Norfolk Fire and Rescue Service Integrated Risk Management Plan 2020–23

Equality impact assessment - findings and recommendations

10 December 2019

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This assessment helps you to consider the impact of service changes on people with protected characteristics. You can update this assessment at any time to inform service planning and commissioning.

For more information, please contact equalities@norfolk.gov.uk.

Version control	Created/updated date
Version 1	December 2019
Version 2	June 2021
Version 3	September 2021
Version 7	March 2022

Introduction

1. This equality impact assessment has been developed to inform the Integrated Risk Management Plan.

About the IRMP

2. The Norfolk Fire and Rescue Service IRMP is a key strategy document for how we plan to review and consider our approach to keeping Norfolk's diverse communities as safe as possible.

3. It summarises how, through effective planning, we consider all fire and rescue service-related risks within our diverse communities and how we aim to respond to them, making the most effective use of our people, resources and equipment.

4. The 2020-23 IRMP contains five proposals:

   - **Proposal 1**: Strengthen our community fire protection services
   - **Proposal 2**: Develop a new concept of operations
   - **Proposal 3**: Explore the potential to undertake co-responding
   - **Proposal 4**: Maintain our specialist water rescue capability
   - **Proposal 5**: Change the way we measure our performance against emergency response standards.

5. The IRMP is based upon a community risk profile which enables Norfolk Fire and Rescue Service to identify which people or communities are most at risk in Norfolk and keeps these risks under systematic and continual review.

6. Development of the IRMP is a statutory duty in accordance with the Fire and Rescue national framework for England.

About the community risk profile

7. The community risk profile takes account of a wide range of demographic information about Norfolk's diverse communities.

8. It sets out a detailed picture of Norfolk – not just in terms of the number of people in the county, their gender, age, ethnicity, disabilities, sexual orientation, religion and belief - but other important information too – such as the physical location of different communities and where these may be geographically concentrated, such as residential care venues, schools, places of worship, people newly arrived in Norfolk from abroad and Traveller sites.

9. It also provides a range of contextual information about Norfolk – for example:

   - The county's rural geography and pattern of urban settlements, including areas where there may be houses of multiple occupation
   - Location of infrastructure developments
   - Population trends (such as the increasing number of older and disabled people, ethnic and religious diversity)

- Emerging trends such as climate change, flooding and incident hotspots.

The community risk profile is not available to the public, but a user-friendly overview and analysis of Norfolk's population and demographic information is published each year – called 'Norfolk's Story'. You can find the latest version at the Norfolk Insight website.

Who is impacted by the IRMP?

10. Everyone who lives, learns, works in and visits Norfolk is impacted by the IRPM. This includes adults, children and staff with the following protected characteristics:

    - Age
    - Disability
    - Gender reassignment
    - Marriage/civil partnerships
    - Pregnancy and maternity
    - Race
    - Religion/belief
    - Sex
    - Sexual orientation

11. See Annex 1 for a definition of each protected characteristic.

Potential impact

12. The IRMP 2020-23 should impact positively on people with protected characteristics.

13. This is because the aim of the IRMP is to identify people who are most at risk from dying or being injured in a fire or emergency, to ensure that resources are targeted effectively to mitigate this. Some people with protected characteristics may be more vulnerable to the risk of fire or emergency than others, and this has been taken fully into account in the IRMP.

14. Risk increases when an individual has one or more protected characteristics which affect cognition, mobility and/or sensory perception with any one or more of a combination of lifestyle, habits, behaviours and cultural expectations (such as use of candles or methods of cooking using open flames).

15. These characteristics and lifestyle factors are not indicators of someone's likelihood to have a fire event in their home, however they can influence or reduce an individual's ability to react to a fire or their ability to escape from a fire.

16. The more risk factors or characteristics an individual has increases their vulnerability to be able to deal with a fire incident, be able to raise the alarm and/or self-evacuate without assistance.

    A comprehensive analysis of how people's protected characteristics may make them more vulnerable to the risk of fire or emergency than others has been undertaken as part of this equality impact assessment.

This is set out at Annex 2 and forms the basis of this assessment.

17. There is no evidence to indicate that the IRMP would have a disproportionate or detrimental impact on people with protected characteristics. This is because:

    - No changes are proposed to reduce service standards, quality or delivery.

    - Resources allocated to community fire protection services will increase and will continue to be targeted at those most at need, in particular people with protected characteristics who are considered to be vulnerable and/or are over 60 years of age and therefore more at risk of dying in a dwelling fire.

    - An assessment by an external technical professional has confirmed that fire stations continue to be located in the most appropriate locations, taking into account the pattern of Norfolk's diverse communities and demographic trends.

    - The service will secure additional dedicated funding to maintain its specialist water rescue capability, which has been set up to mitigate against coastal flooding, identified as 'high risk' for Norfolk.

    - A number of core prevention and protection activities will be carried out with a focus on protecting people most at risk of fire, drowning or road traffic collision, and to prevent any incidents occurring, in particular younger and older people who are most affected by fires and traffic accidents, and people with protected characteristics who are classed as vulnerable. This includes:

        - **Home fire risk checks** – carrying out additional checks in homes to ensure that occupants are aware of how to escape in the event of a fire and how to prevent fires. Smoke alarms will be fitted free of charge during these inspections, if needed. These inspections are targeted at people who are most vulnerable, in particular, older people.
        - **Hoarding and self-neglect** – delivery of the Norfolk Safeguarding Adult Board's Hoarding and Self-Neglect Strategy. This work utilises Early Help Hubs to bring agencies together to work with vulnerable people, whilst still tackling any health, fire or other safety issues caused by the hoarding.
        - **Fire inspections** – carrying out additional fire inspections focussed on non-domestic dwellings that pose the highest risk of fire fatality (for example premises that have sleeping accommodation).

18. The service will continue to carry out a number of activities working collaboratively with others to help ensure that resources are used effectively to promote equality where possible, eg. joint working with the police and district councils to tackle modern slavery.

19. The service intends to review its operations and how it measures performance against emergency response standards, and this will be developed in accordance with the requirements of the Equality Act 2010 and the public sector equality duty. The principle of adopting a set of national standards provides the opportunity to better monitor and compare performance of the Norfolk and other services, including making it easier to identify areas of best practice and learning. This approach could lead to service improvements and potential positive impacts.

Recommended actions

Number	Action	Lead	Date
1.	Continue to progress equality, diversity and inclusion as recommended by HMICFRS and set out in the Service Improvement Plan. This includes development of the community risk profile.	Assistant Chief Fire Officer (Assurance)	From 1 April 2020 to 31 March 2023
2.	Over the next 18 months, develop analysis of how some people's protected characteristics may make them more vulnerable to the risk of fire, flood or road traffic collision than others. Upload the findings to this document when they are completed.	Assistant Chief Fire Officer (Assurance)	From 1 April 2020 to 31 March 2023
3.	Continue to engage with diverse communities to enhance the understanding of community risk.	Assistant Chief Fire Officer (Assurance)	From 1 April 2020 to 31 March 2023
4.	Ensure that implementation of the IRMP is in accordance with the Equality Act 2010 and the Public Sector Equality Duty.	Assistant Chief Fire Officer (Assurance)	From 1 April 2020 to 31 March 2023

Evidence used to inform this assessment

- Norfolk's Story 2021
- Findings/feedback from the public consultation on the IRMP. Consultation with the public was carried out in 2019-2020, to listen to the views of Norfolk's many communities and staff. This was carried out in a variety of ways, across different media, to maximise accessibility and participation. No specific concerns were raised about potential negative or detrimental impacts on people with protected characteristics.
- Equality Act 2010 and Public Sector Equality Duty.
- A wide range of national, regional and local research, as noted in Annex 2.

Further information

For further information about this equality impact assessment please contact equalities@norfolk.gov.uk

If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Annex 1 – definitions of protected characteristics

Characteristic	Description
Age	Adults and children, specific age groups.
Disability	A disability is an impairment which has a substantial and long-term adverse effect on someone's ability to carry out day-to-day activities. For example: • People with restricted mobility (eg wheelchair or cane users, restricted mobility in a limb) • Blind and partially sighted people • People who are D/deaf or hearing impaired • People with learning disabilities • People who have mental health issues • People who identify as neurodiverse (neurological differences such as dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum, and others). • People with long-term health conditions.
Gender reassignment	People who identify as transgender (defined as someone who is proposing to undergo, is undergoing, or has undergone a process or part of a process to reassign their sex. It is not necessary for the person to be under medical supervision or undergoing surgery). You should also consider the needs of people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).
Marriage/civil partnerships	People who are married or in a civil partnership. They may be of the opposite or same sex.
Pregnancy & Maternity	Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Race refers to a group of people defined by their race, colour, or nationality (including citizenship) ethnic or national origins. A racial group can be made up of two or more distinct racial groups, for example a person may identify as Black British, British Asian, British Sikh, British Jew, Romany Gypsy or Irish Traveller.
Religion/belief	Belief means any religious or philosophical belief or no belief. To be protected, a belief must satisfy various criteria, including that it is a

Characteristic	Description
	weighty and substantial aspect of human life and behaviour. Denominations or sects within a religion can be considered a protected religion or religious belief.
Sex	This covers men and women. You should also consider the needs of people who identify as intersex (people who have variations in sex characteristics) and people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).
Sexual orientation	People who identify as straight/heterosexual/lesbian, gay or bisexual.

Annex 2: Protected characteristics and risk of fire at home

Sponsor: Area Manager - Head of Prevention, Protection & Emergency Planning

This analysis has been produced to:

1. Inform the IRMP and the community risk profile and continue to enhance understanding of how to identify vulnerability, safeguard vulnerable people and target prevention work at people most at risk.

2. Support Norfolk Fire and Rescue managers to undertake PDPs with all staff, to identify any learning and development that may be required to address the issues in this document and support staff to promote equality, diversity and inclusion.

Contents

Section 1
Overview

1. Norfolk Fire and Rescue Service's priority is to keep everyone safe from the risk of fire.

   This document summarises how an individual's protected characteristics may increase the risk of fire in the home, in relation to:

   - Age
   - Disability
   - Sex
   - Gender reassignment
   - Sexual orientation
   - Pregnancy and maternity
   - Marriage/civil partnerships
   - Race
   - Religion and belief

Background

2. There are a number of contributory factors that increase a person's vulnerability to fire in their home. The first and main overarching vulnerability is the absence of a fitted working smoke alarm to give early warning in the event of fire.

3. The most common causes of fire at home are listed below:

   - Smoking
   - Cooking (including barbecues)
   - Smoke alarms and heat alarms (not working or not fitted)
   - Faulty electrical items or incorrect use
   - Overloaded electrical sockets
   - Portable heaters, gas fires and open fires, chimney fires and bonfires
   - Candles
   - Arson

4. A number of lifestyle factors are also known to increase the risk of fire:

   - Substance misuse (alcohol and/or drugs)
   - Use of paraffin-based emollient creams
   - Oxygen use

Why could someone's protected characteristics increase their risk of harm from fire at home?

5. Risk increases when an individual has one or more protected characteristics which affect cognition, mobility and/or sensory perception with any one or more of a

combination of lifestyle, habits, behaviours, and cultural expectations (such as use of candles or methods of cooking using open flames).

These characteristics and lifestyle factors are not indicators of someone's likelihood to have a fire event in their home, however some can influence or reduce an individual's ability to react to a fire or their ability to escape from a fire.

6. The more risk factors or characteristics an individual has increases their vulnerability to be able to deal with a fire incident, be able to raise the alarm and/or self-evacuate without assistance.

   For example, if someone smokes, it could be a primary contributory factor to causes of fire in the home if the person has restricted mobility and does not dispose of cigarettes safely or if an individual, through their smoking and alcohol/ substance misuse, is unaware that they may not have disposed of a cigarette properly.

7. Medication (both being used as prescribed and abuse of prescription medication), alcohol-misuse, untidiness, clutter or hoarding, will all contribute to increasing the severity of the fire and limit an individual's ability to deal with it at an early stage of development without fire service intervention.

8. The majority of fires attended by NFRS occur in the kitchen with individuals with limited mobility and whose mobility did not enable them to deal with the incident themselves without help.

   This is important to note, because Norfolk has a higher number of disabled people than other areas of the country, and an ageing population which is predicted to increase over the next 20 years.

9. In conclusion, the greater the number of individual characteristics and/or factors that an individual has (for example, mobility limitations, limited or restricted mental capacity, lifestyle habits that increase risk) the more reduced their ability to initiate early intervention to deal with the incident themselves may be - or to be aware that the fire has started, or to raise the alarm and evacuate safely.

   The more factors, the higher the vulnerability to risk of harm from a fire or other emergency incident.

Section 2: Analysis of protected characteristics

Age

10. Definition: A person belonging to a particular age (eg 32-year-olds) or a range of ages (eg 18 to 30-year-olds).

Key facts about age in Norfolk

11. Norfolk's population is currently estimated to be around 907,760. Norfolk's population is projected to exceed one million by 2041.

