

What equalities legislation is there?

The [Equality Act 2010](#) is a single legal framework that seeks to provide a clear basis upon which to tackle disadvantage and discrimination. Most of the provisions of the Act came into force in October 2010, replacing and consolidating nine pieces of legislation. The Act seeks to ensure people are not discriminated against because they **share certain ‘protected characteristics’¹**, are **assumed to share** those characteristics or **associate with other people** that share a protected characteristic. It also aims to increase equality of opportunity and foster good relations between groups.

In the Act the Government created a [Public Sector Equality Duty](#). This Duty seeks to ensure public authorities play their part in making society fairer by requiring them to have ‘due regard’ to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and those who do not share it.

The Act covers both direct and indirect discrimination². The Act also extended protection to those experiencing associative discrimination. This occurs when a victim of discrimination does not have a protected characteristic but is discriminated against because of their association with someone who does e.g. the parent of a disabled child. It also extended the concept of discrimination by perception, where a victim of discrimination is presumed to have a protected characteristic, whether they do have it or not.

What does ‘due regard’ mean?

Having ‘due regard’ means giving an appropriate level of consideration to equalities issues. The Equality Act 2010 explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

¹ The ‘protected characteristics’ defined in the Act are: age; disability; gender reassignment; pregnancy and maternity; race (including ethnic or national origins, colour or nationality); religion or belief (including lack of belief); sex and sexual orientation. Marriage and civil partnerships is also protected but only with regards to the need to eliminate discrimination.

² Equality Law provides [useful summaries](#) of different types of discrimination.

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The Act also states that meeting different needs involves taking steps to take account of disabled people's disabilities. It also describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. Further, it states that compliance with the duty may involve treating some people more favourably than others.

The issue of 'due regard' has been considered in a number of Court cases³. It has been emphasised that there are no "prescribed" steps that public bodies must take to demonstrate due regard. In addition there are no particular outcomes that authorities must achieve for those that share protected characteristics as a result of having had 'due regard'. Rather the test of whether an authority has given due regard is a test of substance not "of mere form or box ticking". The duty therefore must be performed "with rigour and with an open mind" and where it forms part of a decision to be made by Members it is important for officers to "be rigorous in enquiring and reporting to them".

Surrey County Council demonstrates how it has applied 'due regard' to equalities by developing Equality Impact Assessments (EIAs) and incorporating the findings from these assessments into changes it makes to services, functions or policies.

Surrey County Council has also made a wider commitment to fairness and respect, which underpins everything we do. Our [One Council One Team Fairness and Respect Strategy 2012-2017](#) sets out our equality objectives for the organisation. It also demonstrates our commitment to deliver these objectives in partnership with local organisations and public bodies that are best placed to improve services for Surrey's residents.

What is this guidance and template for?

This guidance and template seeks to support staff when they are developing an EIA by:

- asking a series of questions that will ensure the equalities implications of any policy, function or service are considered in a robust fashion;
- ensuring that an action plan is produced to address any impacts that are identified; and
- ensuring that decision makers are provided with clear information about the potential impact of decisions on people with protected characteristics.

Do I need to complete an Equality Impact Assessment?

As a first step you will need to determine whether you need to complete an EIA for the policy, function or service you are developing or changing. The key question is whether any aspect of a new policy, function or service, or changes to an existing one, will have an impact on residents or staff, particularly people sharing protected characteristics. If it will then it is likely that an EIA will need to be completed⁴. **Very few of our policies, functions or services will have no equalities implications for either our residents or our staff.**

³ The Equality and Human Rights Commission has produced a summary of the implications of these cases in [The Public Sector Equality Duties and financial decisions](#).

⁴ The Equality and Human Rights Commission publication [Meeting the equality duty in policy and decision-making](#) includes useful guidance on what should be assessed.

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However, the level of detail within the EIA should be proportionate to the issue being considered and the scale of the impact. This means that the range of data used and the extent of community engagement undertaken should be proportionate to the issue being considered. For example, changes to an adult social care service that supports vulnerable elderly residents are likely to require a detailed EIA. However, changes to highway verge maintenance are likely to require either a light touch EIA or no EIA at all. **It is for Directorates to decide the level of detail required in their EIAs.**

If you decide not to complete an EIA, you must make a record of this decision. This might take the form of minutes of a meeting, an internal email or a record in a service plan. Most importantly, it must make clear **why you have concluded that an EIA is unnecessary**

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When should I complete an Equality Impact Assessment?

Consideration of equalities is an ongoing process. Your assessment should start early in the development of a new or amended policy, service or function. **It is vital that your consideration of equalities issues is not a one-off exercise undertaken at the end of a project.** You need only publish your final EIA. However, you should keep previous versions of your EIA as a record of how the proposals changed as a result of your analysis.

What if I identify negative impacts that can't be mitigated?

The outcome of your equality analysis is only one factor in the overall decision making process. Other factors (such as financial issues or legal matters) may have equal or greater influence over the decision. Further, the new or amended policy, service or function may have to proceed even though not all of the negative equality impacts can be mitigated. The important thing is that decision makers are aware of the equalities implications of the new or amended policy, service or function when making their decision and these implications are considered alongside all other factors.

How should I finalise my Equality Impact Assessment?

All EIAs should be approved by an appropriate level of management in accordance with equalities processes in your Directorate. This may include consideration of your EIA by your Directorate Equality Group, if you have one. Your Strategic Director, Leadership Team and/or Cabinet Member may also wish to approve your EIA.

Once your EIA is approved, you should send it to the Chief Executive's Policy Team (Equality and Diversity/CEO/SCC) for publication on the Council's website. It is important that we publish our EIAs as this is one of the ways that we demonstrate how we have paid 'due regard' to the equalities issues identified in the Equality Act.

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1. Topic of assessment

EIA title:	FRS Changes to emergency response cover for Spelthorne
EIA author:	Greg Finneron and Julia McDonald, Policy Officers

2. Approval

	Name	Date approved
7 Approved by ⁵	Russell Pearson	

3. Quality control

Version number	Draft 3	EIA completed	
Date saved	12/11/2013	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Greg Finneron	Policy Officer	SCC	EIA author
Mark Arkwell	Station Manger, East Area	SCC	FRS advisor
Doug Feery,	Barrister		External advisor

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	The Public Safety Plan (PSP) outlines 12 outcomes to be achieved by 2020. These include improving the balance of service provision across Surrey and improving the provision and use of property. This proposal will support that outcome, in order to be better positioned to achieve the Surrey Response standard for the whole of Surrey / across Surrey, whilst remaining within the available budget for the Service.
What proposals are you assessing?	Surrey Fire and Rescue Service (SFRS) currently base one 24-hour fire engine at both Sunbury and Staines Fire Stations, which provide most of the initial response cover for the Spelthorne area. SFRS proposes to create a new fire station in the borough of Spelthorne with either a single full time fire engine (option 4), or with a full time fire engine and an additional 24 hour 'on call' appliance (option 5). This means: <ul style="list-style-type: none"> i) Procuring a suitable site in the Ashford area and building a new fire station. ii) Deploying either one fire engine, or one fire engine and an "on call" appliance at this new station from a target date of April 2015. iii) Closing Sunbury and Staines fire stations once the new station is operational.

⁵ Refer to earlier guidance for details on getting approval for your EIA.

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<p>Who is affected by the proposals outlined above?</p>	<p>The potential impact of this move is likely to be on residents and businesses in the area of Spelthorne (continued cover), Runnymede and Elmbridge, as well as staff (re-location).</p> <p>The detailed impact of options on emergency response times was established at the beginning of July and shared with the public and partners during the consultation phase (13 weeks, starting 05/08/13). Modelling has shown that the benefits of the proposals would create a more efficient use of resources across the County (see improved Runnymede and Surrey response levels). Spelthorne residents would receive one fire engine attending incidents on average in less than seven minutes and in many cases that will be sufficient resources to deal with the emergency safely and effectively. The detailed impact on residents is outlined in section 7.</p>
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6. Sources of information

<p>Engagement carried out</p>
<p>The proposal has been shared with numerous stakeholders during consultation.</p> <p>Consultation activities included a widely publicised on-line survey, postal questionnaires, easy read questionnaires, presentations at public meetings, letters and emails to Voluntary, Community and Faith Sector (VCFS) stakeholders and partner agencies, as well as staff and union consultation. The Empowerment Board North Surrey and the Equalities Advisory Group have also been consulted. The consultation was publicised in local GP practices, schools, youth centres, churches, Post Offices, libraries, Citizens Advice Bureaux, community centres, through local media, SCC media and social media (see consultation plan, Annex 2).</p> <p>The consultation was also distributed amongst 'hard to reach' and higher risk groups. The consultation was provided in alternative formats with easy read questionnaires to ensure that those that need an easier questionnaire were reached. Local community and day centres, Cross Road Care, Surrey Association for the Visually Impaired, Surrey Adult Link Disability Registers, Voluntary Action In Spelthorne and Staines Mobility Shop were engaged to establish the most effective method of distribution of questionnaires and consequentially from advice received questionnaires were sent to community centres and day centres. The contact for Fairways also agreed to distribute copies to community support groups in Spelthorne. Spelthorne Talking News were also contacted to ensure publicity of the consultation to visually impaired people in the borough. Postal questionnaires were also sent to 29 care homes in Spelthorne to provide the opportunity for feedback from care home managers.</p>
<p>Data used</p>
<p>To inform the EIA, the project used:</p> <ul style="list-style-type: none"> • Impact modelling to ensure we understand the effects of different options • High risk group analysis using MOSAIC and Surrey-i data to understand the demographic makeup of the affected areas • Consultation and engagement with residents and businesses from affected areas • Feedback from partners and politicians • SFRS Community Risk Profile 2013-14 • SFRS & ASC Briefing Document for Frontline Staff • Demographic data on www.surreyi.gov.uk, including the Joint Strategic Needs Assessment (JSNA).

