visual impairments.

For dwelling fires a different device to 'Angel' was discussed, with potential for it being portable like a pager. For this and all of the above areas, technology was seen as a great area of potential progress, with alerts being sent to deaf people. For example, by telephone app or to a smartwatch.

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*"Do you have any new equipment up? Because obviously the fire service provides the . . . I had the angels provided . . . and I put it in the drawer as well, to be honest, because my partner he's hearing and he could hear it ticking. He's saying it literally was like going tick tock tick tocks driving him*

*crazy, so we had to take it down and put it in the drawer.”*  
*(Participant, Additional Sensory Needs).*

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### **Accessibility**

Whether in prevention, or in response to an incident, all the services of DSFRS depend on communication, and this process of consultation highlighted the challenges of sharing information with the deaf community (and those with other additional sensory needs). Comments indicated that the survey was perceived as being not accessible to the deaf community, who primarily communicate through BSL, and so English should be considered a second language. All publicity information material should explicitly say that BSL interpretation is available, which would give people the incentive to get in touch, where otherwise they assume there is no way to communicate with the service.

Beyond formal translation, an enhanced level of training for DSFRS staff to be able to communicate would make the service a lot more accessible both in prevention and in response to emergencies. This communication training could be simple, such as including very basic signing, encouraging more gesturing, or the use of imagery and picture prompt cards. Clearly marked and pictorial escape routes were also named as desirable.

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*“How do we communicate if you're being cut out of a car or crash? How do we communicate? And it's those sort of worries. You know whether people are trained in, just sort of, basic communications? People are just sort of thrown into shock, can't move so it's how do we get over those communication issues?”*  
*(Participant, Additional Sensory Needs, deaf community)*

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The conversation highlighted that many BSL communicators have strong social and support networks which could spread key messages. They were keen to see these relationships re-established. It was felt that dedicated engagement via schools such as the Deaf Academy, Eggbuckland Vale or Babcock would be a positive approach.

### **Neurodiversity and learning difficulties**

Discussion with those with autism, and their carers and the carers of those with other learning difficulties highlighted the potentially traumatic and sensorily overwhelming impact of an emergency scenario. This includes the triggering nature of sirens and fire alarms. Mitigation measures discussed included training for staff on individuals varying processing needs and the importance of providing quiet space, providing reassurance, and discovering suitable key contacts. It was also raised to equip response vehicles with ear defenders and security blankets.



The above discussion on language and staff training is also relevant to those with learning difficulties, who are often familiar with communicating in basic sign language or using Makaton.

When making home safety visits, planning them well in advance and providing information of what to expect ahead of time is especially important for this group to feel able to receive home safety visits. This also allows for the availability of support worker if necessary.

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*"I have a family member who's severely autistic in communication. You know, if you spoke to them in a way like 'come on, we need to go now'. That wouldn't work. There's no way of getting that person out of that area if you spoke to them like that."*  
(Participant, Additional Sensory Needs)

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#### **iv) Target group: People from ethnic minorities**

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##### **Context**

This focus group was made up of people from China, the Philippines, Hong Kong, Egypt, and Afghanistan. Some of the participants are leaders of their community support networks. Others were translators (Chinese, Filipino, Arabic) for those who needed support to communicate effectively in the group. Almost everyone lived in social housing, many in apartment blocks.

##### **Risks**

In relation to **'dwelling fires'** cooking and appliances were the raised as hazards. Participants commented that it is common to cook a lot with oil and high temperatures. Beyond this being a risk in itself, the smoke regularly sets off fire alarms and many people take the batteries out of the device. Participants commented that it is common to be misusing electric plugs, by plugging in lots of appliances, or using the wrong plug. Members of this community can have a 'DIY' attitude and try to wire plugs etc. themselves but without the correct knowledge.

There was a view that it is common for private landlords to take advantage of low English levels and low level of knowledge regarding safety measures, and despite legal obligations may not provide suitable equipment, signage, and safety checks. Individuals don't know what to accept or expect in a property.

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*"I think we have some of the landlord taking advantage of the people with ethnic minorities that they have poor language."*  
(Participant, Ethnic minorities)

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Even when all obligations are followed, participants commented the community does not generally know how to operate safety equipment. Information and instructions are only in English and therefore not accessible.

### ***Mitigations and Accessibility***

For this group, as communication is the key issue, mitigations and accessibility are heavily linked. In general people in these communities are not well-informed about DSFRS and safety measures.

Free home safety visits and the risk-based inspection programme were discussed but only one participant had heard of this provision previously, they also felt people assumed there would be a cost involved. It was felt that news could be spread about home safety visits and other key messages throughout the community using the community network – especially getting the message to older people who have often never learnt English.

Several participants were keen to spread messages and felt that DSFRS could build and maintain contacts with the community via community organisations. The group discussed DSFRS's participation in community events, such as Exeter Respect Festival, but noted that the traditional focus on children should be expanded to parents and cover topics named above, such as cooking, landlord's legal obligations and appliance safety. It was also suggested that community organisations could help in providing tailored training on fire safety to restaurants in a similar way to how they have previously delivered food hygiene courses. For presence at events and in wider educational material translators should be provided, and where this is not possible images would be a great help.

Imagery was mentioned as being especially valuable for understanding escape routes and how to use safety devices.

## **v) Target group: People Living Alone**

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### ***Context and risks***

Participants living alone were present in all of the focus groups. The risks named were overlapping with those from the focus group as a whole, such as hazardous appliances, however this attribute can interlink with other attributes and lead to magnified challenges.

For example, people with limited mobility living on their own identified escaping a fire as a major source of anxiety, with escape routes not always navigable on one's own. Equally, for people in the deaf community, being unable to hear the alarm is more of an issue when living alone.

For those without English as a first language, including BSL signers, the lack of a translator (such as spouse or children) makes accessibility to information a greater challenge.

The mitigation factors discussed above, such as availability of translators, using apps as alert systems and working closely with landlords are all welcomed for those living alone.

Home safety visits were discussed as a prevention method, and the reassurance of a professional was especially welcome. This feeling of reassurance extended to landlords and businesses when there was evidence of regular fire alarm checks and other safety protocols.

For people living alone, it was recommended that home safety visits need to be communicated clearly and in advance, and all documentation and ID is clear, so people feel prepared and safe. This is especially the case for people who live with mental health issues or have extra support needs, to make sure a support worker can be present if necessary.

## **vi) Target group: People living in rented accommodation**

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### ***Context***

Participants living in rented accommodation were present in all of the focus groups. The risks named were overlapping with those from the focus groups as a whole, such as hazardous appliances, however this attribute can interlink with other attributes and lead to magnified challenges.

### ***Risks***

Risks related to “dwelling fires” were linked to a feeling of anxiety and of dependency on others, as responsibility and influence was beyond their control. Participants mentioned their worry about landlords not following their legal obligations, or making the added effort to display accessible signage or information. This was especially discussed by ethnic minority participants who felt landlords may take advantage.

Several participants were renting flats or apartments which raised additional risks. It was mentioned that a fear arises from there being only single stairwells, and therefore escape routes, from buildings. It was also noted that neighbours’ careless behaviour had potential for increasing the risk of fire, for example due to them having unsafe furnishings or appliances.

In the limited mobility session it was noted that a lot of single people with mobility problems live in houses of multiple occupancy. The extra challenges for dwelling fires for those with limited mobility is discussed above and is an area which landlords need to be aware.

Equally, people who live above business premises, are not sure who to ask for guidance.

### **Mitigation and accessibility**

Home safety visits were discussed as the most immediate way to address some of the risks. However, the question of responsibility for fire checks was discussed and there was confusion from renters as to who they contact, and whether it is their responsibility or their landlords.

Renters were reassured by regular safety checks, and this was especially true for participants living in supported housing, managed by housing associations, who felt very reassured by the measures completed by their landlords such as hallways cleared of hazards, PAT testing and regular fire alarm checks.

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*“Certainly the corridors and halls of the blocks have all been cleared for the Fire Brigades, so as they could come in . . . people have been made to remove anything under the communal stairs and places like that, and so I'm very happy with what the Housing Association have done recently, and all internal alarms have been checked by them as well, so I would say thumbs up to the housing association and to the Fire service.”*  
(Participant, 75+ and rented accommodation)

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Private landlords need to be similarly trained and held accountable to make people feel safe and reassured.

## **vii) Target group: People living in C2DE areas**

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### **Context**

Although some participants declared being on a low income, the majority of findings on this topic are a result of representatives of 2 community foodbanks. Community members living in C2DE areas are also likely to live in rented accommodation, and in dealing with the challenges of a lower income are at risk of developing mental health issues, see below. As such the findings overlap and are discussed in the relevant sections.

### **Summary**

The ‘risks’ identified included ‘**dwelling fires**’ caused by worn out or faulty appliances, without the ability to maintain and service. Often people are forced to live in unsafe homes with damp or poor quality carpets. ‘**Road safety**’ risks named related to people being unable to afford to get an MOT or other works completed leading to road safety issues.

It was felt that for those on low incomes there is a great challenge in many areas, and fire safety matters, such as booking home visits are not treated as priority areas.

#### ***Mitigation and accessibility***

It was stated that those accessing the food banks are often also accessing other referral services, or informally seeking advice from organisations such as village agents.

Upskilling and building the knowledge of these agencies in DSFRS's key messages could be valuable in preventing emergencies.

Similarly, information leaflets could be distributed through foodbank or carer networks as participants stated that it is very common for people attending food banks pass on key messages to one another.

In the case of an emergency incident follow up support and clear signposting to follow-up services and support was stressed as a need.

### **viii) Cross-Cutting Theme: Mental Health**

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Mental health was not discussed as a dedicated topic in sessions, but was always a general principle listened out for by facilitators.

#### ***Summary and risks***

It is important to distinguish between 'everyday' mental health challenges and more endemic issues.

The thought of emergency incidents is a great cause of anxiety and stress to many people, and participants mentioned anxieties around using appliances (such as feeling inept at cooking), not knowing how to handle an emergency, and plan escape routes (especially for those, for example, with limited mobility). Anxiety was expressed around being dependent on landlords or unsafe neighbours.

It has been stated elsewhere in this report that accessible information, regular safety testing and visits from professionals provides great reassurance.

However, more severe mental health issues can be underlying and be a source of danger. One example given was of a case where a support worker said the service user is no longer allowed to use the oven for safety reasons and must only use the microwave.

Participants noted how mental health issues can be a downward spiral many people find themselves in, due to the challenges they face, whether low income or health challenges, and exacerbated by unsafe living conditions. The knock-on effect of one incident can be immense for people with little money and bad mental health.

***Mitigations***

It was felt that DSFRS could work with other support services in a joined-up way to reach individuals at risk, or pass on key messages through the training of front-line workers who may be supporting individuals.

As with discussion on additional sensory needs and learning difficulties, DSFRS staff having an awareness that people experience certain situations differently can be achieved through training and education.

## b. Equality Form Breakdown

ID	Age	Please tell us about your circumstances (tick all which apply)	Gender	Sexual orientation?	Ethnic background?	Do you consider yourself to be a disabled person?	If you ticked 'yes' to question 8, please give details below:	Religion or belief:
1	35 - 44	Single	Woman	Heterosexual	White - British	Yes	Wheelchair user and long term health condition	None
2	45 - 54	Single	Woman	Heterosexual	White - British	Yes	Deaf / BSL	Christian
3	75+	Married/in a civil partnership;	Woman	Heterosexual	White - other	No		Christian
4	55 - 64	Married/in a civil partnership;	Woman	Prefer not to say	White - British	Yes	Deaf	None
5	75+	Married/in a civil partnership;	Man	Heterosexual	White - British	No		None
6	25- 34	Living in rented accommodation ;Living alone ;Experience mental health challenges ;Single;	Man	Gay man	White - British	No		Christian
7	55 - 64	Living in rented accommodation ;	Woman	Heterosexual	White - British	No		Christian
8	75+	Married/in a civil partnership;	Woman	Heterosexual	White - British	No		Christian
9	45 - 54	Married/in a civil partnership;	Woman	Heterosexual	White - British	No		None
10	45 - 54	Experience mental health challenges ;Married/in a civil partnership;Separated;	Woman	Heterosexual	White - British	No		None

<b>ID</b>	<b>Age</b>	<b>Please tell us about your circumstances (tick all which apply)</b>	<b>Gender</b>	<b>Sexual orientation?</b>	<b>Ethnic background?</b>	<b>Do you consider yourself to be a disabled person?</b>	<b>If you ticked 'yes' to question 8, please give details below:</b>	<b>Religion or belief:</b>
11	75+	Living in rented accommodation ;Living alone ;Single;	Man	Heterosexual	White - British	No		Christian
12	35 - 44	Living in rented accommodation ;Single;Experience mental health challenges ;	Woman	Heterosexual	White - British	Yes		None
13	45 - 54	Living in rented accommodation ;Married/in a civil partnership;	Woman	Bisexual	Arab	No		Muslim
14	55 - 64	Living in rented accommodation ;Living alone ;Single;Experience mental health challenges ;	Man	Gay man	Asian - Chinese	Yes	It's a little inconvenient to move.	None
15	35 - 44	Living in rented accommodation ;Married/in a civil partnership;	Woman	Heterosexual	Asian - Chinese	No	Do you mean question 7?	None
16	45 - 54	Living in rented accommodation ;	Woman	Heterosexual	Arab	No		Muslim



<b>ID</b>	<b>Age</b>	<b>Please tell us about your circumstances (tick all which apply)</b>	<b>Gender</b>	<b>Sexual orientation?</b>	<b>Ethnic background?</b>	<b>Do you consider yourself to be a disabled person?</b>	<b>If you ticked 'yes' to question 8, please give details below:</b>	<b>Religion or belief:</b>
17	45 - 54	Married/in a civil partnership;	Woman	Heterosexual	Asian - Bangladeshi	No		Muslim
18	55 - 64	Living alone ;	Woman	Heterosexual	white European	No		Christian
19	45 - 54	Married/in a civil partnership;	Woman	Prefer not to say	Mixed - White and Asian	No		Christian
20	45 - 54	Married/in a civil partnership;	Woman	Heterosexual	White - British	Yes	Hearing loss	None

## c. Workshop plan

**Title:** DCFRS Community Consultation Workshops

**Client:** DRFRS

**Date:** Dec 21-Jan22

**Duration:** 90 minutes

**No. of participants:** likely 6-10 per workshop

**Workshop Aims and Objectives:** To provide insights on the existing consultation plan around:

- Risks
- Mitigation strategies
- Accessibility and understanding of service

**Workshop ‘feeling’, guiding principles and other considerations:**

Creating safe, comfortable, expressive environments for each group who may have additional communication barriers.

Allowing for answers to provide insight into the background circumstances of these groups and the ‘whys’ behind responses

Timing	Content Focus	Detailed Description of Activity	Required Resources
0-10 mins	Introductions	<ul style="list-style-type: none"><li>- Everyone says hello, who they are, etc.</li><li>- Presentation from the fire service (point out context of plan and the broad categories of the service (i.e. related to traffic; fire; other),<ul style="list-style-type: none"><li>o and if appropriate will also provide input related to the main aspects of the plan related to that group.</li></ul></li><li>-</li></ul>	Intro presentation form fire service
10-25 mins	Understand individuals fears and background	Asking attendees to name 1-2 risks or hazards each. These can be related to fire/traffic/other fire and rescue service area as they wish. Encouraging participants	Jamboard for capturing fears

Timing	Content Focus	Detailed Description of Activity	Required Resources
		to also say why this is a risk, and therefore giving us insight into the individual/demographic background. Tease out feelings around these risks if needed	
25 – 75 mins	Assessing mitigation factors attached to named risks	<ul style="list-style-type: none"> <li>- Facilitator asks the group to collectively identify 3 of these risks/ hazards to take forward into discussion about mitigation. <ul style="list-style-type: none"> <li>o (NB. By narrowing to 3, we will hopefully gain further insight into the rational/background of each group)</li> </ul> </li> <li>- Fire service representative explains indicative mitigations for one of these risks/ hazards</li> <li>- Group asked for their general view on these mitigations including the positives</li> <li>- Group asked what might be challenges around this mitigation</li> <li>- Group asked for solutions for these potential challenges</li> </ul> <p>Repeat for at least two risks, ideally for all three – time dependent.</p> <p>[Facilitators note: this exercise will serve to both assess the mitigation and its applicableness for this group, and will likely also provide insight into accessibility and understanding of the role of</p>	<p>Facilitation team and fire service rep briefed on risks <b>and</b> mitigations most expected to arise for each demographic group.</p> <p>Jamboard for capturing conversation.</p>

Timing	Content Focus	Detailed Description of Activity	Required Resources
		the fire service].	
75-90mins	Closing conversation on service accessibility	<p>Group discussion using a prompting question</p> <p>For example:            “How would you find out more about the services provided?”            And are there any barriers you may face when accessing the services?            “What messages would be most valuable for your community? Why? How?”</p>	Jamboard

**Room Set Up:**

Jamboard and zoom/

Two facilitators leading discussion, one scribe recording on the Jamboard. Jamboard only shared with participants post risk conversation in order to choose top 3.

