



Report title

## Evaluation of the effectiveness of Home Fire Safety Visits

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Meeting

Strategy Committee

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Report by

Third Officer

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### Summary

This report sets out the findings of the Effectiveness of Home Fire Safety Visits evaluation report carried out by Cordis Bright.

### Recommendations

1. That the proposal to create a re-familiarisation package for staff who deliver home fire safety visits (HFSVs), including consideration of computer based training be noted;
2. That the proposal that initial training for trainee firefighters should include a HFSV focus be agreed;
3. That, on the basis of the findings in paragraphs, 6, 7 and 8 of the report, it be agreed that the focus for delivery of HFSVs should continue to be targeted at P1 people and P1 areas; and
4. That the development of the serious outstanding risk (SOR) process to complement the HFSV by flagging up situations where the risk cannot be reduced by delivery of the standard HFSV alone be noted.

## Background

1. On 24 October 2012 consultants Cordis Bright were commissioned to conduct research and to carry out an independent evaluation of the Brigade's Home Fire Safety Visit (HFSV) scheme<sup>1</sup>. This report sets out the main findings and recommendations arising from this work.

## Approach to Evaluation

2. To evaluate the effectiveness of HFSVs, Cordis Bright undertook:
  - (a) quantitative data analysis of the Authority's monitoring data on Accidental Dwelling Fires (ADFs)<sup>2</sup> and HFSVs;
  - (b) interviews with Authority staff;
  - (c) interviews with members of the public who received a HFSV, but who also went on to experience an ADF.
3. Their brief was to:
  - (a) assess the effectiveness of HFSVs on reducing ADFs;
  - (b) gauge the cost effectiveness of HFSVs and their current method of delivery;
  - (c) consider how HFSVs are currently delivered and explore ways in which they could be improved.
4. The analysis was based on monitoring data for individual homes (dwellings) in London that had received a HFSV and/or experienced an ADF in the six and a half years from January 2006.
5. The results from the quantitative analysis are very encouraging and supportive of the approach that the Brigade has been taking to targeting and delivering HFSVs. Most importantly it confirmed that dwellings which received a HFSV were less likely to experience an ADF than those which did not receive a HFSV. Dwellings which received a HFSV had a rate of fire ten times lower than those dwellings which had not.
6. The work undertaken by Cordis Bright also confirmed the effectiveness of our priority 'P1' targeting; this is where the Brigade uses Mosaic Lifestyle Profile<sup>3</sup> information, alongside local knowledge and fire data, to target those people most likely to have a fire in their home. Priority or 'P1' postcodes are areas where the most domestic fires have occurred over the last five years. 'P1' people are those who display a combination of factors which are likely to make them more vulnerable should a fire occur e.g. a smoker, who lives alone and has mobility difficulties.

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<sup>1</sup> A Home Fire Safety Visit (HFSV) is a visit to someone's home, by Brigade firefighters, to provide information and advice on how to stay safer from fire. Where necessary, a smoke alarm is fitted to each floor of the home.

<sup>2</sup> An Accidental Dwelling Fire (ADF) is a fire which occurs in someone's home which was not set deliberately or maliciously.

<sup>3</sup> Mosaic Lifestyle Profiles classify consumers in the United Kingdom into one of 67 types and 15 groups, utilising information from a variety of sources including lifestyle surveys, the population Census, Electoral Roll and consumer data.

## Effect of HFSVs on reducing accidental dwelling fires

7. Having looked at the overall effectiveness of HFSV targeting and outcomes, Cordis Bright then considered the effect of HFSVs on ADFs themselves, beginning with the rate of occurrence. The analysis showed that receiving a HFSV decreases the likelihood of an ADF; table 1 below illustrates that amongst those who have received a HFSV, the incidence of an ADF for P1 people/areas falls from 36 per to two per 10,000 population.

