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*Informing future
partnerships: Stage 2*

*Research into potential
partnerships with
Local Mind Associations
– service users’
perspective*

FINAL REPORT

CONTENTS

1. Research findings: executive summary 3

2. Introduction: background, research objectives and methodology 5

Research findings

3. The risks that LMA service users face

3.1 The key perceived risks 7

3.2 Fire safety as a risk..... 9

3.3 Fire related incidents among service users 11

3.4 Service users’ strategies to minimise the risk of fire..... 14

3.5 Responsibility for fire safety among service users..... 15

4. Awareness and perceptions of fire safety support

4.1 Home Fire Safety Check (HFSC) 16

5. Additional fire intervention and support that would be helpful

5.1 Levels of interest in receiving support on fire safety..... 17

5.2 Suggested support and intervention (spontaneous) 18

5.3 The potential role for support organisations in providing fire safety support 20

5.4 Firebrake Wales’ Fire Safety Checklist..... 21

6. Conclusions and recommendations 23

1. RESEARCH FINDINGS: EXECUTIVE SUMMARY

1.1 Context

Mind, a leading mental health charity, is a national organisation with an extensive network of associations throughout England and Wales. In Wales, Local Mind Associations (LMAs) are free-standing voluntary organisations, affiliated to Mind but not part of that organisation in a formal sense. They have boards of trustees and secure their funding from a variety of sources.

The overall philosophy of LMAs is to empower their clients to live as normal a life as possible. Attendance is voluntary and clients opt in to whatever they want to do.

1.2 The key perceived risks

The perceived risks that service users ultimately felt that they faced fell into two broad categories:

- **Social, mental related risks:** in particular isolation, stigma, low self esteem and failing relationships
- **Physical risks:** in particular self harm, suicidal thoughts / attempted suicide, self neglect, fire in the home, and risks outside the home (e.g. crossing the road, abuse)

When asked to prioritise the risks, isolation and low self esteem featured commonly, together with self harm and suicidal thoughts. Fire was present as a priority to a lesser extent although the research as a whole indicated that, in reality, it was a priority for some.

1.3 Fire safety as a risk

The potential risk of fire was widely acknowledged, and some participants had direct experience of fire related incidents. A key factor that appeared to contribute to the risk of fire was **forgetfulness**. Additional factors included:

- Having to care for other members of the family with health issues (mental and / or physical)
- The ability to gauge risk
- The effects of self medication
- The side effects of prescription medication
- Smoking

1.4 Fire related incidents

Fire related incidents and 'near misses' were reasonably common among participants. The focus of these incidents was the kitchen and cooker, with forgetfulness playing a

key role. Examples ranged from pans boiling dry, to tea towels catching fire through to serious house fires. Alcohol and substance misuse could also be involved.

1.5 Service users' strategies for minimising the risk of fire

Even though fire was largely acknowledged as a risk overall, some service users conceded that other issues took priority on a day to day basis and impacted on participants' ability to think about and act on potential risks.

Some, however, remained aware of the risks of fire on a routine basis mainly because of experiences with fire related incidents. Some of the strategies employed included night-time routines, getting rid of chip pans, not using candles and considering escape routes. Some service users had also learned these actions via the Fire & Rescue Service's (FRS) Home Fire Safety Checks (HFSCs).

Implementation of strategies was sometimes an issue, for example not knowing **how** to plan an escape route or **how** to test a smoke alarm.

Responsibility for fire safety was mainly believed to begin **with the individual**.

1.6 Home Fire Safety Check (HFSC)

Perceptions among service users of the HFSC service were very positive overall, with participants appreciating the help, equipment and advice received. Others who had not accessed the service were interested in finding out more. However, a very small number disliked the idea of people they did not know entering their home.

1.7 Additional fire intervention and support that would be useful

Most participants stated that they would be interested in receiving **ongoing support** on fire safety, including those who had previously received support. They wanted to be reminded of what they could be doing to reduce the risks, what to do in the event of a fire and how to implement these strategies.

Suggestions were made for: a reminder checklist; leaflets; more regular HFSCs; informal conversations in the LMAs on reducing the risks, in order to support fire safety literature; talks in the LMAs; and signposting by the LMAs.

Participants tended to believe that the FRS was best placed to deliver talks and HFSCs because of their expertise, although a number felt that there might be a role for LMA staff in this respect if they received the correct training. Overall, the LMA (and individual members of staff) was the main organisation participants trusted most.

1.8 Firebrake Wales' Fire Safety Checklist

This Firebrake-produced 'checklist' essentially matched the criteria set out by some participants when they suggested the kind of support that might be useful. Most participants wanted to keep the leaflet, to put up at home.