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DEVON &  
SOMERSET  
FIRE & RESCUE SERVICE

APPENDIX C(iv) TO REPORT  
CSC/22/1

# Community Risk Management Plan Consultation

## Business focus group January 2022

This report outlines the findings from the focus group with businesses

Emma Kay

Devon and Somerset Fire and Rescue Service

28/01/2022

## Contents

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## 1. Introduction

The Community Risk Management Plan (CRMP) is a five-year strategic plan and is supported by a Strategic Risk Analysis and an Equalities Impact Assessment.

It sets out the key challenges and patterns of incidents the DSFRS experience now and anticipate in the future. Specifically, it highlights the risks facing our communities and how we intend to reduce these over the life of this plan. The resources that are available to achieve their priorities are also identified. The CRMP will run from April 2022 to 2027.

Production of a CRMP is a statutory duty for each fire and rescue authority. The draft was generated by considering incident data and considering staff and community knowledge (this included nearly 1,700 survey responses).

A draft version of the CRMP was consulted on via survey between 15 November 2021 and 14 January 2022. This was supported by a series of focus groups which would ensure that the views of specific audiences are heard.



## 2. Methodology

Third party Devon Communities Together was commissioned to deliver focus groups with certain specific audiences (people age 75+, ethnic minorities, limited mobility, rented accommodation, additional sensory needs, living alone). The Consultation and Engagement Team considered businesses.

Due to the continuing Covid pandemic and geographical area the Service covers, the session was hosted online. The same structure was used for each focus group, designed to explore the risks and mitigation strategies most relevant to the specific audience.

A section explicitly discussing the accessibility and understanding of the service provision was included.

The session plan included:

- Opening introductions (names, location, etc.).
- Short presentation on context of DSFRS and the CRMP from the fire service.
- Each individual raised 1-2 risks/hazards most prevalent in their minds and the minds of their community, and reasons for this prevalence.
- Via input from the fire service the group discussed the mitigation actions named in the CRMP related to risks raised by the group. The group discussed both strengths and potential improvements for these mitigations.
- A closing conversation on the barriers around the accessibility of the service and how to communicate key messages most effectively with that workshop's community group.

The above was a broad structure for conversation, but of course conversations criss-crossed between these areas and followed the interests of the group.

Due to the availability of businesses and business representatives, some were individual phone calls as well as a joint Teams meeting.

### 3. Participants:

Participants were recruited through business networks and multiple individual businesses were contacted.

Business networks sent requests to their membership base to join the conversation.

Federation of Small Businesses  
Devon and Plymouth Chamber of Commerce  
Better Business for All  
World of Country Life (Devon tourist attraction)

**Barrier to recruitment:** Businesses fed back that a barrier to attendance was that they were too busy, so the focus was on business network group leaders.

Devon's Top Attractions are keen to work with DSFRS and made introductions with several tourism businesses, one of whom was able to spare the time, despite being low-season and a 'good time' according to Devon's Top Attractions.

### 4. Findings

- No new risks were raised by businesses, although consideration of changes in occupancy of large retail parks or office buildings was raised. The diverse nature of visitors to businesses was raised and all staff being aware of their needs including language and mobility.

*"The world is changing, and businesses are working more hybrid and premises will be less occupied that they were. More people will be working from home and that then puts a legal responsibility on the employer. People have to be given the right chair and desk but not sure how we stand on fire safety?"*

*"We can have lots of people on site from babies to grandparents"*

- Businesses are generally not engaged with the fire service. Raised not as a negative, as businesses would be more engaged with the fire service were there an issue. It was felt that businesses did not generally know what the fire service does within the protection team.

*"Fire isn't the greatest consideration for businesses. We have to be compliant, and health and safety is very important and all that sort of thing. But businesses are fighting a number of fronts at the moment, including Brexit and COVID, inflation, lack of skills, lack of resource and having no resource at all."*

*"We have fire training, weekly checks...we just get on with it"*

- There were no mitigations raised that were not included in the CRMP. Good customer service and communication was mentioned by all participants, especially if there has been or is an incident locally.
  - Keeping businesses updated during an incident and understanding when they can get back to their business is important for their planning. Examples given included when what is thought of as a 'fender bender' closes the road for longer than expected or when flooding occurs businesses being able to gain access so they can work from home.
  - A suggestion for a certificate or sticker to display as an incentive for compliance was suggested, similar to food hygiene.

*“If they can’t access (their business), their whole livelihood has gone for the amount of time the premises is closed.”*

- Working more in partnership was raised and offers to attend meetings across the region were made by all representatives. In addition, thoughts on how the Service could work more closely with Trading Standards, food hygiene and councils to signpost businesses to the right information.

*“Have a speaker from DSFRS at webinars that are taking place in the Mendip area that are aimed at business owners. These meeting are already supported by environmental health officers, local education providers and trading standards that cover a number of different areas across Devon and Somerset.”*

- Recognised that participants are all part of a wider network with access to information. Businesses who do not have a membership to FSB, Better Business for All or a Chamber of Commerce, or tourism network (Devon’s Top Attractions) may have less access to information and less awareness. Some more at risk businesses, such as those with living accommodation above, will not be members.
- There was some discussion around local risks, such as wood burners in traditional rural country pubs, and access to the tourist attraction when it can only be accessed by one lane.



# Equality Impact Assessment

## Community Risk Management Plan 2022-2027

Devon and Somerset Fire and Rescue Service

January 2022

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## 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.

Public consultation took place between 14 November 2021 and 15 January 2022 to ensure that the information provided by communities in Devon and Somerset has been accurately interpreted and are reflected in the CRMP. As a result of the consultation no changes have been made to this Equality Impact Assessment, which is 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 has considered feedback from the consultation and no change to the equality impact assessment has been made as a result. The consultation took place between 15 November 2021 and 14 January 2022 and received almost 250 responses. Consultation feedback was gathered using:

An online survey:

- Responses were captured through an online survey which received 241 completed responses with 246 responses in total.
- The survey was responsive to devices so that it could be easily accessed from a mobile phone or tablet.
- Paper copies have been offered by request. One paper copy of the document was requested and no surveys.
- The responses to the survey have been reported by an independent third party.

A dedicated email address:

- Eight individuals or organisations chose to respond by email.

Engagement events:

- Three public and three staff question and answer sessions were hosted virtually with some before and some after Christmas.
- 53 members of staff and 13 members of the public attended. Most members of the public represented a local parish council.

Focus groups:

- It was acknowledged that an online survey and engagement events may not enable us to hear from all audiences. Specific audiences were identified for focus groups to ensure that we heard from these communities.
- Focus groups have taken place involving people with mobility loss, from ethnic minorities, age 75+, people living alone, people living in rented accommodation, business representatives and people living with sensory loss.

The consultation found that 57% of respondents either agree or strongly agree that 'the activities the Service continues to and proposes to deliver do not affect me or anyone else more positively or negatively than other people'. 23% neither agree nor disagree, and 16% responded they disagree or strongly disagree.

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<sup>2</sup> (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<sup>2</sup>, 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.

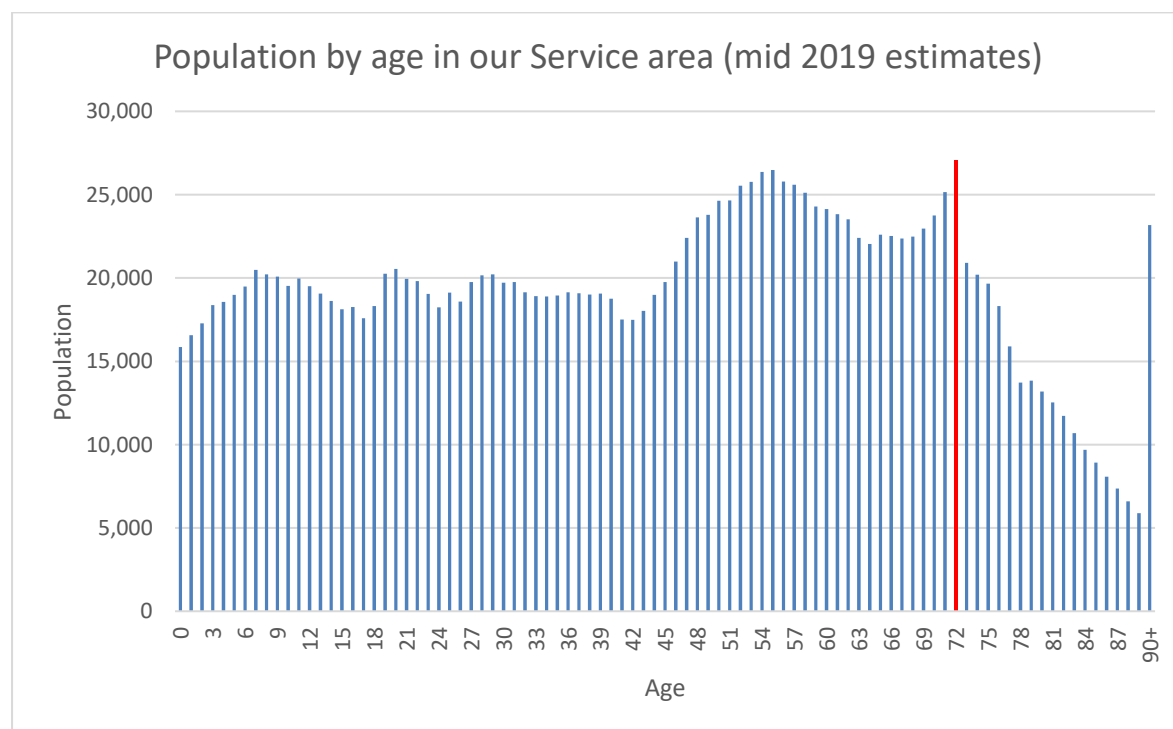
The population of Devon and Somerset is expected to grow by just over 100,000 in the next decade, partly as people are living longer due to improvements in healthcare and technology. This means that the profile of the population of both counties will alter.

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.

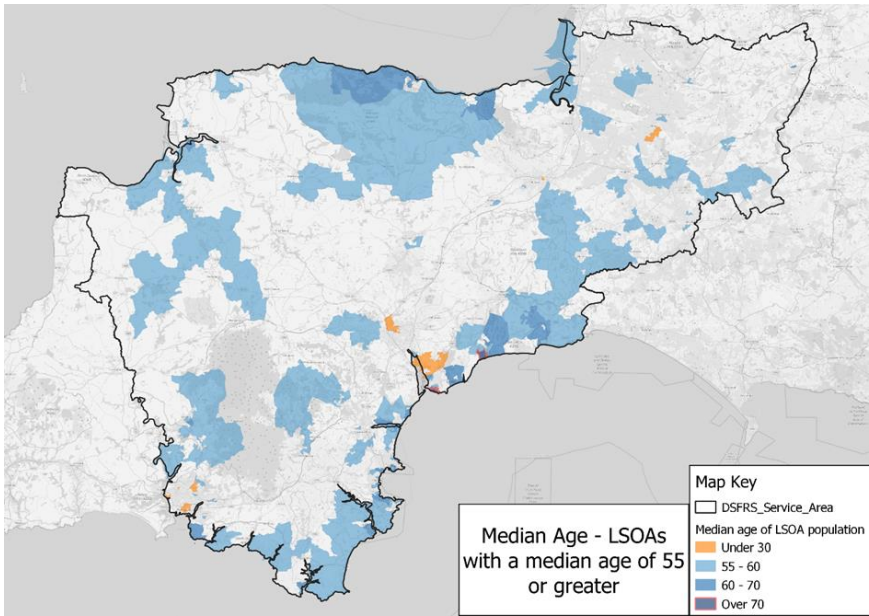
The most common age as estimated by the Office of National Statistics (ONS) was 72, for the 2019 mid-year estimates this was those born between July 1946 and June 1947 (almost immediately after the end of World War 2).



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

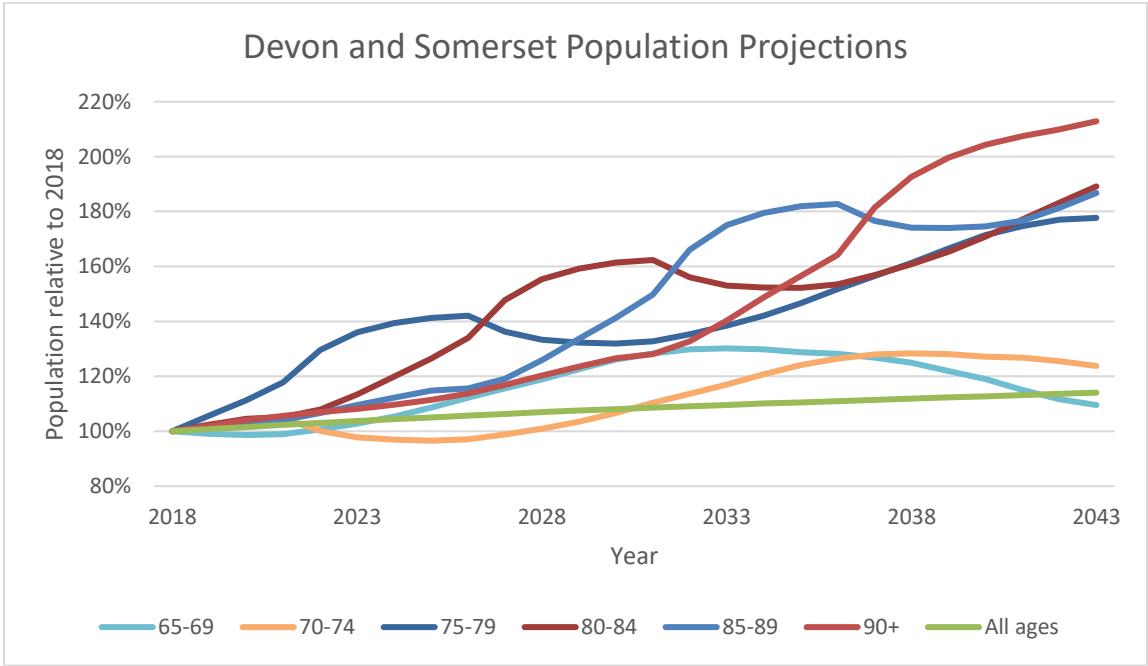
There are slight variations between areas. Compared to rural areas (West Devon 24-28%, Somerset 24-26%, South Hams 29%, East Devon 31% and Torbay, 27%), urban areas with universities or areas with large military establishments or large, prestigious schools tend to have a lower percentage of over people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

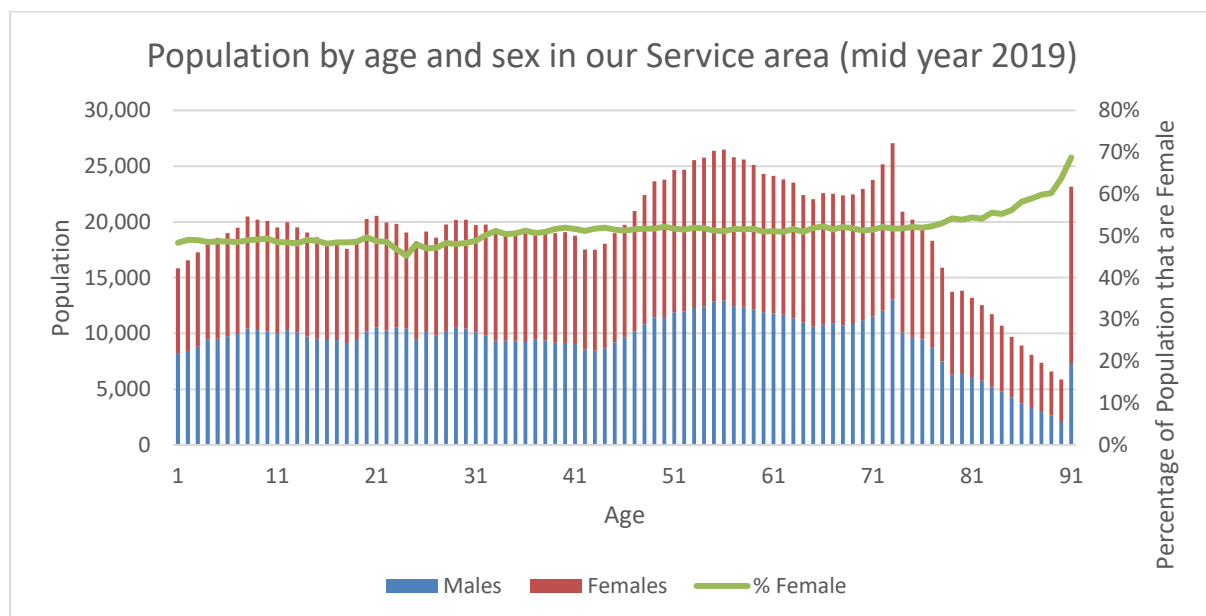


Similarly the population is likely to change in different ways in different parts of Devon and Somerset, Exeter is likely to see the lowest rise in those aged over 90 (but will still see an 80% rise), while Torridge is forecast to rise by 140%.

