



Screening Report

Section 75 & Schedule 9 of the Northern Ireland Act 1998

NIFRS Principles of People at Risk Strategy

Lead Officer: Assistant Chief Fire Officer (Community Protection) Walmsley
Principles of People at Risk Strategy Working Group

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Protecting Our Community

Equality screening under Section 75 of the Northern Ireland Act 1998

Background

Under Section 75 of the Northern Ireland Act 1998 (Section 75) NIFRS has a specific statutory obligation as a public authority to have regard to the need to promote equality of opportunity between the following groups:

Section 75	Categories
<ul style="list-style-type: none">• persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;• men and women generally;• persons with a disability and persons without; and• persons with dependants and persons without.	

Under Schedule 9 of the Act, NIFRS must also have regard to the promotion of good relations between those of different religious belief, political opinion or racial group. Our Equality Scheme explains how we implement our Section 75 obligations. A copy of the most recent Scheme, approved by the Equality Commission, is available on our website at www.nifrs.org/equality

We are required under Section 75 to screen and, where necessary, conduct Equality Impact Assessments (EQIA) on strategies, policies, plans and key decisions. The primary function of screening is to assess whether policy proposals would have a differential impact and in particular, an adverse differential impact on the categories of persons listed in Section 75, and any sub-groups within those categories.¹ If a policy shows a possible 'adverse impact' on any group, we must consider how this might be reduced. This would include how an alternative policy or approach might lessen this effect and serve to promote equality of opportunity and good relations.

The Section 75 statutory duties apply to internal policies e.g relating to our employees and to external policies relating to the community we serve.

Equality screening involves gathering evidence on the potential impacts of the proposal, focusing on the nine Section 75 equality groups. This information is used to help inform the 'screening decision', i.e. whether a full EQIA is required where a potential for *significant* impact on equality of opportunity has been identified.

¹ Equality Commission for Northern Ireland 'Practical Guidance on Equality Impact Assessment' April 2001 (revised 2005)

Section 75 equality screening outcomes are defined in terms of impact eg **‘major’**, **‘minor’** or **‘none’**. Possible screening decision outcomes are as follows:

Section 75	Equality Screening Outcomes
<p>If the conclusion is that there is a ‘major’ impact for one or more of the Section 75 categories, then consideration should be given to carrying out a full EQIA (<i>described as ‘screened in for EQIA’</i>).</p> <p>If the conclusion is ‘minor’ for one or more of the Section 75 categories, then consideration should still be given to proceeding with an EQIA, or to measures/ amendments to mitigate the adverse impact; or to consider an alternative policy (<i>described as ‘screened out for EQIA – with mitigation’</i>).</p> <p>Where the conclusion is ‘none’ in that no significant impact has been identified on all of the Section 75 categories, then decision can be taken to not proceed with a full EQIA (<i>described as ‘screened out for EQIA – no mitigation’</i>).</p>	
Section 75	A conclusion in favour of a ‘major’ impact would arise when:-
<p>a) The policy shows actual or potential for unlawful discrimination.</p>	
Section 75	A conclusion in favour of a ‘minor’ impact would arise when:-
<p>b) The policy is not unlawfully discriminatory and any potential impacts on people are judged to be negligible;</p> <p>c) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;</p> <p>d) Any equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people; and</p> <p>e) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.</p>	
Section 75	A conclusion in favour of ‘none’ eg no impact, would arise when:-
<p>a) The policy has no relevance to equality of opportunity or good relations; and</p> <p>b) The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the Section 75 equality and good relations categories.</p>	

The NIFRS Screening Report on the Principles of People at Risk Strategy has indicated no significant adverse impact for any of the Section 75 groups and a decision has been taken to ‘screen out’. A copy of the Screening Report is attached overleaf.

Section 75 Screening Report on NIFRS People at Risk Strategy Principles

Part 1: Policy Scoping

The first stage of the screening process involves scoping the policy or policy area. Policy scoping helps prepare the background and context and set out the aims and objectives for the policy being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help the policy maker work through the screening process on a step by step basis.

You should note that the Section 75 statutory duties apply to internal policies (relating to people who work for NIFRS), as well as external policies (relating to those who are, or could be, served by NIFRS).

Information about the strategy principles

Name of the strategy:

NIFRS People at Risk Strategy

Is this an existing, revised or a new strategy/policy area?

Existing	Revised	New
	X	

Brief Description

This strategy builds upon our previous People at Risk Strategy (2013-16) and renews our commitment to reducing fire deaths in dwellings amongst 'People at Risk'. The new strategy sets out how NIFRS will move to a targeted approach with Home Fire Safety Checks (HFSC) to ensure that People at Risk are deemed a priority. It also provides a new definition for 'People at Risk'.

Key factors of the Strategy going forward include:

1. **NIFRS is moving from offering a free HFSC to everyone**, to offering a free HFSC to People at Risk and offering Fire Safety Advice to everyone else.

2. **Proposed change to the definition of People at Risk**

From:

People who:-

- are older than 65;
- have a disability; and
- people with other health-related issues, including mental health issues, sensory impairment etc

To:

People who:-

- are aged 60 or older; or
- have impaired mobility*; or
- are referred to NIFRS by a partnership agency

*includes people with an impairment or health condition that would impact on their ability to acknowledge and respond to an emergency in the home.

NIFRS will also accept referrals for people who fall outside of this definition but who may also be at risk. Examples include those who are alcohol dependent, or have a history of fires in the home. Each referral will be assessed on a case-by-case basis.

3. Establishing partnership agreements with referral agencies will be a key factor of this strategy.

What is it trying to achieve? (intended aims and outcomes)

The Strategy aims to:

- to reduce fire deaths amongst people at risk;
- to reduce the incidence of fire related injuries amongst people at risk;
- to communicate with the public on matters relating to Fire Safety and in particular the issues relevant to people at risk and
- to promote an integrated interagency approach to supporting those in our community who are most at risk.