2. INTRODUCTION: BACKGROUND, RESEARCH OBJECTIVES AND METHODOLOGY

2.1 Introduction

Firebrake Wales, the Welsh fire safety charity, reported that a good deal of evidence exists indicating which groups of people are most at risk of suffering an accidental home fire, resulting in injury or death. These groups included people who are 'hard to reach', such as those who are vulnerable, marginalised, and / or resistant to adopting safer behaviours.

One report into fire fatalities in the UK¹ concluded that 'overall, nearly 80 per cent 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'. The report goes on to state that 'alongside the immediate causes of a fire (e.g. carelessly discarded cigarettes), **alcohol, mobility and mental illness** are the biggest single influences on whether a fire starts and/or whether it has fatal consequences'.

A fundamental component of Firebrake Wales' overall strategy is to reach these people through working together with organisations which already work directly with higher risk groups.

By identifying which organisations it should approach and which are likely to want to work together, Firebrake Wales can ensure that its resources are appropriately used in, ultimately, helping to save lives.

Firebrake Wales has already conducted research amongst the Care and Repair Agencies in Wales, to inform a partnership established with Care and Repair Cymru. Building on the success of that project, Firebrake Wales now required external research to further inform its fire prevention delivery partnerships strategy.

Local Mind Associations (LMAs) and Community Drug and Alcohol Teams (CDATs) in Wales were identified as potentially important partners in the drive to reduce the incidence and consequences of accidental fires in the home. Firebrake Wales therefore commissioned Beaufort Research to carry out research among these two **service provider** audiences, the findings from which can be found here: <http://www.firebrake.org/en/facts/documents.php>.

Firebrake Wales believes that it is important to also understand the views of the **service users** of LMAs and CDATs. The second stage to this research therefore consists of exploring the topic of fire safety with LMA service users and those who misuse drugs and alcohol. **This report is concerned with the views of those who use LMA services.**

¹ *Learning Lessons from Real Fires: Findings from Fatal Fire Investigation Reports. CLG (in Arson Control Forum, Research Bulletin No.9, 2006).*

2.2 Research objectives

Firebrake Wales set the following objectives for this study:

- Understand perceptions of risk/fire risk and associated risk factors
- Explore any previous experiences of fire
- Understand who is believed to be responsible for fire safety
- Establish awareness of/experiences with any fire safety initiatives, interventions and support
- Assess the role (or not) that support organisations/trusted individuals can play in providing fire safety support
- Elicit reactions to existing materials
- Collect suggested ideas for alternative interventions

2.3 Research methodology

Beaufort had already conducted research among senior LMA representatives (with hands-on experience) of Mind Cymru affiliated organisations and obtained permission to recontact them to see if they would be interested in helping out with this stage of the research. Beaufort visited each of three LMA centres for one day, these centres were spread across Wales.

The LMAs participating were fully briefed in advance and provided with documentation to explain the research and its process to service users who might be interested in participating.

Beaufort spoke with **25 participants** in total across the three locations. They consisted of a mix of individual interviews, paired depth interviews, triad interviews and a mini-group. There was a wide range in terms of age, and a mix of men and women. Fieldwork took place in early September, 2010. Each conversation lasted between 25 minutes and one hour.

The qualitative research approach

Qualitative research is designed to explore subjects in depth with a relatively small and carefully targeted audience. As such its findings are indicative rather than based on the statistical robustness of a quantitative approach. Based on our experience, the sample size achieved for this research is sufficient in order to be able to draw valuable inferences.

3. THE RISKS THAT LMA SERVICE USERS FACE

3.1 The key perceived risks

The first part of the conversations with participants centred on the risks they face as people with a mental health condition. All participants were aware that the subject of the research related to fire safety, so the subject tended to be top of mind.

Even so, participants went on to describe a wide range of risks and issues they themselves faced on a regular basis as well as the factors that led to these risks. Ultimately, the risks can be distilled down to:

- Social, mental related risks
- Physical risks

These two overarching risks and their components are not mutually exclusive as one could be a consequence of, or link in with, the other. The **social, mental related risks** could lead on to physical risks and focused on:

- Isolation
- Stigma
- Low self esteem, fuelled by paranoia
- Relationships breaking down
- Debt: e.g. inability to manage finances, taken advantage of financially
- Anger issues
- Agoraphobia

The **physical risks** centred on:

- Self harm, suicidal thoughts or attempts at suicide
- Fire in the home
- Risks outside the home (e.g. from traffic when crossing the road, fights, physical abuse)
- Self neglect (e.g. lack of hygiene, poor nutrition, illness)
- Other accidents in-home

The two comments below illustrate the way in which several factors could combine to place a participant at risk:

Self harm, drink, motivation, so like I said, some days if I'm feeling really down, then I won't do anything. I'll stay in my pyjamas. Isolation because then I'll lock myself away in the bedroom. Nutrition, I don't eat that well either. I can't say overdose, but plenty of suicidal thoughts.