Norfolk has an ageing population and population projections for 2041 are:

Persons aged 0 to 15:	156,220	15.6%
Persons aged 16 to 64:	540,091	53.9%
Persons aged 65+:	305,976	30.5%

People aged 45 to 64 and older people aged 65+ are more likely to live in rural as opposed to urban areas. The opposite is true of children aged 0 to 5, younger adults aged 16 to 29 and adults aged 30 to 44. (from Norfolk's Story, April 2019)

How the characteristic of age increases the risk of vulnerability to fire

12. The likelihood of dying in a fire is not uniform across all age groups or genders. Generally, the likelihood increases with age, with (at the time of writing this assessment) those aged 65+ more likely to be at risk of death or injury from fire, and those aged 80 and over by far the most likely to die in a fire[1].

Overall, men are nearly twice (1.8 times) as likely to die in a fire as women, while men in the 40–54 and 55–64 years old brackets are around 2.5 times as likely as women in the same age brackets to die in a fire. Although the overall number of fire-related fatalities is relatively low, and so prone to fluctuation, these general patterns have been consistent since data became available in 2009/10.

13. Risk factors relating to age significantly increase if a person is living alone in a remote location without a fitted and working smoke alarm. This means in many cases there has been a delay in notifying the Fire Service in responding to an incident promptly.

The main reason why older age increases vulnerability towards fire is because the higher someone’s age, the more likely it is that their mobility may be restricted.

They may also be more likely to have a disability affecting the senses, which could impact on their ability to hear a fire, smell a fire or see a fire and be able to deal with the situation without help from the Fire Service, to raise the alarm themselves or to self-evacuate without assistance.

14. With young people, similar principles apply as with older people, as younger children may lack the understanding and dangers associated with fire and therefore the ability to respond accordingly to self-evacuate and raise the alarm[2].

    Young children may be tempted to experiment with fire by natural curiosity, such as playing with matches and lighters, which may be easily accessible in households with smokers, where open fire cooking takes place or properties heated with open fires/wood-burners. So, although the activity may be innocent in curiosity, often the severity is more serious as the child may not then raise the alarm.

    This is the case inside and outside of the home as historically secondary fires (grasses, bushes, outbuildings etc) statistics increase during the summer holidays, however the behaviour with children and matches has the most significant dangers when playing with matches and lighters in the home.

15. **Key points**

    Risks for older people:

    - Physical mobility
    - Possible cognitive deterioration
    - Property condition/deterioration/maintenance and impact on safety
    - Open fire/heating systems posing a risk if someone sits too close
    - Fall leading to fire
    - Smoking, particularly smoking in bed
    - Risk if they use electric blankets or paraffin based emollient creams and/or oxygen
    - Smoke alarms – may or may not be fitted and/or working.

    Risks for children and young people:

    - Are not always woken by conventional smoke alarm if it goes off at night or know how to react – a voice activated alarm may be more effective.
    - Risk from matches, lighters, and candles
    - Open fires/burns from radiators or heaters
    - Cooking: pulling over pans or touching hot hobs
    - Electrics: poking fingers in sockets. Risk of leaving things plugged in in bedrooms overnight
    - Not knowing what to do in case of fire.

Disability

16. Definition: A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Key facts about disability in Norfolk

17. It is estimated that around 20% of the Norfolk population has a disability or limited long-term illness. (Norfolk Insight, Protected Characteristic Data)

18. The prevalence of physical disability is estimated to be approximately 11.8% for people aged 16 to 64. (Norfolk Insight, JSNA)

19. Over 81,000 people have a diagnosed common mental health disorder. (Norfolk Insight, JSNA)

20. Approximately 38,000 people are blind or partially sighted in Norfolk. Nearly 32,000 of those are aged over 65[3].

21. As of December 2020, 8,538 individuals were living with dementia[4].

22. Nationally, it is estimated that 1 in 7 people are neurodiverse (this refers to neurological differences including, eg dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum, and others. It includes any condition that affects some, but not all, thinking skills (Norfolk specific figure unavailable at time of writing).

How the characteristic of disability increases the risk of vulnerability to fire

23. Disabilities are wide and varied in relation to age, type (be it physical, learning, mental or cognitive) and severity. A disability may have an adverse effect on an individual's ability to recognise a fire risk or fire event starting in the home and consequently impair their ability to react and if necessary, evacuate without assistance or support, particularly when living alone[5].

24. Vital sensory clues may be missed dependent on the type of disability the person has, eg vision-related, hearing-related, dementia, reduced cognition caused by medication side-effects or other cognitive condition.

25. A significant factor in the varying degrees of disability is potentially the physical challenge to be able to leave the home unassisted in a fire situation.

    Fire can be an extremely challenging time for anyone, however the ability to act rationally and calmly may become even more difficult for someone who does not have the capacity to self-evaluate and self-respond in these situations.

Key points

26. Individuals who are blind or who have sight loss may:

    - Have limited ability to see whether a cooker is switched off fully
    - Be at risk of burns reaching out over cooker flame or electric ring
    - Have difficulty to set correct cooking times and power on gadgets such as microwaves

- Be unable to see frayed or damaged cables on electrical items
- Be unable to see where a fire is located in the property or the size of the fire
- Have difficulty in testing smoke alarms (many of which may not be accessible plus the button is the same colour as the alarm, and the unit is usually the same colour as the ceiling)
- In public buildings or shared accommodation, be unable to see fire escape/safety information if it is only available as printed information on backs of doors/on noticeboards
- Will need appropriate communication during prevention visits and in the provision of any safety information post visit.

27. Risks for D/deaf individuals:

- Inability to hear standard smoke detector/other warning alarm (ie carbon monoxide alarm).
- Standard alarms for D/deaf people may not be suitable for all D/deaf individuals as hearing impairment and loss varies so greatly and may change quickly. Assisted testing of the unit with the individual needs to be carried out regularly to ensure it is still fit for purpose.
- D/deaf people use a variety of mechanisms for communicating and may need a variety of methods used during prevention visits/engagement activities.
- Access to technology to be able to report the emergency in the first place.

28. Risks for people with a physical disability:

- May affect someone's ability to get out of their home quickly or unaided in case of fire.
- May affect someone's ability to test their smoke alarms.
- May be unable to retrieve or put out any dropped lit cigarette/tobacco product quickly or safely without assistance.

Learning disabilities

29. A learning disability affects the way a person learns new things throughout their lifetime and affects the way a person understands information and how they communicate. This means they can have difficulty in:

- understanding new or complex information
- learning new skills
- coping independently.

A learning disability can be mild, moderate, or severe[6].

It means that the individual may not be able to understand or follow information such as fire evacuation instructions or understand how to raise the alarm quickly. They may not even be able to raise the alarm themselves.

Neurodiversity[7]

30. Individuals who are neurodiverse may:

- Have difficulty interacting with others such as initiating interactions or responding.
- Not react well to being physically touched.
- Be unpredictable in how they react to evacuation or help instructions (ie fight/flight, freeze/ignore, panic responses).
- Not perceive that the fire is a risk to them and therefore not raise the alarm or evacuate even if they hear an alarm or see other people evacuating.
- Not comprehend fire safety information if it is only provided on posters/notices and not communicated to them in a way that they need.
- Have a different comprehension of time, instructions and working out the consequences of events/actions to neurotypical individuals. For example, individuals with dyspraxia may not be able to follow more than one instruction at a time as they often experience issues with sequencing. It is not a lack of "common sense", it is just that their brains may not understand linear logic.

31. **Mental health/illness**

- Fluctuations in wellbeing (and therefore ability to concentrate/cope/react) may affect ability to respond appropriately to an alarm and the ability to self-evacuate.
- Impact of medication on ability to react to an alarm and be able to self-evacuate.
- Unpredictable behaviour/reaction to emergencies or instructions or help
- Potential for increased fire risk due to potential alcohol or substance misuse (and therefore fire risk of cooking, smoking, candles or other open flames whilst under the influence).
- Potential for suicidal thinking, planning, and action.

Hoarding[8]

32. Hoarding, where items are accumulated to varying levels in the home and around the external spaces of the home, to the level where the occupant's health and wellbeing becomes affected and/or the property itself becomes unsafe.

This can lead to increased risk of fire and an inability to escape in case of fire.

Oxygen user

33. Oxygen present in a property presents a fire risk.

Sex (a man or a woman)

34. Definition: A man or a woman; also consider the needs of people who identify as non-binary or intersex.

    'Sex' refers to men and women. 'Non-binary' refers to a spectrum of gender identities that are not exclusively masculine or feminine. 'Intersex' refers to people who have variations in sex characteristics.

    Key facts about sex and gender in Norfolk

35. Male population estimate: 49.1%
    Female population estimate: 50.9%

    (ONS population estimate 2019, Norfolk Insight)

    There are no current Government estimates of the number of people who identify as non-binary or intersex.

    How the characteristic of sex increases the risk of vulnerability to fire

36. Men have a greater likelihood of dying in a fire than a woman. The overall fatality rate per million population for males in 2018/9 was 5.7 while the rate for females was 3.2 per million. For men aged 65 to 79 the fatality rate was 9.6 per million while the equivalent rate for women was 6.2 per million. For those aged 80 and over, the rate for men was 20.6 per million and for women was 14.6 per million.

    (Home Office: Detailed Analysis of Fires Attended by FRSs, England, April 2018 to March 2019)

Gender reassignment

37. Definition: The process of transitioning from one gender to another ('transgender/trans').

    Key facts about gender reassignment in Norfolk

38. The Government estimates that there could be approximately 200,000 to 500,000 trans people in the UK. Gender identity was included in the Census 2021.

    How the characteristic of gender reassignment increases the risk of vulnerability to fire

39. The night-time economy and party scene traditionally provided people who identify as transgender and their allies with a safe and welcoming space to freely express their identity, meet others, and feel accepted for who they are.

40. The prevalence of alcohol and other substances in traditional night-time venues, combined with the long-term impact of stress due to transphobia and prejudice, means that alcohol and drug consumption rates, smoking and mental and physical ill health may be higher than the general population. This could increase the risk of vulnerability to fire.

Key points

41. In 2017, 1 in 6 lesbian, gay, bisexual and transgender (LGBT) people reported drinking almost every day in the last year, compared to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week. (NFCC Equal Access to Services: LGBT)

42. A 2012 study of transgender people in the UK and Ireland found that 19% were current smokers. Research indicates that 32% of trans people in Northern Ireland smoke. However, primarily due to a lack of routine trans status monitoring, there is no up-to-date and accurate figure for smoking rates among the UK trans population. (NFCC Equal Access to Services: LGBT)

Race

43. Definition: 'Race' refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic and/or national origins.

Key facts about race in Norfolk

44. Figures from the 2011 Census:

Asian/Asian British:	1.5%
Black/African/Caribbean/Black British:	0.5%
Mixed/multiple ethnic groups:	1.2%
Other ethnic group:	0.2%
White: English/Welsh/Scottish/N. Irish/British:	92.4%
White: Gypsy or Irish Traveller:	0.1%
White Irish:	0.4%
White: Other White	3.5%

45. There are around 160 languages spoken in Norfolk.

English is not the first language of around 11,350 school children in the county. Polish is the most widely spoken first language other than English across Norfolk's school children, with Lithuanian being the second most widely spoken and Portuguese the third. (Norfolk's Story, 2019)

46. There are around 2500+ Gypsies, Roma and Travellers residing in Norfolk. This number fluctuates throughout the year, particularly during the summer months between March to October, when families become more mobile and travel.

    There are eight local authority-owned Traveller sites in Norfolk.

How the characteristic of race increases the risk of vulnerability to fire

47. There is limited information available regarding whether the protected characteristic of 'race' increases the risk of vulnerability to fire. From the research available, it appears that the risk, whilst marginally higher in some categories of ethnic groupings, is more likely to relate to socio-economic factors and cultural practices rather than ethnicity itself[9].

    For example, research indicates that people newly arrived to the UK from abroad are more at risk to vulnerability of fire, as opposed to British citizens who are from a Black or Asian background.

Key points

48. People newly arrived to the UK from abroad may have different cultural practices around cooking and food preparation.

    Societal-economic and cultural factors are more likely to impact on the likelihood of fire[10] in a home than there being increased risk because of ethnicity alone.

49. For all people from abroad whose first language is not English, they may not be able to read, understand or process safety information or warnings or contact emergency services. They may not even know that the emergency number in the UK is 999 and is a free of charge service. Perceived prejudice or other societal factors could also prevent some communities from accessing prevention or other support services.

50. Some ethnic groups may be more likely to smoke than others and smoking increases vulnerability to fire risk at home.

51. New migrant communities may be more likely:

    - to live in houses of multiple occupation that have increased fire risk or in poor quality rented accommodation until they become more established and can move into higher quality accommodation

    - to have a limited social network or limited funds available to access technology or information to help them reduce risk of fire in their homes.

- to be wary of authorities and therefore are hard to engage with to help with prevention and advice.

52. **Risks for Gypsy, Roma and Travellers**

- Caravans and mobile homes may be closely spaced together on Traveller sites and encampments, in close proximity to combustibles such as gas cannisters and other combustible materials. There may be overcrowding in mobile accommodation.

- For families who are often on the move, or who lack confidence to engage with public agencies, it may be difficult to gain access to caravans, mobile homes and accommodation to check whether smoke alarms are fitted and provide advice on appropriate fire prevention measures.