The anticipated outcome of the Strategy is that those most at risk in our community will receive a free HFSC with free fire safety advice being offered to everyone else outside the targeted group.

Are there any Section 75 categories which might be expected to benefit from the intended strategy?

YES	NO	N/A
x		

If YES, explain how:

The strategy will focus upon members of our society who are most at risk of fire:-

- they are older than 60; and
- they have impaired mobility;

This includes people with an impairment or health condition that would impact on their ability to acknowledge and respond to an emergency in the home.

Who initiated or wrote the strategy?

Assistant Chief Fire Officer Alan Walmsley, Director of Community Protection

Who owns and who implements each element of the strategy?

Assistant Chief Fire Officer Alan Walmsley, Director of Community Protection

Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

YES	NO	N/A
X		

If YES, are they

Financial? YES/NO (If YES, please detail)

Financial factors that would contribute to successful implementation of the NIFRS

People at Risk Strategy Principles:-

- Budget available
- Resources to implement strategy

Financial factors that would detract from successful implementation of the NIFRS

People at Risk Strategy Principles:-

- Budget available
- Resources to implement strategy

Legislative?: YES/NO (If YES, please detail)

Legislative factors that would contribute to successful implementation of the principles of the NIFRS People at Risk Strategy:

Fire Services Order (NI) 2006

Legislative factors that would detract from successful implementation of the principles of the NIFRS People at Risk Strategy:

Other, please specify:

Other factors that would contribute to successful implementation of the NIFRS People at Risk Strategy:-

NIFRS Corporate Management Team and NIFRS Board buy in and approval

Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Employees:

- Corporate Management Team
- Board buy in and approval

Service users:

NIFRS will actively seek out and make contact with potential partners to develop common protocols to facilitate partnership working that may benefit people at risk. NIFRS will also strive to identify and help those who are not involved in mainstream organisations and who are therefore harder to reach. NIFRS is committed to supporting and developing partnerships as a means to deliver this strategy. As a public body, we consider our stakeholders to be our staff, the public across Northern Ireland whom we serve, our sponsoring body - the Department of Health, Social Services and Public Safety, local Councils, Health Trusts, our recognised Trade Unions and community & voluntary organisations representing a diverse range of interests. NIFRS will continue to work with the Regulation and Quality Improvement Authority (RQIA) to monitor and improve the safety of people who come under their jurisdiction.

Other public sector organisations:

- NIFRS will seek regular communication between the care and support community and our Operational Response teams in order that we can take account of the risks posed and deliver an appropriate response.
- It is recognised that a wide range of government departments and voluntary agencies have contact with people at risk, and that this may be a useful source of information for NIFRS. NIFRS will seek to maximise any such opportunities and establish a forum to share information and ideas.

Voluntary/community/trade unions:

- Section 75 representative groups across Northern Ireland
- Fire Brigades Union
- Also individuals and groups on the current NIFRS Equality Consultee list.

Other, please specify:

- Voluntary and community agencies working with our targeted group. Trade Unions including Fire Brigade Union (FBU), UNITE and NI Public Service Alliance (NIPSA).

Other policies with a bearing on this strategy

What are they and who owns them?

- **NIFRS Prevention & Protection Strategy (2014-19)** – Community Protection Department
- **NIFRS People at Risk Strategy** – Community Protection Department
- **NIFRS Integrated Risk Management Plan 2016-19** – Operations Policy Unit

Available evidence

Evidence to help inform the screening process may take many forms. Public authorities should ensure that their screening decision is informed by relevant data.

What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Section 75 Category	Details of Evidence/Information
Age	<p>The Strategy has been formulated based upon experience gained via the implementation of our previous strategy and upon research and analysis of fatal fires in NI over a 15 year period. It is also based on best practice within UK Fire and Rescue Services and on academic research.</p> <p>Virtually 50% of all fatalities are people aged 60+ in the past 15 years.</p> <p>CFOAs' first national strategy aimed at protecting older people from deaths and injuries caused by fire in the home states that fatalities and injuries from fire in the home will rise in proportion to the increases in the numbers of older people. The challenge and objectives set out within CFOAs' Strategy will be encompassed within NIFRS' People at Risk Strategy.</p> <p>Revision to the age at which people are considered more at risk is due to feedback from stakeholders on our previous consultation and also based on academic research completed in 2014 into fatal dwelling fires in NI (Harpur, A, 2014. <i>A Detailed Investigation Into Occupant Behaviours and Influencing Factors Surrounding Fatal Dwelling Fire Incidents in Northern Ireland</i>. Doctorate of Philosophy. University of Reading).</p> <p>Research conducted by A. Harpur in 2014 supported lowering the age to 60 and also supported NIFRS definition of People at Risk. The research consisted of an in-depth study of the circumstances surrounding fatal dwelling fires in Northern Ireland. The research looked at key risk factors and demographics of those who had died in dwelling fires during the 10 year period. The research looked at elderly fatalities and revealed that the key issue associated with this group was age-related deterioration in mental and physical health which often led to limited mobility.</p> <p>The 2011 census showed a population of 1,810,863 residents in Northern Ireland with almost 20% being aged 60+. The Northern Ireland Statistics & Research Agency (NISRA) project the population of NI will increase by 5.2% by 2022 reaching 1,918,500 people.</p>