If you're spending all your money on alcohol and drugs and other things like that, it means you're not eating healthily and that can have a knock-on effect, you're not looking after yourself and that can lead into managing your finances because all of your money is going on to drugs and drink, and then you could be borrowing money from friends and family and then you're getting yourself deeper and deeper and deeper.

When asked to try and prioritise the risks or factors they had identified, participants were more likely to pick out **isolation, low self esteem / paranoia** than the other social, mental risks listed above.

In terms of physical risks, **self harm / suicidal thoughts** featured among the priority risks with **fire** present to a lesser extent.

Factors that participants felt contributed to the non-fire related risks listed above included the following (which also overlap with fire related risks):

- Inability of others to **understand the condition** which resulted in stigma, low self esteem and isolation
- Particular **aspects of the condition** such as hearing voices which compounded paranoia and isolation; the urge to self harm through low self esteem or anger; and having suicidal thoughts or attempting suicide:

I get very frightened to go out, I won't answer my phone and people come to see me like friends and I just won't let them in. I get this voice in my head, punishing me in my head.

I've done it myself. I've got that low that I've taken the lot. I've had enough and I want to get off this world. I've tried it a couple of times.

- **Lack of motivation:** for example impacting on self neglect
- **Forgetfulness:** forgetting to pay bills and slipping into debt, forgetting to take medication, and forgetting to carry out small tasks such as locking the front door
- **Having to care** for other members of the family, which could lead to arguments and more acute mental health conditions:

When I get a high [another member of the family] could be on a down and we're up and down so we're clashing sometimes.
- **Ability to gauge risk,** for example being vulnerable (fraud, abuse), awareness when crossing the road

3.2 Fire safety as a risk

The potential risk of fire was widely acknowledged among participants (regardless of whether or not it was deemed a priority), and some had direct experience of fire related incidents. The risk via **cooking** and the impact of **forgetfulness** were dominant factors.

The report now looks at the factors that, in participants' minds, heightened the risk of fire among people with mental health conditions. All the factors discussed below are drawn from participants' own experiences and reported behaviours.

3.2.1 Forgetfulness

Across all three locations participants described the array of risks they faced because they could be forgetful, which they attributed mainly to their condition, and occasionally to their (self) medication. In particular, they referred to the risk of fire. Several examples were given of forgetting about pans on the cooker and ovens which had been left on.

Participants tended to have been distracted, for example by a TV programme, and had simply forgotten the cooker was on. Alcohol and substance misuse were also contributing factors. Specific fire related incidents are reported in section 3.3.

I've left the oven on, I've left the gas ring on, I've left the fire on. I've left the fire on in the main living room all day.

I'm frightened of leaving cookers on when I'm ill.

Participants also gave examples of leaving other appliances on (e.g. an iron) during the day through forgetfulness.

Although awareness of fire as a risk was sometimes quite high, some participants explained that they were unlikely to remember what to do in the event of a fire even though they might have been given advice in the past by the FRS and might have fire-fighting equipment in-home.

There is no reminder for us in the kitchen about it and what do we do with the fire blanket that the fire people supply, we put it in the drawer, which is under the tea towels and in the cupboard and then we don't know where it is.

3.2.2 Having to care for others

A small number of participants were also carers themselves which made the risk of fire even more acute in some circumstances. One example included a participant living with his parents: he prepared their meals but would sometimes forget about the cooker when it was in use, despite one of the parents placing reminder stickers on the cooker.

In another example, a participant who was caring for more than one family member was worried about falling ill while cooking and, more generally, what would happen to the family during a significant relapse.

I'm the main carer. . . . If I go ill the family's going to fall apart.

3.2.3 Ability to gauge risk

A small number of participants described how they had deactivated their smoke alarms because they had become a nuisance, for example setting off when cooking, using the shower, or when they appeared to be faulty. The following comments are all from different participants:

I disconnected my fire alarm because it was going off all the time and I haven't reconnected it.

It'll go off and it'll drive me that mad that I do it with a sweeping brush, and I've hit it that much now that it's actually hanging off the wall.