- Increased carbon monoxide risk (caravans, mobile homes, boats, badly maintained boilers/cookers in properties).

- Limited means of escape.

- Potential overloading of electrics.

- Drying clothes near heaters in enclosed space (proximity risk as well as blocking escape).

- Higher than average number of burns and scolds in children and young people.

- Fuel/gas storage next to/under home.

- Gypsy, Roma and Travellers (GRT) individuals have a higher-than-average probability to have a long-term illness, respiratory issue or disability.

- Potential for lower literacy levels – risk that information available on leaflets/websites etc will not be useful or understood.

- Higher than average suicide rate for GRT males than the rest of the male population (possibility of non-diagnosed higher mental ill health).

Religion and/or belief

53. Definition: Religion or belief can mean any religion, for example an organised religion like Christianity, Judaism, Islam or Buddhism, or a smaller religion like Rastafarianism or Paganism, as long as it has a clear structure and belief system.

    It also includes non-belief or a lack of religion or belief.

54. **Key facts about religion and/or belief in Norfolk**

Buddhist	0.3%
Christian	61%
Hindu	0.3%
Jewish	0.1%
Muslim	0.6%
Sikh	0.1%
Other religion	0.5%
No religion	29.6%

    (ONS Census 2011)

    How the characteristics of religion and/or belief increases the risk of vulnerability to fire[11]

55. Religious practices and celebrations, whether in a place of communal worship or home worship, can involve the use of candles, burning incense, fireworks, lots of electrical lights (ie fairy lights) or other electrical lights (ie wedding ceremony). This increases the risk of fire if not used correctly.

56. A large amount of cooking in oil takes place before major celebrations in the Hindu, Muslim and Sikh religions which potentially increases fire risk.

57. Prevention services may not be taken up by some communities and individuals due to language barriers as well as cultural sensitivities around who is allowed in the home (ie some faiths may not permit a male unrelated to the family to visit the home when only women are present).

Sexual orientation

58. Definition: Whether a person's sexual attraction is towards their own sex, the opposite sex and/or both sexes or an absence of attraction to another person.

    Key facts about sexual orientation in Norfolk

59. It is estimated that around 6% of the population identifies as lesbian, gay, bisexual (LGB) or questioning.

How the characteristic of sexual orientation increases the risk of vulnerability to fire

60. The night-time economy and party scene traditionally provided some LGB people and their allies with a safe and welcoming space to freely express their identity, meet others, and feel accepted for who they are.

61. However, the prevalence of alcohol and other substances in traditional night-time venues, combined with the long-term impact of stress due to homophobia and prejudice, means that alcohol and drug consumption rates, smoking and mental and physical ill-health may be higher than the general population.

Key points[12]

62. From the NFCC Equal Access to Services: LGBT research document:

- In 2017, 1 in 6 LGBT people reported drinking almost every day in the last year, compared to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week.

- 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
    - 26.1% of bisexual men.

- Older LGB people may be more likely to engage in harmful health behaviours such as drug use, frequent alcohol consumption and smoking in comparison to older non-LGBT people. Additionally, older LGBT individuals are more likely to need help from formal social services or support networks due to likelihood of social isolation as they grow older however many are reluctant to ask for help due to negative experiences using services in the past (Stonewall survey 2010, reanalysed 2019).

Marriage and civil partnerships

63. Definition: Marriage is a union between a man and a woman or between a same-sex couple.

Couples can also have their relationships legally recognised as 'civil partnerships'.

Key facts about marriage and civil partnerships in Norfolk

64. ONS Census 2011:

Divorced or dissolved civil partnership	10.1%
In a registered same-sex civil partnership	0.2%
Married	50%
Separated	2.3%
Single	29.5%
Widowed	7.9%

How the characteristic of marriage and civil partnerships increases the risk of vulnerability to fire

65. People who live with a partner may be at a slightly lower risk of vulnerability to fire because there is more than one person to sound the alarm/call emergency services/assist with swift evacuation.

66. However, couples with dependent children (2%) are more likely to have had a fire in the last two years than couples with no children (1%), lone parents with independent children (1%) and single person households (1%).

67. There was, however, no difference in the likelihood of having a fire in the last two years between lone parents with dependent children and other household types. (English Housing Survey 2016/17)

Pregnancy and maternity

68. Definition: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

    Currently there is no research evidence available to demonstrate whether pregnancy or maternity as defined by the Equality Act 2010 increases or decreases an individual's likelihood to experience a fire event or incident in their home.

69. A pregnant woman or a woman with small children may find it challenging to evacuate from some scenarios and may be at particular risk of smoke inhalation. Special protocols and measures are in place to address this.

References and useful links

Age

[1]Specifically:

- Forty-two per cent of all fire-related fatalities in England were 65 years old and over in 2018/19, compared with 20 per cent of all non-fatal casualties. This proportion is similar to the previous year for non-fatal casualties (19% in 2017/18) but is higher for fire-related fatalities (36% in 2017/18) due to the

Grenfell Tower fire in June 2017, as a large proportion of the fatalities from that fire were people under the age of 65.

- In dwelling fires, 46 per cent of fire-related fatalities were 65 years old and over in 2018/19, compared with 24 per cent of non-fatal casualties. This proportion is again similar to the previous year for non-fatal casualties (22% in 2017/18) but is higher for fire-related fatalities (39% in 2017/18) due to the Grenfell Tower fire in June 2017, as a large proportion of the fatalities from that fire were people under the age of 65.

- For every million people in England, there were 4.5 fire-related fatalities in 2018/19. The fatality rate was highest among older people: 7.8 people per million for those aged 65 to 79 years old and 17.3 for those aged 80 and over. The fatality rates for age bands within 54 years and younger were all below 5 fatalities per million population.

(Home Office: Detailed Analysis of Fires Attended by FRSs, England, April 2018 to March 2019)

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[2]The English Housing Survey (Fire and Fire Safety 2016/7) found that younger households were more likely to experience a fire than older households. Overall households where the main survey respondent was under 60 were more likely to have had a fire in the last two years than households where the main survey respondent was 60+.

Households where main survey respondent was aged 25-34 or 35-44 were more likely to have had a fire in the last two years than when the main survey respondent was aged 65-74.

Households with the person responsible for the property was aged 35-44 (92%) were more likely to have a working smoke alarm than households with the person responsible for the property aged 16-24 (90%), 45-64 (90%), 65-74 (89%) and 75 or older (89%).

Between 2008-09 and 2016-17, there was an increase in the prevalence of working smoke alarms for all age groups except 75 or over.

The most notable rise was among households with a person responsible for the property aged 16-24 where the proportion with working smoke alarms rose from 74% in 2008-09 to 90% in 2016-17.

Households with a person responsible for the property aged 25-34 (5%) were more likely to live in a home with a serious fire hazard compared with households where the person responsible for the property was aged 65-74 (3%) or 75 years or over (3%).

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[3]The RNIB (Royal National Institute of Blind People) have produced sight loss data profiles for each local authority area. Norfolk's profile for 2020 is below:

Age profile

In terms of the age profile of the people living with sight loss in Norfolk, RNIB estimate that approximately 37,600 people are blind or partially sighted:

- 5,730 aged 18 to 64 years
- 7,640 aged 65 to 74 years
- 11,000 aged 75 to 84 years
- 12,900 aged 85 years and over.

Future projections

By 2030 there are expected to be 46,300 people in Norfolk living with sight loss, an increase of 23% from 2020.

Estimated prevalence of sight loss over time, by severity:

Severity of sight loss	**2020**	**2025**	**2030**
Partial sight	32,430	35,560	39,900
Blindness	5,120	5,730	6,490
Total	37,600	41,300	46,300

Children and young people

There are over 25,000 visually impaired children aged 0-16 in the UK, and around 15,000 aged 17 to 25. Around half of these children will have additional disabilities and special educational needs. This figure includes:

- children who are registered blind or partially sighted.
- children who are living with sight loss but who are not registered blind or partially sighted.

In Norfolk, there are an estimated:

- 310 blind and partially sighted children aged 0-16.
- 180 blind and partially sighted young people aged 17-25.

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[4]Dementia statistic source: Public Health England – Recorded Prevalence (aged 65 and over) – NHS Digital (December 2020 data files – Public Health Profiles - PHE)

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[5]Households with a person who had a long-term illness or disability were more likely to have had a fire in the last two years than other households (2% compared to 1%). (English Housing Survey (Fire and Fire Safety) 2016/7)

Any impairment of mobility increases vulnerability to fire as it impacts on the ability to, and speed of, escape. For this reason, people aged 60 years or over are considered to be the age group most at risk from fire hazards.
(From English Housing Survey (Fire and Fire Safety 2013/4))

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[6]Learning disabilities

Some people with a learning disability can communicate confidently and look after themselves but may need a bit longer than usual to learn new skills. Other people may not be able to communicate and have other disabilities.

Some adults with a learning disability are able to live independently, while others may need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities and circumstances.

Around 1.5 million people in the UK have a learning disability. It's thought up to 350,000 people have a severe learning disability. This figure is increasing. A learning disability can be mild, moderate, or severe.

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[7]Neurodiversity

Extract from NFCC “Equal Access to Services: Neurodiversity”

The concept of neurodiversity comes from a viewpoint that brain differences are normal, rather than deficits and this can help reduce stigma around learning and thinking differences. It is however key that we treat people as individuals, despite being under a descriptive broad banner of conditions.

Historically, many conditions which come under the neurodiversity banner have previously been described as disabilities rather than different thinking styles and this has created a stigmatised view of anyone who thinks or behaves differently. Children in classrooms without a diagnosis used to be considered either slow or disruptive. The social and occupational exclusion for neurodivergent people is clear.

A person whose neurocognitive functioning diverges from dominant societal norms in multiple ways, for instance, a person who is autistic, dyslexic, and epileptic, can be described as multiply neurodivergent.

It is important to recognise that it is common for neurodivergent conditions to overlap – many autistic people show indicators of more than one (information sourced from ADHD Aware).

- Approximately 1 in 2 people with ADHD have dyslexia
- Approximately 1 in 2 people with ADHD have dyspraxia
- 9 in 10 people with Tourette’s have ADHD

It is also common for neurodevelopmental conditions to concur with mental health conditions, eg ADHD and bipolar disorder. They are often misdiagnosed as mental illness due to a lack of awareness and understanding within healthcare settings.

Neurodiversity may be associated with increased risk of injury particularly in younger people.

A study conducted by Dr Li Guohua, director of the Centre for Injury Epidemiology and Prevention at Columbia University, researched specifically the link between autism and injury. It concluded that children and young teens are 40 times more likely to die from injury than the general population. With drowning being the most common fatal injury in the US among autistic children. It found that autistic children have later development in relation to understanding dangerous situations, may prefer to be alone, may tend to wander, have 'hide' responses to loud noises or fear.

The Journal of Safety Research (Bonander, Beckham, Janson and Jernbro July 2016: Sweden) concluded similar findings focused on a study considering ADHD, suggesting a 65% increased risk of injury.

The National Autistic Society has also reported a high incidence of self-injurious behaviour associated with those on the spectrum, going on to identify common causes such as individuals not feeling heard or supported, not responding well to criticism/being told off, suffering bulling or abuse and also feeling frustrated in trying to communicate their needs or feelings.

Atypical abilities in social interaction, social communication and social meaning often result in difficulty with understanding what others think, resistance to change and sensory sensitivity. 50% of individuals with autism are nonverbal throughout their lifespan, another 20% may present as nonverbal when stressed because of a shutdowns or meltdowns – common autistic responses to feeling overwhelmed but widely misunderstood. This is significant when considering access to services.

Many autistic individuals have significant sensory issues and may display unusual responses to cold, heat, or pain. This is related to interoception which is one of the eight senses. Sensory sensitivity is one of the fundamental indicators required for an autism diagnosis. In fact, they may fail to acknowledge pain despite significant pathology being present or show an unusual pain response such as laughter. Given autism is not identifiable by appearance, assurance of a greater understanding of associated behaviour is necessary to provide appropriate service provision.

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[8]Hoarding

(Taken from NFCC Equal Access to Services: Neurodiversity)

Hoarding Disorder often coexists with other conditions. There is correlation between Attention Deficit Hyperactivity Disorder (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.

*ADHD is the most common condition diagnosed alongside Autism Spectrum Disorder.

There are three primary pathways to hoarding:

1. Inheriting the vulnerability to hoard, either genetically or environmentally. It is estimated that between 50% and 80% of those who hoard have a first-degree family relative who hoards. Genetic similarities have been found in chromosomal markers. The chromosomes are 4, 5 and 17; John Hopkins also conducted an OCD Collaborative Genetics Study identifying chromosome 14 as linked by an autosomal recessive pattern to OCD.
2. Having a high-risk comorbid factor; this speaks directly to the characteristics and challenges of those living with ADHD/ADD daily.
3. Being (even mildly) chronically disorganised and then becoming vulnerable.

Birchall Consulting conducted a random snapshot of cases over the past 10 years and found that only 2.8% of those who sought help for hoarding had been diagnosed with ADHD or ADD. This is concerning, because it could mean there are many more individuals with ADHD/ADD who are hoarding but are not getting help.