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.

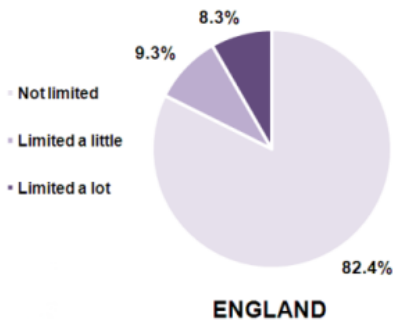


The fact that there are more women in older age groups and that many elderly are living on their own, means that a disproportionate amount of those living on their own will be women.

## Disability

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

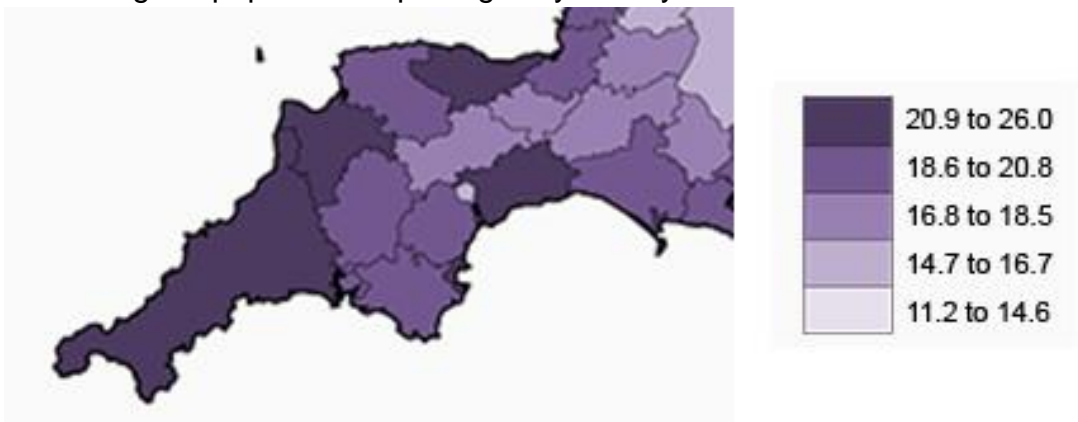
In 2011, the 8.3% of the population of England indicated they were limited a lot and 9.3% said they were limited a little.



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**

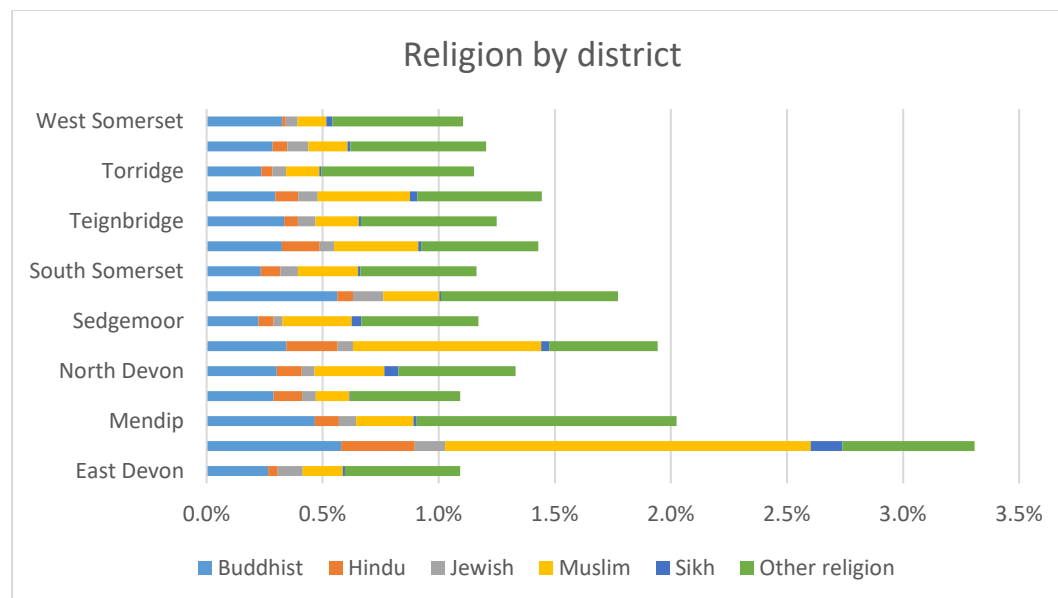
On average 62% of the Devon and Somerset population identified as Christian in 2011. Christianity is slightly more prevalent in older people. Some of the highest concentrations are in areas with an older population particularly East Devon, South and West Somerset (all around 65%). The lowest concentrations 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

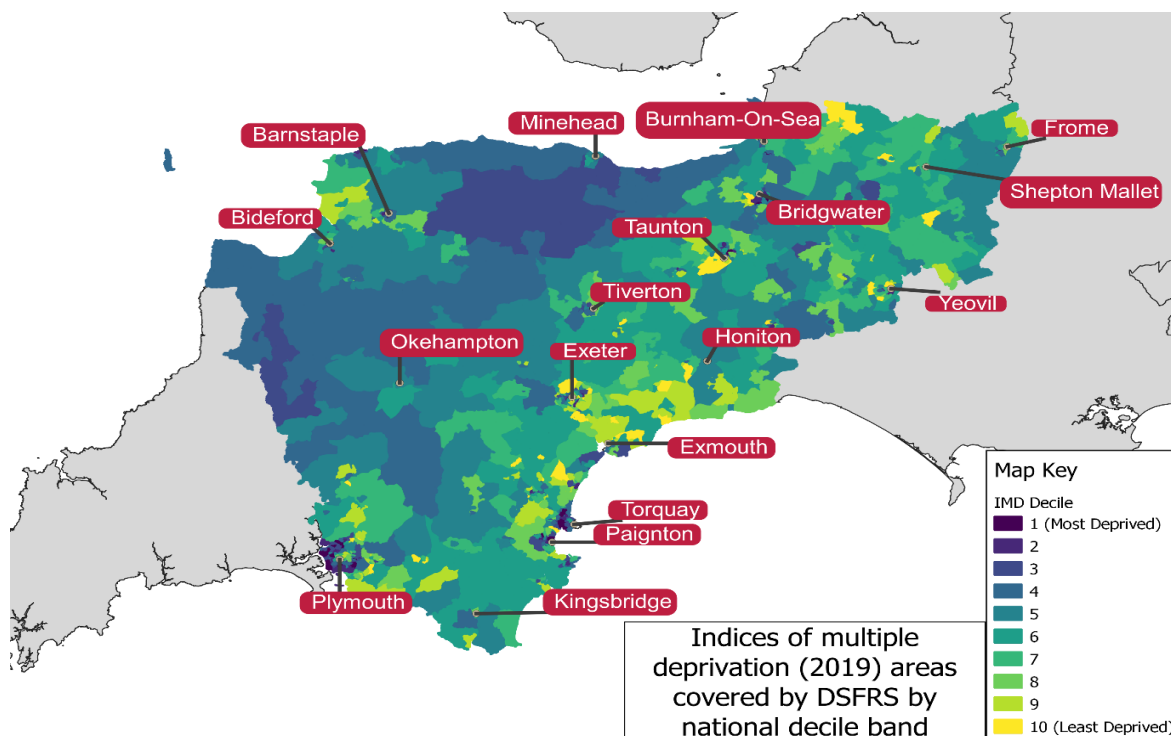
The Indices of Deprivation provide a relative measure of deprivation in small areas. It is based on the concept that deprivation consists of more than just poverty. Deprivation refers to a general lack of resources and opportunities. The Indices of Deprivation is the collective name for a group of eight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

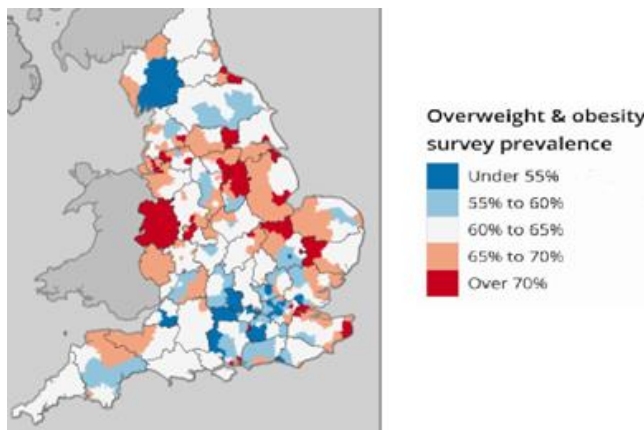
In the 2011 census, around four in five residents considered themselves to be in good or very good health, while 5.5% described their health as bad or very bad, in line with the regional average and slightly below the England and Wales mark of 5.6%. There are particular areas, like Plymouth and Torbay, 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.

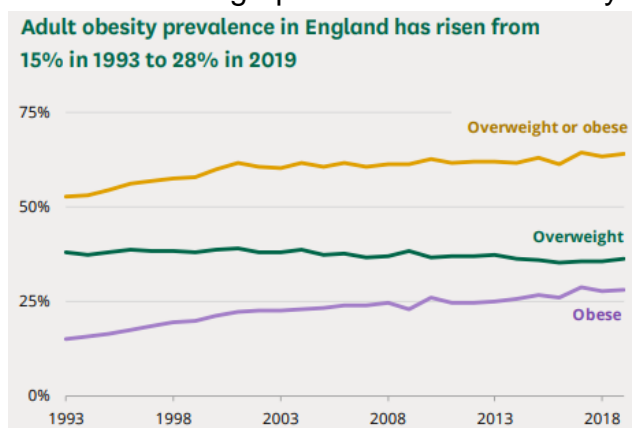
The map below shows the level of excess weight in England amongst adults 2018/2019



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.



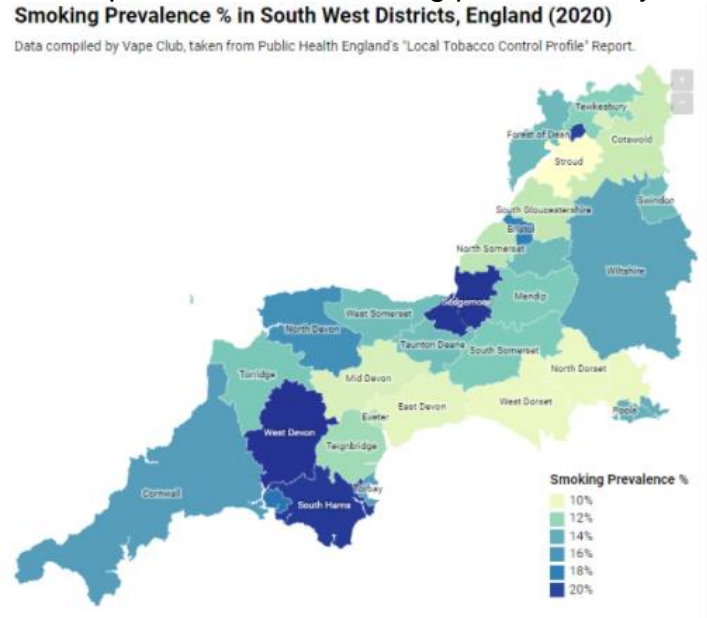
The obesity epidemic, affecting both adults and children across the UK and our counties, results for the Service in more requests from ambulance services in relation to extrications for health reasons and co-responding incidents.

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

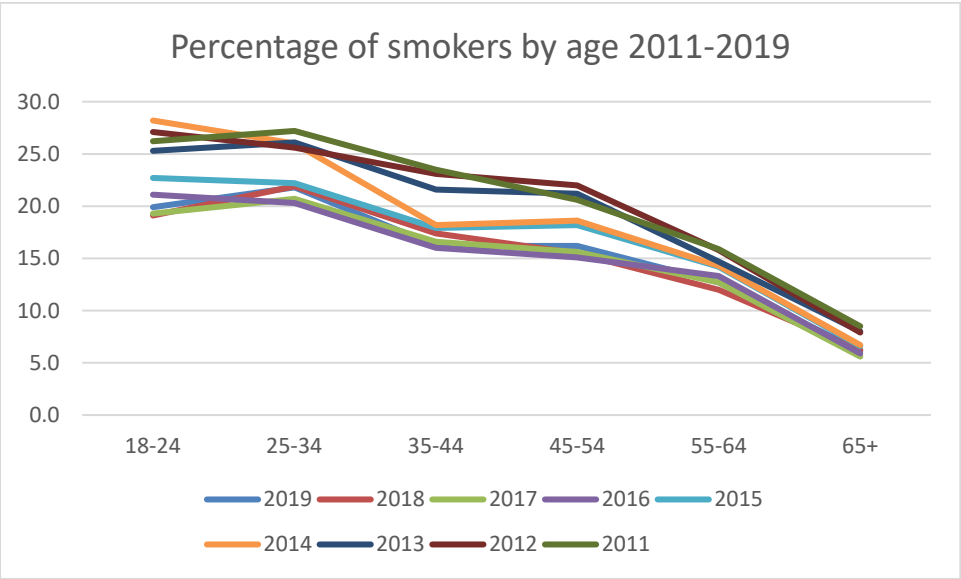
England on 7 July 2020. The best performing area in Devon and Somerset is East Devon with only 10.3% of people being smokers.

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 map below shows smoking prevalence by district



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

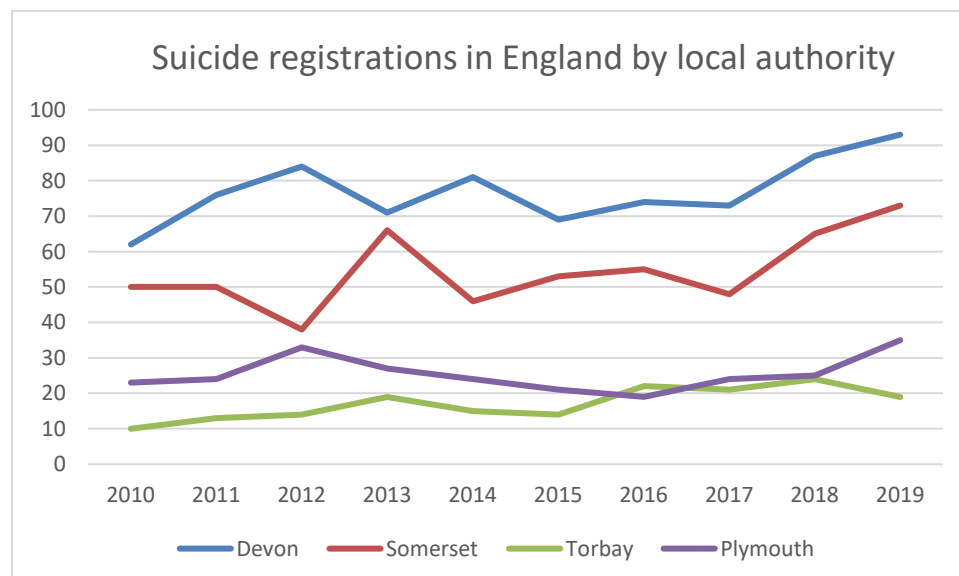


diagnosable mental health disorder. Mental health issues can both originate from and lead to alcohol and drug abuse.