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7. Impact of the new / amended policy, service or function

7.1. Emergency response times

The proposals have been created following response modelling aimed at ensuring that throughout Surrey, more fire engines reach emergencies within the response standard than they do now. This model includes considering an average week for Surrey which would include false alarms, fires in a dwelling, other property and non property (secondary fires), as well as vehicle collisions and other incidents (special services). The fire engines would also have been used as required to standby at other locations to maintain emergency response cover across the County as required.

This is a countywide approach, based upon using our resources more efficiently for the whole of Surrey. The proposals impact on the estimated response time in 3 boroughs/districts, resulting in a slight overall change to Surrey’s average 1st response time.

Option 4: One 24 hour whole-time (immediately crewed) fire engine

The proposals have a **positive** impact on response times in Runnymede, where modelling predicts a decrease in the average 1st response time, with a higher proportion of responses within the Surrey Standard of 10 minutes. At present, Runnymede’s average first response time, at 08:36, while still within the Surrey Response Standard, is significantly above the Surrey average, of 07:28.

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The proposals have a **negative** impact in Elmbridge and Spelthorne. Modelling predicts an increase in the average 1st response time, and a reduction in the proportion of 1st responses within 10 minutes. While the change is slight for Elmbridge, it is greater in Spelthorne. It is for this reason that Spelthorne has been the main focus for consultation activity and risk profiling. In both instances, the average 1st response time would remain well within the Surrey Response Standard of 10 minutes, and below the Surrey average of 07:33s.

The changes to the deployment of fire engines means that residents in Runnymede that have previously had longer than average response times will have an improved provision (i.e. first engines are more likely to reach them within 10 minutes).

Response standard		1st response to all 2+ fire engine incidents		2nd response to all 2+ fire engine incidents		1st response to other emergencies
		Average	% in 10 mins	Average	% in 15 mins	% in 16 mins
Current situation	Surrey	07:28s	80.8	10:27s	86.7	96.8
	Spelthorne	05:44s	97.0	09:13s	98.2	99.8
	Elmbridge	06:45s	89.5	11:01s	95.0	99.5
	Runnymede	08:36s	69.2	10:21s	90.1	97.5
Proposal	Surrey	07:33s	82.5	10:27s	90.5	98.3
	Spelthorne	06:42s	91.4	10:24s	94.5	98.9
	Elmbridge	06:48s	88.6	11:14s	93.0	99.3
	Runnymede	07:18s	82.7	10:35s	92.5	98.8

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Option 5: One 24 hour whole-time (immediately crewed) fire engine and one 24 hour “On-call” fire appliance

The provision of a second “On-call” fire engine compared to one whole-time fire engine improves the average first response time by 8 seconds compared to Option 4 and the second response times by just over 1 minute (see table below).

Predicted response times to emergency incidents under Option 5

Response standard		1st response to all 2+ fire engine incidents		2nd response to all 2+ fire engine incidents		1st response to other emergencies
		Average	% in 10mins	Average	% in 10mins	% in 16 mins
Current situation	Surrey	07:28s	80.8	10:27s	86.7	96.8
	Spelthorne	05:44s	97.0	09:13s	98.2	99.8
	Elmbridge	06:45s	89.5	11:01s	95.0	99.5
	Runnymede	08:36s	69.2	10:21s	90.1	97.5
Proposal	Surrey	07:33s	82.5	10:27s	90.5	98.3
	Spelthorne	6.34s	93.2	9.13s	97.5	99.7
	Elmbridge	06:47s	88.7	11.13s	93.1	99.4
	Runnymede	06.34s	88.7	11.13s	93.1	99.4

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7.2. General Background on the Most Vulnerable Groups:

SFRS Community Risk Profile 2013-14

‘A healthy person, excluding infants, with well positioned and working smoke alarms, should be able to escape without injury or the need to be rescued from an accidental dwelling fire at any time of the day or night.’

Those at risk from a fire in their home fall into one or more categories of:

- Those over 60
- Those living alone
- Those with impairment
- Those that smoke
- Those that drink

Smoking – in 44% of the fire deaths smoking material was the primary cause of the fires. Of the 8 people who smoked, the primary cause in 5 of these incidents was smoking related. Although relevant, this is the primary cause of fire and all of these victims had additional underlying issues of mobility, mental health and alcohol problems.

Where a person is a smoker there are significant additional risks if the person is:⁶

- elderly,
- alcohol dependant,
- infirm (limited mobility) and/or
- has mental health needs

Both sleeping and smoking are issues that affect many of the 16 fire deaths in Surrey but are not the real underlying causes of these fire deaths. They are:

- **Alcohol** – In 7 (45%) of cases the casualty was, to some degree, under the influence of alcohol at the time of the fire. 2 were male and 5 were female.
- **Mobility issues** – of the 16 people who died in fire, 7 (45%) were known to have mobility issues that affected their ability to escape the fire.
- **Mental health** – of the 16 people who died in fire, 11 (70%) were known to have mental health and/or depression issues. In addition to this the people who died in fire outside their home all suffered from mental health issues and all the fires were started deliberately by the person who died.

⁶[SFRS ASC Briefing for Staff](#)

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Summary Table of Underlying Causes to Fire Deaths in Surrey 2012-13

Underlying Causes	Fire Deaths	Percentage of all 16 Fire Deaths
Smoking	5	30%
Alcohol	7	45%
Mobility issues	7	45%
Mental Health	11	70%

Joint Strategic Needs Assessment 2011

Smoking Prevalence

The latest smoking prevalence for the county is 17% however research at parliamentary ward level has suggested that some areas have prevalence levels as high as 40%. At local authority level, data suggests the highest smoking rates can be found in Spelthorne (25.2%), Runnymede (23.4%) and Reigate & Banstead (18.8%).⁷

Alcohol - Increasing Risk Drinking (formerly hazardous)

The overall prevalence of increasing risk drinking in Surrey is 25%. This is the 2nd highest prevalence in the country behind Leeds and is significantly higher than the England average of 20%. 1 in 4 of Surrey adults drink above recommended sensible daily limits and alcohol-related health problems tend to present in people aged over 40 years; who are more likely to drink at increasing risk levels.

All 11 boroughs have prevalence rates above the England average and 7 out of the 11 boroughs feature in the top 10 for increasing risk drinking in the country as a whole. Runnymede has the joint highest prevalence of increasing risk drinking in the country at 26.4%.

Alcohol - Higher risk drinking (formerly harmful)

In contrast to increasing risk drinking, none of the 11 boroughs feature in the top 10 higher risk drinking boroughs in England. Guildford is ranked the highest out of all the Surrey boroughs at 148 out of 324 boroughs in England. Guildford (4.41%), Runnymede (4.41%) and **Spelthorne** (4.19%) have the highest prevalence in Surrey and are above the Surrey average of 4.04%, although not significantly. All boroughs except the top 3 are significantly lower than the 5.03% England average.

Interestingly, **Spelthorne** has the third **lowest levels of increasing risk** drinking, but the **third highest level of higher risk** drinking within Surrey, perhaps indicating that whilst less people are drinking at increasing levels, when they do drink they are doing so at levels that cause harm.

⁷ [JSNA 2011 Smoking](#)

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In Surrey, high rates of increasing risk drinking are thought to be associated with the relative affluence of the county and with frequent drinking at home where the amount consumed is perhaps not realised. Conversely, higher risk drinking and alcohol dependence are linked to deprivation and need to be addressed in specific areas of the county such as within Surrey's five Priority Places (17). Further information on health inequalities and deprivation can be found in the JSNA chapter on Deprivation.