It is important to note that even though the optics of a hoarded environment may appear similar those who hoard are not homogenous. Hoarding is found in all cultures, income, education levels, and for different reasons. Hoarding situations can continue to deteriorate until the health and safety of the individual and community are put at risk. In a situation that meets the standard for Hoarding Disorder, the only difference between an excessive accumulation of perceived valuable things and non-valuable things is the price tag on the items. The key factor is the excessive accumulation and the failure to resolve that excessive accumulation because of the risk it creates.

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[9]Race

(Excerpt from NFCC Equal Access to Services for Black Communities 2020)

Research undertaken in the Greater Manchester area between 2010 and 2015 considered ethnicity recorded against fire injuries (as opposed to fire incidents where ethnicity was not recorded) concluded that Black or Black British people appeared to face a slightly higher risk of fire injuries than other groups:

- 2.1 incidents per 1000 members of the community compared to the next nearest of 1.4 per 1000 for White British/Irish communities

The heightened risk of injury for Black and Black British people in this study stemmed from cooking-related fire injuries, nearly double the injury rate of the next

nearest group, White British/Irish, whilst at the same time demonstrating that statistically they were at lower risk of smoking and alcohol related fire injuries.

The report goes on to consider differences in risk appetite, economic position, cultural and religious observances within the large group described as Black and Black British. The researchers found 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.

From the research highlighted in this paper and many other sources it's clear that the risk from fire incidents, whilst marginally higher in some groups for Black British people, is more likely to relate to socio-economic factors and cultural practices than ethnicity itself.

Corcoran et al (2011), Chhetri et al (2010) and Asgary et al (2010) identified a relationship between ethnicity and fire risk; however, ethnicity itself did not appear to be a significant predictor variable. Corcoran et al (2011) also identified that when considering ethnicity in studies of fire risk, it is important to appreciate whether 'ethnicity' is defined in terms of 'race' or 'country of origin'.

Clark et al (2014) commented upon the different levels of fire risks between different communities and areas and discussed the socio-economic and cultural conditions and contexts such as fire-risk knowledge and practices including socio-cultural norms, routines and practices relating to smoking, cooking and candle use that could affect fire risk.

The report goes on to consider differences in risk appetite, economic position, cultural and religious observances within the large group described as Black and Black British, the researchers found 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.

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[10]Smoke alarm ownership

In the English Housing Survey of 2016/7, households where the main respondent declared white ethnicity (91%) were more likely to have a working smoke alarm than households with an ethnic minority main respondent (86%).

The disparity in the prevalence of working smoke alarms between white and ethnic minority households was greater in 2008-09 (85% and 75% respectively) than in 2016-17 (91% and 86% respectively).

In 2016-17, households where the main respondent was a UK national (90%) were more likely to have a working smoke alarm than households where the main respondent was an EU (86%) or rest of the world (87%) national.

Between 2008-09 and 2016-17, the proportion of households with working smoke alarms rose for all nationalities; UK nationals (85% to 90%), EU nationals (68% to 86%) and rest of the world nationals (73% to 87%).

(English Housing Survey (Fire and Fire Safety) 2016/7)

[11]Religion and belief

The information below provides some generic information relating to cultural norms and practices across the major faiths and beliefs within the UK. However, it should not be assumed that all followers of each religion or belief will follow each of the practices listed below. It is just a general guide:

Buddhism

- Potential fire hazards: Candles and burning incense in the home and in temples (shrines), triple-opening and separate entrances in temples may impact on evacuation and fire exit practice
- Providing emergency assistance: Generally accepted that members of the opposite sex can provide comfort/assistance
- Other beliefs relating to emergency/rescue: Many Buddhists believe that the soul does not leave the body immediately. Crucial to treat the deceased like a living person when moving.

Christianity

- Potential fire hazards: Candles at Easter and Christmas, fairy lights, Christmas trees and decorations at Christmas time
- Providing emergency assistance: Some Christians may decline conventional medical treatments, and some may have special procedures for blood transfusions (Jehovah's Witnesses). Generally, they do not object to being treated by members of the opposite sex.

Hinduism

- Potential fire hazards: Candles and incense used as part of worship; candles and fireworks used during festivals; cooking for festivals; large numbers of worshippers/overcrowding at religious venues
- Providing emergency assistance: Some Hindus would prefer to be treated by someone from the same sex. Some boys wear a "sacred thread" (Yagno Pavit) over the right shoulder and around the body; if possible, family should be consulted before removal and return it to the person later.
- Other beliefs relating to emergency/rescue: If dealing with a death, do not remove jewellery, sacred threads or other religious objects if possible. All adult Hindus must be cremated, preferably by means of a wood-fuelled fire in an open-air facility exposed to daylight. The practice is still banned in the UK.

Humanism

- No particular fire hazards, or other requirements as any risk will rely more on the individual's living situation than their beliefs.

Islam

- Potential fire hazards: Candles and fireworks used during festivals; cooking for festivals; large numbers of worshippers/overcrowding at religious venues; bright lights for celebrations; possible underrepresentation of smoke alarms in Muslim houses.
- Providing emergency assistance: Both men and women prefer to be assisted by members of the same sex but there is a recognition that that saving of life is always takes priority.

Judaism

- Potential fire hazards: Candles to welcome Shabbat (sunset Friday to sunset Saturday), Hanukkah and Sukkot, because of the temporary open-air structure (Hanukkah in December, Sukkot in Sept/October)
- Providing emergency assistance: Although the need to save life takes precedence, it is not usually permissible for some Jewish men and women to be touched by a person who is not close family. Where possible, recover and take care of any religious items found at incidents and return to the person as soon as possible.
- Other beliefs relating to emergency/rescue: It is usual for a companion to remain with a dying person until death.

Paganism

- Potential fire hazards: Candles and incense used during worship; Yule/Winter Solstice where lights are used to banish darkness and welcome back the spring
- Providing emergency assistance: Where possible, avoid removing jewellery as it can have special significance to the wearer.

Rastafarianism

- Potential fire hazards: Candles during religious services; tobacco and marijuana use could lead to fire if materials are not disposed of safely
- Providing emergency assistance: Where possible, do not cut the person's hair; if necessary, it should be kept to a minimum and done as a last resort.

Sikhism

- Potential fire hazards: Candles and fireworks used during festivals; cooking for festivals; large numbers of worshippers/overcrowding at religious venues; possible underrepresentation of smoke alarms in Sikh homes
- Providing emergency assistance: There is a special exemption for Sikhs wearing turbans when it comes to motorcycle helmets. In general, avoid cutting or removing any body hair. If possible, retain and give to the person or to a friend to dispose of. Where possible, some Sikhs would prefer to be assisted by someone from the same sex.

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[12]Housing

Homelessness is an issue that disproportionately affects LGBT people. A report by Stonewall Housing stated that LGBT people were reluctant to approach mainstream services and LGBT services because of the stigma around being homeless or because they believe the organisations do not have the expertise or resources to help.

18% of LGBT people have been homeless at some point in their lives. This includes 28% of disabled LGBT people, and 25% for people who are trans. As well as being at a higher risk of homelessness, 18% of LGB people still expect to receive worse treatment when applying for social housing. Furthermore a 2018 report found that:

- Over a third of LGBT people in social housing do not feel safe in their neighbourhood; this includes two-thirds of trans people.
- Nearly 50% of LGBT people living in social housing do not feel a sense of belonging in their local community and over 25% reported feeling lonely in the area they live.
- Trans people may be particularly adversely affected by homelessness as temporary shelters are often single-sex and may not be respectful of people's gender.

Drinking, drugs, fires and RTCs

The night-time economy and party scene has been associated with LGBT life long before the first brick was thrown outside the Stonewall Inn in 1969. In more recent times, LGBT quarters and venues, such as Manchester's world-famous Gay Village, have offered a safe and welcoming space for many to freely express their identity, meet others, and feel accepted for who they are.

However, 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 may be higher than the general population. This can have an effect on physical health, mental health, and overall life expectancy.

Smoking

Tobacco smoking increases the risk of contracting a wide range of diseases, many of which are fatal.

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
- 26.1% of bisexual men.

A 2012 study of trans people in the UK and Ireland found that 19% were current smokers. Research indicates that 32% of trans people in Northern Ireland smoke.

However, primarily due to a lack of routine trans status monitoring, there is no accurate figure for smoking rates among the UK trans population.

Annex 3: Protected Characteristics & Risk of Road Traffic Collision (RTC)

Sponsor: Area Manager – Head of Prevention, Protection & Emergency Planning

This analysis has been produced to:

1. Inform the IRMP and the community risk profile and continue to enhance understanding of how to identify vulnerability, safeguard vulnerable people and target prevention work at people most at risk.

2. Support Norfolk Fire and Rescue managers to undertake PDPs with all staff, to identify any learning and development that may be required to address the issues in this document and support staff to promote equality, diversity and inclusion.

Contents

Section 1: Overview

1. In any emergency situation, Norfolk Fire and Rescue Service's focus will always be on safety first and this guide has been developed to give staff the most comprehensive information possible on all issues to take into account, when they make dynamic at-the-scene risk assessments.

2. The Service recognises different groups of people, with specific protected characteristics, may have subtle differences in what they may expect from the Service when it attends an incident. This could, for example, be in respect of the language used, the behaviours of crews, and any physical contact the Service may have with customers during rescue operations. The Service is committed to understanding how it can provide more inclusive support and welfare to customers, both now and in the future.

   NRFS's priority is to keep everyone safe from the risk of RTCs and safe during rescue from RTCs.

3. This document summarises how an individual's protected characteristics may increase the risk of an RTC, in relation to their:

   - Age
   - Disability
   - Sex
   - Gender reassignment
   - Sexual orientation
   - Pregnancy and maternity
   - Marriage/civil partnerships
   - Race
   - Religion and belief

Background

National picture

4. Great Britain has some of the safest roads in the world, but accidents happen, and their impact can be devastating and lifechanging.

5. In 2019, there were 1,752 road fatalities, 25,945 seriously injured casualties and 121,262 slightly injured casualties in Great Britain (insert: please note that 2019 data is the most robust data available, due to the lockdown in 2020 which disrupted normal road use trends). Males are 3.4 times more likely to die in a road traffic accident than females. The majority (57%) of fatalities occurred on rural roads (994). A further 653 deaths occurred on urban roads and 105 on motorways (source: DfT: Reported Road Casualties 2019).

6. The Department for Transport's (DfT) Road Safety Statement 2019 showed car occupants continue to account for the largest proportion of casualties of all severities. A total of 736 car occupants were killed in 2019, down 5% (or 41 fatalities) from 777 in 2018. Even though cars account for the most traffic on Great Britain's roads (around 80%), the car occupant fatality rate per billion passenger miles travelled was 1.6 in 2019. Most car occupant fatalities were car drivers, with 508 car drivers killed and 228 car passengers killed in 2019. Car occupants represent 42% of all fatalities in reported road accidents in 2019. Overall, car occupant casualties decreased by 5% to 89,331 in 2019 compared to 2018, and it was the lowest on record representing 58% of all casualties in reported road accidents in 2019.

7. The Department for Transport's (DfT) Road Safety Statement 2019 identified four priority road user groups who are more likely to be involved with accidents:

    - Young road users
    - Rural road users
    - Motorcyclists
    - Older vulnerable road users.

8. According to Statement, the highest number of fatalities in Great Britain occur on rural roads, particularly among young car drivers aged 17-24. These roads carry 44% of all traffic but are where 33% of all casualties and almost 60% of all fatalities occur.

9. DfT Provisional data for 2020 indicates a 16% decrease in fatalities (1,472), due to four months of national lockdown during the Covid-19 pandemic. There were 22,014 seriously injured casualties and 91,847 slightly injured casualties. Males are 3.4 times more likely to die in a road traffic accident than females.

Norfolk context

10. The Department for Transport's STATS 19 data (Reported Road Casualties 2018, 2019 and 2020) for those killed and seriously injured in Norfolk, the headlines are as follows:

    - 2018: There were 1,780 collisions, resulting in 2,368 casualties, of which 28 were fatalities (24 males, 4 females), 431 were seriously injured (283 males, 148 females) and 1,909 were slightly injured (1,706 males, 833 females).

    - 2019: There were 1,663 collisions, resulting in 2,287 casualties, of which 35 were fatalities (27 males, 8 females), 491 were seriously injured (333 males, 158 females) and 1,761 were slightly injured (971 males, 789 females).

    - 2020: Provisional data indicates there were 1,334 collisions, resulting in 1,772 casualties, of which 39 were fatalities (24 males, 14 females, 1 unknown), 355 were seriously injured (241 males, 114 females) and 1,378 were slightly injured (809 males, 556 females).

11. The data above shows males are more likely to die in road accidents in Norfolk than females, but the rate varies widely, year-on-year.

12. In 2018 and 2019, the highest number of deaths occurred in the age category 17-25 and all those who died were male drivers (7 per year). However, in 2020 during the pandemic, the highest number of fatalities were among the 41-50 age group (8 in total).

13. Norfolk has 6,121 miles of roads, with 3,825 miles being rural roads. It is interesting to note 52% of road collisions in Norfolk happen on urban roads, lower than the national figure of 57-60%.

