Merseyside Fire and Rescue Service

Equality Impact Assessment Form

Title of policy:	**District Community Safety Plan**
Department:	**Sefton Prevention and Protection**
Date:	**February 2015**

1: What is the aim or purpose of the policy

This should identify "the legitimate aim" of the policy (there may be more than one)

MFRS Sefton District has published a plan that has identified Aims for each station area and has made staff in each station area accountable for their delivery. The plans will be managed by them across the twelve months with a cycle of review and evaluation of the results

1, MFRS Sefton District will publish a Sefton Community Safety Plan (CSP) which identifies aims area for each station area making staff accountable for the delivery within their area linked in with the IRMP for 2013-2016 and IRMP Supplement 2015-2017.

2, The plan will be performance managed across the 12 months period in which it runs and will be exposed to a cycle of review and evaluation across the outcomes identified

3, the Sefton CFP is aimed at delivering the best service for the Sefton community through caveat of pro-active measures for all the demographics of the borough

2: Who will be affected by the policy?

This should identify the persons/organisations who may need to be consulted about the policy or procedure and its outcomes (There may be more than one)

This will affect MFRS staff both operational and non-operational
Local Authority Community Safety Departments
Police
Local youth providers and the voluntary organisations from Faith and Minorities Groups via Sefton CFS

All socio and eco groups within the community will be afforded the wealth of interventions available, though we will focus on the more vulnerable. Working with our partner agencies we will aim to identify the needs of those minority groups and more socially excluded occupancies and MFRS with Sefton will reciprocate and

assist partners with relevant referrals for their services.

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3. Monitoring

Summarise the findings of any monitoring data you have considered regarding this policy. This could include data which shows whether the policy is having the desired outcomes and also its impact on members of different equality groups.

What monitoring data have you considered?	What did it show?
HFSC's	Through intelligence we have established which properties are the most vulnerable from fire and will target accordingly. Those at high risk include older persons, migrant workers, those who misuse drugs and alcohol, those with mental health issues and single displaced people living in sub-standard accommodation.
SSRI's	There is significant life risk in the north of the borough including high rise and mixed significant industrial risk in the south around the port with life risk again in high rise. There is one General Hospital and 216 nursing homes across the borough.
KIM	Mapping of Sefton to show the Sefton Risk Map and Sefton District Incident Information showing incident counts of a variety of incidents within Sefton. This data can be found within the Sefton District Plan
Community Profiles	Using a bespoke spatial modelling tool, we have created a risk based demographic of the borough which has been developed used using 125 aggregated data sets, this provides a detailed understanding of the most effective ways to engage with the varied profiles that can be found within our community

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4: Research

Summarise the findings of any research you have considered regarding this policy. This could include quantitative data and qualitative information; anything you have obtained from other sources e.g. CFOA/CLG guidance, other FRSs, etc

What research have you considered?	What did it show?
IRMP Local Government website CLG LPI's Historical incident data from KIM	Identified areas of work to be targeted and assisted in highlighting areas of vulnerability of person or area. Information has been extracted from goldmine and risk data maps have been produced by KIM to identify the properties that are high risk, medium risk and low risk. HFSC delivery will be targeted to High risk properties and the existing goldmine data will identify the individuals that are high risk rather than property and these individuals will also be targeted. ASB data, secondary fire, Police data of crime and RSL data of vandalism over the last twelve months was used to identify particular areas of concern. Accidental Dwelling fires, RTC, statistics for the last twelve months are provided and mapped by KIM. The service plan was developed in order to assist in reaching or maintaining the objectives detailed in the IRMP and the local performance indicators
Census data	Census data allows us to understand the complex make-up of the community. This rich overview develops our ability to understand and respond to key issues, whether is may be the aging population and its associated risks linked with mental health and accidental dwelling fires as a result of neglect or a confused state to the focus on minority groups such as the settled traveller community in Formby
Soft Data	Additionally Stations are liaising with food banks to identify those families' and individuals facing hardship who might require our interventions.