**Table 1 – Rate of ADF occurrence following HFSV**

Number of ADFs per 10,000 population	P1 people/areas	Non P1 people/areas
ADF rate where no HFSV delivered	36	16
ADF rate where HFSV delivered	2	2

8. The research showed that when a HFSV has been delivered and the resident still experiences an ADF, the fire was more likely to be attributable to human behaviour. This was more marked in non P1 people, suggesting that fire safety messages delivered as part of the HFSV are engaged with more fully by people in P1 places or with P1 risk characteristics.
9. Furthermore, in P1 dwellings which experienced an ADF and had previously received a HFSV, it was found that the household was slightly (3.6%) more likely to have a smoke alarm present at the time of the ADF than those which had not received a HFSV, as smoke alarms are fitted during the visits. In non P1 areas this difference was negligible – the likelihood of having a smoke alarm present was 1.3% higher.
10. Cordis Bright also found that overall there was no significant difference in the times taken for the Brigade to be called following discovery of the ADF, between ADFs in dwellings which had received a HFSV previously and those that had not. However, where an ADF had occurred, dwellings which had previously received a HFSV were more likely to discover the fire quickly (in under five minutes) than dwellings which had not.
11. The Brigade utilises fire data and Mosaic Lifestyle Profiles to predict where people at greatest risk from fire are likely to live, resulting in the production of P1 postcode listings which fire crews use to target localities for grouped risk visiting (GRV<sup>4</sup>). Cordis Bright found that overall, ADF rates differed considerably between local authorities (LAs). This is reflected in the P1 postcode listings, which show that P1 postcode areas differ considerably between LAs.
12. In terms of the nature (the main cause) of the ADFs experienced by dwellings which had received a HFSV previously compared to dwellings which had not received a HFSV at all, there were few differences. However, where a dwelling had received a HFSV and then experienced an ADF, the fire was more likely to be classed as 'Slight' or 'Moderate' than to be 'Significant' or 'Severe', using the classification to determine the amount of damage caused to dwellings after fires. This is thought to be because the alarm was raised earlier due to the fitting of a smoke alarm, and the human behaviour, such as having overflowing ashtrays, has been modified i.e. ashtrays are more regularly emptied.

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<sup>4</sup> A Grouped Risk Visit (GRV) is when a fire crew undertake a number of home fire safety visits in one area e.g. a street or housing estate. Crews use the P1 postcode information to identify which area to visit, then they go to the area and offer HFSVs to residents there and then. They also take contact details for residents who would prefer a scheduled visit at a later date.

13. Cordis Bright explain in their report that the greatest opportunity to reduce the rate of ADFs comes from delivering HFSVs to P1 postcodes and people, based on the findings set out in table 1. The issue of targeting our resources for HFSVs is picked up later in this report.
14. Given the findings set out above, officers consider that the focus for delivery of HFSVs should continue to be targeted at P1 people and P1 areas.

### **Cost effectiveness of HFSVs**

15. The cost effectiveness of HFSVs was calculated based upon the following assumptions:
  - (a) cost of an ADF: the Department of Communities and Local Government (DCLG) estimate of the cost of a domestic fire in London was used - £48,092;
  - (b) cost of HFSVs: the cost of providing a HFSV was set at £390. This was based on the current cost of utilising a full fire crew and fire appliance to carry out individual visits<sup>5</sup>;
  - (c) rates of ADFs: Cordis Bright used Brigade data to calculate the rate of dwellings experiencing an ADF was 1.3 per 100 dwellings not receiving a HFSV per 6.5 years (the time period studied), and 0.11 per 100 dwellings receiving a HFSV per 6.5 years.
16. Using the data provided and on the assumptions set out above, Cordis Bright were able to calculate the following:
  - (a) 412,636 HFSVs were carried out during the 6.5 year period, at an estimated cost to the Brigade of £161 million (i.e. 412,636 visits multiplied by £390);
  - (b) if those visits had not been carried out; based on the differences in ADF rate between dwellings receiving a HFSV and those not receiving a HFSV, an extra 4,881 ADFs would have occurred creating a total of 42,795 ADFs, which gives a total cost to the economy of £235 million (i.e. 4,881 extra visits multiplied by £48,092 per ADF).
17. This means that if the HFSVs had not been carried out at a cost of £161 million, the London economy would have borne an extra £235 million in ADF costs over the six and a half year period. Officers recommend that the HFSV programme continue, with consideration given to targeting as discussed in paragraphs 6, 7 and 8.