14. Road safety professionals at NCC believe there is probably a correlation between deprivation, poor education, crime (including vehicle theft), joyriding and the likelihood of an RTC but there is no data to support this (because it is not part of the STATS 19 collection).

Emergency response

15. Categorised under “Special Service”, NFRS’s RTC response is based on attending when:

    - it is suspected someone is either physically or mechanically trapped inside a vehicle.
    - the Service is required to make a vehicle safe (add data).
    - Another emergency service requests attendance.

16. NFRS were called to 523 RTCs between April 2018 and March 2019, and 471 between April 2019 and March 2020. This equates to an approximate call out to 9-10 incidents per week.

Why could someone’s protected characteristics increase their risk of an RTC?

17. Risk may increase when an individual has one or more protected characteristics which affect cognition, mobility and/or sensory perception with any one or more of a combination of lifestyle, habits, behaviours and cultural expectations.

18. These characteristics and lifestyle factors are not indicators of someone’s likelihood to have an RTC, however some may influence or reduce an individual’s ability to react to an RTC and their ability to get out of a vehicle involved in an RTC. The more risk factors or characteristics an individual has may increase their vulnerability.

19. However, the statistics show there are two contributory factors that particularly increase a person’s vulnerability to an RTC:

    - Age
    - Sex

For example, in Norfolk, young males between the ages of 17-24 are more likely to have a collision in a vehicle as a driver or as a passenger than any other age category.

Section 2: Analysis of protected characteristics

Age

How the characteristic of age increases the risk of vulnerability to an RTC

20. Nationally, young car drivers and car passengers aged 17-24 are more likely to be injured in a road accident than older car drivers and passengers, however, car drivers aged 80+ are substantially more likely to be injured in a car accident than car drivers aged 50-74. The casualty rate per billion miles travelled for car passengers aged 17-24 is twice the rate for car passengers aged 85+.

21. There were 287 people killed in accidents involving a young car driver in 2019, a decrease of 7% from the previous year. There were 444 people killed from accidents involving an older car driver in 2019, an increase of 9% from the previous year. Source: DfT - Reported Road Casualties Annual Report 2019.

22. The Department for Transport's Road Safety Statement 2019 identified four priority road user groups:

    - Young road users
    - Rural road users
    - Motorcyclists
    - Older/vulnerable road users

Young people

23. Young drivers and passengers aged 17-24 are overrepresented in crash and casualty statistics, having the highest casualty rate per million population, with collisions as an occupant of a car being the most prevalent.

    The DfT states that for young drivers, their underdeveloped capacity to judge danger, their high susceptibility to act on impulse and peer pressure make the early years behind the wheel the riskiest.

24. The data shows males are more likely to die in road accidents in Norfolk than females, but the rate varies widely, year-on-year, because the numbers are small. Males aged 17-25 have the highest fatality rate, followed by those aged 31-40 and 41-50. In contrast, females aged 71-80 have the highest fatality rate, followed by those aged 81-90.

Older vulnerable road users

25. The DfT's report states: "Road users' knowledge, experience and skills develop with experience over time. But they can also deteriorate based on age, experience and declining cognitive and physical capability. As the UK's population ages, it is crucial that older people are able to maintain the skills and confidence required to remain safe and effective drivers."

26. Older people may also be more likely to have a disability, long-term health condition and/or have some deterioration/changes in sight and hearing which could affect their ability to react or recognise hazards or danger.

27. While age itself does not give an indicator of how fit a person is to drive; there are many older drivers who self-regulate and drive only when they feel comfortable to do so, for example, they may only drive on roads they are familiar with, and/or restrict themselves to daytime driving only.

How people of different ages are likely to respond in different ways if they are involved in an RTC

28. For example:

- How the emergency call is made – this may be easier for younger people more familiar with making calls, but they may also be inclined to send a text or social media message rather than make a call. This is why the NFRS website makes it clear that in an emergency, people should dial 999 rather than email. Older people who use their mobile phone infrequently may struggle to make a call.

- The quality of information relayed to Control - local knowledge will help people of all ages pinpoint the location, but younger people may be more willing to use location apps such as the What3Words app. The impact of the shock of the situation may lead to confusion or panic across the ages. Older people with cognitive deterioration may struggle to know what to do and what to say.

- The perception of severity of accident, the injuries of those involved and the damage to vehicles - older people may understate the severity or focus on the state of the vehicles rather than the casualties. They may also underplay their own injuries.

- If asked to move away from the vehicle and find safety up the verge/further along the hard shoulder, age (and other protected characteristics) may impact on the ability to follow this instruction, creating on-going risks at the incident scene. Younger people may record the event on their mobile phones, putting themselves at further risk.

Key points

29. Risks for older people:

- Physical mobility
- Sensory reduction or loss
- Possible cognitive deterioration.

30. Risks for young people:
    - Not knowing what to do in the event of an RTC
    - Being unaware that certain behaviours keep them at risk (eg driving dangerously, recording the RTC event).

Disability

31. Individuals have a legal requirement to tell the DVLA if they have a disability or medical condition that may affect their ability to drive.

How disabled people are likely to respond in different ways if they are involved in an RTC

32. People who are neurodiverse or have learning disabilities may find it challenging to recognise risk and danger, and in giving and understanding information. This may create barriers to effective interactions with Control and rescue crews, eg they may not be able to report their location and relay information; listen to and act on safety instructions; or be able to contain their anxiety relating to the incident, particularly if it involves load noises and bright lights.

33. People who have neurodivergent impairments may struggle to understand and act on instructions, anticipate danger and interpret social interactions. They may need time to process the situation and fail to act quickly, or panic. They may also find it hard to say what they think.

34. People who have sensory impairments may not be able to hear or see fire crews and emergency vehicles. and they may experience higher levels of anxiety because of this (particularly if their sight is impaired or they can't understand what the fire crew or ambulance service are saying, or instructions being given).

35. People with physical disabilities, such as wheelchair users and people with severe mobility issues will have much more difficulty leaving a vehicle than someone who is not disabled. Their car may have been adapted to enable them to lead an independent life, making the car of extremely important to their ability to lead their day-to-day life; and therefore, any damage to it, extremely distressing. Essential equipment to support their mobility or disability may be damaged or trapped in the vehicle, and they may be unable to manage independently without it. This may cause considerable distress or confusion.

36. People with mental health conditions may experience higher levels of anxiety, have difficulties communicating or behave unexpectedly if the incident triggers a mental health reaction.

How the characteristic of disability may increase the risk of vulnerability to an RTC

37. Data on the protected characteristic of disability is not collected at the scene of road traffic collisions and therefore, is not published nationally.

38. There is no research evidence to suggest disability increases or decreases an individual's likelihood to experience an RTC.

39. Disabilities are wide and varied in relation to age, type (be it physical, sensory, learning, mental or cognitive) and severity. A disability may have an adverse effect on an individual's ability to recognise an RTC risk or avoid an RTC. This may impair their ability to react and, if necessary, evacuate a vehicle without assistance or support, particularly driving alone.

40. Vital sensory clues may be missed dependent on the type of disability the person has – for example, vision-related, hearing-related, dementia, reduced cognition, mental ill-health caused by medication side-effects or other cognitive condition.

41. An RTC can be an extremely challenging time for anyone, however the ability to act rationally and calmly may become even more difficult for someone who does not have the capacity to self-evaluate and self-respond in these situations.

Key points

42. Vehicle passengers who are blind or who have sight loss may:

    - Have no or limited ability to see an RTC happening or view the scene after the collision.
    - Be at risk of injury from burns or cuts when reaching out in the vehicle.
    - Be unable to see the scale of the collision and where to move to for safety.
    - Is likely to need a variation of communication and instructions post incident
    - Will need appropriate communication during prevention visits and in the provision of any safety information post visit.

43. Risks for D/deaf individuals:

    - Have difficulty hearing other people, particularly in noisy surroundings.
    - Misunderstand what is being said and not follow instructions, especially hand signals with lots of different lighting.
    - Ask people to repeat themselves.
    - Feel tired and stressed from having to concentrate when listening to people.
    - Require access to technology to be able to report the emergency in the first place.
    - May become anxious and insistent in finding their cochlear/hearing aid/s if they come out during an incident as they could be key to enabling them to hear what is happening and communicating with people.

- If hands are hurt, this will severely impact D/deaf people being able to communicate.
- D/deaf people use a variety of mechanisms for communicating and may need a variety of methods used during prevention visits/engagement activities.
- May have low literacy skills, and find it challenging to read, write or process written information as if a BSL user, English is often not their first language. There is a risk that RTC information available on leaflets/websites etc will not be useful or understood.

44. Risks for people with a physical disability:

    - May affect someone's ability to get out of their vehicle quickly and unaided in case of an RTC, particularly if they use a mobility aid or they use oxygen.
    - May affect their ability to move to an area of safety at the scene.
    - May affect their ability to call the emergency services.
    - A lot of people with physical disabilities have secondary conditions or medical interventions such as urostomies or colostomies that could be impacted during an RTC.

Learning disabilities

45. A learning disability affects the way a person learns new things throughout their lifetime, affects the way a person understands information and communicates, and can also impact on how they perceive the world around them. This could manifest in different ways depending on the situation and type of learning disability:

    - Understanding new or complex information
    - Written text is not always accessible – risk that RTC information available on leaflets/websites etc will not be useful or understood
    - Communication
    - Behavioural changes
    - Coping mechanisms

46. A learning disability can be mild, moderate or severe.

    It could mean that the individual may not be able to understand or follow information such as vehicle evacuation instructions or communicating information eg injuries they may have. In addition, their behaviour may change due to stress of the situation and being able to deal with the environment/stress, this could be in a passive or aggressive way. In some situations, they may not be able to call 999 or raise an alarm.

Neurodiversity

47. Individuals who are neurodivergent may:

- find it challenging to interact with others such as initiating interactions or responding
- not react well to being physically touched
- be unpredictable and very anxious in how they react to evacuating the vehicle or to instructions given to help them (ie fight/flight, freeze/ignore, panic responses)
- have difficult reading or writing information – there is a risk that RTC information available on leaflets/websites etc will not be useful or understood
- not perceive that there is a risk to them and therefore not raise the alarm or evacuate the vehicle even if they can see other people evacuating
- not comprehend road safety information if it is only provided on posters/notices and not communicated to them in a way that they need
- have a different comprehension of time, instructions and working out the consequences of events/actions to neurotypical individuals. For example, individuals with dyspraxia may not be able to follow more than one instruction at a time as they often experience issues with sequencing. It is not a lack of "common sense", it is just that their brains may not understand linear logic.

Mental health/illness

48. Risks for people with mental health issues:

- Fluctuations in wellbeing (and therefore ability to concentrate/cope/react) may affect ability to respond to an RTC and the ability to self-evacuate.
- Impact of medication on ability to respond to an RTC and be able to self-evacuate.
- Unpredictable behaviour/reaction to emergencies or instructions or help.
- Potential for increased risk due to potential alcohol or substance misuse.
- Potential for suicidal thinking, planning and action.

49. It is important to note that people often have more than one disability or medical condition and it might be the hidden condition that is causing more impact/anxiety in the person than the visible disability or medical condition.

Sex (a man or a woman)

How the characteristic of sex increases the risk of vulnerability to an RTC

50. Males are more likely to be road casualties than females and there are variations according to age category (Reported Road Casualties Great Britain, provisional results 2020).

51. There were 1,472 fatalities on Britain's roads during 2020; 334 (22.7%) were female and 1,138 (77.3%) were male. Males are 3.4 times more likely to die in a road accident.

52. In Norfolk, the percentage variation between male and female fatalities varies year-on-year, respectively, from 86% (24 male)/14% (4 female) in 2018, to 80% (31 male)/20% (8 female) in 2019, and 65% (25 male)/35% (14 female) in 2020. However, from these three years of data, it is clear that male risk of an RTC is higher than female risk.

53. **Key points to consider in an emergency response situation**

- Some females may not feel able to call 999, either because their culture does not permit this or due to language barriers; as a result, they will find it difficult to give information.
- Females travelling alone may feel particularly vulnerable if trapped in a vehicle and will require reassurance.
- Note that women from some cultures and faith backgrounds may not be permitted to be alone /unchaperoned or have physical contact with men outside their immediate family. If an emergency gives rise to this situation, this may cause additional confusion or distress.
- It is important to ask people involved in RTCs how they wish to be addressed while crews deal with the situation.
- In these cases, communication respecting someone's dignity and respect should be considered where possible.

Gender reassignment

How the characteristic of gender reassignment may impact the risk of vulnerability to an RTC

54. Data on gender reassignment is not collected at road traffic collisions.

55. There is no research evidence to suggest gender reassignment increases or decreases an individual's likelihood to experience an RTC, however there are considerations to be considered.

56. When communicating with the person, use the sex, pronoun and name the person identifies as, respecting the person's dignity where possible, recognising that if the person's details on a system differ from this, then the person's birth name might also need to be obtained.

Race

57. There is no reliable national data on the impact of ethnicity on RTCs. Data collected by the Police at the scene is inconsistent. It is therefore not possible to say if race increases the risk of an RTC. That said, for those who learned to drive in their country of origin, their driving style may differ from the style used in the UK and this may alter their risk to an RTC.