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.



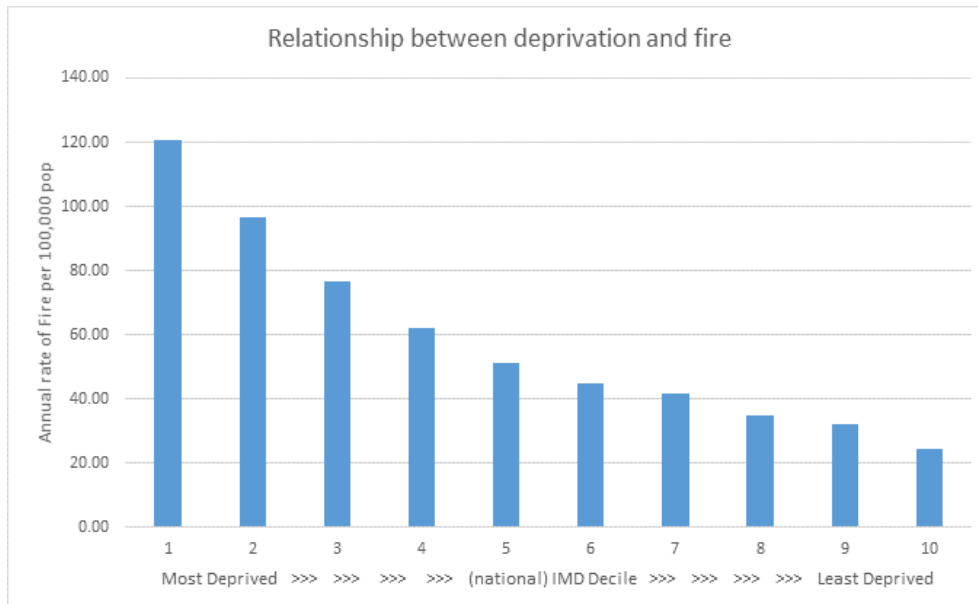
Although the Service doesn't necessarily get involved when a suicide is reported, under certain circumstances crews are called out to assist. Dealing with suicide incidents is traumatic for crews and can result in mental health problems.

### 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. 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.

### **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.

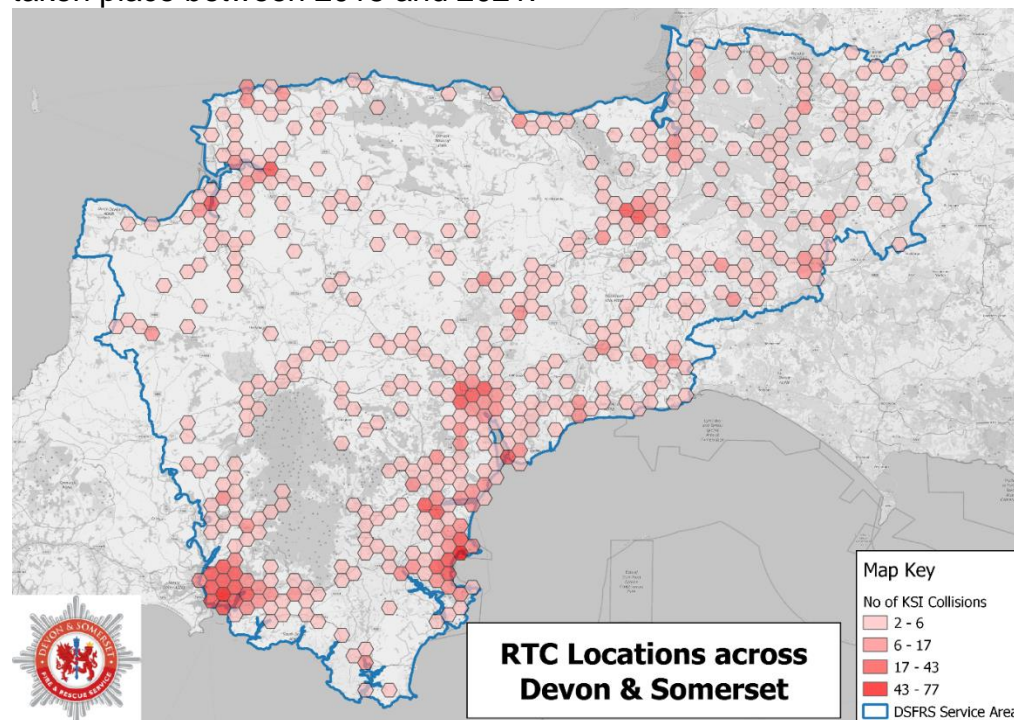
Gypsies and Travellers who are homeless are likely to face the constant threat of eviction. They may face poor living conditions without access to clean water or electricity and are thus the most vulnerable community members. Members of travelling communities are more likely to have seasonal and/or low 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 of Devon and Somerset below shows where road traffic collisions have taken place between 2015 and 2021.



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
- a 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 wholtime 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 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). No change has been made as a result of the consultation.

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 ethnic 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](https://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 ethnic 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, car parks 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 ethnic 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](#)

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# Agenda Item 5

<b>REPORT REFERENCE NO.</b>	<b>CSC/22/2</b>
<b>MEETING</b>	<b>COMMUNITY SAFETY COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>9 FEBRUARY 2022</b>
<b>SUBJECT OF REPORT</b>	<b>STRATEGIC PRIORITY 1 AND 2 PERFORMANCE MEASURES: QUARTER 2 2021-22</b>
<b>LEAD OFFICER</b>	<b>ACFO PETE BOND, DIRECTOR FO SERVICE DELIVERY</b>
<b>RECOMMENDATIONS</b>	<i><b>That the performance against targets under strategic priorities 1 and 2 be welcomed and noted.</b></i>
<b>EXECUTIVE SUMMARY</b>	<p>At its meeting on 29 June 2021, the Devon &amp; Somerset Fire &amp; Rescue Authority (FRA) agreed four Strategic Priorities to guide the activity of the Service (Minute DSFRA/21/9 refers).</p> <p>It was further agreed that Strategic Priorities 1 and 2 along with the associated objectives should be reported upon to the Members of the Community Safety Committee (CSC) on a regular basis.</p> <p>At the meeting held on the 26 July 2021, the Committee agreed (Minute CSC/21/2 refers) a set of key performance indicators (KPIs) in order to maintain scrutiny of Service activity and progress against Strategic Priorities 1 and 2. It was further agreed that a KPI report would be produced for the preceding quarter of the financial year for each subsequent Committee meeting.</p> <p>Appendix 1 of this report presents the Quarter 2 of 2021-22 KPI report for Strategic Priorities 1 and 2.</p>
<b>RESOURCE IMPLICATIONS</b>	Existing budget and staffing is sufficient to deliver the required improvements
<b>EQUALITY RISKS AND BENEFITS ANALYSIS</b>	N/A
<b>APPENDICES</b>	A. Community Safety Committee 2021-22 Quarter 2 performance report
<b>BACKGROUND PAPERS</b>	DSFRA/21/9 Strategic Policy Objectives 2021-22

## 1. **INTRODUCTION**

- 1.1. At its meeting on 29 June 2021, the Devon & Somerset Fire & Rescue Authority (FRA) agreed 4 Strategic Priorities to guide the activity of the Service (Minute DSFRA/21/9 refers).
- 1.2. It was further agreed that Strategic Priorities 1 and 2 along with the associated objectives should be reported upon to the Community Safety Committee (CSC) on a regular basis.
- 1.3. At the meeting held on the 26 July 2021, the Committee agreed (Minute CSC/21/2 refers) a set of key performance indicators (KPIs) in order to maintain scrutiny of Service activity and progress against Strategic Priorities 1 and 2. It was further agreed that a KPI report would be produced for the preceding quarter of the financial year for each subsequent Committee meeting.
- 1.4. Appendix 1 of this report presents the Quarter 2 of 2021-22 KPI report for Strategic Priorities 1 and 2.

## 2. **PERFORMANCE OVERVIEW**

- 2.1. The performance status of the Service KPIs is based on the following criteria:
- Succeeding                      The KPI is achieving its target.
  - Near target                      The KPI is less than 10% away from achieving its target.
  - Needs improvement              The KPI is at least 10% away from achieving its target.

### **Performance overview: top level**

- 2.2. Table 1 below shows the Service's performance status overview in Quarter 2 of 2021-22:

	Succeeding	Near target	Needs improvement
Priority 1	8	10	1
Priority 2	8	4	0

- 2.3. There is currently one KPIs that are requiring improvement.
- KPI 1.1.4.1 - Number of Home Safety Visits completed.
- 2.4. This area has been subject to review and an exception report is included within the performance report attached at Appendix A.
- 2.5. The following KPI areas are not included within this report but the Service will be looking to introduce in future versions:

- Co-responder availability – data issues need to be resolved before reporting can commence; and
- Education – COVID-19 has affected the delivery of these activities.

**ACFO PETE BOND**  
**Director of Service Delivery**



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# Community Safety Committee

## 2021/22 quarter two performance report

This report provides an overview of performance against the priorities and objectives that fall within the remit of the Community Safety and Corporate Planning Committee.

Alice Murray, Strategic Analyst

Devon & Somerset  
Fire & Rescue Service



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## Introduction

To make sure that we are delivering the best possible service to the communities of Devon and Somerset and its visitors, we need to regularly monitor our performance. This report looks at Key Performance Indicators (KPIs) from the Services' Performance Management Framework that require the scrutiny of the Community Safety Committee.

The KPIs will support us to deliver against two of our four strategic priorities:

**Priority 1** – “Our targeted prevention and protection activities will reduce the risks in our communities, improving health, safety and wellbeing and supporting the local economy.”

**Priority 2** – “Our operational resources will provide an effective emergency response to meet the local and national risks identified in our Community Risk Management Plan”

The performance status of our KPIs is based on the following criteria:

Succeeding	The KPI is achieving its target.
Near target	The KPI is less than 10% away from achieving its target.
Needs improvement	The KPI is at least 10% away from achieving its target.

When a KPI has a status of “needs improvement”, an exception report will be provided which will contain further analysis and identify whether an additional action needs to be taken to drive improvement. Updates on progress against actions will be provided in future reports until they are closed.

KPIs that are “near target” will be monitored by the lead manager to assess whether performance is likely to improve where appropriate implement tactical changes to influence the direction of travel. No further information will be provided within this report.

## Performance overview: top level

Table 1: performance status overview 2021/22 Q2

	Succeeding	Near target	Needs improvement
Priority 1	8	10	1
Priority 2	8	4	0

There is currently one KPI requiring improvement.

- KPI 1.1.4.1 - Number of Home Safety Visits completed (exception report, page 6)

### Performance overview: priority one

**Objective 1.1: we will work with partners to target our prevention activities where they have the greatest impact on the safety and wellbeing of our communities.**

Table 2: KPIs that require improvement

KPI Ref	Description	Current	Target	% Diff.
1.1.4.1	Number of home fire safety visits completed	6,487	9,000	-27.9%

Table 3: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
1.1.2.2	Rate of dwelling fire fatalities per 100,000 population	0.39	0.35	9.7%
1.1.3.2	Rate of dwelling fire hospitalisations per 100,000 population	4.48	4.29	4.3%
1.1.6.1	Percentage of targeted home safety visits meeting two or more risk criteria	55.3%	60.0%	-4.8%
1.1.9.2	Rate of other primary fire fatalities per 100,000 population (excludes dwellings and non-domestic premises)	0.11	0.11	5.1%
1.1.10.2	Rate of other primary fire hospitalisations per 100,000 population (excludes dwellings and non-domestic premises)	0.63	0.59	6.3%

1

<sup>1</sup> The actual and target figures within this document are rounded to two decimal places for KPIs that are calculated as a rate. The percentage change is calculated using a higher degree of accuracy, this means that for smaller figures the percentage change may not be derived from the rounded figures presented in this report.

Table 4: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
1.1.1.2	Rate of dwelling fires attended per 100,000 population	53.90	54.41	-0.9%
1.1.8.2	Rate of other primary fires per 100,000 population (excludes dwellings and non-domestic premises)	46.50	47.35	-1.8%
1.1.11.2	Rate of secondary fires per 100,000 population	91.69	91.98	-0.3%
1.1.12.2	Rate of deliberate fires per 100,000 population	79.67	81.88	-2.7%

KPI Ref	Description	Current	Target	% Diff.
1.1.13.2	Rate of road traffic collisions per 100,000 population	50.75	53.04	-4.3%
1.1.14.2	Rate of people killed or seriously injured in road traffic collisions per 100,000 population	27.25	27.87	-2.2%

### Exception report: number of home safety visits completed

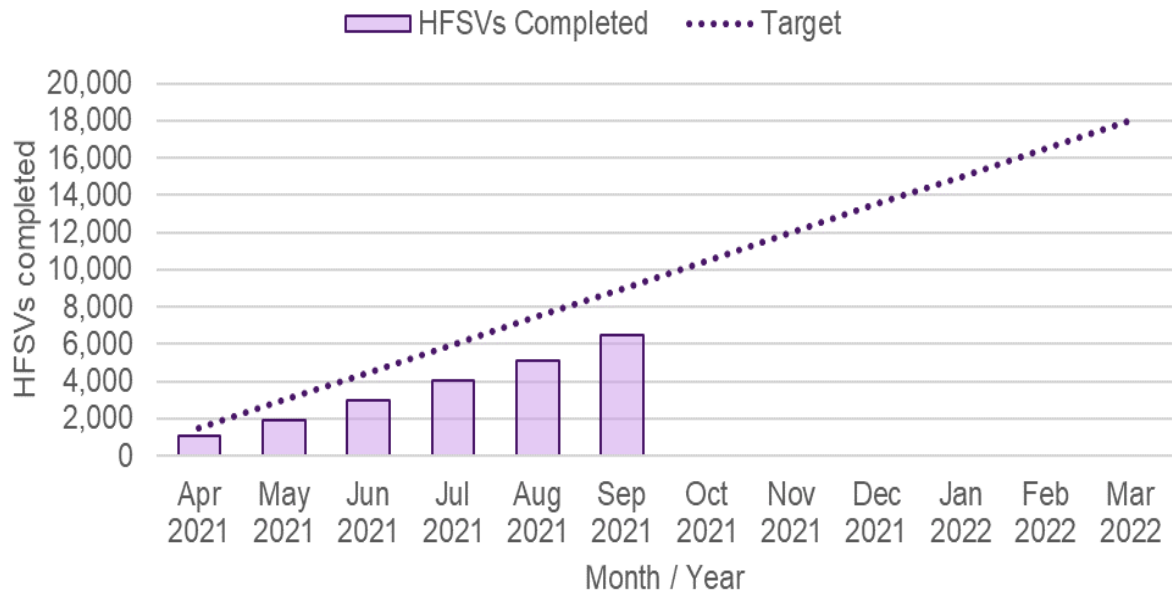
This measure calculates the number Home Safety Visits (HSVs) that have been completed which have met the Home Office requirements of:

- identifying and advising of the potential fire risks within the home
- advising householders what to do to reduce or prevent these risks
- putting together an escape plan in case a fire does break out, and
- ensuring the householder has working smoke alarms.

### Analysis

Based on our existing capacity of our home safety technicians and the introduction of doorstep home safety visits, delivered by our wholetime crews, we aim to complete 18,000 home safety visits during the 2021/22 financial year. Our current performance levels are well below the year-to-date target of 9,000 visits.

Table 5: cumulative number of HSVs completed against target, 2021/22



There are two main factors that are affecting our current ability to deliver the expected level of productivity.

1. COVID-19 is continuing to impact our access to vulnerable members of the community. Understandably, there is still some reluctance from the public to allow our technicians crews into their homes.
2. The new doorstep home safety visit is still being implemented, with some watches still requiring training.