They just keep beeping and they wouldn't stop, and you can't change the battery on the ones the fire brigade put in, so I physically had to wrench it off the wall at four o'clock in the morning because it wouldn't stop.

This issue also applied across other factors where good decision-making could be impacted by a mental health condition.

3.2.4 Self medication: alcohol / drug misuse

Some participants drew attention to the fire risks associated with substance misuse (especially if combined with medication or smoking). References were made to leaving the cooker on and having naked flames when drunk or smoking cannabis (becoming even more forgetful or falling asleep).

Alcohol could make you sleepy and you could have a fag in your hand and drop the fag. I've done that a couple of times.

Sometimes when I get very wrought I drink, because that's the only way I cope.

3.2.5 Medication side effects

The drowsiness brought on by medication was felt to be a potential fire risk, as well as the side effects arising from attempts to settle upon the most beneficial medication.

One tablet I was taking it, . . . you'd take it and I'd have to sit down because I'd have a heart flutter and I would pass out for half an hour. I'd be out cold, it would knock me out . . . you keep going through different ones until you find the one that works for you. Meantime, that can put you at risk.

Well I'm on sleeping tablets, and I have one of them and I'm knocked out for the night.

3.2.6 Smoking

Smoking was a clear fire risk for a handful of participants, mainly through experience where they had fallen asleep while smoking, sometimes in bed. The drowsiness was brought on by medication or self medication.

I must have just nodded off and the cigarette must have burned down a bit and burned my fingers, brought me around a bit quick and never again. . . . [The medication] must have kicked in a little bit.

3.2.7 Additional factors relating to fire safety

Additional factors identified by participants which could increase, or had increased, the risk of fire included:

- Lack of concentration on the task in hand, for example in the kitchen:
You don't know what you're doing, you're not concentrating on what you're doing, you're going around in a daze.
- Physical health issue - suffering a 'spasm' when cooking:
I have actually had oil go into the cooker but not ignite because it didn't actually go where the flame was, but it has happened.

3.3 Fire related incidents among service users

The conversations with participants revealed that first-hand fire related incidents and 'near misses' were quite widespread. The examples below are organised by area of the home and whether the incident resulted in a fire or a near miss. Most episodes occurred in the kitchen and involved cooking. For some participants, it had happened more than once.

3.3.1 The kitchen

Near misses

- In a few cases, participants had left a pan unattended: in one example the pan boiled dry to the point where it had turned black by the time the participant noticed it; in the other example below, the resulting smoke had led to the fire service being called out:
I left a pan of water on once and my saucepan boiled dry, I completely forgot about it. I put it on to cook some food and I went to do something else and I just completely forgot that I'd had a pan of water on and when I went down there my saucepan was black.

I left the frying pan on and there was a little bit of oil in it, only a little bit and I went to do something else and [then] . . . ‘the kitchen’s full of black smoke’, and they called the fire brigade and it already drifted out when we had opened the windows because all the smoke alarms went off. This happened [a few] times.

- Participants on occasion recalled leaving the oven on several times:

I often leave the oven on, but I don’t know if that’s a fact of taking the medication or what, but I quite often leave it on.

I’d burned a hole in the pot and I didn’t even smell it, I was in such a mess myself.

- An example of a chip pan boiling over (but not igniting) led one participant to stop using the pan:

Because of the risks, it’s just not worth it. I have actually had one boil over, again it didn’t ignite, so that was it for me.

- On one occasion, a participant had been drunk and turned the oven on and then gone to bed; he was awoken by a smoke alarm which he subsequently deactivated to stop the noise; the alarm remained deactivated at the time of interview:

I’ve got drunk a couple of times down my flat, and I’ve gone to put food on, and then I’ve gone to bed and then the flat’s all filled with smoke, the fire alarm’s going off and I’m like, . . . well I’ve ripped it down off the wall now.

Fires in the kitchen

- A small number of participants recalled tea towels catching light because they had been placed on a hot hob / lit gas ring by accident:

We’ve had near misses with tea towels going up in flames. . . . Forgot. Didn’t realise the gas was on, you’ve finished, you’ve left the gas and you haven’t switched it off, you’ve just slung a tea towel down and whoosh.

- One participant had experienced a house fire having forgotten about food cooking in the oven:

I left the stove on in the kitchen, I burned the kitchen down. . . . I was in bed. I totally forgot, everything was black and there was flames everywhere.

- A small number of participants had experienced chip pan fires but had dealt with them themselves by using wet towels:

Well I’ve had [several] chip pan fires. . . . You go away and do something else and forget about it and then you’ve got it going up haven’t you? But I’ve been lucky; I’ve always had wet towels.