58. NRFS does capture ethnicity at the scene of an RTC. From 2019-21, 80% of casualties are White British, 13% were not recorded and the remaining 7% were from across multiple ethnic categories.

59. People of a different race are likely to respond in different ways if they are involved in an RTC. For example:

- Knowledge of the procedure to dial 999: people from ethnically diverse communities who are new to the country may not be aware of how to contact the emergency services.
- Language: English may not be someone's first language, so they may struggle to relay the necessary information and understand the questions asked and instructions given by Control. Although Control have access to INTRAN interpreters, they are very rarely used due to the urgency of the accident.
- Culture: in some cultures, there is a cultural assumption that male family members will take responsibility for calling the emergency services and making decisions at the scene. Both the female Control call-handlers and the fire crews led by a female watch/crew manager may need to be aware of this.
- Authority: there may be a culture of not wanting to engage with "the authorities" due to distrust or their own personal situation/status.
- Ability to locate the incident: if the people involved in the RTC are new to the country or not familiar with the local area, they may struggle to pinpoint the location.
- For the Traveller community, the vehicle may be a person's main residence; the consequences of extensive damage may be devastating.
- Response to grief, injury and death varies widely across cultures; crews will need to be aware of this and act appropriately.

How the characteristic of race may impact the risk of vulnerability to an RTC

60. In Norfolk, there is no research evidence to suggest race increases or decreases an individual's likelihood to experience an RTC. However, there is research nationally that indicates that ethnicity may be a factor in RTCs.

61. **Key points**

- People newly arrived in the UK from abroad may not be aware of the legal requirements regarding driving in the UK.
- They may be unaware of the Highway Code either because of a language barrier or simply just not know about it.
- For all people from abroad whose first language is not English, they may not be able to read, understand or process safety information or warnings or contact emergency services. They may not even know that the emergency number in the UK is 999 and is a free of charge service. Perceived prejudice or other societal factors could also prevent some communities from accessing prevention information or other support services.
- New migrant communities may be more likely:
    - to have a limited social network or limited funds available to access technology or information to help them reduce the risk of an RTC
    - to be wary of authorities and therefore are hard to engage with to help with prevention and other advice
    - to refrain from divulging personal information or give false information due to immigration status or other reasons.

Gypsy, Roma and Travellers

62. **Key points**

- For this community, their vehicle may be their home and an RTC will be particularly distressing.
- They move often and their income varies widely, which may impact on their ability to maintain their vehicle.
- They may lack confidence to engage with public agencies.
- Potential for lower literacy levels – risk that RTC information available on leaflets/websites etc will not be useful or understood.
- They may be transporting fuel/gas canisters.
- Gypsy, Roma and Travellers (GRT) individuals higher than average probability to have a long-term illness, respiratory issue or disability.
- Higher than average suicide rate for GRT males than the rest of the male population (possibility of non-diagnosed higher mental ill health).

63. There is no national or Norfolk data on the Gypsy, Roma and Traveller communities' likelihood of an RTC. Data collected at the scene is unreliable and inconsistent.

Religion and/or belief

How the characteristics of religion and/or belief influence the risk of vulnerability to an RTC

64. There is no research evidence to suggest religion and/or belief increases or decreases an individual's likelihood to experience an RTC.

65. People of different religions and or beliefs may respond in different ways it they are involved in an RTC. Response to grief, injury and death varies widely across cultures; crews will need to be aware of this and act appropriately.

66. The generic information below relates to cultural norms and practices across major faiths and beliefs across the UK. However, it should not be assumed all followers of each religion or belief will follow these practices.

    Information contained within this section came from "Working with Diverse Communities Handbook, Version 1", published by the East of England Fire and Rescue Services.

67. **Buddhism** – when receiving emergency assistance, it is generally accepted that members of the opposite sex can provide comfort/medical assistance. Prayer beads should be collected and returned to the owner. In the event of a death, many Buddhists believe the soul does not leave the body immediately, and it is crucial the body of the deceased is treated like a living person and moved with respect. It is customary for Buddhists and family members to chant sacred texts at the time of death.

68. **Christianity** – some may decline conventional medical treatment, and some may have a special procedure for blood transfusions (Jehovah's Witnesses). It is generally accepted that members of the opposite sex can provide comfort/medical assistance. Take care to collect any religious items such as a Bible or jewellery and return them to the owner.

69. **Hinduism** – some Hindus prefer to be treated by the same sex. Some boys wear a "sacred thread" (Yagno Pavita) over the shoulders and across the chest. If possible, the family should be consulted before it is removed, and it should be returned later. In the event of death, cover the body with a plain sheet and do not remove sacred threads, jewellery, or religious objects.

70. **Humanism** – there are no particular requirements.

71. **Islam** – it is respectful to speak to the father of the family first and then to whoever leads the conversation. Muslim women may be reluctant to speak to males from outside their household, but a conversation can proceed if eye contact is avoided. Both men and women prefer to be assisted by members of the same sex, although in life threatening situations, it is understood that being rescued is the priority. When a Muslim is near death, those around them are called upon to provide physical comfort and recite verse from the Quran.

72. **Judaism** – while most Jewish people wear western dress, Orthodox Jewish men always wear a skull cap. Women are expected to dress modestly and Orthodox women will cover their entire bodies apart from their face and hands. Married women wear head coverings, and in accordance with the Jewish faith, only their husband should see their natural hair. Care and consideration should be given to the removal

of these items, and religious items, should it be necessary in an emergency. It is customary for someone to remain with a dying person until death.

73. **Paganism** – Avoid removing jewellery: items such as the pentagon and the pentacle (5-pointed start within a circle) can bear special significance.

74. **Rastafarianism** – The cutting of hair is forbidden. In emergency situations, they may refuse to have their hair cut or shaved. It should only be done when absolutely necessary and kept to a minimum; the person being treated, or a family member should be informed.

75. **Sikhism** – Some Sikhs may prefer to be comforted and treated by someone of the same sex. The cutting or removal of any body hair should be avoided, and if is it removed, it should be retained and handed to the individual or a family member. Sikh men may wear turbans and their permission should be sought prior to removal.

76. Generally, in an emergency, it is best to avoid removing jewellery, sacred threads and other religious objects, if possible, but for obvious reasons, the safety of victims and staff members is the priority that must guide all decision-making.

Sexual orientation

How the characteristic of sexual orientation may influence the risk of vulnerability to an RTC

77. There is no research evidence to suggest sexual orientation increases or decreases an individual's likelihood to experience an RTC.

78. A key point to bear in mind is that two people of the same sex travelling together could be in a relationship or parents/carers.

79. When communicating with the person, use the sex, pronoun and name the person identifies as, respecting the person's dignity where possible, recognising that if the person's details on a system differ from this, then the person's birth name might also need to be obtained.

Marriage and civil partnerships

How the characteristic of marriage and civil partnerships may influence the risk of vulnerability to an RTC

80. There is no research evidence to suggest marriage or civil partnership increases or decreases an individual's likelihood to experience an RTC.

Pregnancy and maternity

How the characteristic of pregnancy or maternity may influence the risk of vulnerability to an RTC

81. There is no research evidence to suggest pregnancy or maternity increases or decreases an individual's likelihood to experience an RTC.

82. People with the characteristic of pregnancy or maternity may respond in different ways to an RTC. For example:

- Pregnant women are statistically at greater risk of harm to their unborn child resulting from trauma, making it important for Control/crews to identify any drivers or passengers who are pregnant and do what is possible to reduce the individual's anxiety and stress.
- A pregnant woman or a woman with a baby may find it challenging to evacuate from some scenarios and may be at particular risk of smoke inhalation.
- The use/positioning of seatbelts could impact on the person if in an incident.

Recommended actions

Number	Action	Lead	Date
1.	Share the findings of this EqIA with the CES Road Safety Team, to assist with the ongoing implementation of public safety campaigns.	Senior Armed Forces Covenant Officer	By 30 September 2021
2.	All SDF managers, Control and Flexi Duty Officers and relevant community safety officers to review this EqIA, and to highlight any gaps in their knowledge that should be addressed by training.	GM Prevention, Protection and Emergency Planning	By 30 September 2021
3.	Brief the NFRS HR Business Partner on any identified gaps in knowledge and potential corporate training needs, so that these can be commissioned as appropriate through L&D team.	Senior Armed Forces Covenant Officer	By 30 October 2021
4.	Consider and embed the issues identified for each protected characteristic in the operational staff prevention training programme.	GM Prevention, Protection and Emergency Planning	By 30 November 2021

Annex 4: Protected Characteristics & Water Safety Risk

Sponsor: Area Manager – Head of Prevention, Protection & Emergency Planning

This analysis has been produced to:

1. Inform the IRMP and the community risk profile and continue to enhance understanding of how to identify vulnerability, safeguard vulnerable people and target prevention work at people most at risk.

2. Support Norfolk Fire and Rescue managers to undertake PDPs with all staff, to identify any learning and development that may be required to address the issues in this document and support staff to promote equality, diversity and inclusion.

Contents

Section 1: Overview

1. In any emergency, Norfolk Fire and Rescue Service's focus will always be on safety first and this guide has been developed to give staff the most comprehensive information possible on all issues to consider, when they make dynamic at-the-scene risk assessments.

2. NRFS's priority is to keep everyone safe from the risk of water safety incidents and safe during rescue from them.

3. This document summarises how an individual's protected characteristics may increase the risk of them experiencing a water safety incident, in relation to their:

    - Age
    - Disability
    - Sex
    - Gender reassignment
    - Sexual orientation
    - Pregnancy and maternity
    - Marriage/civil partnerships
    - Race
    - Religion and belief

Background

National picture

4. According to the National Water Safety Forum (NWSF), around 400 people drown each year in the UK and a further 200 take their own lives in water. The Forum believes many of these deaths are preventable and it is addressing this through the implementing The UK Drowning Prevention Strategy 2016-26. The aim is to reduce drowning fatalities by 50% by 2026, and to reduce risk amongst the highest risk populations, groups, and communities.

5. Each year, the number of accidental drowning fatalities exceeds the number of accidental fire deaths in homes and cycling deaths on the roads. They have a large impact on families, friends, and communities, and they place a significant burden on society in terms of direct costs and the years of life lost.

6. Those who survive drowning incidents are often left with severe, life-changing injuries.

7. Forty-four percent of drowning fatalities happen to people who had no intention of entering the water; resulting from accidental trips, slips and falls. This group differs from traditional water users, and they are at greater risk of getting into difficulty.

8. The National Water Safety Forum developed four strategic themes:

i) “Communities and Environments: Apart from a limited number of locations, such as tourist and visitor hotspots, fatal incidents do not tend to cluster in specific locations; however, there are consistent patterns. In absolute terms, England records the highest number of accidental drownings (73%), Scotland (14%); Wales (10%) and Northern Ireland (3%). Relative to population, Wales and Scotland both carry a disproportionate burden. Half of fatal incidents (52%) occur in just four out of thirteen specific parts of the UK, namely South East, South West, Wales and Scotland. This in part can be described as a function of higher population number, increased tourism and activity, and/or greater amounts of water in proximity to populations. Almost two in every three fatalities happen at inland waters such as canals and rivers, lakes, quarries and reservoirs (62%). Coastal incidents account for the majority of those requiring a search and rescue response but result in just over 1 in 3 (38%) of all fatal incidents.

ii) “Demography: Accidental drownings reflect normal, everyday activities, and happen throughout every stage of life. For example, young children are most vulnerable when they first begin to move in, around and close to the home and stray further from parental supervision, teenagers through risk taking and thrill-seeking behaviours, and middle-aged adults due to increased participation because of more leisure time and available income. Older people are more commonly affected by underlying health conditions which can lead to drowning incidents. In every age group, men are the most at-risk group, accounting for eight in ten of all the deaths. Fatalities rise markedly from mid to late teens and throughout the 20s; there is a distinct peak in the number of men drowning in the 20-29-year-old age group. Among women, those aged 50-59 are the most frequent casualties.

iii) “Recreational and Everyday Activities: In almost half of all fatal incidents (44%) the person had no intention of entering the water and were taking part in everyday activities such as walking. Contributing factors include use of alcohol, condition of the location or premises and lack of use of appropriate protective clothing and equipment. These factors can be influenced by appropriate interventions. Recreational activity on or near the water accounts for just under half of fatal incidents (45%). But when participation numbers are considered, most activities present a low risk. Recreational activities including water sports involve an acceptance of some voluntary risk. But considering the millions of hours of safe participation, most activities and water sports carry similar level of risks to cycling or being a passenger in a car. Fatal incidents at managed mass participation events and during supervised or coached scenarios are very rare. Governing bodies are recognised technical experts in their field and work hard to promote best practice and safe participation. By working in partnership, we believe further improvements can be made. Fatal incidents that happen around the home account for a small number of fatalities. These particularly affect vulnerable groups such as children and older people, who would benefit from awareness-raising efforts such as highlighting the role of better supervision among caregivers and

environmental measures such as safety barriers for toddlers when they are near water. Likewise, these measures have been proven to work in public and managed swimming pools in which great improvements have been made.

iv) "Behaviours: Improved understanding of the events leading up to, during and after a drowning will enable us to understand individual behaviours and design relevant behavioural change messages, activity and interventions. The following behaviour traits all increase the risk of drowning or being involved in an accident associated with the water:
- Underestimating risks
- Lack of knowledge of the risks
- Lack of competence
- Ill-informed thrill seeking
- Lack of parental supervision of children.