### Actions

1. Continue roll-out of training to wholtime stations that will be conducting doorstep home safety visits.
2. Ensure that performance expectations are clearly communicated to frontline personnel.
3. Evaluate the wholtime duty system (WDS) work routine to identify whether it is effective and whether any improvements can be made to improve productivity.

**Objective 1.2: we will protect people in the built environment through a proportionate, risk-based approach to the regulation of fire safety legislation.**

Table 6: KPIs that are requiring improvement

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently requiring improvement	--	--	--



Table 7: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
1.2.1.2	Rate of non-domestic premises fires per 10,000 rateable premises (hereditaments)	63	63	0.7%
1.2.4.1	Number of fire safety checks completed	1,461	1,500	-2.6%
1.2.4.2	Number of fire safety audits completed (short and full)	291	314	-7.3%
1.2.5.4	Rate of non-domestic false alarms per 10,000 rateable premises (hereditaments)	262.46	257.02	2.1%
1.2.6.1	Percentage of statutory consultations completed to required timescales	99.0%	100.0%	-1.0%

Table 8: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
1.2.2.2	Rate of non-domestic premises fire fatalities per 10,000 rateable premises (hereditaments)	0.11	0.14	-20.5%
1.2.3.2	Rate of non-domestic premises fire hospitalisations per 10,000 rateable premises (hereditaments)	1.22	1.38	-12.1%

**Objective 2.1: we will maintain accurate, timely and relevant risk information, enabling our operational crews to understand and be prepared to respond to the demand and risks present in their local communities.**

Table 10: KPIs that are requiring improvement

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently requiring improvement	--	--	--

Table 11: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently near to achieving target.	--	--	--

Table 12: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
M2.1.1.1	Number of local exercises completed	37	36	2.8%
M2.1.1.2	Number of crossborder exercises completed	12	12	0.0%
M2.1.1.3	Number of national exercises completed	1	1	0.0%
M2.1.4.1	Percentage of operational risk information in date - level 3 SSRI	95.6%	94.0%	1.6%
M2.1.4.2	Percentage of operational risk information in date - level 4 tactical plans	100.0%	98.0%	2.0%

**Objective 2.2: We will monitor changes in risk to ensure that our resources are most available in the locations necessary to mitigate them.**

Table 13: KPIs that are requiring improvement

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently requiring improvement.	--	--	--

Table 14: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
M2.2.3.1	Percentage of dwelling fires attended within 10 minutes of call answer	70.2%	75.0%	-4.8%

Table 15: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
M2.2.3.2	Percentage of road traffic collisions attended within 15 minutes of call answer	77.5%	75.0%	2.5%

**Objective 2.4: we will support the effective delivery of our frontline services by seeking improvements to our operational resourcing, mobilising and communications functions.**

Table 16: KPIs that are requiring improvement

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently requiring improvement.	--	--	--

Table 17: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
M2.4.1.1	Risk prioritised pump availability (percentage)	93.4%	98.0%	-4.6%
M2.4.1.2	Standard pump availability (percentage)	76.5%	85.0%	-8.5%
M2.4.3.1	Percentage of calls handled within target time (call answer to resource mobilisation)	0.90	0.90	-0.5%

Table 18: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently achieving target.	--	--	--

**Objective 2.8: we will be prepared to respond to major incidents and support partner agencies.**

Table 19: KPIs that are requiring improvement

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently requiring improvement.	--	--	--

Table 20: KPIs that are near to achieving target

KPI Ref	Description	Current	Target	% Diff.
--	No KPIs are currently near to achieving target.	--	--	--

Table 21: KPIs that are achieving target

KPI Ref	Description	Current	Target	% Diff.
M2.8.1.1	Availability of national resilience assets (percentage)	100%	100%	0.0%
M2.8.1.2	National resilience competencies in date	100%	100%	0.0%

## Glossary

Most terms and definitions can be found within the Home Office Fire Statistics Definitions document: <https://www.gov.uk/government/publications/fire-statistics-guidance/fire-statistics-definitions>

Some other terms are listed below:

**Operational risk information:** this information is focused on location specific risks posed to firefighters.

**Site specific risk information (SSRI):** this information is captured for locations that are particularly complex and pose greater levels of risk to our fire-fighters. Visits are made to these locations, hazards identified and plans made on how to respond if an incident occurs.

**Risk prioritised pump:** there are 56 priority fire engines in our highest risk areas that are essential to enabling us to effectively manage risk levels. There is an expectation that each of these appliances will be available to respond a minimum of 98% of the time.

**Standard pump:** there are 56 appliances located in less risky areas, but which are still key to ensuring that we are keeping our communities safe. These are all on-call or volunteer appliances and there is an expectation that each appliance will be available at least 85% of the time.

**Home fire safety visits:** these are visits that are carried out at people's homes by our home safety technicians and wholetime firefighters.

**Fire safety checks:** FSCs are delivered by our operational crews and provide a basic assessment of fire safety standards within businesses. Where potential issues are identified premises will be referred for a fire safety audit that is conducted by one of our professional fire safety officers.

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# Agenda Item 6

REPORT REFERENCE NO.	CSC/22/3
MEETING	COMMUNITY SAFETY COMMITTEE
DATE OF MEETING	9 FEBRUARY 2022
SUBJECT OF REPORT	FIRE ENGINE AVAILABILITY
LEAD OFFICER	ACFO PETER BOND, DIRECTOR OF SERVICE DELIVERY
RECOMMENDATIONS	<p><b><i>That the Committee:</i></b></p> <p><b><i>(a). Notes the contents of this paper as suitable evidence to support scrutiny of strategic objective 2a as agreed by the Authority namely:</i></b></p> <ul style="list-style-type: none"> <li><b><i>• Provide response resources at times and in locations relevant to identified risks of fires and other emergencies</i></b></li> </ul> <p><b><i>(b). receives a follow-up paper in 12 months' time and includes this item on the Committee's forward agenda.</i></b></p>
EXECUTIVE SUMMARY	<p>Fire engine availability and the readiness of a competent and qualified crew of fire fighters is the single most important factor in the delivery of an emergency response for Devon and Somerset Fire &amp; Rescue Service ("the Service").</p> <p>The Service is the largest employer of On Call firefighters in the country and has a reliance on these staff to deliver 88% of the response capability to the communities of Devon and Somerset.</p> <p>On Call availability is completely reliant on the crewing requirements for each fire engine being met whenever the appliance is required. This is generally 24 hours a day apart from the 11 Risk Dependent Availability fire engines only required at night.</p> <p>A decline in general performance was identified in 2017 and, through the Integrated Risk Management Plan for 2018 to 2022, a number of initiatives started to mitigate against this risk. The main focus of this has been the introduction of the Pay for Availability duty system which provides an enhanced set of terms and conditions for On Call staff in order to improve recruitment and retention of firefighters.</p> <p>Performance analysis of the past 5 years from December 2016 to November 2021 indicates that the general decline in fire engine availability has been arrested. However, there are identified issues at certain locations that are impacting on the overall Service performance figures.</p>

	By adopting Pay for Availability, stations are identifying distinct gaps in their cover profile and this is enabling targeted recruitment campaigns to fill those gaps and subsequently improve availability.
<b>RESOURCE IMPLICATIONS</b>	
<b>EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)</b>	
<b>APPENDICES</b>	<p>A. All Pump Availability 5 Year Data (01/12/16 – 30/11/21)</p> <p>B. Risk Priority Pump Availability 5 Year Data (01/12/16 – 30/11/21)</p>
<b>LIST OF BACKGROUND PAPERS</b>	Pay for Availability Information Booklet

# 1. INTRODUCTION

- 1.1 This Committee is tasked with reviewing the following strategic priorities and objectives as approved by the Devon & Somerset Fire & Rescue Authority:

<b>Strategic Priority 1</b> Our targeted prevention and protection activities will reduce the risks in our communities, Improving Health, Safety and wellbeing, supporting the local economy.		<b>Strategic Priority 2</b> Our Operational resources will provide an effective emergency response to meet the local and national risks.	
1a	Deliver interventions and education events to reduce the risk of fires in the community	2a	Provide response resources at times and in locations relevant to identified risks of fires and other emergencies
1b	Develop and deliver initiatives to support children and young people in making safe lifestyle choices	2b	Ensure that we continue to meet our obligations under the Civil Contingencies Act and the National Resilience Model and continue to develop plans and capability to respond to major emergencies in line with changing threat and risk levels
1c	Target risk-based inspection processes and enforcement activities towards the highest risk and ensure that they are effective and properly resourced	2c	Explore and develop opportunities to work with other agencies where the Service can add value to community outcomes

- 1.2 This report on fire engine availability presents evidence to support scrutiny of objective 2a as noted above.
- 1.3 The availability of fire engines is probably the single most important requirement of any fire and rescue service in delivering against the expectations of the public and the relevant legislation.
- 1.4 In 2018, Devon & Somerset Fire & Rescue Service (the Service) published its Integrated Risk Management Plan (IRMP) that identified the key risks that could affect the communities of Devon and Somerset over the following four years.
- 1.5 One of these key risks was the availability of On Call fire engines which make up approximately 90% of the response capability maintained by the Service to deal with emergency incidents.
- 1.6 Following the publication of the IRMP, the Service introduced several projects under the Safer Together Programme to introduce measures to mitigate the risks identified. One of these projects was the introduction of a new duty system for On Call firefighters known as Pay for Availability, which has been designed to support the recruitment and retention of staff into On Call roles and subsequently help to improve overall fire engine availability.



## **2. BACKGROUND**

- 2.1. In 2017, the Service undertook analysis of its delivery with regards to the availability of fire engines, particularly those crewed by On Call fire fighters.
- 2.2. At the time only 13 of the fleet of 121 fire engines were crewed 24 hours per day by wholetime fire fighters. This meant that 108 fire engines were completely reliant upon on call firefighters being available – approximately 90% of the total response capability. However, for the 12 months to the end of February 2017, there was an average 14% unavailability of on call appliances.
- 2.3. The issues causing this problem included:
- Service reliance on people living and working within a five minute response time of the fire station;
  - the Service requirement for people to maintain a set number of hours availability each week;
  - Service training design – particularly for new recruits;
  - a decrease in the number of incidents;
  - a reward mechanism that incentivises activity not availability; and
  - the Service requirement to provide a minimum crew of four on an appliance – preferably five.
- 2.4. In the same IRMP the Service also raised the risk of over-resourcing in comparison to the actual risk now being faced by the communities of Devon and Somerset.
- 2.5. Proposals approved by the the Authority on 10 January 2020, following a public consultation in 2019, resulted in resources being rationalised to better reflect the risk and a subsequent change to the fleet.
- 2.6. This has resulted in a total of 112 fire engines in the Service of which 13 are crewed by wholetime fire fighters and 99 by On Call (approximately 88% of total response capability). In addition, 11 of the On Call fire engines are only required to be available at night between the hours of 6.00pm and 8.00am. These have been termed risk dependent availability fire engines.
- 2.7. Of the issues noted above there were concerns raised by existing On Call firefighters about the inflexibility of their contractual hours and the amount of money earned by individuals in comparison to the amount of commitment required by the Service.
- 2.8. In response to these concerns the Service established a project to consider new ways of working that could better support On Call fire fighters and lead to improved recruitment and retention rates which would subsequently improve fire engine availability.

- 2.9. This project produced the Pay for Availability duty system which provides a far more flexible commitment by firefighters to provide between 30 and 120 hours of availability each week and an increased pay model that rewards staff for the actual hours of availability rather than paying a retaining fee. Further information on Pay for Availability is contained in the information booklet provided as background reading.
- 2.10. The implementation of Pay for Availability was subject to formal negotiations with the representative bodies of on call firefighters namely the Fire and Rescue Services Association (FRSA) and the Fire Brigades Union (FBU) in an effort to reach a collective agreement on the terms and conditions of the new duty system. Whilst a collective agreement was made with the FRSA on this matter, the FBU was not in a position to follow suit in 2020.
- 2.11. The Service therefore undertook to engage directly with staff at individual stations to offer the opportunity of transferring to the Pay for Availability system on a voluntary basis. The requirement being that 100% of staff on a station had to agree to the transfer.
- 2.12. The initial group of stations transferred on 1st October 2020 and since 1st January 2021 there have been monthly transitions of stations resulting in 69 of 79 eligible stations (87%) now working the Pay for Availability system (as at 1st December 2021).

### **3. DATA ANALYSIS**

- 3.1. In order to provide a relevant view data has been analysed over the five-year period from the 1<sup>st</sup> December 2016 until the 30<sup>th</sup> November 2021. All data for each fire engine is provided over this five-year period split into 12 month blocks at Appendix A.
- 3.2. Fire engines in the Service each have an individual call sign for identification. The call sign is made up of the station number, a prefix of KV, which is the Home Office identifier for the Service, and a suffix of P1 or P2 (spoken as papa one or papa two) which relates to the number of fire engines located at any station. For example, Barnstaple is station 01 and has two fire engines – call signs KV01P1 and KV01P2; Cheddar is station 76 and has one fire engine – call sign KV76P1. Availability data is tracked against each call sign to ensure consistency in analysis.
- 3.3. Availability performance is reported to the Executive Board monthly and to the Community Safety Committee quarterly.
- 3.4. These performance reports are split into 3:
- Standard pump availability
  - Risk prioritised pump availability
  - Risk dependent availability
- 3.5. Standard pump availability is the overall measure of all fire engines at all times. The aim is to achieve a minimum of 85% availability.

- 3.6. Risk prioritised availability is the measure of those fire engines that are recognised as having the most significant impact on reducing dwelling fire casualties across Devon and Somerset. These fire engines are listed in priority order at Appendix B. The aim is to achieve a minimum of 98% availability.
- 3.7. Risk dependent availability is a measure of the 11 fire engines that have been moved from 24 hour cover to night cover only as noted above. The aim is to achieve a minimum of 85% availability.
- 3.8. Availability is measured as the percentage of time over the required period that fire engines (pumps) can be mobilised to an emergency incident with a minimum crew of four firefighters including at least one Incident Command qualified firefighter and one emergency fire appliance qualified driver.
- 3.9. There are two main reasons for fire engines to be unavailable – lack of required crew or a defective appliance or risk critical piece of equipment. Defects are subject to a Service Level Agreement between Fleet and Service Delivery to have fire engines and equipment repaired within specific timeframes or a reserve appliance provided to maintain availability. By far the greatest impacts on availability are crewing levels and the readiness of incident commanders and drivers.
- 3.10. The following tables summarise the availability of each performance indicator identified above:

*Table 1: Standard Pump Availability – 5 year analysis*

	<b>Dec 16 Nov 17</b>	<b>Dec 17 Nov 18</b>	<b>Dec 18 Nov 19</b>	<b>Dec 19 Nov 20</b>	<b>Dec 20 Nov 21</b>
<b>First pump availability</b>	95%	91%	91%	94%	91%
<b>Second pump availability</b>	71%	65%	65%	73%	76%
<b>Third pump availability</b>	54%	45%	69%	87%	79%
<b>Overall pump availability</b>	<b>87%</b>	<b>82%</b>	<b>83%</b>	<b>88%</b>	<b>87%</b>

*Table 2: Risk Prioritised Availability – 5 year analysis*

	<b>Dec 16 Nov 17</b>	<b>Dec 17 Nov 18</b>	<b>Dec 18 Nov 19</b>	<b>Dec 19 Nov 20</b>	<b>Dec 20 Nov 21</b>
<b>Risk Priority pump availability</b>	98%	97%	97%	98%	96%

Table 3: Risk Dependent Availability – 5 year analysis

Station name & Pump Call Sign	Dec 16 Nov 17	Dec 17 Nov 18	Dec 18 Nov 19	Dec 19 Nov 20		Dec 20 Nov 21	
	24 hour	24 hour	24 hour	Da	Nig	Da	Nig
Ilfracombe KV02P2	32%	16%	11%	13%		0%	7%
Okehampton KV13P2	85%	67%	66%	72%		69	76%
Brixham KV21P2	72%	66%	52%	54%		50	47%
Dartmouth KV24P2	36%	21%	51%	51	32%	n/a	33%
Teignmouth KV30P2	97%	94%	81%	87%		77%	
Honiton KV40P2	54%	49%	48%	64%		54	92%
Sidmouth KV43P2	85%	83%	68%	80%		60	75%
Tiverton KV44P2	50%	52%	51%	79	93%	n/a	85%
Tavistock KV57P2	68%	83%	73%	76%		86	52%
Williton KV71P2	57%	32%	15%	26%		52	63%
Wells KV83P2	62%	60%	44%	38%		31	48%

- 3.11. The summary data provided above, and detailed data contained in Appendices A and B show that the original risk of declining On Call availability identified in the 2018-2022 IRMP has been arrested but there continues to be areas for improvement, particularly with regards to Risk Priority and Risk Dependent fire engines.