### **Delivery of HFSVs and areas for improvement**

#### **Staff views**

18. Thirty one interviews were carried out with Authority staff, consisting of twenty four questions which sought to capture the views of the HFSV Call Centre Manager as well as Watch Managers (WMs) and Borough Commanders (BCs) regarding the purpose and effectiveness of the HFSVs, the different ways in which HFSVs are organised and delivered across the four Brigade Areas and the ways that the HFSV scheme could be improved. The questions are set out in appendix A.
19. The HFSV scheme was viewed positively by all staff with full recognition that the purpose of HFSVs is to reduce fires and injuries and damage from fires that did occur. The provision of fire safety advice and the installation of smoke alarms were seen to be the main mechanisms through

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<sup>5</sup> Current hourly rate for use of full crew and appliance = £260. A HFSV takes 90 minutes, including travel time, therefore rate for one and a half hours is £390.

which this change was to come about. Staff felt positively about the scheme, but there was concern amongst some that the content of the visits could be more consistent across the Brigade and that it could also be more engaging and memorable for residents. This is interesting in the context of the findings which demonstrated P1 residents retained the fire safety message element on more occasions than the non P1 residents, mentioned in paragraph 8 above.

20. Suggestions to achieve improvements were:

- (a) including more statistics to highlight the risks and effects of fire;
- (b) adding more relevant areas such as how to deal with hair straighteners and the importance of safe cooker installation;
- (c) updating the tone and quality to be more engaging;
- (d) including more visual prompts about the cause and effects from fire – this could be in picture format or involve videos played on tablet devices or via a DVD to be left with the resident;
- (e) making sure topics covered reflect the most common current causes of ADFs.

21. The Fire Safety in the Home booklet is a small booklet of fire safety information, which sets out the main causes of fire and how to prevent it. This is referred to throughout the HFSV and left with the resident. The contents of this booklet are currently under review, which provides an opportunity for the suggestions above to be considered.

22. From staff descriptions of delivery it was clear that there are various inconsistencies between the ways in which visits are delivered in different Brigade Areas. Whilst internal respondents generally thought that visits were delivered well, some voiced concerns about the quality and effectiveness of visits.

23. Perceived barriers to consistently high quality delivery included:

- (a) *inconsistencies in the personalities and enthusiasm of firefighters;*
- (b) *firefighters' perceptions about the main purpose of visits:* some firefighters felt that the focus in some Brigade Areas is on the quantity of visits rather than the quality, and that how well a HFSV is carried out is dependent on how important the lead officer feels the behaviour change element of the visit is. Others felt that 'visit fatigue' is an issue and leads to lack of quality in that the Brigade focus on targeting quantity could negatively affect the quality of visits. There is also a belief amongst some that the HFSV target is linked to senior managers' pay. It is clear that there is a need to more clearly communicate to station staff the purpose and value of HFSVs and the importance of both the smoke alarm installation and the fire safety message elements of the visits;
- (c) *language barriers and how these are dealt with:* some watch managers are aware that interpreters are available. WMs with crew members who speak other languages found this to be a real benefit. The use of a facilitator to carry out British Sign Language was felt to be more justified in cost. This suggests again that the communication to staff needs to emphasise the value of the fire safety message element of the visit and that the quality assurance process being put in place for HFSVs is correct to include consideration of whether language support was utilised or should have been;

(d) *cultural issues*: some watch managers mentioned that some cultural/ethnic groups were more likely to refuse entry to their homes or were only willing for them to install a smoke alarm but were not receptive to sitting down to receive advice. This was considered to be due to a suspicion of the Brigade, as a uniformed organisation, which could be related to law enforcement or judgement, or because of culturally different perspectives about risks. This has led to a fear that overcrowded properties are not being accessed. Again, emphasising the benefit of language support and quality assuring that the support is being utilised when necessary, could help here. The more residents we visit, who then understand the benefit of the HFSV, the more their peer group will understand the purpose of the visit and that Brigade staff are there to help keep them safe. Indeed, one of the residents is quoted in the research as follows:

"Just to have the free service is unbelievable. I'm from [North West European country] and they are gobsmacked when I tell them there... I was very impressed."

(e) *equipment available to install smoke alarms*: the variation in how smoke alarms were installed could be attributed to some extent to varying understandings about current Authority policy. The communication or 're-familiarisation' package to staff will need to remind staff of the equipment available;

(f) *issues with onward referral systems*: queries were raised concerning the perceived lack of knowledge regarding the safeguarding referral process. However it is worth noting that one respondent said the HFSV she received played a critical role in improving her social condition because the fire-fighters had referred her to social services. She was effectively squatting with her young baby in an almost abandoned house, which she had been asked to vacate but could not afford to move from. She was suffering from depression and had little income; the property did not have heating or light facilities. She had requested a HFSV as she was concerned about the possibility of a gas leak. As a result of the visit the watch provided her with blankets and referred her to the housing department, social services and health services.