I accidentally just went in to watch the television a little bit and I had the old chip pan . . . I certainly knew what to do with it, which is just get a towel and just put it over the pan quickly to take the flames out.

3.3.2 Bedroom

Near misses

- In a few instances, participants had fallen asleep in bed while smoking and burned themselves as a result; alcohol could also be involved:

Alcohol [and smoking]. . . It dropped on my leg lucky enough so it burned me before burning the mattress.

- One participant had forgotten to switch off her hair straighteners before leaving home and had left them on all day; examples were also mentioned of leaving the iron on.

Fires

- One participant had set fire to the bed while smoking cannabis because small amounts of the burning drug had fallen onto the bedding.

3.3.3 Lounge

Near misses

- An example was provided of falling asleep smoking and the cigarette then burning the participant's leg.
- Another participant recalled often forgetting to switch off the TV before leaving the house.

Fires

- For one participant, substance misuse played a part in a house fire started by a flame; he awoke in hospital unable to remember anything about the actual incident:

The next thing I know, I took drugs, I fell asleep, I woke up in hospital pretty confused.

- In a final example a member of the participant's family, who suffered from a mental health condition, had placed an item onto an open fire which resulted in a house fire:

. . . Threw it in the fire and it exploded, it gutted all my home.

3.4 Service users' strategies to minimise the risk of fire

Despite the overall recognition of fire as a risk, some participants conceded that other issues took priority on a day to day basis, and that it was very easy to forget about the risk until they found themselves in a fire risk situation. There was also a suggestion that the mental health condition made it difficult for some participants to act on what they knew might be a potential risk, such as an inactive smoke alarm.

You take sleeping tablets, and you know, especially when you got no fire alarm now. If you have a drink, then you might go and start cooking again.

Some of those who had been involved in fire incidents, however, were now very careful in their efforts to minimise the risk. For example, they had developed routines such as unplugging appliances at night, closing doors and moving the toaster out from beneath an overhead cupboard before use. A small number had also planned escape routes.

I am aware of fire risks. I've been in a fire in the past; I don't want to be in another one.

It's always good to have that plan put in place just in case. We always see it, you know, you'll plan your escape route. . . . It's always on TV.

Some no longer used chip pans or candles and a small number now carried timers with them whenever they used the oven to remind them to turn it off. Examples were also given of not putting cigarette ends in the bin until the following morning, just to be sure that they were extinguished.

I've got them in the ashtray, I put them in the kitchen by the sink and sometimes I might put a drop of water on them just to make sure, but I won't put them in the bin until the next day.

We've been told not to use candles anymore; they're a fire risk, not to use any candles. . . . The fire safety officer [told me after a fire].

On occasion, participants were making more use of the microwave for cooking, for example when intoxicated. Further strategies included:

- Having a vibrating fire alarm under the pillow at night because the participant was partially deaf:

Someone came to my house, ask me a load of questions, and then I had it put in, which is a good thing, because perhaps I wouldn't hear a fire alarm.

- Sticking a reminder note on the cooker to turn it off
- Keeping fire starting equipment out of reach of the children
- Purchasing a fire extinguisher

Participants had received fire safety information through sources such as mass media advertising campaigns and the FRS. The strategies of some participants, however, were affected by issues with implementation, for example how exactly to plan an escape route or not knowing whether the fire extinguisher bought from the supermarket was appropriate. This topic is discussed further in section 5.

I do keep a small fire extinguisher just in case [bought by the participant]. Whether or not it's the right kind of fire extinguisher, I don't know.

Less often, participants did not believe that fire was much of a risk, either because they felt that they had minimised it effectively or because their behaviour, in their view, was unlikely to put them at risk. In the example below, however, the participant had also left appliances on in the home such as an iron.

I shouldn't smoke at all ideally, but is it a fire risk, me smoking in bed? Well I don't know, I don't feel drowsy when I smoke in bed at all really.

There's no fire risk as far as I'm concerned [because it's now minimised].

3.5 Responsibility for fire safety among service users

Despite the incidents described in 3.3, participants in general believed that responsibility for fire safety began **with the individual**.

I think we're responsible because we should check our smoke alarms.

I'm responsible, I would be responsible, if there was a fire now, now that's, I would be responsible, I'd be completely responsible and make sure that everybody gets out.

Those living in rented accommodation tended to feel that the landlord / Council also held some responsibility for ensuring that fixed appliances, wiring etc. were up to standard. In the main, it appeared that landlords / Councils were checking accommodation in this respect.