- 3.12. Table 1 indicates that overall pump availability has now recovered to the level of 5 years ago following a decline through 2017 to 2019. The much improved figure for 2020 reflects the impact of the Covid 19 pandemic and the lockdown periods imposed by central government. This enabled many staff to declare availability at times they normally would not have.
- 3.13. During 2021 the phased roll out of Pay for Availability has maintained this improved performance and it is anticipated this will continue, although the full impact of the new duty system will take at least another 12 months to be fully realised.
- 3.14. Risk Priority fire engines were originally identified in 2017 using a facility known as the Fire Service Emergency Cover toolkit (FSEC). This used an algorithm to predict the effect of attendance times on a selected parameter, (in this case dwelling fire fatalities) to identify which fire engines would need to be available the majority of the time to have the greatest effect on minimising predicted fatalities.
- 3.15. The performance indicated at Table 2 shows that the Service is slightly off target at 96% for the year to 30th November 2021. However, analysis of the individual fire engine data at Appendix B shows that 21 of the 56 pumps are not achieving the required 98% level and of these only three are below the 85% standard pump availability measure.
- 3.16. FSEC was originally produce by the Home Office for all Services to use but has subsequently been withdrawn and no further support is available to update this data. The Service has also implemented other changes through the Service Delivery Operating Model which means that a review of the definition and requirements of Risk Priority fire engines is required. This work has started with the Strategic Analysis Team.
- 3.17. Risk Dependent Availability is statistically an extremely volatile measure due to the low numbers (11) of fire engines being measured. The indicator is further complicated by the move from 24 hour cover to night cover only being adopted by the individual stations when they chose to move to Pay for Availability. This position was taken to ease the burden of change on staff and ensure that Pay for Availability reflected the Service Delivery Operating Model as soon as possible.
- 3.18. The key performance indicator in Table 3 is the night cover availability for December 2020 to November 2021, as this reflects the requirements of the Service Delivery Operating Model. From this it can be seen that only two of the 11 appliances are meeting the 85% target and that in the main performance is worse for each fire engine compared to five years ago.

*Impact of Pay for Availability*

- 3.19. As indicated at paragraph 3.9 the main issue affecting fire engine availability is the crewing requirement for each appliance. Pay for Availability is designed to enable better support for staff in predicting their availability and to manage their work/life balance so that the Service can have greater reliance on those staff on a regular basis.

- 3.20. The outcome of this is that those stations that have adopted Pay for Availability have seen the volatility of their crewing numbers removed and most importantly the gaps in cover over 24 hour and or weekly time scales identified.
- 3.21. This now allows for specific workforce planning requirements to be developed for each fire station and targeted recruitment campaigns to attract people to join the Service. By focusing on these requirements crewing deficiencies will be filled and subsequently availability will improve.

#### **4. CONCLUSION**

- 4.1. Fire engine availability and the readiness of a competent and qualified crew of fire fighters is the single most important factor in the delivery of an emergency response for the Service.
- 4.2. The Service is the largest employer of On Call firefighters in the country and has a reliance on these staff to deliver 88% of the response capability to the communities of Devon and Somerset.
- 4.3. On Call availability is completely reliant on the crewing requirements for each fire engine being met whenever the appliance is required. This is generally 24 hours a day apart from the 11 Risk Dependent Availability fire engines only required at night.
- 4.4. A decline in general performance was identified in 2017 and through the Integrated Risk Management Plan for 2018 to 2022 a number of initiatives started to mitigate against this risk. The main focus of this has been the introduction of the Pay for Availability duty system which provides an enhanced set of terms and conditions for On Call staff in order to improve recruitment and retention of firefighters.
- 4.5. Performance analysis of the past five years from December 2016 to November 2021 indicates that the general decline in fire engine availability has been arrested. However, there are identified issues at certain locations that are impacting on the overall Service performance figures.
- 4.6. By adopting Pay for Availability stations are identifying distinct gaps in their cover profile and this is enabling targeted recruitment campaigns to fill those gaps and subsequently seek to improve overall availability.

**ACFO PETER BOND**  
**Director of Service Delivery**

# APPENDIX A TO REPORTCSC/22/3

## ALL PUMP AVAILABILITY 5 YEAR DATA (01/12/16 – 30/11/21)

Station	Pump	Callsign	Dec 16 Nov 17	Dec 17 Nov 18	Dec 18 Nov 19	Dec 19 Nov 20	Dec 20 Nov 21	Risk Critical
Barnstaple	P1	KV01P1	100%	100%	100%	100%	100%	Y
Barnstaple	P2	KV01P2	100%	100%	100%	100%	99%	N
Ilfracombe	P1	KV02P1	99%	97%	97%	99%	99%	N
Ilfracombe	P2	KV02P2	32%	16%	11%	13%	6%	N
Appledore	P1	KV03P1	28%	27%	33%	71%	80%	N
Bideford	P1	KV04P1	100%	100%	100%	100%	100%	Y
Bideford	P2	KV04P2	87%	79%	86%	91%	94%	N
Braunton	P1	KV05P1	93%	70%	63%	79%	95%	N
Chulmleigh	P1	KV06P1	85%	84%	81%	79%	60%	Y
Combe Martin	P1	KV07P1	76%	48%	62%	85%	72%	N
Hartland	P1	KV08P1	97%	94%	97%	98%	97%	N
Hatherleigh	P1	KV09P1	99%	94%	98%	98%	91%	Y
Holsworthy	P1	KV10P1	99%	99%	98%	98%	98%	Y
Lynton	P1	KV11P1	100%	96%	98%	100%	100%	Y
Lynton	P2	KV11P2	40%	16%	29%	37%	N/A	N
North Tawton	P1	KV12P1	98%	94%	98%	98%	76%	Y
Okehampton	P1	KV13P1	100%	100%	100%	100%	99%	Y
Okehampton	P2	KV13P2	85%	67%	66%	72%	71%	N
South Molton	P1	KV14P1	100%	100%	100%	100%	100%	Y
Torrington	P1	KV15P1	99%	98%	99%	100%	99%	Y
Woolacombe	P1	KV16P1	85%	55%	50%	43%	25%	N
Torquay	P1	KV17P1	100%	100%	100%	100%	100%	Y
Torquay	P2	KV17P2	96%	94%	99%	99%	99%	N
Torquay	P3	KV17P3	10%	6%	76%	100%	100%	N
Paignton	P1	KV18P1	100%	100%	100%	100%	100%	Y
Paignton	P2	KV18P2	94%	96%	96%	94%	88%	N
Ashburton	P1	KV19P1	91%	82%	87%	96%	95%	N
Bovey Tracey	P1	KV20P1	90%	97%	98%	99%	99%	Y
Brixham	P1	KV21P1	100%	100%	100%	100%	98%	N
Brixham	P2	KV21P2	72%	66%	52%	54%	49%	N
Buckfastleigh	P1	KV22P1	94%	87%	92%	94%	81%	N
Chagford	P1	KV23P1	100%	98%	100%	100%	100%	Y
Dartmouth	P1	KV24P1	100%	98%	94%	97%	96%	Y
Dartmouth	P2	KV24P2	36%	21%	51%	49%	33%	N
Dawlish	P1	KV25P1	93%	87%	89%	97%	94%	N
Kingsbridge	P1	KV26P1	89%	94%	88%	90%	84%	N
Moretonhamp stead	P1	KV27P1	94%	87%	64%	58%	53%	N
Newton Abbot	P1	KV28P1	100%	100%	100%	100%	100%	Y
Newton Abbot	P2	KV28P2	99%	99%	99%	99%	78%	N

Station	Pump	Callsign	Dec 16 Nov 17	Dec 17 Nov 18	Dec 18 Nov 19	Dec 19 Nov 20	Dec 20 Nov 21	Risk Critical
Salcombe	P1	KV29P1	83%	54%	52%	57%	81%	N
Teignmouth	P1	KV30P1	100%	100%	100%	100%	100%	Y
Teignmouth	P2	KV30P2	97%	94%	81%	87%	77%	N
Totnes	P1	KV31P1	98%	94%	90%	86%	86%	Y
Totnes	P2	KV31P2	17%	13%	14%	6%	N/A	N
Danes Castle	P1	KV32P1	100%	100%	100%	100%	100%	Y
Danes Castle	P2	KV32P2	98%	93%	96%	88%	88%	N
Exmouth	P1	KV33P1	100%	100%	100%	100%	100%	Y
Exmouth	P2	KV33P2	99%	72%	79%	97%	99%	N
Axminster	P1	KV34P1	98%	97%	99%	96%	92%	Y
Bampton	P1	KV35P1	86%	57%	52%	76%	79%	N
Budleigh Salterton	P1	KV36P1	86%	73%	73%	79%	N/A	N
Colyton	P1	KV37P1	93%	91%	92%	95%	98%	N
Crediton	P1	KV38P1	100%	95%	97%	98%	75%	Y
Crediton	P2	KV38P2	32%	7%	11%	40%	N/A	N
Cullompton	P1	KV39P1	98%	89%	90%	98%	97%	Y
Honiton	P1	KV40P1	99%	97%	98%	99%	100%	Y
Honiton	P2	KV40P2	54%	49%	48%	64%	82%	N
Ottery St Mary	P1	KV41P1	97%	96%	94%	99%	97%	Y
Seaton	P1	KV42P1	93%	82%	94%	92%	94%	N
Sidmouth	P1	KV43P1	100%	100%	100%	100%	99%	Y
Sidmouth	P2	KV43P2	85%	83%	68%	80%	71%	N
Tiverton	P1	KV44P1	100%	98%	98%	100%	100%	Y
Tiverton	P2	KV44P2	50%	52%	51%	80%	85%	N
Clyst St George	P1	KV45P1	N/A	N/A	N/A	N/A	79%	N
Topsham	P1	KV45P1	91%	93%	98%	93%	77%	N
Topsham	P2	KV45P2	21%	25%	29%	24%	N/A	N
Witheridge	P1	KV46P1	100%	99%	99%	98%	97%	N
Plympton	P1	KV47P1	88%	87%	91%	98%	93%	Y
Camels Head	P1	KV48P1	100%	100%	100%	100%	100%	Y
Crownhill	P1	KV49P1	100%	100%	100%	100%	100%	Y
Crownhill	P2	KV49P2	65%	77%	74%	89%	85%	N
Greenbank	P1	KV50P1	100%	100%	100%	100%	100%	Y
Greenbank	P2	KV50P2	100%	100%	100%	100%	100%	Y
Plymstock	P1	KV51P1	85%	87%	89%	93%	89%	Y
Bere Alston	P1	KV52P1	94%	90%	93%	97%	98%	N
Ivybridge	P1	KV53P1	89%	95%	94%	92%	87%	Y
Kingston	L1	KV54L1	100%	61%	73%	78%	55%	N
Modbury	P1	KV55P1	88%	87%	85%	73%	50%	N
Princetown	L1	KV56L1	73%	51%	74%	75%	39%	N
Tavistock	P1	KV57P1	100%	100%	100%	100%	100%	Y
Tavistock	P2	KV57P2	68%	83%	73%	76%	61%	N
Yelverton	P1	KV58P1	98%	97%	96%	97%	98%	N



Station	Pump	Callsign	Dec 16 Nov 17	Dec 17 Nov 18	Dec 18 Nov 19	Dec 19 Nov 20	Dec 20 Nov 21	Risk Critical
Middlemoor	P1	KV59P1	100%	100%	100%	100%	100%	Y
Middlemoor	P2	KV59P2	N/A	N/A	N/A	37%	94%	N
Taunton	P1	KV61P1	100%	100%	100%	100%	100%	Y
Taunton	P2	KV61P2	100%	99%	99%	100%	99%	N
Taunton	P5	KV61P5	76%	52%	62%	95%	100%	N
Bridgwater	P1	KV62P1	100%	100%	100%	100%	100%	Y
Bridgwater	P2	KV62P2	98%	95%	98%	99%	96%	N
Bridgwater	P3	KV62P3	48%	53%	61%	79%	81%	N
Burnham on Sea	P1	KV63P1	98%	98%	96%	97%	96%	Y
Burnham on Sea	P2	KV63P2	49%	47%	42%	53%	50%	N
Dulverton	P1	KV64P1	86%	81%	86%	96%	91%	N
Glastonbury	P1	KV65P1	100%	100%	100%	100%	100%	Y
Minehead	P1	KV66P1	100%	100%	100%	100%	100%	Y
Minehead	P2	KV66P2	86%	81%	90%	93%	72%	N
Nether Stowey	P1	KV67P1	92%	83%	82%	85%	79%	N
Porlock	L1	KV68L1	94%	88%	86%	77%	69%	N
Street	P1	KV69P1	100%	100%	100%	100%	100%	Y
Wellington	P1	KV70P1	100%	100%	100%	100%	100%	Y
Wellington	P2	KV70P2	84%	89%	78%	93%	89%	N
Williton	P1	KV71P1	100%	98%	92%	96%	97%	Y
Williton	P2	KV71P2	57%	32%	15%	26%	56%	N
Wiveliscombe	P1	KV72P1	98%	91%	87%	85%	84%	N
Yeovil	P1	KV73P1	100%	100%	100%	100%	100%	Y
Yeovil	P2	KV73P2	100%	100%	99%	99%	99%	N
Yeovil	P5	KV73P5	85%	70%	75%	73%	74%	N
Castle Cary	P1	KV74P1	99%	97%	94%	94%	91%	Y
Chard	P1	KV75P1	100%	99%	99%	100%	100%	Y
Chard	P2	KV75P2	75%	53%	60%	72%	55%	N
Cheddar	P1	KV76P1	100%	98%	94%	96%	92%	Y
Crewkerne	P1	KV77P1	99%	82%	81%	89%	90%	Y
Frome	P1	KV78P1	100%	98%	99%	100%	99%	Y
Frome	P2	KV78P2	73%	53%	57%	78%	58%	N
Ilminster	P1	KV79P1	96%	93%	94%	99%	97%	Y
Martock	P1	KV80P1	98%	96%	92%	97%	95%	Y
Martock	P2	KV80P2	55%	44%	42%	41%	N/A	N
Shepton Mallet	P1	KV81P1	100%	100%	100%	99%	98%	Y
Shepton Mallet	P2	KV81P2	67%	68%	77%	72%	46%	N
Somerton	P1	KV82P1	99%	97%	98%	99%	92%	Y
Wells	P1	KV83P1	100%	99%	98%	97%	93%	Y
Wells	P2	KV83P2	62%	60%	44%	38%	44%	N
Wincanton	P1	KV84P1	100%	99%	97%	99%	100%	Y