24. The reviewed Serious Outstanding Risk process will set out the options for crews when they become aware of a resident for whom a standard HFSV is not enough to significantly reduce the risk of fire. This will include instances where the resident needs something more than a standard smoke alarm, for example an alarm linked to a remote monitoring facility, fire retardant bedding, a sprinkler system. Under the Serious Outstanding Risk process the station manager will work with the resident, their representative and where appropriate the local social services or health team, to identify the measures that would help to protect the resident and to discuss how those measures might be provided.

25. With regard to targeting and monitoring, most internal respondents were aware that HFSVs were targeted to P1 dwellings and believed this to be a positive way of focussing resources. The ways in which HFSVs were organised so as to reach P1 targets varied in different Brigade Areas, and the extent to which visits aimed to reach P1 people rather than P1 dwellings also varied.

26. When concerns about P1 targeting were raised, they included:

(a) whether only P1 dwellings should be targeted; there was some concern that the P1 postcode approach was not sensitive enough to risk and targeting should rather focus on P1 people; there were some concerns that targeting P1 postcodes meant that residents seen were not always those most at risk, and there was a view that there should be more emphasis on targeting P1 people;

(b) that some 'high risk' people might not be reached as people not known to partner agencies (who help us to find P1 people) could be 'off the radar', for example, living in informal illegal accommodation. The communication to staff could include links to the visual audit policy<sup>6</sup> currently under development and also an update on the work being undertaken to address the 'beds in sheds' and overcrowding concerns<sup>7</sup> which the Brigade shares with LA partners;

(c) that the application of universal P1 targets to boroughs with very different demographic profiles is unfair and/or not meaningful. This view was particularly held by boroughs with low levels of P1 dwellings who consequently found it harder to reach their P1 targets. Officers have recognised this concern for some time and the findings set out earlier about the impact of HFSVs on P1 residents being greater than on non P1 residents, suggests that perhaps crews should be deployed across their station border into other areas if there is a need e.g. greater number of P1 locations, once the home stations' P1 postcodes have been reached. Whilst there are issues to consider in utilising crews and appliances in this way, Officers have for some time supported the direction by BCs and DACs of resources into other locations on the basis of known risk.

27. Crews have two priorities for targeting home fire safety visits – P1 people and P1 places. However, the targets in place are not a barrier to providing a home fire safety visit to any London resident, so the focus should be on the quality and appropriateness of the advice given and installing suitable smoke detection, rather than on the numbers associated with measuring our interactions with the public in this way. This will be emphasised in the communication to staff.

28. With regard to cost efficiency, some respondents thought that the HFSV scheme provided good value for money, others did not have a view about cost-efficiency or thought that aspects of the scheme's current delivery methods were not cost-efficient. From those, the suggestions for improving cost-efficiency were varied and included:

(a) *undertaking GRVs rather than single visits by appointment*; it was felt that using a fire appliance and an operational crew to deliver one visit was not cost effective, particularly if the resident was not in;

(b) *reducing the length of visits*; so that they mainly focussed on smoke alarm installation;

(c) *more in-depth visits*; making sure more P1 people are reached and more in-depth and effective visits are provided, therefore putting a greater emphasis on quality and visiting genuinely high-risk people;

(d) *billing private landlords for smoke alarms installed*; frustration was expressed that fire crews were often installing smoke alarms in properties where the landlord was perceived to have the financial means to pay;

(e) *outsourcing delivery*; visits should be outsourced to external agencies including voluntary sector partners. Some respondents believed that the Authority should consider employing a

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<sup>6</sup> The visual audit policy directs fire crews to undertake reviews of the locality in which they work, not only confined to spotting fire hazards such as rubbish and abandoned vehicles but could also include items such as graffiti and dangerous structures. Reporting such situations clearly demonstrates that the Brigade is interested in improving community safety and in playing an active role in their local area. This activity has been termed as 'visual audits'.