5. Consultation

Summarise the opinions of any consultation. Who was consulted and how? (This should include reference to people and organisations identified in section 2 above) Outline any plans to inform consultees of the results of the consultation

What Consultation have you undertaken?	What did it say?
Station Planning meetings Partner consultation at strategic levels	Police stated of the high level of theft in the north of the district from properties mainly bikes or property that has been left unsecure and crimes of mostly ASB, Car Crime and Domestic violence around the Copy lane neighbourhood

Staff consultation meetings prior and post planning days	Sefton Protection Department raised the issue of void properties within the Southport and Bootle areas of the district.
	One Vision raised the issue of the increase of ASB within their properties
	Staff were able to identify specific areas of repeat activity and Business Intelligence was able to provide the statistics and date for the specific areas. Local knowledge was also gathered to strengthen the information provided by KIM

6. Conclusions

Taking into account the results of the monitoring, research and consultation, set out how the policy impacts or could impact on people from the following protected groups? (Include positive and/or negative impacts)

(a) Age The population of Sefton is approximately 273,700. Population estimates for 2010 indicate that there are over 60,683 0-19 year olds in Sefton. There are currently 39,140 children and young people in Sefton schools and 2,029 part-time pupils in our nursery schools. The age profile of the Borough is older than for the country as a whole, where Sefton has the largest population of people aged over 80 years of any Metropolitan Borough with an average across the district of 8.7% but in localised areas such as the Cambridge and Dukes Wards they are as high as 19.9% and 18.7% respectively compared to the national average figure of 7.6%.which is over twice of the national average.

(b) Disability including mental, physical and sensory conditions)
Figures taken from the 2001 census show there were 15,615 residents in Sefton claiming Disability Living Allowance. Of those claiming 11,700 were in receipt of the care component which provides help for people with getting washed, dressed, eating or going to the toilet and 13,890 of the mobility component which provides help for those who have severe walking or sensory difficulties(a claimant can be in receipt of either or both components of Disability Living Allowance).

Historic data has provided the ability to use business intelligence led approach to identify those who are more vulnerable in a fire situation. Layering those who meet the following (over 65, single occupant, smoker, disabled, never previously visited) we will tailor our approach to a 'Right Person, Right Place' methodology
Sefton has a proportionately high age demographic, which leads to a proportionately higher level of mental ill health, as a result we will look to expand the report through local collaboration using external data to further identify the most vulnerable occupants

(c) Race (include: nationality, national or ethnic origin and/or colour)

Minority ethnic groups represent 3.3% of the resident population compared with the average 13% in England; however anecdotal evidence from station staff and partners would suggest that this profile has started to change in Sefton through a growing population of migrant workers from the Polish, Latvian, Lithuanian and Portuguese communities. Particularly to the north of the Borough. It is difficult to establish figures as many of the individuals have a transient lifestyle often influenced by the seasonal availability of the work they are engaged in.

The Gypsy and traveller community within the borough are well integrated with local services and our core work will continue with this community

Only 3.5% of Sefton's population are estimated to be from a black and minority ethnic (BME) group – around 9,600 people (mid 2009). This estimate has risen from 4,600 (1.6%) in the 2001 Census. The 2001 Census estimated that there are pockets of people from a BME ethnic background throughout Sefton.

Year	White	Mixed	Asian	Black	Chinese or Other	Total
2001	278,400	1,600	1,300	500	1,200	**282,900**
2002	275,900	1,800	1,400	600	1,400	**281,000**
2003	274,400	1,800	1,700	700	1,600	**280,200**
2004	272,900	1,900	1,900	900	1,800	**279,400**
2005	270,600	2,000	2,000	1,000	2,000	**277,600**
2006	268,500	2,200	2,400	1,000	2,200	**276,100**
2007	266,800	2,200	2,600	1,200	2,300	**275,100**
2008	265,200	2,300	2,900	1,400	2,500	**274,200**
2009	263,700	2,500	3,000	1,500	2,700	**273,300**