# APPENDIX B TO REPORT CSC/22/3

## RISK PRIORITY PUMP AVAILABILITY 5 YEAR DATA (01/12/16 – 30/11/21)

Station	Pump	Callsign	Dec 16 Nov 17	Dec 17 Nov 18	Dec 18 Nov 19	Dec 19 Nov 20	Dec 20 Nov 21
Barnstaple	P1	KV011	100%	100%	100%	100%	100%
Bideford	P1	KV04P1	100%	100%	100%	100%	100%
Chulmleigh	P1	KV06P1	85%	84%	81%	79%	60%
Hatherleigh	P1	KV09P1	99%	94%	98%	98%	91%
Holsworthy	P1	KV10P1	99%	99%	98%	98%	98%
Lynton	P1	KV11P1	100%	96%	98%	100%	100%
North Tawton	P1	KV12P1	98%	94%	98%	98%	76%
Okehampton	P1	KV13P1	100%	100%	100%	100%	99%
South Molton	P1	KV14P1	100%	100%	100%	100%	100%
Torrington	P1	KV15P1	99%	98%	99%	100%	99%
Torquay	P1	KV17P1	100%	100%	100%	100%	100%
Paignton	P1	KV18P1	100%	100%	100%	100%	100%
Bovey Tracey	P1	KV20P1	90%	97%	98%	99%	99%
Chagford	P1	KV23P1	100%	98%	100%	100%	100%
Dartmouth	P1	KV24P1	100%	98%	94%	97%	96%
Newton Abbot	P1	KV28P1	100%	100%	100%	100%	100%
Teignmouth	P1	KV30P1	100%	100%	100%	100%	100%
Totnes	P1	KV31P1	98%	94%	90%	86%	86%
Danes Castle	P1	KV32P1	100%	100%	100%	100%	100%
Exmouth	P1	KV33P1	100%	100%	100%	100%	100%
Axminster	P1	KV34P1	98%	97%	99%	96%	92%
Crediton	P1	KV38P1	100%	95%	97%	98%	75%
Cullompton	P1	KV39P1	98%	89%	90%	98%	97%
Honiton	P1	KV40P1	99%	97%	98%	99%	100%
Ottery St Mary	P1	KV41P1	97%	96%	94%	99%	97%
Sidmouth	P1	KV43P1	100%	100%	100%	100%	99%
Tiverton	P1	KV44P1	100%	98%	98%	100%	100%
Plympton	P1	KV47P1	88%	87%	91%	98%	93%
Camels Head	P1	KV48P1	100%	100%	100%	100%	100%
Crownhill	P1	KV49P1	100%	100%	100%	100%	100%
Greenbank	P1	KV50P1	100%	100%	100%	100%	100%
Greenbank	P2	KV50P2	100%	100%	100%	100%	100%
Plymstock	P1	KV51P1	85%	87%	89%	93%	89%
Ivybridge	P1	KV53P1	89%	95%	94%	92%	87%
Tavistock	P1	KV57P1	100%	100%	100%	100%	100%
Middlemoor	P1	KV59P1	100%	100%	100%	100%	100%
Taunton	P1	KV61P1	100%	100%	100%	100%	100%
Bridgwater	P1	KV62P1	100%	100%	100%	100%	100%
Burnham on Sea	P1	KV63P1	98%	98%	96%	97%	96%
Glastonbury	P1	KV65P1	100%	100%	100%	100%	100%
Minehead	P1	KV66P1	100%	100%	100%	100%	100%
Street	P1	KV69P1	100%	100%	100%	100%	100%
Wellington	P1	KV70P1	100%	100%	100%	100%	100%
Williton	P1	KV71P1	100%	98%	92%	96%	97%

<b>Station</b>	<b>Pump</b>	<b>Callsign</b>	<b>Dec 16 Nov 17</b>	<b>Dec 17 Nov 18</b>	<b>Dec 18 Nov 19</b>	<b>Dec 19 Nov 20</b>	<b>Dec 20 Nov 21</b>
Yeovil	P1	KV73P1	100%	100%	100%	100%	100%
Castle Cary	P1	KV74P1	99%	97%	94%	94%	91%
Chard	P1	KV75P1	100%	99%	99%	100%	100%
Cheddar	P1	KV76P1	100%	98%	94%	96%	92%
Crewkerne	P1	KV77P1	99%	82%	81%	89%	90%
Frome	P1	KV78P1	100%	98%	99%	100%	99%
Ilminster	P1	KV79P1	96%	93%	94%	99%	97%
Martock	P1	KV80P1	98%	96%	92%	97%	95%
Shepton Mallet	P1	KV81P1	100%	100%	100%	99%	98%
Somerton	P1	KV82P1	99%	97%	98%	99%	92%
Wells	P1	KV83P1	100%	99%	98%	97%	93%
Wincanton	P1	KV84P1	100%	99%	97%	99%	100%

<b>REPORT REFERENCE NO.</b>	<b>CSC/22/4</b>
<b>MEETING</b>	<b>COMMUNITY SAFETY COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>9 FEBRUARY 2022</b>
<b>SUBJECT OF REPORT</b>	<b>HOME FIRE SAFETY VISITS</b>
<b>LEAD OFFICER</b>	<b>ACFO PETER BOND, DIRECTOR OF SERVICE DELIVERY</b>
<b>RECOMMENDATIONS</b>	<p><i>That the Committee notes the contents of this paper as suitable evidence to support scrutiny of strategic objective 1a as agreed by the Fire &amp; Rescue Authority namely:</i></p> <ul style="list-style-type: none"> <li><i>Deliver interventions and education events to reduce the risk of fires in the community</i></li> </ul>
<b>EXECUTIVE SUMMARY</b>	<p>Home Fire Safety Visits are part of our Prevention strategy to reduce accidental dwelling fires, injuries and fatalities.</p> <p>Since the 1990's the emphasis on preventing fires has become the priority for all Fire and Rescue Services due to the identified socio-economic benefits.</p> <p>The Service has a planned approach to targeting the most at-risk members of our communities and different methods of resourcing the visits to ensure that the highly vulnerable receive priority attention. This is being delivered along with improvements in order to align with the Fire Standard for Prevention and the National Fire Chiefs Council Person Centred Framework.</p> <p>An overview of the number of visits carried out each year and why this may fluctuate year on year is provided, and why it is important to not compromise the quality of the visits in favour of quantity.</p>
<b>RESOURCE IMPLICATIONS</b>	Business as usual. No resource request
<b>EQUALITY RISKS AND BENEFITS ANALYSIS</b>	Complete
<b>APPENDICES</b>	None
<b>BACKGROUND PAPERS</b>	None

## 1. **INTRODUCTION**

- 1.1 This Committee is tasked with reviewing the following strategic priorities and objectives as approved by the Devon & Somerset Fire & Rescue Authority:

<b>Strategic Priority 1</b> Our targeted prevention and protection activities will reduce the risks in our communities, Improving Health, Safety and wellbeing, supporting the local economy.		<b>Strategic Priority 2</b> Our Operational resources will provide an effective emergency response to meet the local and national risks.	
1a	Deliver interventions and education events to reduce the risk of fires in the community	2a	Provide response resources at times and in locations relevant to identified risks of fires and other emergencies
1b	Develop and deliver initiatives to support children and young people in making safe lifestyle choices	2b	Ensure that we continue to meet our obligations under the Civil Contingencies Act and the National Resilience Model and continue to develop plans and capability to respond to major emergencies in line with changing threat and risk levels
1c	Target risk-based inspection processes and enforcement activities towards the highest risk and ensure that they are effective and properly resourced	2c	Explore and develop opportunities to work with other agencies where the Service can add value to community outcomes

- 1.2 This report on home fire safety visits presents evidence to support scrutiny of objective 1a as noted above.

## 2. **BACKGROUND**

- 2.1. The culture of the fire and rescue service saw a paradigm shift in the late 1990's. The focus within fire and rescue services up until this point had been on responding to fires and other incidents, with fire safety being directed towards businesses such as hotels and factories under the statutory responsibility of the Fire Precautions Act 1971, (Now superseded by the Fire Safety Order 2005). There was very little focus on preventing domestic fires in the home, consequently, fires and fire fatalities were about three times higher than they are today.
- 2.2. With a rise in fires and fire fatalities through the 1980's and early 90's an Audit Commission report, 'In the Line of Fire' was published in 1995. A section of the report focused on fire prevention and recognised lessons learnt from the USA, that the most effective way to save lives is to prevent fires and other emergency incidents from occurring.

- 2.3. By understanding risk and devising strategies to mitigate that risk, lives could be saved. From the 1970's to 1990's, fires in the USA reduced by 40% and fatalities by 37%. This was largely attributed to a campaign of fire safety education and increased ownership of smoke alarms and domestic sprinkler systems. The 'In the Line of Fire' report was closely followed by the 'Safe as Houses' report in the late 1990's which focused solely on prevention and provided a blueprint on how fire and rescue services could reduce accidental dwelling fires, injuries and fatalities.

### **3. THE IMPACT OF PREVENTION ACTIVITY AND THE HOME FIRE SAFETY CHECK**

- 3.1. Fires and fire fatalities in the UK have reduced dramatically since the mid 1990's, from around 600 fire fatalities a year in accidental dwelling fires to around 200 a year currently. In the late 1980's, smoke alarm ownership was below 10%. This has increased over the years with ownership now reaching 90%. The prevention activity undertaken by fire and rescue services contributed to the reduction in fires and fatalities and the increase in smoke alarm ownership. However, it is recognised that this is not the only reason that has contributed to this reduction.
- 3.2. Various other factors have helped to reduce fires and fire fatalities, such as improved furniture regulation, increased regulation for electrical installation and a reduction in the use of chip pans (in 1994 chip pans accounted for 20% of accidental dwelling fires, by 2017 this had reduced to 6%). A dramatic reduction in the number of people who smoke (in 2001 this was 27% of the population, reducing to 16% by 2016). There has also been an increase in fire prevention activity in the home by fire and rescue services. Fire prevention activity is now a statutory responsibility for fire services with the introduction of the Fire Services Act 2004 following the Bain report recommendations to Government in 2002.
- 3.3. From 2004-2008, the Government funded the home fire safety visit for fire and rescue services through a grant of £25 million over 4 years. This front loaded the ability for fire and rescue services to introduce the home fire safety visit where firefighters would visit people's homes to talk about how to reduce the risk of fire and fit a smoke alarm. Independent research has suggested that there was a 57% reduction in accidental dwelling fires during this period. This highlights the benefits of fire and rescue services carrying out prevention work in the form of a home fire safety visit and the real value that can be added to our communities through this prevention activity.
- 3.4. London Fire Brigade undertook an evaluation study using an independent consultant in 2013. This used 6 years data with over 400,000 home fire safety visits. It compared rates of dwelling fires as a proportion of those that had received a visit against those that had not received a visit.
- 3.5. The rate of dwelling fires for those that had received a visit was 2 fires per 10,000 households compared to a rate of 20 fires per 10,000 households for those that had not had a visit.

#### **4. HOME FIRE SAFETY VISITS IN DEVON AND SOMERSET**

- 4.1. The home fire safety visit has been in operation to some degree within Devon and Somerset Fire and Rescue Service (the Service) since the late 1990's and early 2000's. However, the way this has been delivered and the form of a home visit has changed over time. The basic concept is that a fire safety check takes place in the home to:
- identify risks of fires starting;
  - identify how to reduce these risks;
  - ensure a smoke alarm is present to alert the residents along with a clear escape plan should a fire occur; and
  - show how to call the fire and rescue service.
- 4.2. Over the past 20 years, the Service's delivery model has included using fire crews to undertake this work, also using specialist staff known as home fire safety technicians, or a combination of both.
- 4.3. In 2015, there was a switch from using fire crews to deliver home fire safety visits, to only using specialist staff. However, this model changed in the summer of 2021 from using only our specialist staff to carry out visits, to using a combination of specialist staff and our wholetime fire crews. This was identified by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) as a model that improves efficiency and increases public safety as a greater number of visits can take place. In effect, crews can carry out a standard visit leaving home safety technicians to concentrate on the very high-risk groups. In 2022, the Service will also be using some on-call operational staff to carry out home fire safety visits.

#### **5. TARGETING AT RISK GROUPS**

- 5.1. It is important that the Service targets its resources to the most at risk and vulnerable people in our communities. It is clearly not possible or efficient to visit every home in Devon and Somerset in a timely manner with the resource available, and therefore, a targeted approach allows the Service to focus on those most likely to either have a fire or become a fire fatality.
- 5.2. Through various national studies and regional studies, the Service is aware that some groups are more likely to have a fire. It is also aware of the groups more likely to die in a fire. It is important that these groups are targeted with resources to drive down injuries and fatalities within Devon and Somerset.
- 5.3. The number of fires and fire fatalities in Devon and Somerset fluctuates from year to year but would average in the region of 1000 fires, and up to around 10 fatalities a year. For example:
- 2016/17, there were 925 accidental dwelling fires;
  - 2020/21, there were 795 accidental dwelling fires;
  - 2016/17, there were 202 casualties requiring hospitalisation; and

- 2020/21, there were 148 casualties requiring hospitalisation
- 5.4. Since the start of April 2021, there have been four accidental fire fatalities up to the end of 2021. However, performance is measured up to the end of the financial year (March 2022).
- 5.5. In the financial year 2016/17, there were five accidental dwelling fire fatalities plus one deliberate.
- 5.6. In the financial year 2020-21, there were five accidental fire dwelling fatalities plus five deliberate (there is some complexity when differentiating between deliberate and accidental).
- 5.7. The aim is to have zero accidental fire fatalities in Devon and Somerset. The Service will always investigate any fatality to see if there is more to be done or learned to prevent future fire fatalities.
- 6. CAPACITY TO DELIVER HOME FIRE SAFETY VISITS**
- 6.1. The Service's current capacity to deliver home fire safety visits is based on having 25 full time equivalent technician posts to deliver specialist home fire safety visits to the most vulnerable people likely to die in a fire. The home safety technicians can deliver between 1000 to 1200 visits a month. However, this depends on many factors, for example, if staff leave the Service, or move to new posts, there is a need to recruit and train new people. The Service has also noticed following the Covid-19 pandemic that there are more complex cases due to mental health issues and the physical effects of lockdown on those that were already vulnerable. The more complex cases take more time and, therefore, the average number of visits can decline.
- 6.2. The Service also utilises its whole-time fire crews to target those most at risk of having a fire. Crews were trained during the summer in 2021. It is estimated that in 2021-22, each whole-time watch will be able to deliver 20 home fire safety visits a month. However, this can vary for various reasons. The Service is currently looking at performance as the average delivery is below 20. For example, it has been found that some crews are finding it difficult to get people to engage with them, not wanting the contact due to the risks from the pandemic. Other activities also impact on time available to carry out the visits, for example, operational incidents and core skills training. The understanding of capacity will increase as more information becomes available, so that in the future the Service will be able to make an accurate forecast of delivery capacity.
- 6.3. The Service aims to understand how many people are at very high risk of being injured or killed in a fire. A re-visit strategy is being developed so that those that are identified as needing further support will be visited again within an appropriate timescale. For example, if a person is elderly, their risk profile will change with time, or if they have an illness such as dementia, the risk will increase as the illness evolves and therefore, there will be a need to revisit to ensure the correct level of intervention is available to prevent a fire.



- 6.4. Based on a full establishment of home safety technicians and crews being able to deliver five home fire safety visits a week, it is estimated that capacity for this year is 18,000 visits. For the reasons mentioned above it will be challenging to achieve this number. It is important that the Service continues to seek out the most at risk and not just look for easier visits just to get the numbers up to reach a target. The quality of the visit is the most important aspect in reducing fires and saving lives.
- 6.5. From April to December 2021, over 9,000 home fire safety visits have been carried out. It is estimated that the Service can deliver 13,500 visits this financial year (to March 2022) if this rate of delivery is continued. However, the Service is also looking at increasing capacity in January through to March using newly trained casual staff, and through performance management with our whole-time watches, so the expectation is that the actual number of visits will be higher than 13,500 by year end. In 2019/20, the Service carried out 16,697 home fire safety visits.