<sup>7</sup> There are fire risks posed by people living in accommodations not intended for residential use – known as 'beds in sheds' – and from overcrowding. The risks relate to the methods of cooking utilised in non-domestic buildings as well as the safety of the electricity supply or risks from open fires. Overcrowded buildings often have similar cooking and energy issues, which increase potential for a fire to occur.

dedicated team, or alternatively the voluntary sector or private agencies could carry out HFSVs instead.

29. The value of a fire crew carrying out the visit can be set out in the communication to staff and examples drawn from the responses of beneficiaries which very much underline that value. For example:

"Just having it done by people who were fire people [was good], not just somebody in a suit, so I trusted them and took it on board. I think that was the best thing about it. And I appreciate they take the time out to do it as well."

30. With regard to the management structure of the HFSV scheme, it was found to be similar in each Area. Targets for HFSV delivery outputs are set centrally, BCs oversee performance management, station managers carry out performance management and HFSV co-ordination and WMs organise watches' time so that they attend visits and meet their targets.
31. There was some variation in how the Areas made decisions about how visits are to be organised and referrals generated. In some Brigade Areas, these decisions are made at borough level, whereas in other Brigade Areas the decisions are made at station or even watch level. Some generate most referrals through partnership agencies in order to identify P1 people, which are then scheduled by individual appointment, whilst others generate most visits through crews carrying out Grouped Risk Visits (GRVs) to a group of dwellings on a particular area or street (P1 postcode). This flexible approach to how HFSVs are managed has been deliberately put in place to allow for local managerial knowledge and experience.

### **Beneficiaries' Views**

32. The interviews with members of the public consisted of 13 questions which are attached as appendix B. The 31 interviews aimed to explore ways in which respondents came to hear about visits, reasons why they chose to accept or request visits and ways in which visits were conducted. They also sought to explore respondent's assessments of the visits and how they could be improved, and to gauge the effect of the visits in terms of increasing recipients' knowledge about fire safety and changing behaviour in relation to fire safety.
33. Recipients of HFSVs in the sample were all grateful to have received a HFSV and viewed the visits positively. Respondents reported various means by which they came to receive a HFSV. Some had been offered a visit following a fire at their home that the Brigade attended, whilst others had heard about the visit through local marketing activities or through the internet/word of mouth, and self-referred in order to receive a visit. In all but one case, where the respondent received a HFSV at the request of her landlord, respondents requested or accepted HFSVs because they were conscious of the risks of fire and believed that the visit would be helpful in increasing their fire safety.
34. Before the visits some respondents were mostly keen to have a smoke alarm installed, whilst others were more concerned to receive a risk assessment of their home. Regarding both the fitting of smoke alarms and risk assessment, the 'professional', authoritative and high quality nature of the service was seen as a key attraction of the visits.
35. Some respondents described receiving thorough HFSVs, which included risk assessment, a check of the property with the residents, and the giving of fire safety advice and information, and the installation or checking of smoke alarms. Other respondents described receiving what could be described as 'reduced' HFSVs which were short and involved only the checking or installation (or

in one case just provision) of smoke alarms and brief property checks. Often these 'reduced' visits were those taking place immediately after fire incident call-outs to the property, when a more thorough visit was considered by the watch to be insensitive and inappropriate.