Source: www.neighbourhood.statistics.gov.uk

(d) Religion or Belief

Religion	Sefton	North West	England
Christian	84.34	78.01	71.74
No Religion	8.1	10.48	14.59
Religion Not Stated	6.49	7.23	7.69
Muslim	0.32	3.04	3.1
Jewish	0.25	0.42	0.52
Other Religions	0.18	0.16	0.29
Hindu	0.17	0.4	1.11
Buddhist	0.13	0.18	0.28
Sikh	0.03	0.1	0.67

Source: ONS Census 2001

The table above shows the religious make up of the Sefton area and compares that with the regional and national statistics. Over 84% of Sefton residents are from Christian backgrounds, which is significantly higher than both the national and regional figures.
In relation to other religions only 1.02% of Sefton residents are from other religious backgrounds, far lower when compared to the north west region and 6% nationally. The biggest difference is that within Sefton only 0.32% are from Muslim communities

compared to more than 3% both regionally and nationally.

(e) Sex (include gender reassignment, marriage or civil partnership and pregnancy or maternity)

Following two cases of domestic homicide and the significant amount of Domestic violence Hate crimes MFRS will continue to support partners particularly Police in target hardening properties of vulnerable victims. The Sefton advocates have completed 160 hate crimes since April with 54 of these being domestic violence related

(f) Sexual Orientation

Within Sefton following consultation with partner agencies we have not identified any widespread issues around sexual orientation

(g) Socio-economic disadvantage
 Nearly 1 in 4 people have low incomes and poor living conditions, mostly centred on Bootle and Litherland areas. These areas also have highest instances of long term unemployment where there are 8.9% of the local community unemployed which is nearly three times the national average of 3.3%. Health problems are also an issue whereby 16.3% of the population in the Linacre ward and 15.5% in the Cambridge are classed as in poor health against the national average of 9.2%.

7. Decisions

If the policy will have a negative impact on members of one or more of the protected groups, explain how the policy will change or why it is to continue in the same way. If no changes are proposed, the policy needs to be objectively justified as being an appropriate and necessary means of achieving the legitimate aim set out in 1above.
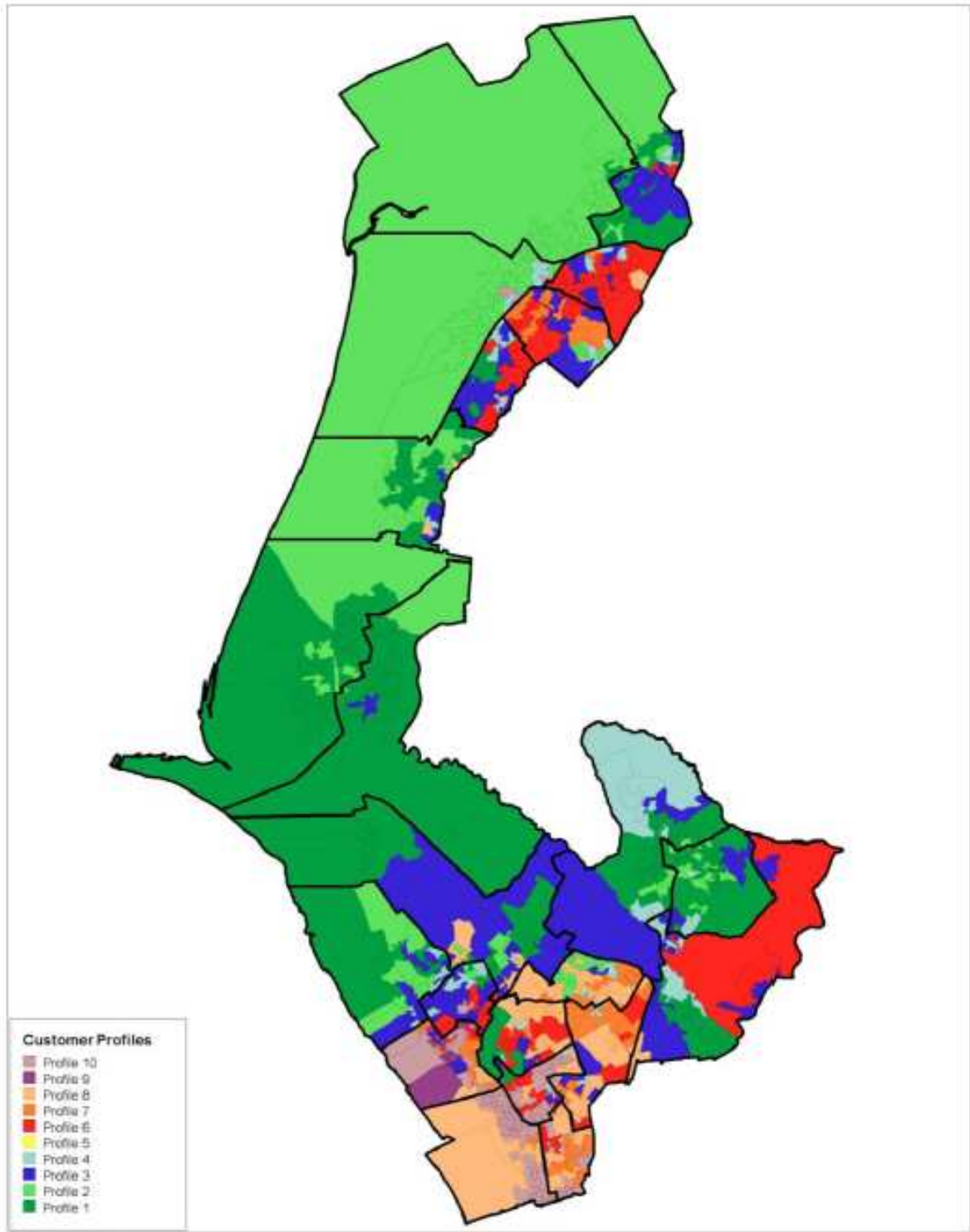
Objective Justification