Individuals may also display unsafe behaviours because of group pressures and social norms. For example, alcohol has been a factor in 103 fatal coastal incidents from 2010-2013. In adults of working age, alcohol was a suspected or confirmed factor in about 1 in every 3 drownings (7). Understanding the decisions and factors which affect choice, such as the decision not to use key protective equipment such as lifejackets, will lead to smarter interventions and help inform participants' choices."

9. In 2016, the NWSF set the following targets:

i) Every child should have the opportunity to learn to swim and receive water safety education at primary school and where required at Key Stage 3.
ii) Every community with water risks should have a community-level risk assessment and water safety plan.
iii) To better understand water-related self-harm.
iv) Increase awareness of everyday risks in, on and around water.
v) All recreational activity organisations should have a clear strategic risk assessment and plans that address key risks.

10. The NWSP publishes annual data on drowning fatalities through **WAID**, its Water Incident Database. Since 2010, there has been a gradual decline in the number of accidental drownings compared to a fluctuation in suicide and criminal activity drownings. The quality of data recorded is poor and inconsistent, making it difficult to give picture of fatality category, type of water and geographical location.

11. Nationally in 2020, 456 lost their lives in water. 166 of the deaths were suspected to be accidents (137 males, 39 females [the published figures do not add up correctly]), 6 were suspected to be crime related, 10 were of natural causes, 93 had no cause recorded and 181 were suspected suicides. In all, 49 fatalities reported a presence of drugs or alcohol. There were 241 fatalities in 2019 and 430 in 2018.

12. Accidental deaths in England occur most frequently when people are walking/running near water and they slip, trip or fall; when they are swimming or when get into difficulties on motorboats. Accidents most often occur on the coast, along river, canals or aqueducts.

Norfolk context

13. Norfolk has an extensive coastline and rivers, and the Norfolk (and Suffolk) Broads is a large network of inland waterways with national park status. Rich in heritage and culture, they provide water and land-based recreational opportunities all year-round which thousands of local people and visitors enjoy. Tourism is very important to Norfolk's economy; the Broads alone attract over seven million visitors per year.

14. In the summer months, the Broads and rivers are particularly busy with day-cruisers and holiday makers on boats for a week or two. Others can paddleboard, canoe or sail.

15. Norfolk has a Bargee (boat-dwelling) community, particularly in the Broads and the along the Great Ouse in West Norfolk. They move on regularly because they do not have licenses for permanent moorings, and they cannot afford temporary mooring fees. Many are seeking this alternative lifestyle because of the lack of social housing and the risk of homelessness. They often moor illegally in remote backwaters away from facilities. Numbers are increasing and are expected to continue rising. The Bargee community is at greater risk of substance abuse and therefore, fire safety risk and drowning risk.

16. Norfolk also has a community of "live-aboards" who are registered, they have mooring licenses, they have their boats checked every three years and they install appropriate fire safety measures.

17. According to WAID, there were 9 water safety fatalities in Norfolk in 2020 and two in 2019 (NFRS's own data shows ten deaths in 2020 and five deaths in 2019). Where recorded by NFRS, all fatalities were male, except one, and they occurred in river/sea/waterway/lake (broad)/sea or estuary. The age of those who died varied across all age ranges from 22 years upwards. The recording of the ethnicity of the deceased is inconsistent, but where it was recorded, they majority were White British or White Other.

18. NFRS have identified several locations where accidents are more likely to happen and result in fatalities. Riverside in Norwich City Centre is a popular walking route next to bars and restaurants. Bawsey County Park in West Norfolk is a popular open space for people to visit. Since 2013, five males have drowned, three of whom were reported to be young Eastern European males. Two young Congolese people tragically died during a family picnic at Thorpe Marshes in Norwich in 2017. There were two fatalities at Sea Palling in the last five years. NFRS is aware some of those who died did not speak English as their first language, and they may not have been able to read the water safety signs. The service is working with community groups to improve community safety advice in these locations.

19. The Norfolk Drowning Prevention Forum has recently been established in recognition of the need for a more strategic approach to managing water safety across the County.

Emergency response

20. The Coastguard has responsibility for coastal and inland water rescue. In Norfolk, this is delegated to Norfolk Police Broads Beat, who mobilise NFRS in an emergency. NORSAR (Norfolk Lowland Rescue Service) are the charity that supports rescues.

21. Categorised under “Special Service”, NFRS’s response to water safety risks is based on attending four broad incident types:

    - Flooding: this includes assisting through flooded highway, giving advice, evacuation, making safe and “other”.
    - Release/rescue from mud.
    - Rescue of people from a wide range of waterways.
    - Water rescue other: includes animal rescue.

22. NFRS responded to 431 water safety incidents during 2020. This was a significant rise from 148 in 2019 and 142 in 2018 reflecting the widespread flooding following torrential downpours in December 2020. The Service’s response ranges from giving advice to evacuations and rescues.

23. The number of water safety rescues carried out by NFRS totalled 49 in 2018, 37 in 2019 and 41 in 2020 (127 over the three years). By far the largest number (between 28-43% p.a.) were rescues from waterways/rivers/canals (inc. the Broads).

24. Where the gender of the person rescued in Norfolk was recorded from 2018-2020, it showed little difference between males (58) and females (53). The ages of those rescue ranged from 4 years to 95 years.

25. Where ethnicity was recorded by NFRS from 2018-2020, it showed 93 people were White British, one was African and once was White/Black Caribbean. For statistical purposes, this is a small sample size, but it is not out of line with the demographic profile of Norfolk.

Why could someone’s protected characteristics increase their risk of a water safety event?

26. Risk may increase when an individual has one or more protected characteristics which affect cognition, mobility and/or sensory perception with any one or more of a combination of lifestyle, habits, behaviours and cultural expectations.

27. These characteristics and lifestyle factors are not indicators of someone’s likelihood to have a water safety event, however some may influence or reduce an individual’s ability to react to in water and their ability to get out of the water. The more risk factors or characteristics an individual has may increase their vulnerability.

28. However, the national statistics show there are two contributory factors that particularly increase a person’s vulnerability to a water safety event:

- Age
- Sex

For example, in Norfolk, males are much more likely to die in water safety events compared to females. There is less difference between males and females requiring rescuing and these incidents occur across all age groups.

Section 2: Analysis of protected characteristics

Age

How the characteristic of age increases the risk of vulnerability to a water safety event

29. According to the NWSF, accidental drownings reflect normal, everyday activities, and happen throughout every stage of life. For example, young children are most vulnerable when they first begin to move in, around and close to the home and stray further from parental supervision, teenagers through risk taking and thrill-seeking behaviours, and middle-aged adults due to increased participation because of more leisure time and available income. Older people are more commonly affected by underlying health conditions which can lead to drowning incidents.

30. Fatalities rise markedly from mid to late teens and throughout the 20s; there is a distinct peak in the number of men drowning in the 20-29-year-old age group. Among women, those aged 50-59 are the most frequent fatalities.

31. Eighty-two percent of those who drown are male (National Fire Chiefs Council's "Be Aware" Campaign 2021).

How people of different ages are likely to respond in different ways if they are involved in a water safety event

32. For example:

    - How the emergency call is made – this may be easier for younger people more familiar with making calls, but they may also be inclined to send a text or social media message rather than make a call. Therefore, the NFRS website makes it clear that in an emergency, people should dial 999 rather than email. Older people who use their mobile phone infrequently may struggle to make a call.

    - The quality of information relayed to Control - local knowledge will help people of all ages pinpoint the location, but younger people may be more willing to use location apps such as the What3Words app. The impact of the shock of

the situation may lead to confusion or panic across the ages. Older people with cognitive deterioration may struggle to know what to do and what to say.

- The perception of severity of accident, the injuries of those involved and the damage to watercraft, houseboats and equipment - older people may understate the severity or focus on the state of the boat rather than the casualties. They may also underplay their own injuries.

- If asked to move away from the site of the incident and find safety further along the waterway bank, age (and other protected characteristics) may impact on the ability to follow this instruction, creating on-going risks at the incident scene. Younger people may record the event on their mobile phones, putting themselves at further risk.

Key points

33. Risks for older people:
    - Physical mobility
    - Sensory reduction or loss
    - Possible cognitive deterioration.

34. Risks for young people:
    - Not knowing what to do in the event of a water safety event
    - Being unaware that certain behaviours keep them at risk (eg pursuing thrill-seeking risks, drinking alcohol or taking drugs and recording the event).

Disability

How disabled people are likely to respond in different ways if they are involved in a water safety event

35. People who are neurodiverse or have learning disabilities may find it challenging to recognise risk and danger, and in giving and understanding information. This may create barriers to effective interactions with Control and rescue crews, eg they may not be able to report their location and relay information; listen to and act on safety instructions; or be able to contain their anxiety relating to the incident, particularly if it involves load noises and bright lights.

36. People who have neurodivergent impairments may struggle to understand and act on instructions, anticipate danger and interpret social interactions. They may need time to process the situation and fail to act quickly, or panic. They may also find it hard to say what they think.

37. People who have sensory impairments may not be able to hear or see emergency service crews and emergency vehicles. and they may experience higher levels of anxiety because of this (particularly if their sight is impaired or they can’t understand what the emergency service crews are saying, or instructions being given).

38. People with physical disabilities, such as wheelchair users and people with severe mobility issues will have much more difficulty leaving a watercraft or houseboat than someone who is not disabled. Essential equipment to support their mobility or disability may be damaged or trapped in the water safety event, and they may be unable to manage independently without it. This may cause considerable distress or confusion.

39. People with mental health conditions may experience higher levels of anxiety, have difficulties communicating or behave unexpectedly if the incident triggers a mental health reaction.

How the characteristic of disability may increase the risk of vulnerability to a water safety event

40. Data on the protected characteristic of disability is not collected at the scene of water safety events and therefore, is not published nationally.

41. Therefore, there is no research evidence to suggest disability increases or decreases an individual's likelihood to experience a water safety event.

42. Disabilities are wide and varied in relation to age, type (be it physical, sensory, learning, mental or cognitive) and severity. A disability may have an adverse effect on an individual's ability to recognise a water safety risk or avoid a safety event. This may impair their ability to react and, if necessary, evacuate a boat or watercraft without assistance or support.

43. Vital sensory clues may be missed dependent on the type of disability the person has – for example, vision-related, hearing-related, dementia, reduced cognition, mental ill-health caused by medication side-effects or other cognitive condition.

44. A water safety event can be an extremely challenging time for anyone, however the ability to act rationally and calmly may become even more difficult for someone who does not have the capacity to self-evaluate and self-respond in these situations.

Key points

45. Watercraft passengers or houseboat visitors who are blind or who have sight loss may:

- Have no or limited ability to see a water safety event or view the scene after the incident.
- Be at risk of injury from burns or cuts when reaching out in the watercraft.
- Be unable to see the scale of the incident and where to move to for safety.
- Need a variation of communication and instructions post incident.
- Will need appropriate communication during prevention visits and in the provision of any safety information post visit.

46. Risks for D/deaf individuals:

- Have difficulty hearing other people, particularly in noisy surroundings.
- Misunderstand what is being said and not follow instructions, especially hand signals with lots of different emergency services vehicle lighting.
- Ask people to repeat themselves.
- Feel tired and stressed from having to concentrate when listening to people.
- Require access to technology to be able to report the emergency in the first place.
- May become anxious and insistent in finding their cochlear/hearing aid/s if they come out during an incident as they could be key to enabling them to hear what is happening and communicating with people.
- If hands are hurt, this will severely impact D/deaf people being able to communicate.
- D/deaf people use a variety of mechanisms for communicating and may need a variety of methods used during prevention visits/engagement activities.
- May have low literacy skills, and find it challenging to read, write or process written information as if a BSL user, English is often not their first language. There is a risk that water safety information available on leaflets/websites etc will not be useful or understood.

47. Risks for people with a physical disability:

- May affect someone's ability to get out of the watercraft quickly and unaided in case of a water safety event, particularly if they use a mobility aid or they use oxygen.
- May affect their ability to move to an area of safety at the scene.
- May affect their ability to call the emergency services.
- A lot of people with physical disabilities have secondary conditions or medical interventions such as urostomies or colostomies that could be impacted during a water safety event.

Learning disabilities

48. A learning disability affects the way a person learns new things throughout their lifetime, affects the way a person understands information and communicates, and can also impact on how they perceive the world around them. This could manifest in different ways depending on the situation and type of learning disability:

- Understanding new or complex information
- Written text is not always accessible – there is a risk that water safety information available on leaflets/websites etc will not be useful or understood
- Communication
- Behavioural changes
- Coping mechanisms.

49. A learning disability can be mild, moderate or severe. It could mean that the individual may not be able to understand or follow information such as evacuation instructions or communicating information eg injuries they may have. In addition, their behaviour may change due to stress of the situation and being able to deal with the environment/stress, this could be in a passive or aggressive way. In some situations, they may not be able to call 999 or raise an alarm.