36. Respondents receiving both types of visits were pleased to receive them. However, whilst one recipient of the more streamlined service mentioned that a more in-depth service would have been unwanted and unnecessary; other recipients of the reduced visits would have liked to have received a more thorough visit and were unaware that such a visit was available to them. In the communication to staff, the emphasis on the importance of both the fire safety messages and the alarm installation elements of the visit will pick up on this. This will then be reinforced by the quality assurance to be carried out, which will look at the quantity and quality of fire safety messages given as well as practical issues such as provision and siting of appropriate smoke alarms.
37. The majority of respondents were satisfied with the length of the visits, how they were scheduled and arranged, and the way in which they were delivered by firefighters. Respondents praised the polite, friendly, tactful, and clear manner of the firefighters delivering the visits. In retrospect respondents also often noted the 'professional' manner of the firefighters, and were glad that the visit had been delivered by somebody with experience and expert authority, whose advice they trusted. They also were grateful to receive the smoke alarms free of charge. Most respondents could not think of ways that the visit could have been improved. However, four respondents raised issues with the visits. These were that:
  - (a) the Brigade were difficult to contact for follow up visits;
  - (b) there were delays in scheduling the visit;
  - (c) the visits did not include information about carbon monoxide poisoning; and that the smoke alarms fell down or malfunctioned.
38. Both the re-familiarisation exercise and the revising of the Fire Safety in the Home booklet will take these matters into consideration.
39. The majority of respondents felt that they learnt something as a result of the visits. Most commonly cited information learnt as a result of the visits included information about electrical safety, safety when cooking, night time routines, and escape routes. Even where recipients felt that they had learnt very little as a result of the visit since they knew the information beforehand already, or because little advice was given during the visit, they were still grateful for the free installation of a smoke alarm and the reassurance provided by a professional visit.
40. Some respondents reported implementing specific behaviour changes as a result of the visit and advice given – notably by making sure to close doors and turn off appliances at night, by keeping escape routes clear and by not overloading plug sockets. However, others reported not changing their behaviour because their behaviour was not risky or they saw no need to change it, or because they had emotional or competing rational reasons to resist the advice given. For example, one individual did not want to shut doors at night despite knowing they should do so because it made them feel 'hemmed in'.
41. Many respondents reported testing their alarm regularly, a minority reported not doing so because they could not remember how to, and many reported not doing so because they felt that the alarm was working since the light was flashing and/or it was occasionally activated during

cooking. Respondents who experienced a fire after receiving a HFSV mentioned that the smoke alarms fitted by fire crews helped provide an early warning of the fire, or would have done had they been asleep at the time of fire. Some respondents also mentioned that the advice given by the fire crews had aided the way they reacted to fires when they occurred. For example:

"[They told me] like if there was a fire, first is to see if anyone is held inside, and if there's an electrical fire to try and switch off the main plug and don't put water on it, just call fire brigade and wait outside... so I was downstairs and then I called the fire brigade and waited outside."

42. Aside from increased fire safety, other positive effects of the visits centred on the social role of the visits. Visits played a role in decreasing loneliness amongst some otherwise isolated individuals, and improving the wellbeing for isolated and vulnerable residents by referring them to other social services whose assistance they needed, as outlined earlier. Another resident said:

"We was really having a chat. So it was nice to have someone to talk to."

43. Also as set out previously in paragraph 23(f) HFSVs play an important part in making both adult and child safeguarding referrals to local authorities.

44. In addition, visits contributed to a positive perception and increased level of trust in the Brigade:

"We learnt a bit about protecting the house, and we learnt that firemen [sic] are nice."

45. Given the feedback from both staff and the HFSV recipients, officers plan to create a re-familiarisation / communication package for crews, to set out what should be included in a HFSV, why we target who we target and feedback from the residents of this evaluation which demonstrates the value that the public put upon these visits.

46. With regard to trainee firefighter training, officers intend to ensure that HFSV delivery and benefits are better represented in future.

### **Head of Legal and Democratic Services comments**

47. The Head of Legal and Democratic Services has reviewed this paper and has no comments.

### **Director of Finance and Contractual Services comments**

48. The Director of Finance and Contractual Services has reviewed this report and has no comments.

### **Sustainable Development Implications**

49. There are no specific sustainable development implications arising, although the approach outlined supports delivery of the Brigade's Sustainable Development Framework.

### **Staff Side Consultations Undertaken**

50. Consultation in progress, to finish by 2 July 2013.

### **Equalities Implications**

51. LFB targets Home Fire Safety Visits on those who are most at risk in society. The report demonstrates the effectiveness of the HFSV programme in reducing fires and the social and economic distress fire can cause.

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### **List of Appendices to this report:**

1. Appendix A: Staff Questionnaire Set
2. Appendix B: Beneficiaries Questionnaire Set

<b>LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985</b>	
<b>List of background documents</b> Cordis Bright Evaluation reports:	
<ol style="list-style-type: none"><li>1. Research into the effectiveness of Home Fire Safety Visits: report of quantitative findings</li><li>2. Effectiveness of Home Fire Safety Visits: Research into beneficiaries views</li><li>3. Effectiveness of Home Fire Safety Visits: Research into staff views</li></ol>	
Proper officer	<b>Third Officer Dave Brown</b>
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## Appendix A

### London Fire Brigade: Research into the effectiveness of Home Fire Safety Visits

#### Interview template: Borough Commanders and Watch Managers

***NB: Points headed with bullets are follow up questions and suggested prompts. Headings in bold should not be read and are for researcher purposes.***

#### **Introduction**

Thank you for agreeing to take part in this interview. It should take around 45 minutes of your time.