Section 75 Category	Details of Evidence/Information
<p data-bbox="156 304 328 412">Persons with disabilities</p> <p data-bbox="156 584 349 692">Persons with dependants</p>	<p data-bbox="379 309 1394 383">Based on statistics from Northern Ireland Survey of people with Activity Limitations and Disabilities (NISALD):</p> <p data-bbox="379 421 1366 528">18% of the Northern Ireland population of all ages living in private households face limitations in their daily living as a consequence of a disability or long term condition.</p> <p data-bbox="379 566 1374 640">Almost two out of every five households in Northern Ireland include at least one person with a limiting disability.</p> <p data-bbox="379 678 1409 752">More than one-fifth (21%) of adults in Northern Ireland have at least one disability. Amongst children, 6% are affected by a disability.</p> <p data-bbox="379 790 1430 898">There is a clear increase in disability with age, rising to 60% amongst those aged 75 and above. Indeed, amongst the very elderly, aged 85 and above, two-thirds are living with a disability or disabilities.</p>

Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 Category	Details of Needs/Experiences/Priorities
Age	Partnership agreements will be developed with a range of stakeholders from across the statutory, voluntary and community sectors to identify older people so NIFRS can carry out a home fire safety check.
Persons with disabilities	Partnership agreements will be developed with a range of stakeholders from across the statutory, voluntary and community sectors to identify people with disabilities so NIFRS can carry out a home fire safety check.

Section 75 Category	Details of Needs/Experiences/Priorities
Persons with dependants	<p>Partnership agreements will be developed with a range of stakeholders from across the statutory, voluntary and community sectors to identify people with dependants (care of a person with a disability; or the care of a dependant older person) so NIFRS can carry out a home fire safety check.</p> <p>During the consultation process we will host stakeholder meetings with relevant agencies/groups to discuss the following key factors:</p> <ul style="list-style-type: none"> • Lowering the age from 65 to 60; • Definition of Impairment; and • Partnership working.
Men and women generally	<p>The risk of fire is not gender dependent, there is however a higher risk to individuals in NIFRS people at risk category who live alone.</p>

**Section 75
Category**

**Consultation responses on strategy (written) – full
written responses contained in Appendix 1**

Disability and
dependency

Parent of a child with special needs

I believe that change does not ensure those with special educational needs are not strongly enough mentioned in the statement and they should have their own category.

For example my son has autism and while physically he has no mobility problems he would certainly have problems cognitively realising the danger he may be in, potentially causing him not to evacuate in an emergency situation.

I see you have stated the “Impaired mobility” category but I strongly feel that this is not good enough. Many reading the document will not interpret it the way it should be and through ignorance discount those vulnerable people with special needs.

Disability and
non-section 75
categories

**Assistant Director of Disability Services, Southern Health and
Social Care Trust**

People with addictions, drugs or alcohol, should be included as an identified group at risk

Individuals with a Disability living alone, or deemed vulnerable should also be identified specifically as a vulnerable group

Section 75 Category	Consultation responses on strategy (written correspondence) full written responses contained in Appendix 1
Age, Disability and Racial Group	<p data-bbox="395 331 1536 398">Accident Prevention, Southern Health and Social Care Trust (key extracts from response)</p> <p data-bbox="395 432 1536 533">“.....greater clarity is needed to demonstrate the type of activities that the NIFRS will engage in to provide fire safety advice to others who do not meet the new proposed criteria for a HFSC including a free smoke alarm”.</p> <p data-bbox="395 566 1536 667">Will those outside of the proposed criteria essentially be given a HFSC but not receive a fitted smoke alarm or will this fire safety advice take other forms and not extend to a home visit?</p> <p data-bbox="395 701 1536 835">I would have concerns that other vulnerable groups could be disadvantaged by not being able to self-refer to the NIFRS for a HFSC as has always been the case. This would include adults living alone (with or without dependants), those under 60 years with:</p> <ul data-bbox="443 880 1536 1048" style="list-style-type: none"> • a mobility issue • a drug/alcohol issue (prescribed or illegal drug use) • a mental health impairment or sensory impairment • from a minority ethnic group including migrants and members of the Travelling community. <p data-bbox="395 1081 1536 1283">People under 60 years of age can and will share many of the common risk factors found to put people aged 60+ years at increased risk of accidentally causing a fatal fire or not being able to respond/escape if a fire occurs. NI has a substantial number of migrants and Travellers many of whom would be under the age of 60 years. Data from NINIS shows that from 2001 births to mothers from outside of NI were 2,968 in 2014 this figure had increased to 4,625 and represented 17.5% of all births in NI.</p> <p data-bbox="395 1317 1536 1485">Based on the figures you provide 77 fatalities have occurred among people aged under 60 years compared to 71 fatalities among people aged 60+. While I agree that there is a higher prevalence of deaths from dwelling fires for those aged over 60 years and over, your proposed changes I feel could have the potential to negatively impact on other vulnerable groups who accounted for the 77 deaths.</p> <p data-bbox="395 1518 1536 1585">Research Bulletin No 9 – Learning Lessons from Real Fires: Findings from Fatal Fire Investigation Reports</p> <p data-bbox="395 1619 1536 1653">Factors that increase the risk of suffering a domestic fire include:</p> <ul data-bbox="411 1686 1536 1921" style="list-style-type: none"> • The household has previously been a victim of crime • Lone parents/adults with children compared with single adults • Whether householders have a disability • Whether a household contains a smoker • Social renters compared to homeowners • Dwelling is in a poor physical condition • Households with elderly and geriatric people, particularly those living alone <p data-bbox="395 1955 1536 2047">In addition to many of the factors listed above, non-smoke alarm ownership is also influenced by ethnicity (minority ethnic households are less likely to own an alarm) and financial instability.</p>