Alcohol - Binge drinking

Binge drinking estimates reveal a similar picture to those for higher risk drinking - none of Surrey's 11 boroughs feature in the top 10 in England. **Spelthorne** is ranked the highest of all boroughs at number 193 out of 324 boroughs in England. Spelthorne (20.5%), Reigate and Banstead (18.4%) and Mole Valley (18.2%) have the highest prevalence of binge drinking in Surrey. All boroughs are lower than the England average of 20.1%, with the **exception of Spelthorne**.

7.3. Vulnerable Adults identified by ASC

Following a rise in fatal fires involving adults at risk in the year 2011/12, a joint Surrey Fire and Rescue Service (SFRS) and Adult Social Care (ASC) working group was set up to report to Surrey County Council (SCC) Cabinet on how the County can reduce the harm being caused by fire. The group took into account the publication of the Chief Fire Officers Association (CFOA) report on an aging population, [Ageing Safely](#) (December 2011), and the report on the fatal fire at [Rosepark Nursing Home](#) (April 2011). The [report to Cabinet](#), in May 2012 included a number of recommendations on how we can reduce the risk and better support adults to live in their own homes and in residential care. The strategy to implement the recommendations is being delivered through four working groups with an overarching, multi-agency Steering Group. The working groups are:

- Telecare Group – to use a high risk matrix to identify adults at increased risk of harm from fire and ensure they are offered telecare with a linked smoke alarm
- Residential Care – to increase the number of residential settings with sprinkler systems, fire retardant materials and improved training for staff
- Community Care – to ensure adults at risk are kept safe when in their own homes through better knowledge of the fire risks, the referral process and equipment available to them to keep them safe
- Marketing group – to increase awareness of the risks, support and equipment available to keep adults safe from fire.

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Further, the Fire Investigation and Community Risk Reduction Team now has direct access to the ASC AIS client management system. This is a major step forward for both services as it allows SFRS to streamline its working practices with ASC, saving staff time and allowing SFRS to better serve the adults at risk in Surrey.

Through the use of a Fire Risk Matrix which takes into account factors of age, client group (mental health, drug or alcohol use) and living alone, a risk score can be assigned to all open cases from the Social Care database, i.e. those known to ASC. The matrix does not include information on smokers which is likely to affect fire risk. Any individual may have a risk score of 0 - 6 based on this logic, and up to 3 risk factors recorded.

For the purposes of this EIA, this information was updated in October 2013. Countywide, 2,634 people have been identified with a risk score of 5 or 6, indicating they may be at high risk in a fire situation. This represents 10% of the overall cohort.

Breakdown of people who may be at higher risk in a fire situation by District & Borough

District / Borough	High Fire Risk people out of all people open to ASC	% High Risk people
Elmbridge	256 out of 2720	9%
Epsom and Ewell	151 out of 1780	8%
Guildford	265 out of 3261	8%
Mole Valley	214 out of 1929	11%
Reigate and Banstead	343 out 3455	10%
Runnymede	192 out of 2163	9%
Spelthorne	225 out of 2313	10%
Surrey Heath	184 out of 2110	9%
Tandridge	156 out of 1873	8%
Waverley	403 out of 3444	12%
Woking	245 out of 2202	11%
Grand Total	2634 out of 27250	10%

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Breakdown of people who may be at higher risk in a fire situation by Spelthorne Ward

Ward	High Fire Risk people out of all people open to ASC	% High Risk people
Ashford Common	12 out of 203	6
Ashford East	11 out of 198	6
Ashford North & Stanwell South	12 out of 158	8
Ashford Town	22 out of 177	1
Halliford & Sunbury West	23 out of 175	1
Laleham & Shepperton Green	13 out of 176	7
Riverside & Laleham	6 out of 131	5
Shepperton Town	17 out of 148	1
Staines	8 out of 128	6
Staines South	39 out of 251	1
Stanwell North	20 out of 227	9
Stanwell Common	18 out of 189	1
Sunbury East	24 out of 152	1
Grand Total	225 out of 2312	1

NB: Wards with a % greater than 10% have been highlighted

Source: ASC, SCC, October 2013

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7.4. Other risk factors

Other factors are perceived to impact risk of fire and / or injury, which include population density, house type and levels of deprivation.

a) Population density

Spelthorne is not the most populated or most densely populated borough. It is however densely populated overall, but has had lower than average growth rates. In the future it will continue to be the second most densely populated area – however other areas will grow at a faster rate. The Wards of Ashford, Sunbury Common and Ashford Common are in the top 3 of the most densely populated county electoral wards.

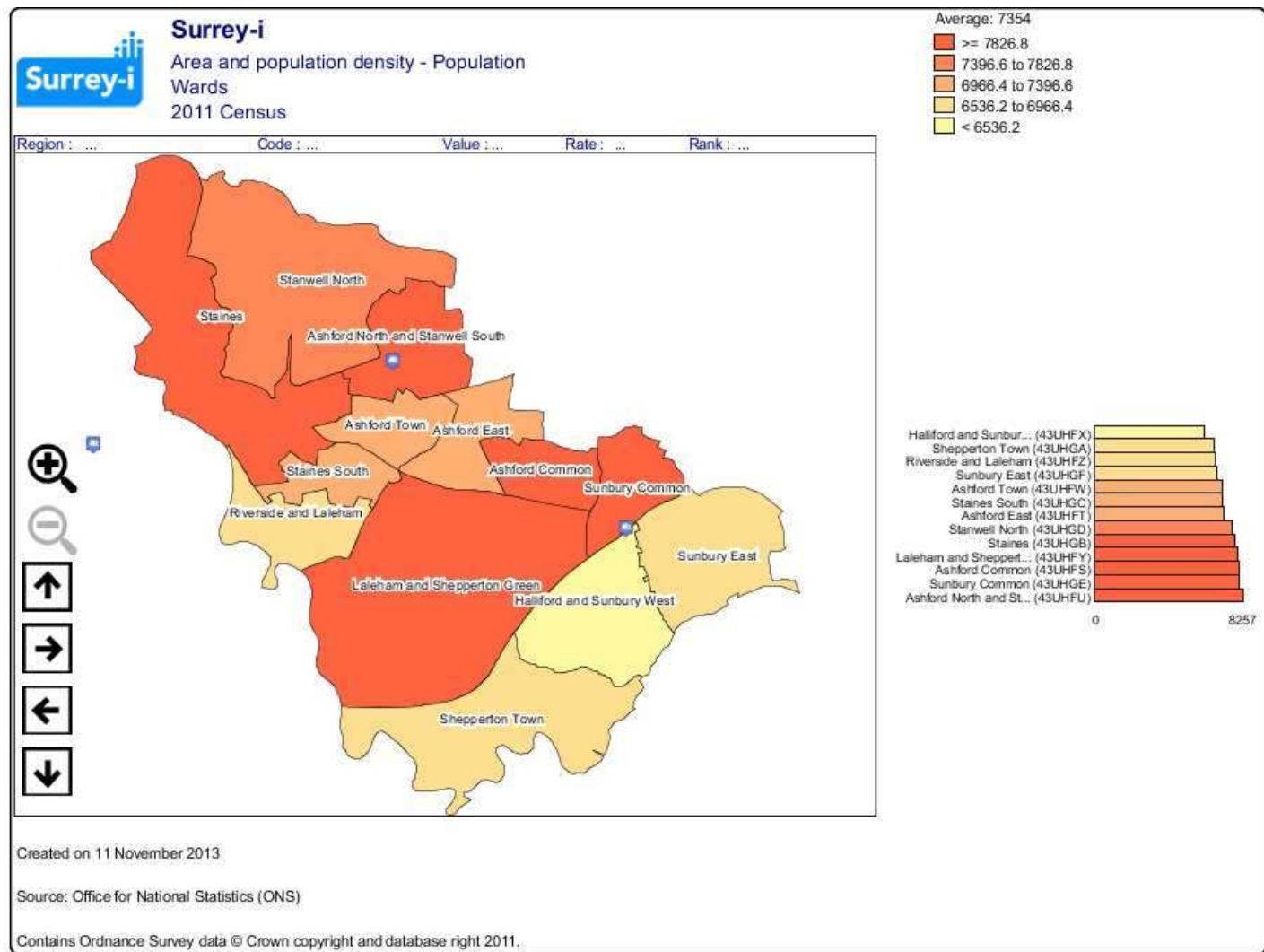
Spelthorne:

Description	Value	Surrey Average	Rank	Source
Total population	95,600	102,900	6	Census, 2011
Population density	21.3 pp hectare	6.8	2 (behind E&E)	Census, 2011
Projected density in 2035	25.2 pp hectare	-	2	Census, 2011
Population Change 2001 - 2011	5.8%	6.9%	8	Census, 2011
Projected Population Change 2010-35	20.6%	-	4 (behind R&B, E&E, Runnymede)	ONS, 2011
Overcrowded households	9%	6.8%	11	Census, 2011