## **7. RISK FACTORS TO TARGET THE MOST VULNERABLE**

- 7.1. Of the 16,697 visits carried out in 2019/20, 47% had two or more risk factors. This year to date (to December 2021) of the visits carried out by HFSV technicians, 52.9% had two or more risk factors. The Service aims to target 60% of visits by our home safety technicians at people who have two or more risk factors.
- 7.2. The following risk factors are used for targeting:
- Previous research into fatal fires has shown that those aged over 85 have a much higher rate of fatal fires. This increase starts to rise dramatically for the over 65's and increases with age. Men are twice as likely to die in a fire than Women.
  - In 2020-21 for every million people in England there were 4.2 fire related fatalities.
  - The rate for men aged 65 to 79 is 8.8 per million, rising to 27.5 per million for men over 80.
  - The rate for Women aged 65-79 is 6.3 per million rising to 10.1 per million for Women over 80.
  - The population rise in over 85's is estimated to increase by 34% over the next ten years within Devon and Somerset so this is an increasing risk group that will need to be targeted and resourced.
- 7.3. Other risk factors that have been shown to increase the risk of fire deaths include:
- Limited mobility and disability;
  - Living alone, especially men who drink and smoke;
  - Alcohol and drugs (illegal and medical);
  - Poor housekeeping and hoarding;

- Mental health; and
  - Smoking.
- 7.4. Evidence shows that in more than 50% of fatal fires, at least two of these risk factors were present. Other studies have also identified that single parent households and young people aged 16-24 (including students) are also at higher risk of having a fire.
- 7.5. Evidence suggests that people who have had a fire, are at more risk of having another fire, and therefore the risk escalates. The Service has business analysts who work on risk escalation to understand how the risk increases once somebody has had a fire. This information can be factored into the Service's Delivery Strategy for 2022-2025.
- 7.6. After every fatal fire, the Service carries out a review to understand if more could be done to prevent fatalities. Recent emerging evidence is showing a high proportion of fatalities occurring where elderly people who use emollient creams and have mobility issues. In response to this, the Service is running a campaign and changing the way it approaches this risk in home fire safety visits.
- 7.7. The largest cause of accidental domestic fires in England is cooking, accounting for 46% in 2020/21 but only accounting for 10% of fatalities.
- 7.8. Smoking materials accounted for 8% of fires in 2020/21 but 32% of fatalities.
- 7.9. It is also known that, in 2020/2021, 42% of fires occurred in 25% of the day between the hours of 16:00 and 20:00. Fatalities were reasonably evenly distributed throughout the day with the highest number of fatalities occurring between the hours of 10:00-11:00 (8.8%), 05:00-06:00 (6.3%) and 07:00-08:00 (5.8%). *(Source: National Statistics: Detailed analysis of fires attended by fire and rescue services in England April 2020-March 2021).*

## **8. COMMUNITY SAFETY STRATEGY 2018-2022**

- 8.1. The Service's current strategy from 2018 to 2022 identifies four levels of intervention.
- 1) Universal preventative services aimed at low risk people. This takes the form of reminders and low-level campaigns for example to remember to test the smoke alarm or carry out a night time routine.
  - 2) Early Support Services are for people who are generally safe but may require some help for example carrying out a risk assessment in their home to identify and reduce fire risks. This group would normally have working smoke alarms and be able to exit a property in the event of a fire.
  - 3) Targeted Services. This group require a home safety visit and possibly the fitting of an alarm. They would normally have one or more risk factors. Our Fire Crews are able to carry out the visits for this group

- 4) Specialist Services. This group generally would have two or more risk factors and require a more in depth bespoke home fire safety visit that may include working with partner agencies or issuing specialist equipment to reduce risk.

- 8.2. For 2022-2025, the Service will be reviewing the Community Safety strategy to ensure it is aligned with the Community Risk Management Plan (CRMP), the Service Delivery Strategy and other changes that have been brought in since 2018, including the Fire Standard for Prevention and the National Fire Chiefs Council Person Centred Framework for Home Fire Safety Checks. These last two items will be essential in any future HMICFRS inspections as a benchmark against which to grade performance. We will publish a new Community Safety plan for 2022-2025 by the end of March 2022.
- 8.3. The Service's focus from 2022 will be to ensure it has defined the risks correctly using evidence and data to target the people most at risk of fire or dying in a fire. The Service must have the right partners to ensure clients are referred to the home safety team. This involves working closely with the care industry, National Health Service (NHS), social services and other partners.
- 8.4. The Service targets partners that can refer people who have risk factors that indicate they are most likely to die in a fire. Further data will be available in 2022 using census data, NHS health data and information such as areas of deprivation. By overlaying this data, the Service will be able to target the most vulnerable people in the communities within Devon and Somerset.
- 8.5. The Service intends to use its definition of risk to place people into three risk categories as follows:
  - Very high will be those that are known to need extra specialist support - this risk category will be visited by home safety technicians;
  - High risk will receive a visit from operational crews both wholetime and on call; and
  - Medium and low risk will be referred to an online home safety check if they are able to access digital services or will receive further support if not.
- 8.6. The Service will be introducing the 'Safelincs' on-line home fire safety check to signpost our low and medium risk members of our community. This methodology is being supported through the National Fire Chiefs Council (NFCC) which is promoting the use of 'Safelincs' as an option for low and medium risk clients. This will allow the Service to focus its resources on the high and very high risk groups, using fire crews and specialist staff.

## **9. THE NFCC PERSON CENTRED FRAMEWORK**

- 9.1. An important factor to consider is the quality of the visits undertaken. The NFCC has undertaken research and introduced a consistent framework as a benchmark for undertaking home fire safety visits by fire and rescue services nationally.

*“The person-centred home fire safety visit should include risk reduction measures around the health, behaviour and wider needs of the individual; not solely the type of premises in which they reside. As it is these underlying causes that can increase an individual’s exposure to fire and can also reduce the chance of them surviving a fire in the home”.*

- 9.2. If services are to provide a person-centred home fire safety visit, then the following characteristics should be evident:
- Being person centred means affording people dignity, respect and compassion. These ‘experience standards are basic human rights’.
  - Being person centred means offering coordinated support. This means not just one-off encounters but multiple episodes over time if needed.
  - Being person centred means offering personalised support. This means bespoke interventions tailored towards the individual and discussed and agreed with the individual and family.
  - Being person centred means being enabling. This means seeing people as assets not burdens, to enable them to develop their sense of resourcefulness and build on their range of capabilities to live independent and fulfilling lives.
- 9.3. The home fire safety visit should recognise personal factors, behaviour factors and home factors.
- 9.4. The framework also looks at risk stratification including:
- Who is most likely to have an accidental dwelling fire;
  - who is likely to be injured; and
  - who is likely to be killed in the fire as well as standardising data recording and the core components of a visit. There is a requirement for quality assurance and evaluation.
- 9.5. When the Service first introduced the home fire safety visit, there was a tendency to push for high numbers of visits which often came at the expense of quality. What is now realised is it is the quality of the visit to the most vulnerable that will save lives. We still need to provide capacity to ensure we offer our services to enough people to make a difference. But the quality of the visit should never be compromised in favour quantity.
- 9.6. Recent reviews of fire fatalities have shown that if a bespoke intervention is offered, this could save more lives. This may require working with other partners for the individual such as care providers or offering bespoke equipment either with our partners such as housing providers or encouraging individuals to purchase equipment if they are able. The Service will also supply equipment if the circumstances show that this can stop a fire or fatality and the individual is unable to help themselves.

- 9.7. In addition to the standard equipment of smoke alarms, hard of hearing alarms and fire retardant blankets, the Service is also looking at opportunities to supply various other items such as electrical heaters to replace naked flame heaters and mini-induction hobs to replace gas hobs. The list of equipment the Service is looking to provide is based on evidence from previous incidents.

## **10. CONCLUSION**

- 10.1. Prevention activity is a statutory duty for fire and rescue services. The home fire safety check is a significant tactic in the toolbox that can be utilised to reduce accidental fires and fire fatalities within the home. It is known from experience that people still have fires and die in fires, sometimes even after they have received a visit from the fire service, so there is a need to develop the home fire safety visit to become more person centred and bespoke if we are to further reduce fatalities.
- 10.2. Data analysis is crucial in targeting the right people for home fire safety visits. The Service also has to quality assure and evaluate this work to provide continuous improvement.
- 10.3. The current home safety database that is used for booking visits will soon be replaced by new technology in the form of the Management of Risk Information App (MORI). This, along with good data analysis from our strategic analysts team and business analyst and quality evaluation, will help the Service to understand risk stratification to improve the design and delivery of the home fire safety visit programme along with a revisit schedule based on risk.
- 10.4. A re-structure within the Prevention Department is scheduled for completion by April 2022 and this will create capacity for staff to be able to focus more on risk within the communities of Devon and Somerset. Nationally, the Fire Standards Board and National Fire Chiefs Council are providing support and guidance to fire and rescue services to improve and become better at delivering our services.
- 10.5. As the approach improves, the Service will be able to save more lives. A recent post on social media thanked one of our technicians for saving their mother's life. The technician had fitted a smoke alarm following a home fire safety visit that had alerted her of a fire, enabling the occupant to escape the fire. This is just one example of many, where prevention work and home fire safety visits have saved lives. It is generally accepted that Prevention activity saves more lives, is better for the economy and reduces human misery rather than waiting to respond to an incident. This is why for Devon and Somerset Fire and Rescue Service Prevention and Protection activity is the number one priority.

**ACFO PETE BOND**  
**Director of Service Delivery**

# Agenda Item 8

<b>REPORT REFERENCE NO.</b>	<b>CSC/22/5</b>
<b>MEETING</b>	<b>COMMUNITY SAFETY COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>9 FEBRUARY 2022</b>
<b>SUBJECT OF REPORT</b>	<b>FORWARD PLAN 2022-23</b>
<b>LEAD OFFICER</b>	<b>ACFO PETE BOND, DIRECTOR OF SERVICE DELIVERY</b>
<b>RECOMMENDATIONS</b>	<p><b>(a)</b> <i>That the Committee indicates any additional areas of performance in relation to agreed strategic objectives it wishes to focus on at future meetings; and</i></p> <p><b>(b)</b> <i>Subject to (a) above, the proposed Forward Plan as set out at Appendix A of this report be approved;</i></p>
<b>EXECUTIVE SUMMARY</b>	<p>At its meeting on 29 June 2021, the Authority agreed four Strategic Priorities to guide the activity of the Service (Minute DSFRA/21/9 refers).</p> <p>It was further agreed that Strategic Priorities 1 and 2 along with the associated objectives should be reported upon to the Members of the Community Safety Committee (the Committee) on a regular basis.</p> <p>At the meeting held on the 26 July 2021, the Committee agreed (Minute CSC/21/2 refers) a set of key performance indicators (KPIs) to maintain scrutiny of Service activity and progress against Strategic Priorities 1 and 2. It was further agreed that a KPI report would be produced for the preceding quarter of the financial year for each subsequent Committee meeting.</p> <p>Further to this, an informal working group meeting was held on 6 September 2021 attended by Councillors Chesterton, Corvid, Redman and Parker Khan at which a discussion was held on a forward plan for the Committee. The outcome of this discussion is reflected within this report.</p> <p>The Committee has set the forward agenda for each meeting thus far in 2021-22 requiring officers to supply reports as evidence to support scrutiny of the priorities and objectives.</p> <p>Two areas remain outstanding for the Committee to review and these are set out in the proposed Forward Plan attached at Appendix A of this report.</p> <p>The Committee is asked to consider the proposed Forward Plan and make suggestions for the inclusion of future items to scrutinise performance against the strategic priorities and objectives.</p>
<b>RESOURCE IMPLICATIONS</b>	Existing budget and staffing is sufficient to deliver the required improvements

<b>EQUALITY RISKS AND BENEFITS ANALYSIS</b>	N/A
<b>APPENDICES</b>	A. Draft Forward Plan
<b>BACKGROUND PAPERS</b>	<a href="#">Report DSFRA/21/9 (Strategic Policy Objectives 2021-22)</a> to the Authority ordinary meeting on 29 June 2021 and the <a href="#">Minutes of that meeting</a>

## 1. **INTRODUCTION**

- 1.1. At its ordinary meeting on 29 June 2021, the Devon & Somerset Fire & Rescue Authority (the Authority) agreed 4 Strategic Priorities to guide the activity of the Service (Minute DSFRA/21/9 refers).
- 1.2. It was further agreed that Strategic Priorities 1 and 2 along with the associated objectives should be reported upon to the Community Safety Committee (the Committee) on a regular basis.
- 1.3. At the meeting held on the 26 July 2021, the Committee agreed (Minute CSC/21/2 refers) a set of key performance indicators (KPIs) in order to maintain scrutiny of Service activity and progress against Strategic Priorities 1 and 2. It was further agreed that a KPI report would be produced for the preceding quarter of the financial year for each subsequent Committee meeting.

<b>Strategic Priority 1</b>		<b>Strategic Priority 2</b>	
Our targeted prevention and protection activities will reduce the risks in our communities, Improving Health, Safety and wellbeing, supporting the local economy.		Our Operational resources will provide an effective emergency response to meet the local and national risks.	
1a	Deliver interventions and education events to reduce the risk of fires in the community	2a	Provide response resources at times and in locations relevant to identified risks of fires and other emergencies
1b	Develop and deliver initiatives to support children and young people in making safe lifestyle choices	2b	Ensure that we continue to meet our obligations under the Civil Contingencies Act and the National Resilience Model and continue to develop plans and capability to respond to major emergencies in line with changing threat and risk levels
1c	Target risk-based inspection processes and enforcement activities towards the highest risk and ensure that they are effective and properly resourced	2c	Explore and develop opportunities to work with other agencies where the Service can add value to community outcomes

- 1.4. The strategic priorities and objectives are as follows:



- 1.5. Further to this, an informal Working Group meeting was held on 6 September 2021 attended by Councillors Chesterton, Corvid, Redman and Parker Khan at which a discussion was held on a forward plan for this Committee. The outcome of this discussion is reflected within this report (and in reports elsewhere on the agenda for this meeting) but in short, this was to focus attention on strategic priorities 1(a) and 1(c) together with 2(a) in the first instance. The Committee could then determine which areas of focus it wished to see at future meetings from the statistics presented and whether any areas required a “deep dive” to provide more in-depth monitoring.
- 1.6. The following subjects and associated objectives have been reviewed to date during 2021/22:

DATE	REPORT REFERENCE	SUBJECT	STRATEGIC OBJECTIVES
26/07/21	CSC/21/2	Match funding of Domestic Sprinklers	1.(a). Deliver interventions and education events to reduce the risk of fires in the community 2.(c). Explore and develop opportunities to work with other agencies where the Service can add value to community outcomes
2/11/21	CSC/21/4	Overview of Devon & Somerset Fire & Rescue Service's Collaboration Activity	2.(b). Ensure that we continue to meet our obligations under the Civil Contingencies Act and the National Resilience Model and continue to develop plans and capability to respond to major emergencies in line with changing threat and risk levels 2.(c). Explore and develop opportunities to work with other agencies where the Service can add value to community outcomes
2/11/21	CSC/21/5	Progress regarding outcomes from the Grenfell Tower Fire Inquiry	1.(c). Target risk-based inspection processes and enforcement activities towards the highest risk and ensure that they are effective and properly resourced
25/01/22	This is included elsewhere on the agenda for this meeting.	Fire Engine Availability	2.(a). Provide response resources at times and in locations relevant to identified risks of fires and other emergencies
25/01/22	This is included elsewhere on the agenda for this meeting.	Home Fire Safety Visits	1.(a). Deliver interventions and education events to reduce the risk of fires in the community

- 1.7. It can be seen that strategic objective 1.(b). Develop and deliver initiatives to support children and young people in making safe lifestyle choices remains outstanding for the Committee to review.
- 1.8. In addition to this strategic objective 1.(c) Target risk-based inspection processes and enforcement activities towards the highest risk and ensure that they are effective and properly resourced has only been reviewed with specific reference to the outcomes of the Grenfell Tower Fire Inquiry.
- 1.9. It is therefore recommended that the following subjects are added to the forward agenda for the meeting on 27 April 2022 (as included within the draft Forward Plan at Appendix A of this report):
- i. Overview of Devon & Somerset Fire & Rescue's Children and Young People Activity
  - ii. Business Safety Risk Based Inspection Programme Outcomes 2021/22
- 1.10. Appendix A of this report presents a draft Forward Plan for consideration.

## **2. FUTURE REPORTS**

- 2.1. As mentioned in paragraph 1.4. above, the working group did not look at areas to focus on in future meetings but wished to see the statistics presented before considering this further.
- 2.2. The Committee is therefore asked to indicate any additional areas it wishes to focus on in relation to agreed strategic priorities for future meetings.

**ACFO PETE BOND**  
**Director of Service Delivery**

## APPENDIX A TO REPORT CSC/22/5

### FORWARD PLAN FOR COMMUNITY SAFETY COMMITTEE

DATE OF MEETING	ITEM	STRATEGIC PRIORITY & OBJECTIVE
27 April 2022 at 10:00	Performance against strategic policy objectives	<b>All</b>
	Overview of Devon & Somerset Fire & Rescue's Children and Young People Activity	<b>1.(a) &amp; 1.(b)</b>
	Business Safety Risk Based Inspection Programme Outcomes 2021/22	<b>1.(c)</b>
Late July 2022 (date tbc)	Performance against strategic policy objectives	<b>All</b>
	Co-responder availability?	
Mid November 2022 (date tbc)	Performance against strategic policy objectives	<b>All</b>
Early February 2023 (date tbc)	Performance against strategic policy objectives	<b>All</b>
Mid May 2023 (date tbc)	Performance against strategic policy objectives	<b>All</b>