<p>Section 75 Category</p>	<p>Summary of comments from Stakeholders at Stakeholder Sessions held on 21 March 2016 and 23 March 2016 (Minutes of meetings can be found in Appendix 2)</p>
<p>Age and Disability</p>	<p>Representative from Commissioner for Older People NI – welcomed the lowering of the age to 60.</p> <p>Representative from Good Morning Network (ABCD) – advised that the Network used to define older people as those aged 55 and above but they lowered it as research showed that males between the ages of 50-60 with mental health issues were their most at risk group.</p> <p>Representative from Leonard Cheshire – queried why disability has been omitted from the definition of people at risk. She commented that Leonard Cheshire use the United Nations Convention term for the disabled “the term persons with disabilities including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others.”</p> <p>Representatives from Leonard Cheshire and FACT stated they thought it was important that the term disability should be included in the definition to make it more complete.</p>
<p>Age and Disability</p>	<p>Representative from Leonard Cheshire stated that safeguarding issues need to be taken into consideration within the partnership agreement process.</p>

Section 75 Category	Actions by NIFRS as a result of written feedback from consultees and following stakeholder meetings
Disability	<p>Amendment to definition of People at Risk</p> <p>Feedback from the consultation and stakeholder sessions clearly indicated that people with disabilities should be clearly acknowledged in the definition.</p> <p>As a result the definition was amended to:</p> <p>We define people at risk as persons who:</p> <ul style="list-style-type: none"> • are aged 60 or older; • have a disability or impaired mobility*; or • are referred to NIFRS by a partnership agency. <p>*includes people with a health condition that would impact on their ability to acknowledge and respond to an emergency in the home.</p> <p>NIFRS will also accept referrals for people who fall outside of this definition but who may also be at risk. Each referral will be assessed on a case-by-case basis.</p> <p>The amended definition came into effect on 1st August 2016 and all those who participated in the consultation process were notified by email of the resultant change.</p>
Various	<p>Meeting with the Southern Health and Social Care Trust Accident Prevention Team to discuss points raised</p> <p>Following the comprehensive response received from the Accident Prevention team in Southern Health and Social Care Trust a meeting was arranged to discuss the pertinent points raised. Each issue raised was discussed and NIFRS position in relation to People at Risk definition was clarified with attendees of the meeting.</p>

Part 2: Screening Questions

Introduction

1. If the conclusion is **none** in respect of all of the Section 75 categories, then you may decide to screen the policy **out**. If a policy is 'screened out', you should give details of the reasons for the decision taken.
2. If the conclusion is **major** in respect of one or more of the Section 75 categories, then consideration should be given to subjecting the policy to an EQIA.
3. If the conclusion is **minor** in respect of one or more of the Section 75 categories, then consideration should still be given to proceeding with an EQIA, or to measures to mitigate the adverse impact; or an alternative policy.

Taking into account the earlier evidence, consider and comment on the likely impact on equality of opportunity / good relations for those affected by this policy, by applying the following screening questions and the impact on the group i.e. minor, major or none.

Screening questions

1. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 grounds? Minor/Major/None

Section 75 Category	Details of Impact of the Principles of the People at Risk Strategy	Level of Impact? Minor/Major/None
Religious belief		None
Political opinion		None
Racial / ethnic group		None
Age	Statistical analysis and comprehensive research shows that the risk of accidental dwelling fires increases with age. In NI virtually 50% of all fire fatalities over the past 15 years were people aged 60+	Major
Marital status		None
Sexual orientation		None
Men and women generally	The risk of fire is not gender dependent. There is a higher risk to individuals who live alone and fall within the at risk categories.	Major
Disability	Statistical analysis and research shows that people with an impairment or health condition that would impact on their ability to acknowledge and respond to an emergency in the home are a high risk group.	Major
Dependants		Minor

2. Are there opportunities to better promote equality of opportunity for people within any of the Section 75 categories?		
Section 75 Category	If Yes , provide details	If No , provide reasons
Disability	<p>There are opportunities within the aims and objectives of the Strategy to give more consideration to interaction with disabled groups and groups who support older people in our community</p> <p>Consultation took place with stakeholders representing disabled people, this included stakeholder meetings.</p> <p>The aim of the strategy revision is positive as it proposes to target those at risk, including those with disabilities. In addition NIFRS will be working together with partner agencies to target disabled people at risk from dwelling fires.</p>	

3. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? Minor/Major/None		
Good Relations Category	Details of Impact of the Principles of the People at Risk Strategy	Level of impact Minor/Major/None
Religious belief	None envisaged	None
Political opinion	None envisaged	None
Racial group	None envisaged	None

4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
	<p>NIFRS aims to forge partnerships with agencies already working with its people at risk groups and is open to forming partnership agreements with all potential partners.</p> <p>NIFRS community engagement activities and media advertising target all sections of the community.</p>	

Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?

(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).

The strategy is targeted towards those who are aged 60+ and/or have impaired mobility which may impact on their ability to recognise and respond to an emergency in the home.

People with multiple section 75 identities are likely fall within the at risk group but this will be irrespective of gender, political opinion, religious belief, sexual orientation, race or marital status.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

None identified at this stage.

Part 3: Screening Decision

In light of your answers to the previous questions, do you feel that the policy should: (please underline one):

1. Not be subject to an EQIA (with no mitigating measures required)
2. Not be subject to an EQIA (with mitigating measures /alternative policies)
3. Be subject to an EQIA

If 1. or 2. (i.e. not be subject to an EQIA), please provide details of the reasons why:

2. Following consultation and feedback from stakeholder meetings there is a general consensus amongst the public that NIFRS is moving in the right direction with its targeted approach to HFSCs. As a result of consultation, NIFRS has revised its definition of people at risk as below:-

We define people at risk as persons who:

- are aged 60 or older;
- have a disability or impaired mobility*; or
- are referred to NIFRS by a partnership agency.

*includes people with a health condition that would impact on their ability to acknowledge and respond to an emergency in the home.