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Spelthorne: Population by Ward

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Source: Office for National Statistics (ONS)

Dataset: Census: Population, households and area

This dataset includes data from the 2011 Census released by the Office for National Statistics (ONS)

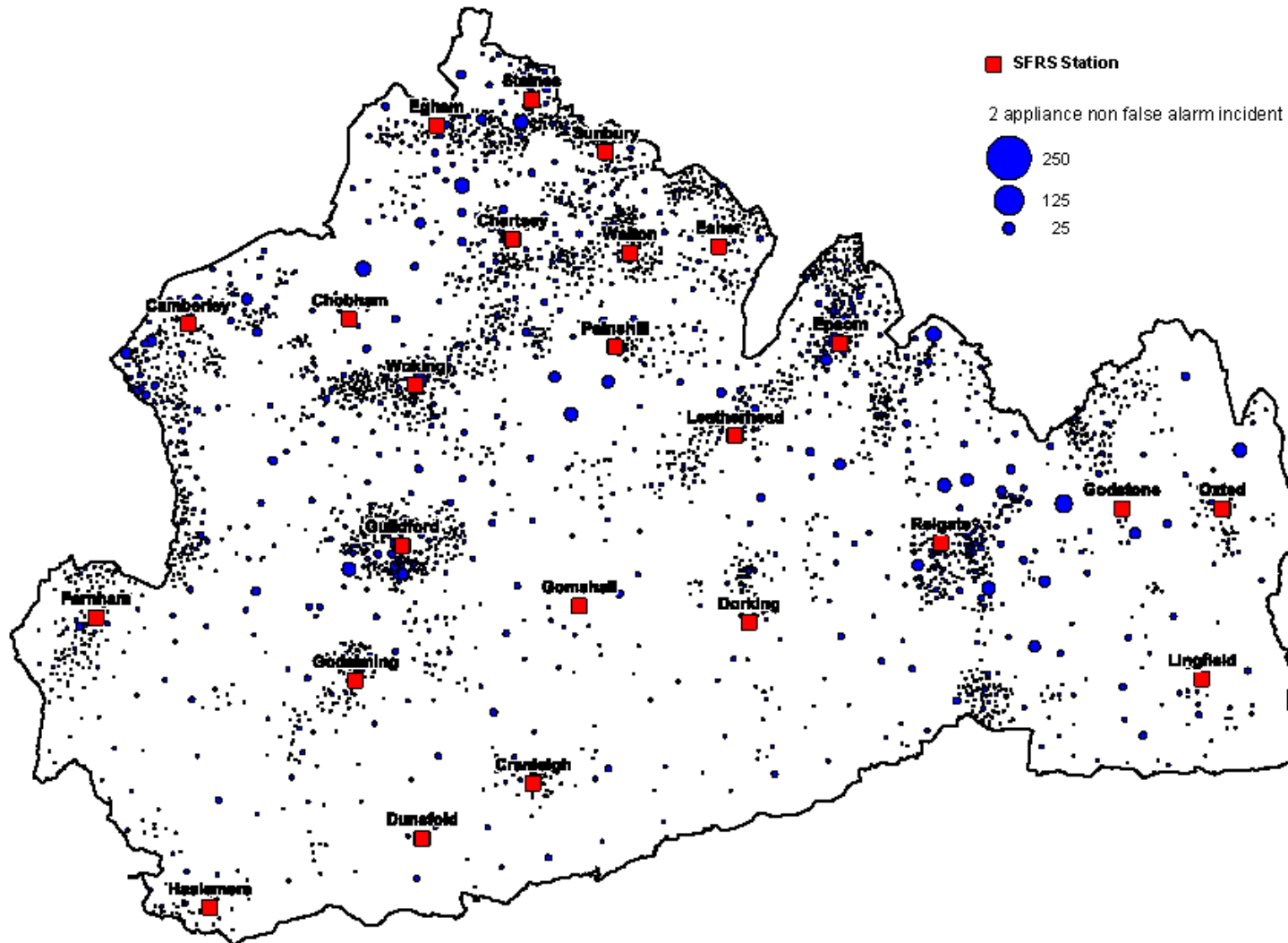
<http://www.surreyi.gov.uk/GeographyDataBrowser.aspx>

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Incident Distributions

The distribution of number of incidents shows that, as expected, frequency is linked to density of population. The key areas for numbers of incidents in Spelthorne are the urban areas of South-West Staines and Sunbury. However, severity of incidents is not linked to population density.

Incident distribution (5 year - 2007/08 to 2011/12) - 2 fire engine non false alarm incidents



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b) Building type

Spelthorne has a high number of high rise buildings (5 floors or more) in comparison to other Surrey areas. The general assumption is that escaping a fire from a high-rise can be more difficult. Once a fire has broken out, the actual process of firefighting poses some unique challenges (i.e. extended lines of communication, falling objects, complexity of internal layout, etc).

'In England and Wales, all buildings over 18m in height must have provisions for firefighting and search and rescue. Basic facilities to be provided include a Firefighting Shaft, Fire Main (with a wet system in buildings exceeding 50m in height (60m prior to 2007) and a Firefighting Lift). Firefighting Shafts including Fire Mains (but not necessarily Firefighting Lifts) may be found in some buildings with floor heights exceeding 7.5m.'⁸

Spelthorne with regards to its prevalence of high rise buildings is not at a greater risk of fire. However, operations involving high-rise building pose certain challenges that need to be reflected in the SFRS risk assessment and training programme. In terms of residential property, Spelthorne has the lowest percentage of the population 0.8% living in communal establishments compared with Guildford with the highest at 4.6%⁹.

c) Incident and Indices of Multiple Deprivation Correlation

Spelthorne:

- Overall the most deprived borough in Surrey with an IMD overall score of 11.2, followed by Tandridge (10.0). (DLCG, 2010)
- 9% claim working age benefits (average 7%) –ranked 11th (DWP, 2013)
- The local authority with the highest proportion of LSOAs found in the most deprived half of England is Guildford (14.4% of its population) followed by Reigate & Banstead (13.1% of its population). Only 1 Lower Super Output Area in Spelthorne is amongst the top 20 deprived LSOAs in Surrey (Stanwell North) (DLCG, 2010).
- However, there are more pockets of deprivation elsewhere in Surrey (Woking, Reigate and Banstead).

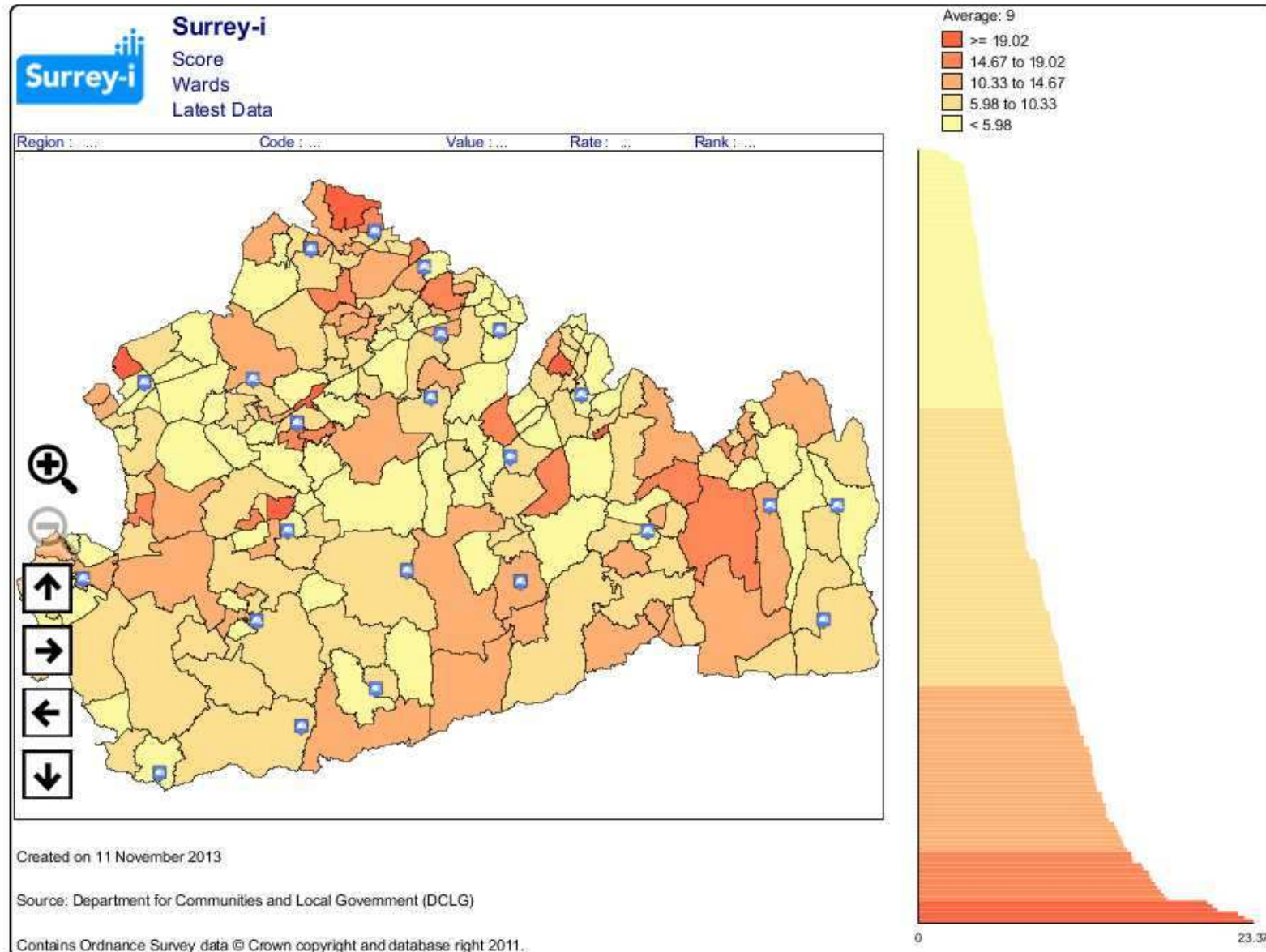
⁸ [Shropshire Fire High Rise Buildings](#)