No negative impact on any particular group. Home fire safety advice will continue to be offered and delivered to the wider community as a whole and the vulnerability of each property and each individual will be subject to review and risk category, using a business intelligence led approach to identifying the more at risk homes, we will aim to reduce ADF's and fire related fatalities and build to create confidence within minority groups such as the settled traveller community in Formby to raise awareness within these hard to reach groups change

The level of intervention will be based on the outcomes of the HFSC and additional measures implemented proportionately statistics show that continuing to focus on the most vulnerable and hard to reach, while providing support for all, this approach will provide the best service for the community of Sefton

The community profiles were used to analyze the risks relating to the different community profiles. The table below shows the accidental dwelling fires, injuries and deaths associated with the different community profile groups over the three years between 2010/11 and 2012/13. Using this information we can identify specific groups to focus our message whilst still addressing the needs of the whole community

Profile Group	Approx. number of households	ADFs	ADFs (%)	Injuries	Injuries (%)	Fatalities	Fatalities (%)
1. Wealthy over 50 population living in semi-rural locations	107,375	286	7.45	25	6.61	1	4.17
2. Older retirees	36,625	165	4.30	24	6.35	1	4.17
3. Middle income residents living in privately owned properties	83,875	467	12.16	46	12.17	8	33.33
4. Average income older residents	68,250	313	8.15	29	7.67	1	4.17
5. Students living in city centre locations	86,250	109	2.84	5	1.32	0	0.00
6. Young families	10,000	386	10.05	44	11.64	1	4.17
7. Young families with high benefit need	20,375	729	18.98	70	18.52	5	20.83
8. Residents living in social housing with high need for benefits	48,125	335	8.72	30	7.94	0	0.00
9. Transient population living in poor quality housing	16,375	229	5.96	31	8.20	1	4.17
10. Younger, urban population living in high levels of deprivation	95,875	822	21.40	74	19.58	6	25.00

Customer Profiles
- Profile 10
- Profile 9
- Profile 8
- Profile 7
- Profile 6
- Profile 5
- Profile 4
- Profile 3
- Profile 2
- Profile 1

As a result of the data Community Profile groups 3, 7 and 10 who in general are those who are at a 'Socio-economic disadvantage' present the greatest life risk from fire

8. Equality Improvement Plan

List any changes to our policies or procedures that need to be included in the Equality Action Plan or Service Delivery Plans

N/A

9. Equality & Diversity Sign Off

The completed EIA form must be signed off by the Diversity Manager before it is submitted to Strategic Management Group or Authority.

