



Community Risk Management Plan

2024 - 2027

Safest People, Safest Places

Have your say on
our consultation...



Survey Questions



County Durham and Darlington
Fire and Rescue Service

Question 1 - Our Approach

Our Community Risk Management Plan (CRMP) outlines how we use the resources we have to keep you safe. We do this by reviewing national risks, checking out what our local and station risks are, then making sure our fire engines can respond when and where they are most needed.

Do you agree with our Service's approach to keeping you safe?

Please circle your response

YES

NO

Question 2 - Our Commitments

In our CRMP document we make a series of commitments that will help keep you safe, these are:

Be the Best

Recruit and retain a diverse workforce and continually assess their performance and behaviours.

Protect

Work with local businesses to keep people safe from fire and take enforcement action when we need to.

Improve

We will constantly endeavour to improve by monitoring our performance and encourage our staff to be innovative.

Plan

We will identify the risks you face and plan ways to reduce their impact using our staff and resources effectively.

Prevent

Target at least 80% of our HFSVs to the most vulnerable people, taking referrals from and making them to our supporting partners.

Respond

In an emergency we will be fully prepared to respond and will strive to reduce the impact.

Learn

We will learn and improve following scrutiny from HMICFRS, the CFA, external audit bodies and our consultation process.

Budget

We will use our budget, people and equipment effectively to tackle our risks and keep you safe.

Do you agree with our commitments outlined in the plan?

Please circle your response

YES

NO

Question 3 - Plans

Our full CRMP is available for you to read on our website: www.ddfire.gov.uk

Do you have any overall comments about our Community Risk Management Plan and approach to allocating our resources?



Equality, Diversity and Inclusion

CDDFRS is committed to promoting equality, diversity and inclusion in both the service we deliver to the community and the employment of our staff. To help us better understand our communities and to make progress in promoting equality, diversity and inclusion, please complete the following questions: **(Note: Your response is completely anonymous).**

**What best describes your gender?
(Please self- describe)**

.....

Do you identify as Trans? Please circle

YES NO PREFER NOT TO SAY

What age group are you in? Please tick

Under 18	<input type="checkbox"/>
18 - 24	<input type="checkbox"/>
25 - 40	<input type="checkbox"/>
41 - 59	<input type="checkbox"/>
60+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

What is your sexual orientation? Please tick

Bisexual (both sexes)	<input type="checkbox"/>
Heterosexual (other sex)	<input type="checkbox"/>
Gay Woman	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Prefer to self-describe.....	<input type="checkbox"/>

Do you consider yourself to have a religion? Please tick

No religion	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>	<input type="checkbox"/>

What is your ethnic background? Please tick

White	<input type="checkbox"/> Welsh, English, Scottish, Northern Irish, or British <input type="checkbox"/> Any other white background <input type="checkbox"/> Gypsy or Irish Traveller		
Asian or Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Any other Asian background
Mixed	<input type="checkbox"/> Asian & White <input type="checkbox"/> Black African and White <input type="checkbox"/> Black Caribbean and White		<input type="checkbox"/> Any other mixed background
Black or Black British	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other black background
Other Ethnic Group	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other Ethnic Group	<input type="checkbox"/> Prefer not to say Any other ethnic background, please state here.

Do you consider yourself to have a disability? Please circle

YES	NO	PREFER NOT TO SAY
If Yes, please tell us the type of disability you have...		