⁹ [Surrey-i Population Communal Establishments](#)

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Surrey Indices of Multiple Deprivation by Ward 2011

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Deprivation and Incident Correlation

SFRS commissioned a research analysis to be carried out on the relationship between IMD and incident demand using a six year sample of incident data (April 2007 - March 2013). Correlation analysis was conducted on the data for the IMD score and rank (within Surrey) against incident demand and rank for all incidents and all primary fire incidents within Surrey.

- Reigate and Banstead with the second highest LSOA IMD score has the highest primary fire demand.
- Guildford has the highest incident demand and average LSOA IMD score.
- Spelthorne is the most deprived ward but has the fourth lowest number of all incidents in the 6 year period and below average primary fires.

For primary fire demand and IMD score there is a weak trend of increasing incident demand with increasing IMD score. The average demand per LSOA, for both incident and primary fire demand, shows a general increase with IMD score, with the relationship for average primary fire demand with IMD score being stronger than for all incident demand.

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SFRS Consultation on Changes to Emergency Response Cover in Spelthorne 2013

There were no objections to the proposals raised on the grounds of equality and diversity issues, nor was there a link between an equality group with protected characteristics and a particular expressed viewpoint.

There were 564 response to the consultation, 72 % of which were opposed to the changes, 18% in favour, and 10% not sure or of no opinion.

Those who answered the Equality and Diversity Section:

- 44% belong to the 45-64 age group
- 12% have disabilities or a long term condition that affects how they live their lives
- 82% defined their ethnic background as White - English, Welsh, Scottish, Northern Irish or British.

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹⁰	Potential Impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 103</p> <p style="text-align: center;">Age</p>	<p>Potential Positive Impacts The overall improved response times across Runnymede and Surrey will benefit older residents with mobility difficulties.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on this group..</p>	<p>There is a link between fire deaths/injuries and older people (i.e. 65 years and over). 'Eighteen of the twenty people who died in accidental dwelling fires (April 2006- March 2012) were above the statutory retirement age with seven under the retirement age.' Community Risk Profile 2013/14</p> <p>This risk is compounded in cases where there are other risk factors, e.g living alone, mobility, mental health problems, smoking, etc). There is also an increase in fire deaths during the winter months.</p> <p>'All the people who were asleep at the time of the fire had additional underlying issues of restricted mobility, mental health and/or alcohol misuse.' Community Risk Profile 2013/14</p> <p>Age and Alcohol Misuse: Alcohol is a contributing factor to the cause of fire and/or injury. 'Between 2006-2009, of 13 people who were asleep at the time of the fire, 7 were under the influence of drugs or alcohol', Community Risk Profile 2011/12.</p> <p>Different types of drinking and alcohol misuse are associated with different ages. For example, binge drinking is more prevalent in 18-24 year olds while 'increasing risk drinking' (formally harzardous) is more common among 25-44 year olds.</p> <p>Age and Mobility: There is a positive correlation between age and mobility limitations, i.e walking and movement difficulties (esp for ages of 70 years and over). Gender (i.e women live longer increasing the likelihood of mobility limitations), marital status, and health behaviours e.g. smoking and alcohol misuse, and changes in health behaviours in smoking and physical activity affect age-mobility relation.</p> <p>Age and Mental Health: Older people are particularly affected by several risk factors for depression: poor physical health, caring responsibilities, loss and bereavement and isolation.</p>

¹⁰ More information on the definitions of these groups can be found [here](#).



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Age and Smoking (See also disability/health)

Children from deprived households are more likely to be exposed to tobacco smoke and to be smokers than those in more affluent circumstances. This is particularly the case in Surrey, where overall smoking rates are low, but significantly higher in deprived areas and populations. Surrey's Families in Poverty Needs Assessment, 2011 highlights prevalence amongst young people is likely to be geographically concentrated as having higher than average prevalence: Spelthorne, Reigate & Banstead and Runnymede¹¹

Age and Substance Misuse

Among younger people, 'groups identified as more vulnerable to substance misuse include: children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited young people; young people from BME groups.'¹²

Spelthorne analysis:

- 17.5% are aged 65+ (Surrey average 17.2%) – ranked 4th
- 21 residential care homes (743 beds) (6% of Surrey – below average)
- 22% are households with people aged 65+ only (average 22.1%) – ranked 7th
- 12.7% are one person households aged 65+ (average 12.6%) – ranked 6th
- Spelthorne has a medium prevalence of older people and older people living at home alone. Within Spelthorne the Wards of Shepperton Town, Staines South and Ashford Common have the highest numbers of people aged 65 and over in one person households¹³ This equates to 17.5% of all households in Shepperton Town.
- Lowest expected percentage increase in Surrey of people aged over 65 between 2013-2020.¹⁴

Consultation feedback:

As expected, care home managers all opposed the proposal, voicing their concerns with regards to evacuating elderly and frail people when a fire breaks out at their establishment.

¹¹ [JSNA Smoking 2011](#)

¹² [JSNA Substance Misuse 2011](#)

¹³ <http://www.surreyi.gov.uk/Viewdata.aspx?P=Chart&referer=GeographyDataBrowser2.aspx%3fGroupID%3d0%26filterDataSetID%3d1179>

¹⁴ [JSNA Older People 2013](#)