Every six months he has somebody coming out to check the fire alarms.

Some also referred to the FRS as having responsibility in relation to fire safety for those less able to look after themselves. Carers were also mentioned as having a role to play.

4. AWARENESS AND PERCEPTIONS OF FIRE SAFETY SUPPORT

4.1 Home Fire Safety Check (HFSC)

There appeared to have been a certain amount of activity in relation to fire safety awareness among some participants. Most of these participants referred to a home check provided by the FRS and were largely very positive about the help they had received. High levels of trust existed for the organisation.

Some participants recalled receiving a new deep fat fryer, smoke alarms, advice on where to keep house keys, and having electric blankets checked. In one location a couple of participants had 'answered a survey' in the town centre, or responded to a leaflet through the letter box, and agreed to an in-home check from the FRS.

When the fire brigade came to me I thought it was absolutely amazing. I couldn't believe, they dropped in and they came and there were about four men and they checked everything, the cooker, they looked at the fridge's plugs, everything.

I did see someone in [town] and I give my phone number and they rung me up and come and check.

Very occasionally, participants had approached the FRS themselves, for example to ask for smoke alarms or for help in educating a child on the risks of fire. One or two remembered receiving advice having had the FRS attend a fire in their home.

I was shown [an escape route] by a Fire Chief so I know, I wanted him to show me before he left my house.

The recency of interaction with the FRS varied from earlier in the year to five or so years ago. Those who were unaware of the HFSC service were interested in the service and wanted to know more about it.

Less positively, a small number of participants at one location reported that they had signed up to what was likely to have been a HFSC but that the FRS had never contacted them, although some of their peers had received the service.

Also, participants occasionally disliked the idea of people they did not know entering their houses, and would prefer to access support via the Mind drop-in centre.

5. ADDITIONAL FIRE INTERVENTION AND SUPPORT THAT WOULD BE HELPFUL

5.1 Levels of interest in receiving support on fire safety

Most participants were interested in receiving support on fire safety. Although some participants had received support in the past, mainly via a HFSC, it became clear during conversations that they wanted to **continue to receive support** in relation to fire safety and implementing strategies:

- Despite some awareness of the need to plan an escape route, participants often were unsure how to do this; several also believed that they would simply panic with an in-home fire and all planning and strategies would be forgotten:

I've seen loads of things where they say, 'plan your escape route', and then you asked me, 'have you planned it?', and I went 'no'. It's that type of thing.

- Similarly, there was sometimes uncertainty over what to do in the event of a fire, how (or when) to tackle it, and how (and when) to use a fire extinguisher provided by the Council:

Well if there's an electric that goes on fire, how do you put it out?

I panic because I wouldn't know how to use [the extinguisher]. We haven't got a book to say how to use it.

More generally, support was needed on obtaining, positioning, fitting, testing and fixing smoke alarms. One or two reported not being able to reach their smoke alarm to test it, because of high ceilings.

I haven't even got a smoke alarm that works in my house.

Many participants were therefore keen to receive support **on a regular basis** because of the forgetfulness they experienced with their mental health condition. In addition, variations in their condition, the impact of changes in medication, family situations and so on could affect the ability to recognise and consider potential fire risks.

That would be absolutely superb. Somebody that comes around on a regular basis for people with problems, just making sure that wiring, cooking and just reminding them of good practice.

For the most part, service users in the research did not report that they were inundated with organisations attempting to reach them with information and support. The risk of fire was acknowledged and any support was welcomed.

No one's forcing the leaflets on you, and I personally have never been bombarded with information.

I'm really glad they are doing this and thank you because it's very, very important.

5.2 Suggested support and intervention (spontaneous)

Several participants spontaneously suggested some sort of **checklist** to act as a routine reminder of what they could do to reduce the risk of fire. They felt that this would go some way to helping them overcome the issues associated with **forgetfulness**.

Suggestions were also made for reminder stickers, fridge magnets, and for content to be in 'plain English' with a large font and limited amount of text.

It only [now] came into my mind is the fact that within my cooking area there is no notice telling me the potential dangers, like you would find in the workplace and probably more significant with my age and my health as it is, that would be so important to me. . . . I would love it because you're most probably in that area quite a bit during the day so it's something you would look at it and some of it would log in.

Participants also felt that similarly themed leaflets could be available at the Mind drop-in centre or posted out to service users by Mind. It was recognised, however, that service users did not always read or absorb information in leaflets. Some believed that it would be important to **build fire safety information into routines** and make the topic engaging. Suggestions included:

- More regular HFSCs because of forgetfulness, changes in circumstances; a checklist to be left with the service user at the end of the HFSC:

You really should be able to get something more regular, but I haven't heard anything more [since receiving a HFSC].

