Communities
and Local Government

Understanding people's attitudes towards fire risk

Final report to Communities and Local Government
Fire Research Series 13/2008

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The findings in this report are those of the authors and do not necessarily represent those of the Department for Communities and Local Government

Executive Summary

Introduction

Fire and Rescue Services (FRSs) and the Communities and Local Government conduct a wide range of fire safety promotional work aimed at changing peoples' attitudes and behaviour towards fire safety and encouraging the adoption of various fire safety precautions. Previous research has shown that a minority of people are most at risk from fire and account for the majority of fire deaths, but research on the attitudes of these groups to fire risk is limited. The aim of this work was therefore to:

- Complete qualitative primary research with groups deemed to be most at risk and hard to reach to further develop understanding of their attitudes to fire

- Identify ways of encouraging people to change their attitudes and behaviours

- Explore the role of FRS Community Advocates in accessing and communicating with these groups, and their impact on attitudes.

This study was entirely qualitative and used only subjective evidence to further develop the understanding of peoples' attitudes and how to change them. Research methods incorporated a literature review, interviews with Advocates and partner organisations and a total of thirteen focus groups with key 'at risk' groups identified from previous research. Three of the focus groups were made up of participants who had attended talks by Community Advocates.

The study involved a limited amount of evaluation of the role and impacts of Advocates, in that it:

- Compared feedback from Advocates with that of their partner organisations

- Compared attitudes between similar groups of people that have and have not had a talk from an Advocate

- Reported subjective feedback from people who have had a talk from an Advocate.

Perception of fire risk

The research indicated that the perception of the risk posed by fire in the home varies according to people's subjective assessment of their vulnerability, level of care and protection, the potentially fatal consequences as well as, affective features such as the perceived level of control over the risk and its predictability. There appeared to be a reasonable level of association between peoples' self-appraisal of these factors and their ability to judge the factors that place them at greater risk (eg smoking, physical impairments). However, this concern may be associated with people taking precautions and adopting coping strategies that lead them to feel they manage the risk and therefore are at less risk.

The findings suggested that people may best be segmented (for sake of fire safety advice), according to lifestyle/lifestage, household type (eg family vs. single), vulnerability and attitudinal characteristics (eg concerned vs. unconcerned) rather than simple age or ethnicity categories. However, expressed levels of concern were often not matched by proportionate precautions and the adoption of fire precautions was, in some cases, limited, such as no alarms or fire escape plans, and there are examples of people disabling alarms. Many attendees judged that they already took a reasonable level of precautions and this may have contributed to a lack of action regarding seeking out advice and a view that experiencing a fire or hearing of one would prompt them to seek advice.

The finding that the level of media coverage influences the perception of fire risk indicated a need for repeated activity aimed at maintaining awareness of the risk. Whilst this could take the form of adverts, the expressed need to maintain the profile of fire in the national and local media also indicated a role for PR style activity, such as placement of articles and radio editorials.

Encouraging behaviour change

Suggestions for fire safety promotion activities supported current approaches such as adverts showing the causes of fires and encouraging checking of smoke alarms as well as face to face work such as Home Fire Risk Checks[1] (HFRCs). The finding that having or hearing of a fire prompts people to seek advice provided strong support for the practice of 'hot strikes' where FRSs offer HFRCs in areas that have recently experienced a fire. New suggestions were:

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[1] HFRC are fire safety checks that are carried out in the homes of residents by fire fighters. During these checks smoke alarms are installed (if needed) and the resident is given face-to-face fire safety advice.

- **Tailoring/personalising messages to the target audience** – the message and any associated images must address issues that are perceived as specific to the audience. For example, people featured need to be similar to the target audience (ie ordinary people) or authoritative experts (such as Fire Officers), the causes of fire must be pertinent to their behaviour and the precautions must be seen to be practical. Methods of communicating messages must reflect the target audience's lifestyle eg radio for visually impaired or Sky Sports for single men.

- **Influencing through friends and family** – targeting messages via people that have influence. For example, adverts that get friends and family to encourage the adoption of fire precautions or fire safety talks in community settings to encourage people to advise and support friends and family to adopt fire precautions.