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<p>Disability / health</p>	<p>Potential Positive Impacts The overall improved response times across Runnymede and Surrey will benefit those with mobility and mental health issues.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on this group.</p>	<p>In 2011, 13.5% of residents reported a health problem, with 7.8% limited a little and 5.7% limited a lot. The overall proportion reporting a health problem was unchanged from 2001. The proportion of the population reporting a health problem is highest in Spelthorne (14.9%) and lowest in Elmbridge (12.1%). Fewer Surrey residents reported a health problem than the national average. In England as a whole 17.6% reported a health problem with 9.3% limited a little and 8.3% limited a lot.</p> <p>The CRP2013/14 has identified a link between fire deaths/injuries and mobility. This risk is compounded in cases where there are other risk factors, e.g. age, living alone, mental health, smoking, etc. Of the 16 people who died in fire between April 2006 and March 2012, 7 (45%) were known to have mobility issues that affected their ability to escape the fire.</p> <p>Disability and Mobility: Between April 2006 and March 2012, of the 16 people who died in fire, 7 (45%) were known to have mobility issues that affected their ability to escape the fire. All the people who were asleep at the time of the fire had additional underlying issues of restricted mobility, mental health and/or alcohol misuse. CRP 2013/14.</p> <p>In addition to the large body of literature on mobility limitations among older adults, there are also a number of studies on mobility limitations among the intellectually and developmentally disabled and the visually impaired (Cleaver, Hunter, and Ouellette-Kuntz, 2008; Salive, Guralnik, Glynn, and Christen, 1994).</p> <p>Mental Health: Between April 2006 and March 2012, of the 16 people who died in fire, 11 (70%) were known to have mental health and/or depression issues. In addition to this 8 of the 10 people who died in fires outside the home were suffering from Mental Health issues and started these fires as a deliberate act. CRP 2013/14.</p> <p>Race and ethnic Differences in the levels of mental well-being and prevalence of mental disorders are influenced by a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted.</p> <p>Gender: Gender impacts significantly on risk and protective factors for mental health and expression of the experience of mental distress. Neurotic disorders including depression, anxiety, attempted suicide and self harm are more prevalent in women than men, while</p>
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		<p>suicide, drug and alcohol abuse, anti-social personality disorder, crime and violence are more prevalent among men.</p> <p>Gay, lesbian, bisexual and gender reassignment people are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts.</p> <p>Smoking (and Mental Health): Surrey JSNA also identifies that mental health service users exhibit rates of smoking at least twice that found among the general population.</p> <p>Between April 2006 and March 2012, in 44% of the fire deaths smoking material was the primary cause of the fires. Of the 8 people who smoked, the primary cause in 5 of these incidents was smoking related. Although relevant, this is the primary cause of fire and all of these victims had additional underlying issues of mobility, mental health and alcohol problems.</p> <p>The JSNA also states that: ‘the latest smoking prevalence for the county is 17% however research at parliamentary ward level has suggested that some areas have prevalence levels as high as 40%. At local authority level, data suggests the highest smoking rates can be found in Spelthorne (25.2%), Runnymede (23.4%) and Reigate & Banstead (18.8%)’.¹⁵</p> <p><u>Spelthorne analysis:</u> Overall:¹⁶</p> <ul style="list-style-type: none"> • 4.1% of people suffer from bad or very bad health (average 3.5%) –ranked 1st • 14.9% of people have a limiting long term illness (average 13.5%) – ranked 11th • 23.9% of people smoke (average 14.0%) – ranked 11th (NHS London Health Observatory, 2011) <ul style="list-style-type: none"> ○ Mapping¹⁷ of smoking prevalence suggests that the following wards in Spelthorne have the highest smoking rates: Stanwell North, Sunbury Common, Ashford North and Stanwell South, Staines, and Staines South. • 1.8% of hospital admissions are alcohol related (average 1.5%) – ranked 10th (NHS North West Public Health Observatory, 2011) • 3.2% of 16+ people claiming Disability Living Allowance (average 3%) – ranked 3rd (DWP)
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¹⁵ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=670>

¹⁶ ^ JSNA data, * Census 2011 ONS, “ Projecting Older People Population Information System (2012)

¹⁷ http://www.mapsinternational.co.uk/_subroot1/ash/ash.html

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		<p>Mobility / PSD:</p> <ul style="list-style-type: none"> • 4887 people aged 18-64 predicted to have moderate physical disability in 2020 (average 5262) - ranked 5th “ • 8870 of people aged 65+ are predicted to have moderate or severe hearing impairment by 2020 (average 9614) – ranked 6th “ • 1240 of people aged 75+ are predicted to have moderate or severe visual impairment by 2020 (average 1346) – ranked 7th “ <p>Mental health / dementia:</p> <ul style="list-style-type: none"> • 9,400 people (18-64) predicted to have a common mental disorder – ranked 6th (PANSI, 2012) • 0.2% adults with learning disabilities (average 0.4%) – ranked 1st (Surrey Uncovered 2013¹⁸) • 1581 people of 65+ predicted to have dementia in 2020 (average 1725) – ranked 7th “ • 28% increase in cases of dementia (2010-20) (average 31%) – ranked 8th “ • 4.9 suicides per 100,000 population (Surrey average: 5) – ranked 4th (ONS, 2008-10) <p>Spelthorne has a high prevalence of poor health and risky behaviour (smoking, alcohol). Mobility issues and physical impairments, however, occur at an average level in the borough. Also, the state of the population’s mental health and prevalence of learning disability is average or below average in Spelthorne.</p> <p>Spelthorne has the lowest hospital admissions in Surrey on grounds of Mental Health¹⁹</p> <p>Consultation feedback: As expected, care home managers all opposed the proposal, voicing their concerns with regards to evacuating the elderly, frail and those with mobility difficulties when a fire breaks out at their establishment.</p>
<p>Gender reassignment</p>	<p>Potential Positive Impacts The improved response times across Runnymede and</p>	<p>According to the GIRES report, in Surrey the prevalence of people, 16 or over, who have presented with gender dysphoria is 37 per 100,000.²⁰</p>

¹⁸ [Surrey Uncovered](#)

¹⁹ [JSNA 2011 Mental Health Related Admissions](#)

²⁰ Report for Gender Identity Research Organisation (GIRES), June, 2009



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	<p>Surrey will benefit residents overall.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on residents.</p>	<p>'A high degree of stress accompanies gender variance with 34% of transgender adults reporting at least on suicide attempt.'</p> <p>They could potentially be more at risk of hate crime related fires, but there is no local data on this.</p> <p>Consultation feedback: Consultation has not produced any specific issues related to gender reassignment. There was no feedback from the gender reassignment population.</p>
<p>Page 108</p> <p>Pregnancy and maternity</p>	<p>Potential Positive Impacts The improved response times across Runnymede and Surrey will benefit residents overall.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on those who are pregnant or with small children.</p>	<p>There is a lack of data on this group.</p> <p>Expectant and new mothers could potentially be at more risk, as emergency evacuation may be difficult due to reduced agility, dexterity, co-ordination, speed, reach and balance. Mothers will also face the additional difficulty of evacuating young children.</p> <p>Spelthorne analysis:</p> <ul style="list-style-type: none"> • There were 1239 births – ranked 6th • 6.3% of residents are under 5s (Surrey average 6%) – ranked 4th * <p>Consultation feedback: As expected those with young children expressed concern of the difficulty of evacuating young children in the event of a fire incident.</p>
<p>Race</p>	<p>Potential Positive Impacts The improved response times across Runnymede and Surrey will benefit residents overall.</p>	<p>There is limited data available on vulnerabilities of specific ethnic groups in terms of fires.</p> <p>In 2012 there has been only one Arson offence with a hate flag against it (racial flag). This offence was in Mole Valley. Prevention work needs to take into account possible requirements for translation and other culturally sensitive approaches.</p> <p>The Community Risk Profile 2011-12 found that the majority of those injured in fires (68 of 91) were white. The second highest group was white other (3).</p>

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	<p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on residents.</p>	<p>Age and ethnicity: People living alone are at higher risk of accidental fires. The proportion of White men aged 85 and above living alone is around 42%, which is much higher than for other ethnic groups.²¹</p> <p>Gypsy, Roma and Traveller communities: The JSNA indicates that GRT communities can be more likely to display some of the factors that place people more at risk of fire:</p> <ul style="list-style-type: none"> • There is a high prevalence of mental health issues within the GRT community including anxiety and depression. • Alcohol consumption and substance misuse are a concern as GRT young people assume adult roles and responsibilities earlier in life than their non GRT peers.²² <p>The JSNA identifies 7 GRT sites within Spelthorne, with further sites in neighbouring Elmbridge and Runnymede, some of which are on the district/borough boundaries.</p> <p>Ethnicity and substance misuse: JSNA indicates that young people from BME groups are more at risk of substance misuse²³</p> <p>Spelthorne analysis:</p> <ul style="list-style-type: none"> • Prevalence of White British / travellers • 0.1% cannot speak English (Surrey average: 0.1%) – ranked 8th (Census, 2011) <p>Consultation feedback: Consultation has not produced any specific issues related to ethnicity. All ethnic groups' concerns were similar and reflected those of the general population.</p>
<p>Religion and belief</p>	<p>Potential Positive Impacts The improved response times across Runnymede and Surrey will benefit residents overall.</p>	<p>There is limited data available on vulnerabilities of specific religious groups in terms of fires. There could be factors around use of candles or incense burners, but there is no local data on this.</p>

²¹ <https://www.wp.dh.gov.uk/health/files/2012/11/Adult-Social-Care-Outcomes-Framework-Equality-Analysis.pdf>

²² <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=712>

²³ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=657>



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Potential Negative Impact
The increase in response times for Spelthorne might have a slightly negative impact on residents.

Hate Crime and Arson

In 2012, in Surrey, only one arson incident was recorded as hate crime with a racial or religious motivation. This was in Mole Valley. Source: D10 Partnership Product, Surrey Police Incident Recording System, March 2012

Spelthorne analysis:

The 2011 Census indicates a changing borough profile in terms of religion. The percentage of people identifying themselves as Christian decreased from 75% in 2001, to 64% in 2011, and the percentage saying they had no religion increased to 23% in 2011, from 14% in 2001. The proportion of residents with non-Christian religions doubled, to 7%, over the same period. The proportion of Christian people, and those with no religion is roughly in line with the Surrey average²⁴, and the proportion of non-Christian religions is slightly higher than average. See table below:

Census 2011 Faith and Belief in Spelthorne

Date	% Population of Spelthorne						
	Christian	Hindu	Muslim	All other Religions	No Religion	Religion Not Stated	Non Christian Religions
2001	75.3	1.0	0.9	1.5	14.1	7.2	3.4
2011	63.8	2.4	1.9	2.4	22.5	7.0	6.7

84% of respondents to the annual Surrey Residents Survey²⁵ in 2012/13 indicated that they either strongly agree, or tend to agree, that their neighbourhood is a place where people from different backgrounds get on well together. This is in line with the county average, and the proportion of these responses has increased year on year from 79% since the survey started in 2008/09. The proportion of those who strongly disagreed, or tended to disagree with this statement was 5% in 2012/13, down from 8% the year before.