NIFRS will also accept referrals for people who fall outside of this definition but who may also be at risk. Each referral will be assessed on a case-by-case basis.

If 2. (i.e. not be subject to an EQIA), in what ways can identified adverse impacts attaching to the policy be mitigated or an alternative policy be introduced?

Not applicable

In light of these revisions, is there a need to re-screen the revised/alternative policy at a future date? YES / NO

If YES, when & why?

If 3. (i.e. to conduct an EQIA), please provide details of the reasons:

Timetabling and Prioritising EQIA

If 3, is the policy affected by timetables established by other relevant public authorities? ~~YES~~/ NO

If YES, please provide details:

Not applicable.

Please answer the following questions to determine priority for timetabling the EQIA. On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for EQIA.

Priority criterion	Rating (1-3)
Effect on equality of opportunity and good relations	Not applicable
Social need	Not applicable
Effect on people's daily lives	Not applicable
Relevance to a public authority's functions	Not applicable

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for EQIA. This list of priorities will assist you in timetabling the EQIA. Details of your EQIA timetable should be included in the quarterly Section 75 report.

Proposed date for commencing EQIA: Not applicable

Any further comments on the screening process and any subsequent actions?

Although the initial People at Risk definition was designed to encapsulate all people in society who are potentially at risk from dwelling fires, the feedback received during the consultation period highlighted that people with disabilities should be specifically mentioned. As a result the definition was amended to include people who 'have a disability'.

The updated definition will be cascaded and included in all relevant partnership documentation.

Part 4: Monitoring

Effective monitoring will help identify any future adverse impacts arising from the policy which may lead you to conduct an EQIA, as well as help with future planning and policy development. You should consider the guidance contained in the Equality Commission's Monitoring Guidance for Use by Public Authorities (July 2007). The Commission recommends that, where the policy has been amended or an alternative policy introduced, then you should monitor more broadly than for adverse impact (See Benefits, P.9-10, paras 2.13 – 2.20 of the Monitoring Guidance).

Please detail proposed monitoring arrangements below:

Monitoring and reporting on the implementation of the People at Risk Strategy will be carried out at least 10 times a year through formal meetings of the Prevention & Protection Delivery Group which is chaired by the Assistant Chief Fire Officer and has representation from Community Protection senior safety officers from each area.

Performance indicators will be set for each local area business plan and these will feed directly into the overall Community Protection business plan to be monitored and reported on as part of the overall Corporate aims and objectives.

Part 5: Approval and Authorisation

Screened by:	Position/Job Title	Date
Catherine Bloomfield	Partnership Manager	August 2016
Caroline Smyth	Human Resources Advisor – Equality, Inclusion & Legal	August 2016
Approved by:		
Alan Walmsley	Assistant Chief Fire Officer Community Protection	August 2016

Note: A copy of the Screening Report for each policy screened should be 'signed off' and approved by a senior manager responsible for the policy. The Policy Lead Officer will have involved the HR Manager (Equality, Inclusion & Legal) from the outset and will make the Report accessible on the NIFRS website following completion. This is in compliance with Equality Commission for Northern Ireland requirements.

Appendix 1 – Written feedback from consultees

1. Parent of a child with special needs
2. NIFRS – Area Commander (Southern Area)
3. Accident Prevention - Southern Health and Social Care Trust
4. Disability Services - Southern Health and Social Care Trust
5. Commissioner for Older People in Northern Ireland (COPNI)
6. Lisburn and Castlereagh City Council
7. Causeway Coast and Glens Policing and Community Safety Partnership

1. Parent of a child with special needs

I am a parent of a child with special needs who would qualify as a person at risk

I believe that change does not ensure those with special educational needs are not strongly enough mentioned in the statement and they should have their own category. For example my son has autism and while physically he has no mobility problems he would certainly have problems cognitively realising the danger he may be in, potentially causing him not to evacuate in an emergency situation.

I see you have stated the "Impaired mobility" category but I strongly feel that this is not good enough. Many reading the document will not interpret it the way it should be and through ignorance discount those vulnerable people with special needs.

I know from experience that people with autism like routine and any break from routine can be very upsetting, unfortunately in an emergency situation this upset may prove to be contributory to putting them in more danger.

I think it would be a mistake to change to the proposed wording.

2. NIFRS - Area Commander (Southern Area)

I have some significant experience in delivering the service to those in need on behalf of NIFRS and I am a volunteer with a charity which works with the socially disadvantaged; the people we (St. Vincent de Paul Society) assist would greatly benefit from any support to make their quality of life better and safer.

I am fully supportive of the changes as proposed and I can only see this as a positive benefit.

The St. Vincent de Paul Society already have a number of protocols in place to work with partner agencies in the statutory sector and we have found that those people who are vulnerable in one aspect e.g. alcohol/drugs dependency or mobility issues, also tend to be vulnerable in many other aspects of their life.

Provided NIFRS have a framework for guidance on a risk-based response and apply this as the rationale for any decisions; then I am certain that equality, fairness and good relations will not be negatively impacted upon.

I agree with the outcome of the screening assessment.

3. Accident Prevention, Southern Health and Social Care Trust

I coordinate the health improvement action plan for the Southern Trust area – this plan of work aims to reduce injuries and deaths from all home accidents including accidental dwelling fires.

I think greater clarity is needed to demonstrate the type of activities that the NIFRS will engage in to provide fire safety advice to others who do not meet the new proposed criteria for a HFSC including a free smoke alarm.

Will those outside of the proposed criteria essentially be given a HFSC but not receive a fitted smoke alarm or will this fire safety advice take other forms and not extend to a home visit?