- Talking to service users about fire safety on a regular basis, supported by literature; this could involve volunteers / certain service users themselves talking through a leaflet at a basic level with other service users:

I suppose really it might be more about the staff knowing it's there so when you're talking to someone and you can think, this might be useful for you.

- Visits and talks by the FRS: the FRS were the preferred source for delivering information and advice on fire safety because of their expertise (one participant, however, recalled a talk in-centre aimed at carers which was poorly attended)
- Mind to help participants access help, for example obtaining new smoke alarms
- Mind (at one drop-in centre) to add a fire safety leaflet periodically to the forthcoming events reminder flyer it sent out to service users
- A fire safety quiz pack (a well attended quiz was taking place in one of the drop-in centres during fieldwork)
- Building fire safety into care plans, combined with a talk:

People should come in and talk to the mental health people and explain it with them, even if they've got support workers, they should come in with their support workers then, and then that should be, and then that should go on the care plan as well.

- Adding fire safety as the first item on agendas during any meetings involving service users, supported by a leaflet:
12 times a year, and I imagine other [centres] as well with mental health issues, have what they call a service users meeting. Part of that deal could be as a safety aspect, because it only takes two to three minutes at the most, at a service users meeting talking of fire safety is the first thing before you read the minutes of the last meeting. . . . Some sort of leaflet that you could hand out. Something bright and easy that they could see.

Additional possible channels of support included:

- Alcoholics Anonymous
- A helpline
- The local Lesbian, Gay, Bisexual, Transgender support centre
- HFSCs being provided regularly as standard via the Council, for those in Council accommodation

5.3 The potential role for support organisations in providing fire safety support

Participants initially struggled to think who else other than the FRS was in a position to be able to provide fire safety support to people with mental health conditions, especially in-home. The FRS was deemed best qualified to identify potential risks when carrying out checks and would give participants a feeling of reassurance.

You'd want to have comfort in the fact that you thought they were professionals. I think that's an important thing. It's got to be somebody that is not just some 18 year old kid going around.

I think it has to be somebody who's qualified in that area. I could tell you, that's like me, I could go and say to you, 'yeah I know', but unless I was employed in that area, then surely they wouldn't be able to give me every bit of information?

Other suggestions put forward centred on the remaining emergency services and local authorities although not all participants had a good relationship with the latter, or with the police.

Exploring the subject further, some participants felt that Mind staff could provide different types of fire safety support, either in-home or via the centre as described in section 5.2. Mind appeared to play a significant role in participants' lives and was often their only source of support. It provided stability, care and a purpose to their lives. Strong levels of trust were present.

I think someone like Mind could do it, who are caring in the community, somebody along those lines could do the same thing. . . . It would be good because of the understanding then they've got of these issues, that might be very important actually.

I think if someone was trained up from Mind, thinking about it now, you've said that, it would be amazing.

Should Mind do more than signpost or talk through a leaflet, some participants explained that they would need to be reassured that the individuals had received the appropriate training up to a particular standard approved by the FRS, for example.

5.4 Firebrake Wales' Fire Safety Checklist

Firebrake Wales currently produces a bilingual fire safety checklist (right) and participants were shown the document during the discussion to obtain their reactions.

Virtually all reactions were very positive towards the Checklist, and it reflected the regular suggestion made for some kind of reminder for the home. Most participants wanted to keep the leaflet.

Excellent. Do we keep these?

Yes, it's excellent, it's just what you need.

I'd have to [have one], because my memory's that bad, I'd have to have it to remind me of what I'd listened to.



They generally envisaged putting up the Checklist in the home, normally the kitchen, on a cupboard door that they used regularly, on the fridge or on a cork noticeboard.

I'd put it on the back of the door, one of the doors where the tea is or the coffee or the milk or the sugar. You open it and you see it all the time.

In my place there is a pillar down the side of the cooker and I would go for that.

Overall, the format and appearance were liked, with prominent and meaningful colours and clear tick and cross symbols.

Because it hits you in the face doesn't it, red is danger and the green is what you can do.

The Checklist content was deemed informative, useful and easy to understand. It could also prompt further thought such as whether a landlord should be doing more to improve fire safety.

I've just learnt something here you see. Never fold electric blankets.

That escape route thing, I thought the law had changed on that. Why isn't my landlord providing me with an upstairs window that opens outwards?