Surrey's Joint Strategic Needs Assessment states that: 'higher levels of deprivation were associated with higher proportions of people thinking that racial or religious harassment is a very or fairly big problem. For example, 3% of people in England in the 10% least deprived

²⁴ <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1015>

²⁵ The Surrey Residents' Survey is a telephone interview survey conducted throughout the year with randomly selected Surrey residents. It began in April 2008.

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		<p>areas said that racial or religious harassment is a very or fairly big problem in their local area, compared with 21% of people in the 10% most deprived areas. Although this survey was not undertaken with Surrey residents, it is reasonable to suggest that these figures might also apply to this community.²⁶ It is possible therefore that concerns around arson attacks based on religious hate crime will be highest in the most deprived areas of the borough. However, there were no crimes recorded qualified by religion or faith in any Spelthorne ward.</p> <p>Within Spelthorne there is a significant degree of variation. For example, in Stanwell North and Staines wards, the percentage of people from non Christian religions is 12%. And in Ashford North and Stanwell South ward it is 11%. This compares to just 3% in Shepperton Town and Halliford and Sunbury West.</p> <p>In terms of crimes, Surrey Police have recorded 10 crimes with religion/faith as a qualifier, within Spelthorne wards between December 2010 and July 2013. In three wards, 2 crimes have been recorded during this time – Ashford North and Stanwell South, Staines and Stanwell North.</p> <p><u>Consultation feedback:</u> Consultation has not produced any specific issues related to ethnicity. All ethnic groups' concerns were similar and reflected those of the general population.</p>
<p style="text-align: center;">Sex</p>	<p>Potential Positive Impacts The improved response times across Runnymede and Surrey will benefit residents overall.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on residents.</p>	<p>In Surrey the individuals most at risk of fire are white British males and females in the 30 - 60 year age range. Across all the age ranges, white British females are shown to be the biggest groups at risk from injury and/or rescue from fire. In terms of road casualties, 72% were male. And in terms of slight casualties 56% were male. (CRP 2011/12).</p> <p>Gender and alcohol consumption: In England, alcohol misuse is greater among men than women. 38% of men and 16% of women consume more alcohol than is recommended by the Department of Health (3-4 units per day for men, 2-3 units per day for women).</p> <p><u>Spelthorne analysis:</u> Overall, 50.7% of Spelthorne's population are female. However this proportion varies according to age.</p>

²⁶ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=669>



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		<p>Consultation feedback: Consultation has not produced any specific issues related to gender. Both genders' concerns were similar and reflected those of the general population.</p>
<p>Sexual orientation</p>	<p>Potential Positive Impacts The improved response times across Runnymede and Surrey will benefit residents overall.</p> <p>Potential Negative Impact The increase in response times for Spelthorne might have a slightly negative impact on older residents and those living alone.</p>	<p>The JSNA states that 'The UK Government estimates that 7% of the population are lesbian, gay, bisexual, transgender or questioning (LGBTQ) (1). Applying this to mid-2009 population estimates for Surrey, there may be around 5,700 people aged 11 to 16 in Surrey who are LGBTQ.'²⁷</p> <p>The JSNA suggests that 'LGBTQ young people are likely to experience some degree of identity-related stigma', and this can contribute to, in some instances, issues that put them more at risk of fire including – poor mental health, self-harm and suicide, smoking and substance abuse²⁸.</p> <p>There may be an associated risk relating to living alone. People living alone at higher risk of accidental fires. National research has found that Gay men and women in Britain are far more likely to end up living alone and have less contact. It has been found that 75% of older LGBT people live alone, compared to 33% of the general population.</p> <p>Of the 25 victims, 18 lived on their own in the property and 19 were alone in the property at the time of the fire. CRP 2013/14.</p> <p>Spelthorne analysis:</p> <ul style="list-style-type: none"> • 28.5% are one person households (average 27%) – ranked 3rd • 12.7% are one person households where resident is 65+ (average 13%) – ranked 6th • 2.6% of residents are recorded as being in a same-sex civil partnership in Spelthorne. The highest proportions are in the wards of Staines and Shepperton Town.²⁹ • There is a youth club for young LGBTQ people aged 13-19 in Spelthorne.

²⁷ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=664>

²⁸ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=664>

²⁹ <http://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=GeographyDataBrowser2.aspx%3fGroupID%3d0%26filterDataSetID%3d1195>

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		<p>Consultation feedback: Consultation has not produced any specific issues related to sexual orientation. Concerns from all groups were similar and reflected those of the general population.</p>
<p>Marriage and civil partnerships</p>		<p>People who live alone, rather than those who live with partners, are at higher risk of accidental fires.</p> <p>“The increase in those living alone also coincides with a decrease in the percentage of those in this age group who are married – from 79 per cent in 1996 to 69 per cent in 2012 – and a rise in the percentage of those who have never married or are divorced, from 16 per cent in 1996 to 28 per cent in 2012.” Labour Force Survey.</p> <p>Spelthorne analysis:</p> <ul style="list-style-type: none"> • 28.5% are one person households (average 27%) – ranked 3rd <p>Consultation feedback: Consultation has not produced any specific issues related to status of marriage or civil partnership. Concerns from all groups were similar and reflected those of the general population.</p>
<p>Carers³⁰</p>	<p>Potential Positive Impacts The overall improved response time across Runnymede and Surrey will improve assistance provided to those with caring responsibilities.</p> <p>Potential Negative Impacts The slight increase in response times in Spelthorne, may require carers to deal with protecting</p>	<p>As people with mobility and health issues are at higher risk of fire and / or injury from fire, carers are linked to that risk, mainly by being the enabling factor to prevent fires and to evacuate in case of emergencies.</p> <p>Carers themselves can also be at risk of poor health, as a result of their caring responsibilities. This is documented in the JSNA: ‘The impact of caring can be detrimental to carers health. Carers UK’s analysis of the 2001 Census findings, ‘In Poor Health’, found that those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). (6) This can be due to a range of factors including stress related illness and physical injury³¹.</p>

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³⁰ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that ‘carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.’

³¹ <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=668>





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	<p>and helping looked-after people for slightly longer.</p>	<p>Many carers are older people, caring for their spouse or partner. There is therefore a link between caring and age. As the general population ages, the number of older people providing unpaid care is also expected to increase. Estimates have been produced of the number of older carers in Surrey, Spelthorne is expected to have the lowest increase in unpaid Carers over the age of 65 between 2013-2020.³²</p> <p><u>Spelthorne analysis:</u></p> <ul style="list-style-type: none"> • 9,100 estimated number of carers in Spelthorne (ranked 5th) • Reflecting the population with long-term illness or disability, Mole Valley (10.4%), Spelthorne (10.3%) and Tandridge (10.3%) have the highest proportion of carers and Elmbridge (8.9%) the lowest. (Census, 2011) • Shepperton Town has the highest number of people aged 65 and over living in households³³, and also the highest number of people aged 65 and over providing unpaid care (238 people). • 4 other wards in Spelthorne also each have 200 or more people over 65 providing unpaid care, as per the 2011 Census: Riverside and Laleham, Laleham and Shepperton Green, Sunbury East and Ashford Common. As a proportion of the population, Ashford North also has higher levels of older people providing unpaid care.
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³² [JSNA Older People 2013](#)

³³ [Surrey-i](#)