Neurodiversity

50. Individuals who are neurodivergent may:

- find it challenging to interact with others such as initiating interactions or responding.
- not react well to being physically touched.
- be unpredictable and very anxious in how they react to evacuating the watercraft or to instructions given to help them (ie fight/flight, freeze/ignore, panic responses).
- have difficult reading or writing information – there is a risk that water safety event information available on leaflets/websites etc will not be useful or understood.
- not perceive that there is a risk to them and therefore not raise the alarm or evacuate the watercraft even if they can see other people evacuating.
- not comprehend water safety information if it is only provided on posters/notices and not communicated to them in a way that they need.
- have a different comprehension of time, instructions and working out the consequences of events/actions to neurotypical individuals. For example, individuals with dyspraxia may not be able to follow more than one instruction at a time as they often experience issues with sequencing. It is not a lack of "common sense", it is just that their brains may not understand linear logic.

Mental health/illness

51. Risks for people with mental health issues:

- Fluctuations in wellbeing (and therefore ability to concentrate/cope/react) may affect ability to respond to a water safety event and the ability to self-evacuate.
- Impact of medication on ability to respond to a water safety event and be able to self-evacuate.
- Unpredictable behaviour/reaction to emergencies or instructions or help.
- Potential for increased risk due to potential alcohol or substance misuse.
- Potential for suicidal thinking, planning and action.

52. It is important to note that people often have more than one disability or medical condition and it might be the hidden condition that is causing more impact/anxiety in the person than the visible disability or medical condition.

Sex (a man or a woman)

How the characteristic of sex increases the risk of vulnerability to a water safety event

53. According the NWSF, in every age group, men are the most at-risk group, accounting for eight in ten of all the deaths. Based on national statistics, fatalities rise markedly from mid to late teens and throughout the 20s; there is a distinct peak in the number of men drowning in the 20-29-year-old age group. Among women, those aged 50-59 are the most frequent fatalities.

54. **Key points to consider in an emergency response situation**

- Some females may not feel able to call 999, either because their culture does not permit this or due to language barriers; as a result, they will find it difficult to give information.
- Females travelling alone may feel particularly vulnerable if trapped and will require reassurance.
- Note that women from some cultures and faith backgrounds may not be permitted to be alone /unchaperoned or have physical contact with men outside their immediate family. If an emergency gives rise to this situation, this may cause additional confusion or distress.
- It is important to ask people involved in water safety events how they wish to be addressed while crews deal with the situation.
- In these cases, communication respecting someone's dignity and respect should be considered where possible.

Gender reassignment

How the characteristic of gender reassignment may impact the risk of vulnerability to a water safety event

55. Data on gender reassignment is not collected at water safety incidents.

56. There is no research evidence to suggest gender reassignment increases or decreases an individual's likelihood to experience a water safety event, however there are considerations to be considered.

57. When communicating with the person, use the sex, pronoun and name the person identifies as, respecting the person's dignity where possible, recognising that if the

person's details on a system differ from this, then the person's birth name might also need to be obtained.

Race

58. There is no reliable national data on the impact of ethnicity on water safety events. Data collected by the emergency services at the scene is inconsistent. It is therefore not possible to say if race increases the risk of a water safety event.

59. Of the 127 water rescues carried out by NFRS between 2018-2020 where ethnicity was recorded from 2018-2020, it showed 93 people were White British, one was African and once was White/Black Caribbean. Where ethnicity was recorded for the fatalities, they were all White British and one White Other.

60. As stated previously, NFRS have identified several locations where accidents are more likely to happen and result in fatalities. Riverside in Norwich City Centre is a popular walking route next to bars and restaurants. Bawsey County Park in West Norfolk is a popular open space for people to visit. Since 2013, five males have drowned there, three of whom were reported to be young Eastern European males. Two young Congolese people tragically died during a family picnic at Thorpe Marshes in Norwich in 2017. There were also two fatalities at Sea Palling in the last five years. NFRS is aware some of those who died did not speak English as their first language, and they may not have been able to read the water safety signs. The Service is working with community groups to improve community safety advice in these locations.

61. People with different cultural identities may respond in different ways if they are involved in a water safety event. For example:

    - Knowledge of the procedure to dial 999: people from ethnically diverse backgrounds who are new to the country may not be aware of how to contact the emergency services.
    - Language: English may not be someone's first language, so they may struggle to relay the necessary information and understand the questions asked and instructions given by Control. Although Control have access to INTRAN interpreters, they are very rarely used due to the urgency of the incident.
    - Culture: in some cultures, there is a cultural assumption that male family members will take responsibility for calling the emergency services and making decisions at the scene. Both the female Control call-handlers and the rescue crews led by a female watch/crew manager may need to be aware of this.
    - Authority: there may be a culture of not wanting to engage with "the authorities" due to distrust or their own personal situation/status.

- Ability to locate the incident: if the people involved in the water safety event are new to the country or not familiar with the local area, they may struggle to pinpoint the location.
- For the Bargee and “liveaboard” communities who live on boats, the boat is the person’s main residence; the consequences of extensive damage may be devastating.
- Response to grief, injury and death varies widely across cultures; crews will need to be aware of this and act appropriately.

How the characteristic of race may impact the risk of vulnerability to a water safety event

62. In Norfolk, majority of individuals dying or requiring rescue from water safety events are White British. However, there is local evidence to suggest that ethnicity, or issues relating a person’s ability to read English language safety information, may increase an individual’s likelihood to experience a water safety event.

63. **Key points**

- For all people from abroad whose first language is not English, they may not be able to read English, understand or process safety information or warnings or contact emergency services. They may not even know that the emergency number in the UK is 999 and is a free of charge service. Perceived prejudice or other societal factors could also prevent some communities from accessing prevention information or other support services.
- New migrant communities may be more likely:
    - to have a limited social network or limited funds available to access technology or information to help them reduce the risk of a water safety event.
    - to be wary of authorities and therefore are hard to engage with to help with prevention and other advice.
    - to refrain from divulging personal information or give false information due to immigration status or other reasons.

Gypsy, Roma and Travellers, including Bargees

64. Norfolk has a Bargee (boat-dwelling) community, particularly in the Broads and the along the Great Ouse in West Norfolk. They move on regularly because they do not have licenses for permanent moorings, and they cannot afford temporary mooring fees. Many are seeking this alternative lifestyle because of the lack of social housing and the risk of homelessness. They often moor illegally in remote backwaters away from facilities. Numbers are increasing and are expected to continue rising. The Bargee community is at greater risk of substance abuse and therefore, fire safety risk and drowning risk.

65. **Key points**

- For this community, their boat may be their home and a water safety event will be particularly distressing.
- They move often to avoid paying mooring fees and they may not have the income to maintain their boats to a safe standard.
- Their illegal moorings in out of the way locations make it challenging for emergency services to reach them when required.
- They may lack confidence to engage with public agencies.
- There is potential for lower literacy levels making it difficult to read water safety information available on leaflets/websites etc. Their frequent moves make them difficult for public agencies to contact and engage in community safety.
- They may be transporting fuel/gas canisters or other combustibles
- These individuals have higher-than-average probability to have a long-term illness, respiratory issue or disability. Damp living conditions exacerbate lung conditions.
- There is a prevalence of drug and alcohol substance abuse which puts them at higher risk of drowning and of fire.
- There is a higher-than-average suicide rate for GRT males than the rest of the male population (possibility of non-diagnosed higher mental ill health).

66. There is no national or Norfolk data on the Gypsy, Roma and Traveller communities' likelihood of a water safety incident. Data collected at the scene is unreliable and inconsistent.

Religion and/or belief

How the characteristics of religion and/or belief influence the risk of a water safety event

67. There is no research evidence to suggest religion and/or belief increases or decreases an individual's likelihood to experience a water safety event.

68. People of different religions and or beliefs may respond in different ways it they are involved in a water safety event. Response to grief, injury and death varies widely across cultures; crews will need to be aware of this and act appropriately.

69. The generic information below relates to cultural norms and practices across major faiths and beliefs across the UK. However, it should not be assumed all followers of each religion or belief will follow these practices.

    Information contained within this section came from "Working with Diverse Communities Handbook, Version 1", published by the East of England Fire and Rescue Services.

70. **Buddhism** – when receiving emergency assistance, it is generally accepted that members of the opposite sex can provide comfort/medical assistance. Prayer beads should be collected and returned to the owner. In the event of a death, many Buddhists believe the soul does not leave the body immediately, and it is crucial the body of the deceased is treated like a living person and moved with respect. It is customary for Buddhists and family members to chant sacred texts at the time of death.

71. **Christianity** – some may decline conventional medical treatment, and some may have a special procedure for blood transfusions (Jehovah's Witnesses). It is generally accepted that members of the opposite sex can provide comfort/medical assistance. Take care to collect any religious items such as a Bible or jewellery and return them to the owner.

72. **Hinduism** – some Hindus prefer to be treated by the same sex. Some boys wear a "sacred thread" (Yagno Pavita) over the shoulders and across the chest. If possible, the family should be consulted before it is removed, and it should be returned later. In the event of death, cover the body with a plain sheet and do not remove sacred threads, jewellery, or religious objects.

73. **Humanism** – there are no particular requirements.

74. **Islam** – it is important to be mindful of the culture where it is considered respectful to speak to the father of the family first and then to whoever leads the conversation. Muslim women may be reluctant to speak to males from outside their household, but a conversation can proceed if eye contact is avoided. Both men and women prefer to be assisted by members of the same sex, although in life threatening situations, it is understood that being rescued is the priority. When a Muslim is near death, those around them are called upon to provide physical comfort and recite verse from the Quran.

75. **Judaism** – while most Jewish people wear western dress, Orthodox Jewish men always wear a skull cap. Women are expected to dress modestly and Orthodox women may cover their entire bodies apart from their face and hands. Married women wear head coverings, and in accordance with the Jewish faith, only their husband should see their natural hair. Care and consideration should be given to the removal of these items, and religious items, should it be necessary in an emergency. It is customary for someone to remain with a dying person until death.

76. **Paganism** – Avoid removing jewellery: items such as the pentagon and the pentacle (5-pointed start within a circle) can bear special significance.

77. **Rastafarianism** – The cutting of hair is forbidden. In emergency situations, individuals may refuse to have their hair cut or shaved. It should only be done when absolutely necessary and kept to a minimum; the person being treated, or a family member should be informed.

78. **Sikhism** – Some Sikhs may prefer to be comforted and treated by someone of the same sex. The cutting or removal of any body hair should be avoided, and if is it

removed, it should be retained and handed to the individual or a family member. Sikh men may wear turbans and their permission should be sought prior to removal.

79. Generally, in an emergency, it is best to avoid removing jewellery, sacred threads and other religious objects, if possible, but for obvious reasons, the safety of victims and staff members is the priority that must guide all decision-making.

Sexual orientation

How the characteristic of sexual orientation may influence the risk of a water safety event

80. There is no research evidence to suggest sexual orientation increases or decreases an individual's likelihood to experience a water safety event.

81. A key point to bear in mind is that two people of the same sex who spend time together could be in a relationship or parents/carers.

82. When communicating with the person, use the sex, pronoun and name the person identifies as, respecting the person's dignity where possible.

Marriage and civil partnerships

How the characteristic of marriage and civil partnerships may influence the risk a water safety event

83. There is no research evidence to suggest marriage or civil partnership increases or decreases an individual's likelihood to experience a water safety event.

Pregnancy and maternity

How the characteristic of pregnancy or maternity may influence the risk of a water safety event

84. There is no research evidence to suggest pregnancy or maternity increases or decreases an individual's likelihood to experience a water safety event.

85. People with the characteristic of pregnancy or maternity may respond in different ways to a water safety event. For example:

    - Pregnant women are statistically at greater risk of harm to their unborn child resulting from trauma, making it important for Control/crews to identify anyone who is pregnant and do what is possible to reduce the individual's anxiety and stress.
    - A pregnant woman or a woman with a baby may find it challenging to evacuate from some water-based scenarios and may be at particular risk of smoke inhalation if a watercraft or houseboat is on fire.
    - The use/positioning of safety belts/life rings could impact on the person if in an incident.

Recommended actions

Number	Action	Lead	Date
1.	Share the findings of this EqIA with the Norfolk Drowning Prevention Forum, to assist with the ongoing implementation of public safety campaigns. NDPF to own the contents of this EqIA and ongoing development.	GM Prevention, Protection and Emergency Planning	By 28 February 2022
2.	All SDF managers, Control and Flexi Duty Officers and relevant community safety officers to review this EqIA, and to highlight any gaps in their knowledge that should be addressed by training.	GM Prevention, Protection and Emergency Planning	By 31 January 2022
3.	Brief the NFRS HR Business Partner on any identified gaps in knowledge and potential corporate training needs, so that these can be commissioned as appropriate through L&D team.	GM Prevention, Protection and Emergency Planning	By 28 February 2022
4.	Consider and embed the issues identified for each protected characteristic in the operational staff prevention training programme.	GM Prevention, Protection and Emergency Planning	By 31 March 2022