Cordis Bright has been commissioned to conduct research into the London Fire Brigade's Home Fire Safety Visits initiative. In particular, we have been asked:

- To assess the effectiveness of HFSVs
- To gauge the cost effectiveness and value for money of the scheme and the model of delivery
- To consider how HFSVs could be improved

As well as conducting interviews with key staff, we are also conducting interviews with members of the public who received HFSVs.

Everything you say in this interview will be confidential. Any reports we produce on the basis of these interviews will be treated anonymously, i.e., we will not attribute comments to you in any report unless you have a preference that we do. There are no right or wrong answers, and we are simply interested to hear your opinions about HFSVs.

Thank you for taking part in this research. Do you have any questions?

#### **Staff member information**

- What is your name?
- What is your role?
- How long have you been in the role?
- What role do you play in relation to the provision of HFSVs?

#### **Brief HFSV overview and understanding of HFSVs**

1. Could you briefly describe the HFSV scheme to me?
2. How are HFSVs currently delivered in your borough?
  - How are recipients chosen or gained?
    - Referrals
    - Recruitment
    - Self referrals
  - How are visits arranged?
  - Who delivers?

## **Outcomes and purpose of HFSVs**

3. What do you believe to be the main purpose of HFSVs?
  - What outcomes do you think HFSVs seek to impact on?
    - E.g. ADF rates
    - E.g. Nature of fires – less severe, impact minimised
    - Other?
4. How/through what mechanisms do HFSVs seek to impact on these outcomes?
  - E.g. Change residents' behaviours to prevent fires
  - E.g. Improve residents' knowledge about steps to take in case of fire
  - E.g. Install smoke alarms etc., so improve awareness and notification
  - Other?
5. Do you think that the visits do have a positive impact on these outcomes?
  - Why do you say this?
  - What evidence, if any, is collected about the effect of HFSVs and the people that receive them?
  - Do you think this data is reliable?
    - Why/why not?
6. Do HFSV visits currently relate to any LFB KPIs? Which ones? Do you think this is meaningful?
7. Do you think everyone involved with HFSV delivery is on board with their delivery and think they are a good initiative?
  - What makes you say this?
  - How is purposes and value of HFSVs communicated to fire-fighters?

## **Approach, content and delivery of visits**

8. Thinking in detail about the visits themselves, what exactly does an HFSV involve?
  - Is this written down?
9. Do all fire-fighters delivering a visit follow a structure? Is it consistently delivered?
10. Do you think that the content of HFSVs (e.g. talking to residents about risk) is appropriate to achieving the impacts that the scheme hopes to have on household's outcomes (eg behaviour changes)?
  - If not why not? E.g. can't make people change behaviours; people forget/don't care?
  - If so, why/how?
11. Could the content of the HFSVs be improved? If so, how?
12. Do you think that staff generally approach households they visit and deliver HFSVs in the best way?
  - What is the "best way" in your opinion?
    - Polite, friendly?
    - Positive, enthusiastic.
13. Are there any barriers that staff face in delivering HFSVs well?
  - Diversity and cultural barriers?
  - Language issues?
  - Communication skills and social skills of fire-fighters?
14. Are staff given any training in order to deliver HFSVs so that they achieve their stated aims?
  - Do you think training is helpful/good enough? How could it be improved?

## **Targeting and recruitment/referrals**

15. Are there any particular types of households that you think should be receiving HFSVs in your borough?
  - Aware that should be targeted to 'P1' dwellings? Knowledge of targets about P1 targeting?
16. Do you think HFSVs are reaching their target audience [P1 or otherwise]?
  - How do you know?
17. Are there any particular ways that targeted groups [P1 or otherwise] are identified and encouraged to receive a visit?
  - How identified? How recruited? [Referrals, recruitment and advertising]
  - What is working well?
  - What is not working well?
18. You mentioned that HFSV are arranged by [central HQ, other method stated], is the way HFSVs are scheduled and arranged working well?
  - Are there any problems? E.g. people not in because arranged by HA without resident knowing.
  - How could these issues be overcome?

