

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

Devon Communities Together

January 2022



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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

Devon and Somerset Fire and Rescue Service's (DSFRS) Community Risk Management Plan (CRMP) is a five-year strategic plan which outlines what 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

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 th December 2021 (10.30am – 12.00pm)
2	People from ethnic minority communities.	13 th December 2021 (13.00 – 14.30)
3	People with limited mobility.	15 th December 2021 (10.30am – 12.00pm)
4	People from C2DE communities; and those living in rented accommodation.	10 th January 2022 (10.30am – 12.00pm)
5	People with additional sensory needs.	10 th January 2022 (14.00 – 15.30)
6	Anyone interested in contributing.	17 th 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

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.

“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)

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.

“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+)

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)

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.

"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)

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

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.

"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).*

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.

*“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)*

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, Egguckland 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.

“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)

iv) Target group: People from ethnic minorities

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.

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

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

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

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.

“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)

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

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

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

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:
111	75+	Living in rented accommodation ;Living alone ;Single;	Man	Heterosexual	White - British	No		Christian
112	35 - 44	Living in rented accommodation ;Single;Experience mental health challenges ;	Woman	Heterosexual	White - British	Yes		None
113	45 - 54	Living in rented accommodation ;Married/in a civil partnership;	Woman	Bisexual	Arab	No		Muslim
114	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
115	35 - 44	Living in rented accommodation ;Married/in a civil partnership;	Woman	Heterosexual	Asian - Chinese	No	Do you mean question 7?	None
116	45 - 54	Living in rented accommodation ;	Woman	Heterosexual	Arab	No		Muslim

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:
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"> - Everyone says hello, who they are, etc. - 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"> o and if appropriate will also provide input related to the main aspects of the plan related to that group. 	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
		<p>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</p>	
25 – 75 mins	Assessing mitigation factors attached to named risks	<ul style="list-style-type: none"> - 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"> o (NB. By narrowing to 3, we will hopefully gain further insight into the rational/background of each group) - Fire service representative explains indicative mitigations for one of these risks/ hazards - Group asked for their general view on these mitigations including the positives - Group asked what might be challenges around this mitigation - Group asked for solutions for these potential challenges <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 and 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.