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence																																							
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 115</p> <p style="text-align: center;">Age</p>	<p>The new station in Spelthorne may be a more convenient location for some staff to access.</p>	<p>The new station in Spelthorne may be a less convenient location for some staff to access.</p>	<p>Due to the nature of the Service and retirement age, the bulk of staff are between 30- 50 years old (over 70%).</p> <p>% of Staff by Age Group</p> <table border="1" data-bbox="1451 475 1906 991"> <thead> <tr> <th>Age</th> <th>SFRS %</th> <th>SCC %</th> </tr> </thead> <tbody> <tr><td>15-19</td><td>0.12</td><td>1.03</td></tr> <tr><td>20-24</td><td>2.20</td><td>4.69</td></tr> <tr><td>25-29</td><td>8.29</td><td>9.51</td></tr> <tr><td>30-34</td><td>14.15</td><td>11.68</td></tr> <tr><td>35-39</td><td>16.10</td><td>12.34</td></tr> <tr><td>40-44</td><td>23.66</td><td>15.32</td></tr> <tr><td>45-49</td><td>19.51</td><td>16.96</td></tr> <tr><td>50-54</td><td>9.88</td><td>16.35</td></tr> <tr><td>55-59</td><td>3.66</td><td>13.06</td></tr> <tr><td>60-64</td><td>1.95</td><td>7.70</td></tr> <tr><td>65-69</td><td>0.49</td><td>2.41</td></tr> <tr><td>70-75</td><td>0.00</td><td>0.42</td></tr> </tbody> </table>	Age	SFRS %	SCC %	15-19	0.12	1.03	20-24	2.20	4.69	25-29	8.29	9.51	30-34	14.15	11.68	35-39	16.10	12.34	40-44	23.66	15.32	45-49	19.51	16.96	50-54	9.88	16.35	55-59	3.66	13.06	60-64	1.95	7.70	65-69	0.49	2.41	70-75	0.00	0.42
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<p style="text-align: center;">Disability</p>	<p>The new station in Spelthorne may be a more convenient location for some staff to access.</p>	<p>The new station in Spelthorne may be a less convenient location for some staff to access.</p>	<p>% of Staff with a Disability</p> <table border="1" data-bbox="1451 1134 1883 1398"> <thead> <tr> <th>Staff</th> <th>SFRS %</th> </tr> </thead> <tbody> <tr><td>Headcount</td><td>1.34</td></tr> <tr><td>Front Line Staff</td><td>1.49</td></tr> <tr><td>Team Leaders</td><td>0.82</td></tr> <tr><td>Middle Mgr</td><td>6.67</td></tr> <tr><td>Senior Mgr</td><td>0.00</td></tr> </tbody> </table>	Staff	SFRS %	Headcount	1.34	Front Line Staff	1.49	Team Leaders	0.82	Middle Mgr	6.67	Senior Mgr	0.00																											
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<p>Gender reassignment</p>	<p>No specific issues have been identified.</p>	<p>No specific issues have been identified.</p>	<p>No specific concerns have been raised on grounds of a protected characteristic during the Consultation.</p>																														
<p>Pregnancy and maternity</p>	<p>The new station in Spelthorne may be more accessible to some staff, e.g in terms of changing rooms, etc.</p>	<p>The new station in Spelthorne may be less accessible to some staff. However such accessibility is a legal requirement and will need to be ensured as part of the relocation.</p>	<p>No specific concerns have been raised on grounds of a protected characteristic during the Consultation.</p>																														
<p>Race</p>	<p>The new station in Spelthorne may be a more convenient location for some staff to access.</p>	<p>The new station in Spelthorne may be a less convenient location for some staff to access</p>	<p>% of BME Staff</p> <table border="1"> <thead> <tr> <th>Staff</th> <th>SFRS %</th> <th>SCC %</th> </tr> </thead> <tbody> <tr> <td>Headcount</td> <td>1.95</td> <td>7.58</td> </tr> <tr> <td>Front Line Staff</td> <td>0.75</td> <td>7.87</td> </tr> <tr> <td>Team Leaders</td> <td>2.46</td> <td>7.61</td> </tr> <tr> <td>Middle Mgr</td> <td>0.00</td> <td>6.67</td> </tr> <tr> <td>Senior Mgr</td> <td>0.00</td> <td>5.29</td> </tr> </tbody> </table>	Staff	SFRS %	SCC %	Headcount	1.95	7.58	Front Line Staff	0.75	7.87	Team Leaders	2.46	7.61	Middle Mgr	0.00	6.67	Senior Mgr	0.00	5.29												
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<p style="text-align: center;">Sex</p>	<p>The new station in Spelthorne may be a more convenient location for some staff to access.</p>	<p>The new station in Spelthorne may be a less convenient location for some staff to access.</p>	<p>Due to the makeup of the workforce, more males will be affected by the proposals than females.</p> <p>Some firefighters may need to be relocated which might mean increased travelling times and cause potential childcare/caring issues.</p> <p>% of Staff by Gender</p> <table border="1" data-bbox="1420 544 1935 687"> <thead> <tr> <th>Gender</th> <th>SFRS %</th> <th>SCC %</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>9.51</td> <td>73.00</td> </tr> <tr> <td>Male</td> <td>90.49</td> <td>27.00</td> </tr> </tbody> </table> <p>% of Male/Female Staff Full and Part Time</p> <table border="1" data-bbox="1395 796 2033 1019"> <thead> <tr> <th>Male/Female Full Time/Part Time</th> <th>SFRS %</th> <th>SCC %</th> </tr> </thead> <tbody> <tr> <td>Female FT</td> <td>83.33</td> <td>38.26</td> </tr> <tr> <td>Female PT</td> <td>16.67</td> <td>61.74</td> </tr> <tr> <td>Male FT</td> <td>84.64</td> <td>72.48</td> </tr> <tr> <td>Male PT</td> <td>15.36</td> <td>27.52</td> </tr> </tbody> </table> <p>% of Female Staff</p> <table border="1" data-bbox="1388 1128 1966 1351"> <thead> <tr> <th>Female Staff</th> <th>SFRS %</th> <th>SCC %</th> </tr> </thead> <tbody> <tr> <td>Front Line Staff</td> <td>8.96</td> <td>80.73</td> </tr> <tr> <td>Team Leaders</td> <td>9.51</td> <td>57.78</td> </tr> <tr> <td>Middle Mgr</td> <td>8.33</td> <td>68.41</td> </tr> <tr> <td>Senior Mgr</td> <td>18.75</td> <td>46.47</td> </tr> </tbody> </table>	Gender	SFRS %	SCC %	Female	9.51	73.00	Male	90.49	27.00	Male/Female Full Time/Part Time	SFRS %	SCC %	Female FT	83.33	38.26	Female PT	16.67	61.74	Male FT	84.64	72.48	Male PT	15.36	27.52	Female Staff	SFRS %	SCC %	Front Line Staff	8.96	80.73	Team Leaders	9.51	57.78	Middle Mgr	8.33	68.41	Senior Mgr	18.75	46.47
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Sexual orientation	The new station in Spelthorne may be a more convenient location for some staff to access.	The new station in Spelthorne may be a less convenient location for some staff to access.	% of Staff by Sexual Orientation		
			Sexual Orientation	SFRS %	SCC %
			Bisexual	0.61	0.60
			Gay Man	0.61	0.43
			Heterosexual	55.49	47.18
			Lesbian	0.12	0.32
			Prefer Not to Say	19.88	24.47
			Not Stated	23.29	27.00
Marriage and civil partnerships	The new station in Spelthorne may be a more convenient location for some staff to access.	The new station in Spelthorne may be a less convenient location for some staff to access.	No specific concerns were raised by staff during the Consultation.		
Carers	The location of the new station venue could decrease staff travel time.	The location of the new station venue could increase staff travel time.	No specific concerns were raised by staff during the Consultation.		

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8. Amendments to the proposals

Change	Reason for change
<p>Impact on Residents and Users. No change in approach is required as multi-agency prevention and protection arrangements are in place to reduce the risk from fire incidents and other emergencies, which are targeted to vulnerable groups. Evidence demonstrates that suitable prevention arrangements have the most positive affect on enabling vulnerable people to live safely in the community rather than relying solely on emergency response once an incident has occurred.</p> <p>Impact on Staff The project will pursue a cooperative and voluntary approach where possible to minimise negative impact. The Service may need to post staff to locations where they do not chose to work, but this is within current contractual terms & conditions and will be avoided if possible. Furthermore, union representatives will be involved throughout the project.</p>	

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9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Improved balance of service provision: some areas will have improved first fire engine response times, with other areas a longer first response time.	None identified.		

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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified.	

11. Summary of key impacts and actions

This section will serve as an executive summary of the Equality Impact Assessment and should be copied into the equalities section in decision making reports (such as those for Cabinet, Local Committee or CLT/DLTs). Please use the sub-headings provided.

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Information and engagement underpinning equalities analysis	Consultation process JSNA, GIREs 2009, Community Risk Profile, Census 2011
Key impacts (positive and/or negative) on people with protected characteristics	<ul style="list-style-type: none"> • Improved average first response time for Surrey overall. • Improved first response time for first fire engine in Runnymede. • Slight decrease in first response to all 2 plus fire engine incidents in Elmbridge and Spelthorne but will remain in within the Surrey Response Standard of 10 minutes.
Changes you have made to the proposal as a result of the EIA	None identified.
Key mitigating actions planned to address any outstanding negative impacts	None identified.
Potential negative impacts that cannot be mitigated	None identified.