Signed off by: Wendy Kenyon **Date:** 24.2.14

Action Planned	Responsibility of	Completed by
Continue monitoring of Hate crimes for evidence of problems around religion, belief or sexual orientation. In addition monitoring of Police intelligence for the same	Advocates and Community Safety team	Ongoing throughout year

For any advice, support or guidance about completing this form please contact the DiversityTeam@merseyfire.gov.uk or on 0151 296 4422

The completed form along with the related policy/report/project document should be emailed to the Diversity Team at: DiversityTeam@merseyfire.gov.uk

Health summary for Sefton

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- ● Significantly worse than England average
- ○ Not significantly different from England average
- ◉ Significantly better than England average
- ○ No significance can be calculated
  * relates to National Indicator Set 2009

England Worst — Regional average — England Average — England Best
25th Percentile — 75th Percentile

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	70506	25.3	19.9	89.2		0.0
	2 Children in poverty *	11373	21.5	22.4	66.5		6.0
	3 Statutory homelessness	69	0.6	2.8	8.9		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	1882	51.4	48.3	26.5		73.3
	5 Violent crime *	2983	10.8	17.6	38.4		4.8
	6 Carbon emissions *	1443	5.2	7.2	15.7		4.6
Children's and young people's health	7 Smoking in pregnancy	436	16.6	14.7	37.8		3.7
	8 Breast feeding initiation *	1409	53.7	71.0	32.5		92.2
	9 Physically active children *	31969	91.4	90.0	77.5		100.0
	10 Obese children *	287	11.4	9.6	16.2		3.9
	11 Children's tooth decay (at age 5)	n/a	1.4	1.5	3.2		0.0
	12 Teenage pregnancy (under 18) *	210	35.0	41.2	79.1		15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	23.7	24.1	40.9		13.7
	14 Binge drinking adults	n/a	22.1	18.0	28.9		9.7
	15 Healthy eating adults	n/a	26.0	26.3	15.8		45.8
	16 Physically active adults	n/a	10.7	10.8	4.4		17.1
	17 Obese adults	n/a	22.0	23.6	31.2		11.9
Disease and poor health	18 Over 65s 'not in good health'	11851	22.9	21.5	32.5		13.5
	19 Incapacity benefits for mental illness *	6560	40.5	27.7	59.4		8.7
	20 Hospital stays for alcohol related harm *	6348	1938.0	1472.5	2615.1		639.9
	21 Drug misuse	2180	12.4	9.8	27.5		1.3
	22 People diagnosed with diabetes	11614	4.2	4.1	6.3		2.6
	23 New cases of tuberculosis	12	4.3	15.0	102.1		0.0
	24 Hip fracture in over-65s	335	497.6	479.8	699.8		219.0
Life expectancy and causes of death	25 Excess winter deaths	189	18.7	17.0	30.3		4.0
	26 Life expectancy - male *	n/a	76.6	77.7	73.2		83.7
	27 Life expectancy - female *	n/a	81.4	81.8	78.1		87.8
	28 Infant deaths	13	5.0	4.9	9.6		1.3
	29 Deaths from smoking	580	235.3	210.2	330.2		134.4
	30 Early deaths: heart disease & stroke *	298	85.1	79.1	130.5		39.6
	31 Early deaths: cancer *	408	119.2	115.5	164.3		75.7
	32 Road injuries and deaths *	94	33.8	54.3	188.3		18.4