I do switch my plug sockets off but I don't unplug them, so I must start to unplug them, and I'm going to get my smoke alarm done, and I'm going to plan an escape route, but I live in a bedsit, I'm on the second floor and there's only one way out, unless I get out of the window, but would I fit out of that window?

Occasionally, however, participants conceded that it would take more than a checklist for them to change their behaviours and attach a greater, routine priority to minimising the risk of fire. Some also pointed out that any thoughts of an escape route would disappear during the panic of a real fire.

I probably still wouldn't unplug. I think we take things for granted. It's never happened. . . . 'Never smoke in bed.' It's pointless anybody saying that to me. I'm a smoker and I'll smoke and that's it.

5.4.1 Suggested enhancements to the Checklist

Some participants still questioned whether in reality they would get round to putting up the Checklist at home because of how easily they could be distracted. They could envisage putting the leaflet down or in a drawer and forgetting about it. Ideas were raised, therefore, for making it as convenient as possible for service users to attach the Checklist to a surface: include adhesive strips or produce a fridge magnet version.

Other ideas (mostly single mentions) put forward were:

- A laminated version to make it more durable in the kitchen
- A flame shaped / coloured version to reinforce the message; a couple of participants did not want to display the Checklist in-home because it would make the room feel too much like 'an institution'
- Slightly larger font beneath the main content points:

You can see the big writing, but I couldn't see the small one.

- Incorporating the checklist into a calendar with a new topic each month so that the user only had to deal with smaller amounts of information (although no participants complained about the amount of information)
- Paler colours to make the smaller text more prominent
- More prominent advice on help with the topics listed, for example how to plan a route, how to test a smoke alarm; and what exactly is meant by 'overloading a socket':

It wouldn't have much of an impact for me because 'test my smoke alarms', I don't test them. . . . I haven't got a clue [how to].

I can't reach it anyway and I can't get on a ladder.

- Making the Checklist available in GP surgeries, libraries
- In West Wales, including the Checklist within a named monthly publication for carers
- Including the Checklist periodically in the centre's monthly update letter posted to service users

6. CONCLUSIONS AND RECOMMENDATIONS

The need for ongoing, routine fire safety support

- The findings from this research confirm and build upon the results of the spring 2010 research among senior LMA representatives.
- Both reports identify a wide range of factors that can contribute to the risk of fire among people with mental health conditions.
- This report reveals that first-hand incidents of fire risks and actual fire incidents are not uncommon even with this qualitative research sample.
- The need for fire safety support is clear and it would need to be tailored as far as possible to those receiving it.
- A number of insights from the research make the case for **ongoing** fire safety support for those with mental health conditions, as highlighted by LMA staff in the first stage of the research.
- In particular, **forgetfulness** is a key, ever-present factor which can significantly increase the risk, along with other risks being more front of mind (e.g. isolation, self harm and suicidal thoughts).
- The extent to which service users' physical and social circumstances change over time also support the case for some form of routine support.
- In addition, certain behaviours, for example, disabling smoke alarms and failing to reactivate them, would need to be addressed and monitored.
- Similarly, routine behaviours which heighten the risk of fire, such as alcohol / substance misuse, would need to be counter-balanced by routine intervention.
- Those who had received a HFSC had appreciated the support and some were continuing to employ strategies they had been taught.
- There were, however, several examples which indicated that those individuals would benefit from further support, for example with smoke alarms, planning escape routes, and how and when to use a fire extinguisher.
- It is possible, but not conclusive from this research, that those in Council or supported accommodation might abdicate more responsibility than is appropriate to landlords who already periodically check wiring and fixed appliances.

The nature of the support provision

- Participants gave the overall impression that they would welcome any support which helped to reduce the risk of fire, and that they were not overburdened with different organisations trying to reach them with support.
- A number of intervention routes therefore appear to be available based on the research, and reflect the views of LMA staff in the first stage of the research. At a more straightforward level:
 - Leaflets / checklists available via the drop-in centres
 - Leaflets / checklists available via the drop-in centres supported by informal conversations with LMA staff or service users in volunteer roles
 - Proactive signposting by LMA staff to HFSCs via regular conversations in relation to fire safety
 - Provision of information packs / activity resources to help LMA staff raise awareness in as engaging a way as possible
 - FRS representatives to deliver a practical session on fire safety
- Some LMAs were open to the idea of delivering support themselves with more involved interventions, having been adequately trained in fire safety. From the service-users' perspective, they displayed high levels of trust in LMA staff.
- This factor, together with staff's in-depth understanding of mental health conditions, may counter-balance the view among some participants that only 'professionals' with the correct expertise could provide such involved support.