I envisage a positive impact on people aged 60+, those with impairments and among agencies and staff working with these groups in that more referrals and HFSCs are likely to be provided to these groups who are indeed at increased risk from injury/death because of accidental dwelling fires.

I would have concerns that other vulnerable groups could be disadvantaged by not being able to self-refer to the NIFRS for a HFSC as has always been the case. This would include adults living alone (with or without dependants), those under 60 years with:

- a mobility issue
- a drug/alcohol issue (prescribed or illegal drug use)
- a mental health impairment or sensory impairment
- from a minority ethnic group including migrants and members of the Travelling community.

People under 60 years of age can and will share many of the common risk factors found to put people aged 60+ years at increased risk of accidentally causing a fatal fire or not being able to respond/escape if a fire occurs. NI has a substantial number of migrants and Travellers many of whom would be under the age of 60 years. Data from NINIS shows that from 2001 births to mothers from outside of NI were 2,968 in 2014 this figure had increased to 4,625 and represented 17.5% of all births in NI.

www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=74&themeName=Population

If these individuals are not engaged with service providers (statutory, voluntary, private, community) and remain unknown and unsupported then surely the proposed changes will exclude them from receiving a HFSC at their own request and they have no agency to make a referral on their behalf.

The provision of information alone on reducing fire risk may not be enough to prevent a fire fatality among individuals with these risk factors. All elements need to be in place – prevention, detection and escape. The message from the Fire Service for many years has emphasised that without a working smoke alarm in the home – individuals are at much greater risk of dying in a house fire.

Additional funding for free smoke and carbon monoxide alarms has been announced in England as recently as 2015 – it seems unfair that such resources are not being provided to the NIFRS and the NI population. www.gov.uk/government/news/3-million-fund-means-thousands-more-tenants-will-have-working-smoke-alarms In addition Scotland appears to still be offering full HFSC to all clients who can still self-refer. www.firescotland.gov.uk/your-safety/for-householders/home-fire-safety-visit.aspx

South Wales have taken a similar approach to what you are proposing – it may be worth reviewing their accompanying guidance on who should be receiving the service and what type of clients/patients should be targeted for the referrals: www.southwales-fire.gov.uk/English/yoursafety/home/Pages/WhoneedsaHomeFireSafetyCheck.aspx

Based on the figures you provide 77 fatalities have occurred among people aged under 60 years compared to 71 fatalities among people aged 60+. While I agree that there is a higher prevalence of deaths from dwelling fires for those aged over 60 years and over, your proposed changes I feel could have the potential to negatively impact on other vulnerable groups who accounted for the 77 deaths.

ARSON CONTROL FORUM. Research Bulletin no.9. Learning Lessons from Real Fires: Findings from Fatal Fire Investigation Reports.

<http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/fire/pdf/151012.pdf>

This document highlights a number of socio-demographic and behavioural factors that are known to increase the risk of experiencing a domestic fire, and of being killed once a fire has started.

Factors that increase the risk of suffering a domestic fire include:

- The household has previously been a victim of crime
- Lone parents/adults with children compared with single adults
- Whether householders have a disability
- Whether a household contains a smoker
- Social renters compared to homeowners
- Dwelling is in a poor physical condition
- Households with elderly and geriatric people, particularly those living alone²

The document also states:

People in households without a functioning smoke alarm are at greater risk of being killed or injured once a fire breaks out. In addition to many of the factors listed above, **non-smoke alarm ownership** is also influenced by ethnicity (minority ethnic households are less likely to own an alarm) and financial instability.

*In summary it states that risk factors directly contributing to the fatal fires that overall, nearly 80% of all fires involved victims who were impaired in some way, either through substance use, mental or physical impairment, **whether or not related to age**, or a combination of these factors.*

Alcohol is known to increase home accidents and is a factor in many accidental dwelling fires. The report 'Drinkwise, Age Well: Alcohol Use and the Over 50s in the UK', gives findings from a major survey among 16,700 respondents over the age of 50. This report (published in January 2016), showed that there is a significant minority (17%) of the survey respondents who are termed as **increasing risk drinkers** – those who drink 4 or more times each week.

<http://drinkwiseagewell.org.uk/resources/report/>

Around 4 in 5 of increasing risk drinkers said that on no occasion had relatives, friends, doctors or other health workers been concerned about their drinking or suggested that they cut down. Around a quarter (23%) of respondents would not know where to go for help if they needed it, with 1 in 4 saying they would not tell anyone if they needed help.

Not only do many have a lack of awareness of the risks associated with alcohol, many had no awareness or understanding of the recommended alcohol limits or how to interpret an alcohol unit.

The report also stated that there was still notable proportions of older people in Northern Ireland drinking above the weekly limits, with 22% of men and 13% of women aged 55-64 doing so. In addition, more than 1 in 10 men aged 75+ drink above the weekly limit.

Most hospital admissions (alcohol related) are among those aged 45-64 years in Northern Ireland. The report highlights that a significant challenge is the lack of awareness amongst health and social care professionals and that alcohol related harm in older adults is not being detected.

New and existing fire risks among under 65s

Electrical appliances whether counterfeit or genuine, are a major cause of accidental dwelling fires each year. Many counterfeit goods can be purchased via internet sales, social media marketplaces (eg gumtree, ebay) and with the use of online banking. Given the higher use of online sales among those aged 65 and under, this group is more likely to be at increased risk from such fires involving faulty products. Substandard materials are used in the manufacture of these goods, essential safety components are either not present or are of poor quality.

Electrical Safety First in its report 'A Shocking Rip Off – The true cost of counterfeit electrical products' published in December 2015 shows that faulty electrical appliances are responsible for over 7,000 domestic fires a year.

www.electricalsafetyfirst.org.uk/news-and-campaigns/policies-and-research/reports/

There are a number of new electrical products associated with high fire risks including Hoover boards, tumble dryers, large fridge freezers, chargers used for mobile phones, electronic tablets, e-cigarettes – are more likely to be used in the homes of under 65 year olds.