## **Overall assessment**

19. Overall do you think HFSVs are a good thing?
20. What is the best thing about them?
21. What are the aspects that aren't working so well?

## **Value for money and sustainability**

22. Do you think the HFSV scheme offers the Brigade and the public good value for money? Why do you say this? How do you know? How do you think value for money could be improved in HFSV delivery?
23. How could HFSVs be improved in the future? Are there any opportunities that are missed in the way HFSV is delivered?

## **Closing**

Thank you for your time today, what you've said has all been very interesting and has really helped improve our understanding of the effectiveness of HFSVs. Do you have any further comments about Home Fire Safety Visits that you'd like to add?

## Appendix B

### London Fire Brigade: Research into the effectiveness of Home Fire Safety Visits

#### Interview template: HFSV Recipients

***NB: Points headed with a clear bullet point are suggested prompts. Headings in bold should not be read and are for researcher purposes only.***

#### **Introduction**

Thank you for agreeing to take part in this interview.

I am calling from Cordis Bright, an independent research organisation that has been asked to do research into the effectiveness of the Home Fire Safety Visits scheme provided by the London Fire Brigade. We would like to hear about your view of Home Fire Safety Visits and what kind of impact you felt the visit you received had, if any, on you and your household.

The interview should take about half an hour. Everything you say in this interview will be confidential. Any reports we produce on the basis of these interviews will be treated anonymously, i.e., we won't attach your name to any comments you make. There are no right or wrong answers; we are just interested to hear what you have to say.

Thank you for taking part in this research. Do you have any questions?

#### **Confirm that person was present for HFSV and assess other dwelling residents**

- Before we start, I understand that you received a visit in [INSERT MONTH, YEAR]. Is that correct? Were you present for the visit?
- Can I ask, is it just you that lives in your home or are there any other residents or family members living there too?

#### **Receipt of the visit**

1. How was it that you came to receive a Home Fire Safety Visit from the fire brigade?
  - Referred by another person?
    - If so from who? (Other services, family member, housing association etc)
    - How did you feel when you were referred (happy/annoyed/offended)?
  - Requested themselves?
    - If so, how did you find out about the service?
2. Why did you accept/request a visit? What did you hope that it would achieve?
3. Were there any problems in arranging the visit?
  - After you had the visit arranged how long was it before the brigade came round?

#### **General perception of the visit**

4. How did you find the visit overall?
  - What did it involve?
  - What did you think about the staff that carried the visit out?
    - Clear and easy to understand? Polite?
  - Did you feel the visit was too long/too short?

### **Effect of the visit – behaviour change and technical benefits (e.g smoke alarm success)**

5. Did you feel that you [and other residents if relevant] learnt anything as a result of the visit?
  - If so, what? [Do they still remember what learnt?]
  - If not, why not? (Knew all already/weren't told anything etc)
6. Did you [and your household] make any changes in your behaviour as a result of the HFSV?
  - E.g. use of cooking oil, plug sockets, not smoking, using fire guards etc?
  - If not, why not?
7. When the Fire Brigade visited did they install a smoke alarm(s)?
  - If not, why not?
8. Did you keep the smoke alarm up and test it regularly?
  - If not, why not?
9. In your view do you think that the visit helped prevent any fires from occurring?
  - E.g. Did the smoke alarm alert you to any small fires or burning food that you were able to deal with yourself?
10. Do you mind me asking if you ever experienced a fire in your home following the visit from the fire brigade? [Question requires tact, placed at end of interview as is most sensitive question.]
11. [If so – all talking to should have had an accidental dwelling fire] Would you mind telling me a bit about that fire?
  - How did the fire begin? Were you there at the time? How was the fire dealt with once it had started? [Attempting to assess why caused, why HFSV didn't prevent ADF].
  - Looking back, do you think there is anything that you or your household could've done differently that might have prevented the fire?

### **Improvements**

[To be informed by comments made previously]

12. Based on what you've already mentioned about the visit, is there anything you think could have been improved about HFSVs?
  - What they do?
  - How they are delivered?

### **Closing**

- Thank you for your time, what you've said has all been very interesting and has helped us with our research. Do you have any further comments about Home Fire Safety Visits that you'd like to add?