It is estimated that 2.6 million adults in Great Britain currently use electronic cigarettes. The majority of these devices use a rechargeable product with either replaceable, pre-filled cartridges or a reservoir/tank. Only 5% of electronic cigarette users use disposable products.

www.ash.org.uk/files/documents/ASH_891.pdf

The most common age group for women to vape were those aged 35 to 44, whereas for men the most common groups are 45 to 54 and 55 to 64.

www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2014/pdf

Private rented sector

People renting from private landlords are also a vulnerable group. The UK charity **Electrical Safety First** is campaigning for greater safety for all tenants in Northern Ireland who rent from a private landlord. During 2013-14 electrical-related fires accounted for over 65% of all accidental fires in Northern Ireland. A briefing paper outlining the recommendations to the NI Executive are outlined:

[www.southerntrust.hscni.net/pdf/Briefing Note Electrical Safety in Northern Ireland Private Rented Sector may 2015.pdf](http://www.southerntrust.hscni.net/pdf/Briefing%20Note%20Electrical%20Safety%20in%20Northern%20Ireland%20Private%20Rented%20Sector%20may%202015.pdf)

Effective communication of the strategy will be essential. Following the review will the impact of the proposed changes be monitored to see if it is having the desired outcome in reducing fire deaths overall? If this is not the case then there should be some means by which smoke alarms can be provided to at risk individuals under the age of 60 years.

Could the review include a commitment to sign post members of the public to other services that might be able to provide free smoke alarms? Eg handyman services, home safety schemes/officers or the development of new service providers.

The development of many new partnerships with agencies that work with vulnerable groups will be essential to help target services at those most in need. The development of an effective and accessible referral mechanism for agencies to use will also be essential. If this could embrace new technology such as apps or be done using email or tablet devices all the better as many health professional working in the community will be using these technologies in the future.

It would also be useful for those agencies and staff who make the referrals to the NIFRS for their patients/clients to have a free HFSC, that they be kept informed when the check has taken place and that they have some way of red flagging urgent referrals.

4. Disability Services, Southern Health and Social Care Trust

- People with addictions, drugs or alcohol, should be included as an identified group at risk
- Individuals with a Disability living alone, or deemed vulnerable should also be identified specifically as a vulnerable group.

5. Commissioner for Older People in Northern Ireland (COPNI)



Ms Catherine Bloomfield
Fire & Rescue Service Headquarters
Human Resources
1 Seymour Street
Lisburn
BT27 4SX

25th March 2016

Dear Catherine,

Re: Principles for a Review of NIFRS People at Risk Strategy

I am writing to you on behalf of the Commissioner for Older People for Northern Ireland in relation to the proposed changes outlined in the draft Principles for a Review of NIFRS People at Risk Strategy. The role of the Commissioner is to promote awareness of issues relating to older people and to be an authoritative champion for them.

COPNI is aware of the need to ensure the sustainability of services provided to the public and is pleased to see that free Fire Safety Advice will still be available to all members of the public.

COPNI welcomes the changes to the current definition of 'People at Risk' from people aged 65 and over to people aged 60 and over. This is in line with the Commissioner for Older People Act (Northern Ireland) 2011 which defines older people as a person aged 60 or over.

COPNI also welcomes the change in the definition from 'people with a disability and with other health-related issues' to the broader definition of 'people with impaired mobility which includes people with an impairment or health condition that would impact on their ability to acknowledge and respond to an emergency in the home'. This should provide support to those people who have reduced mobility but are aged under 60. Further to this, COPNI very much welcomes the introduction of placing a smoke alarm in the bedroom of people who meet these criteria.

In relation to the proposal for referrals to be made by partnership agencies, COPNI is encouraged to see partnership working as a central tenet to the revised NIFRS People at Risk Strategy. COPNI is also encouraged that all referrals that fall outside of the new prescribed criteria will be assessed on a case-by-case basis, meaning that those who might need extra assistance due to reduced mobility will still receive it.

Equality House, 7-9 Shaftesbury Square, Belfast, Northern Ireland, BT2 7DP
Tel: 028 90 890 892 Textphone: 028 90 500 589 Email: info@copni.org

6. Lisburn and Castlereagh City Council

At its meeting held on the 26th April 2016 – the Council accepted a recommendation from its Corporate Services Committee to note the content of the above consultation.

7. Causeway Coast and Glens Policing and Community Safety Partnership

PCSP Chair

Causeway Coast and Glens Policing and Community Safety Partnership, at its meeting on Thursday 7th April 2016, considered the proposals contained in the current Northern Ireland Fire and Rescue Service Section 75 consultation on Principles for a Review of NIFRS People at Risk Strategy and agreed the following:

The definition of “People at Risk” should be changed to people who:-

- Are aged 60 or older; or
- Have impaired mobility; or
- Are referred to NIFRS by partnership agency; and

That NIFRS should establish further partnership arrangements with referral agencies.

Appendix 2 – Minutes of NIFRS Stakeholder Meetings

1. First Stakeholder Meeting held on Monday 21 March 2016
Eastern Area Command – Belfast
2. Second Stakeholder Meeting held on Wednesday 23 March 2016
Omagh Community Fire Station

1. First Stakeholder Meeting

Monday 21st March 2016 – Eastern Area Command, Belfast

Attendees

Patricia Stewart (PS)	Policy & Research Officer	Commissioner for Older People NI
Brian Marley (BM)	Fire Safety Officer	Belfast health and Social Care Trust
Seamus Donnelly (SD)	Centre & Programmes Manager	Good Morning Network (ABCD)
Michael Burns (MB)		Belfast PCSP (Policing and Community Safety Partnership)
Alan Walmsley (AW)	Assistant Chief Fire Officer	NIFRS
Chris Fee (CF)	Group Commander	NIFRS
Caroline Smyth (CS)	Human Resources Officer – Equality, Inclusion & Legal	NIFRS
Catherine Bloomfield (CB)	Partnership/Road Safety Manager	NIFRS

Operational & Support staff from EAC

AW welcomed everyone to the meeting and delivered a presentation on NIFRS People at Risk Strategy. The presentation covered the background to the strategy and the rationale for the changes being proposed by NIFRS which are currently out for consultation.

Following the presentation AW invited comments and discussion from the group on 3 main areas:

1. Reduction in age from 65 to 60
2. Definition of impairment or health condition
3. Partnership Working

Age

PS stated she welcomed the lowering of age to 60 as this brings it in line with the Commissioner for Older People legislation.

SD commented that the Good Morning Network used to define older people as those 55 and above but they lowered it as research showed that males between the ages of 50-60 with mental health issues were their most at risk group.

Impairment

The group were content with the definition for impaired mobility and had no comments to add.

Partnership Working

Operational staff enquired if census output data would be utilised to identify areas to target e.g. if a crew are out doing a home fire safety check (HFSC) in a particular street the crew could also target other residence in the street who fit the PAR definition if the data was available.

AW responded that this is something to work towards as data sharing protocols would need to be established with relevant partner agencies and these take time to establish.

MB suggested it would be good to expand the partnership agreement beyond HFSCs to include other activities such as roadshows, community events etc.

AW agreed and mentioned that UK FRS are starting to do this with the introduction of the safe & wellbeing agenda and stated that it is only a matter of time before NIFRS start along this route too.

SD enquired about CO monitors and asked if this is something NIFRS are considering taking on. AW responded that CO is the responsibility of the Health & Safety Executive and whilst NIFRS don't give them out our crews supply advice and assistance regarding CO when doing HFSCs.

BM raised a concern about training 800 domiciliary workers and over 200 health visitors on what to look out for and how to identify someone who needs a HFSC. PS agreed with this and commented that they have a lot of independent workers and a high turnover of staff. She also commented that it also takes some time to report back and mechanisms need to be in place to capture the information.

AW responded that the new process being put in place as part of the PAR Strategy would hopefully address these issues. The new procedure will come into effect from the 1st April although the Strategy will not be produced until September. It is hoped that this initial period would allow NIFRS to identify and address any procedural issues prior to implementation in September.

SD commented that feedback forms a crucial part of any partnership agreement to which AW responded that an evaluation and review process has been built in to the new partnership agreement process.

Summary of Points of Note

- Lowering age to 60 was welcomed
- Impairment and health condition definition was not challenged by the group
- Partnership agreements should be broader than HFSC and include other safe & wellbeing initiatives
- Training of partner organisation staff highly important
- Reporting mechanisms within and between partnerships need to be in place.
- Data sharing protocols/data protection should be taken into consideration.

2. Second Stakeholder Meeting

Wednesday 23rd March 2016 – Omagh Community Fire Station

Attendees

Eilis Mulholland (EM)	Service Manager	Leonard Cheshire
Pauline McGeown (PMG)		Leonard Cheshire
Norman Kirkpatrick (NK)	Manager	FACT
Alan Walmsley (AW)	Assistant Chief Fire Officer	NIFRS
Catherine Bloomfield (CB)	Partnership/Road Safety Manager	NIFRS
Operational Staff from Omagh District		

AW welcomed everyone to the meeting and delivered a presentation on NIFRS People at Risk Strategy. The presentation covered the background to the strategy and the rationale for the changes being proposed by NIFRS which are currently out for consultation.

During the presentation AW invited comments and discussion from the group on 3 main areas:

1. Reduction in age from 65 to 60
2. Definition of impairment or health condition
3. Partnership Working

EM queried why disability has been omitted from the definition of People at Risk. She stated that there are a huge number of people living with disabilities in UK and many more people live with hidden disabilities (asthma, arthritis etc). Anyone with a long term health condition can be considered disabled. She commented that Leonard Cheshire (LC) use the United Nations Convention for the term disabled.

UN defines disabled as: -

“The term persons with disabilities is used to apply to all persons with disabilities including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others”.

AW explained that in drawing up the definition of people at risk disability was omitted and it was considered the terms impaired mobility and health condition were wide descriptors utilised to capture as many conditions as possible.

EM, PMG and NK all stated they thought it was important that the term disability should be included in the definition to make it more complete.

On the topic of partnership working EM queried the number of HFSC requests NIFRS could handle. She stated that although LC currently has a MoU in place with NIFRS she is reluctant to make referrals as she is unsure of the capacity of NIFRS to handle the number of requests.

AW reassured EM of NIFRS' ability to carry out HFSCs within the stipulated timeframe and encouraged her to use NIFRS referral process for clients.

EM also suggested that NIFRS share fire safety advice with the public via LC website.

She also stated that safeguarding issues need to be taken into consideration within the partnership agreement process. AW agreed and stated that this is underway and some NIFRS staff are currently undergoing training to be designated officers within NIFRS.

In drawing the meeting to a close AW thanked everyone for coming along and suggested a few more stakeholder meetings may be organised to take place in April. EM requested to be kept informed particularly if an event was going to be held in Lurgan as LC have over 500 workers there.

Summary of Points of Note

- Lowering age to 60 was not challenged or commented upon by the group
- Disability should be included in the definition
- Capacity to deliver on HFSCs was queried
- Fire Safety advice and guidance should be shared with the public via partner agency websites
- Safeguarding needs built into the partnership agreement process.