- **Promoting coping strategies** – promote strategies that help people manage 'risky' behaviours, for example, smoking outside, using water to put out cigarettes, not cooking whilst under the influence of alcohol, using deep fat fryers rather than chip pans etc.

- **Using vivid imagery and empowering people** – use promotional work to shock and convey a sense of the 'danger' of fire but ensure that it also demonstrates how people can practically prevent and respond to fires so they do not become fatalistic.

The role and impact of Advocates

The research suggested that Advocates can play an effective role in fire safety, particularly by:

- Facilitating partnership working between the FRS and organisations such as Age Concern

- Developing fire safety tactics, communication techniques and material that addresses the specific issues and needs of certain sections of the community

- Directly participating in fire safety work such as HFRCs and fire safety presentations, where people have specific or special issues and needs.

The work also indicated that:

- The targeting of Advocates work needs to effectively focus on those most at risk, perhaps by more discriminating categorisation and selection of recipients of their work

- The conduct of their work should be audited and evaluated by FRSs, as with all aspects of fire safety work

- The tailoring of the content of Advocates talks is further developed to ensure the issues are relevant to the specific audiences.

A systematic approach to promoting fire safety

The findings from the research suggested that a systematic approach to the promotion of fire safety would have the following features:

- Improving segmentation of target audiences

- Understanding the level of knowledge of fire, precautions, the attitude to fire safety and to seeking or receiving advice of each of these audiences

- Identifying the particular fire safety issues and attitudes to be addressed for each group

- Identifying the channel through which to communicate with each group

- Developing communications materials and tactics that match audience needs

- Using messengers and images that the specific audience can identify with and who they accept as an authoritative source of advice

- Evaluating the effectiveness of the strategy, revising it in light of actual experience

- Repeating fire safety promotional work on sufficient frequency to maintain awareness.

Further research recommended to support this approach included:

- Testing alternative fire safety messages

- Encouraging 'careful' people to do more

- Exploring the frequency of campaigns required to maintain awareness

- Developing a comprehensive typology to segment people according to fire safety attitudes

- Further evaluation of the impact and role of Advocates.

Recommendations

These findings led to the development of the following recommendations:

Recommendation 1

Fire safety messages should be tailored to the issues of concern to each section of the community and use an image(s) that they can identify with. For example, messages aimed at elderly (non-smoking) people who still cook should include cooking related risks whilst messages aimed at adult smokers should include smoking risks. Moreover, the image of elderly people should match the audience, such as using 'young at heart' images for old but agile persons, and images of more aged persons for older persons suffering age related impairments.

Recommendation 2

Fire safety messages, both national and local, should be repeated with sufficient frequency to maintain awareness of fire as an issue and of key fire safety precautions. The perception of fire risk is influenced by the extent to which fire is cited in the media, particularly as many people do not experience fires. This may include national TV and local media exposure, such as local radio.

Recommendation 3

Previous and current research has only examined parts of the UK population and so cannot provide a comprehensive attitudinal segmentation. Therefore, the segmentation of UK population into discrete segments, each with a similar set of attitudes towards fire safety, should be completed, to support further development of targeted fire safety messages.

Recommendation 4

The feedback from the FRSs included in this study indicated that they had each developed some targeted fire safety messages for some sections of the community but not all sections. Therefore, the development and implementation of targeted fire safety messages, tailored to address the issues of specific sections of the community, should be further progressed at local FRS as well as national level, drawing on options such as local radio, partnerships, road shows and so on.

Recommendation 5

There was evidence in this study that Community Fire Safety Advocates can perform a range of useful roles, including:

- Facilitating FRS partnership working with other agencies, such as identifying potential partners, exploring the role of the partner and agreeing partnership arrangements

- Helping FRSs develop fire safety materials that match the needs of targeted sections of the community, such as helping FRSs understand the attitudes of people and how best to communicate with them

- Participating in the conduct of fire safety activities such as presentations to members of the public, helping to conduct HFRCs, specialist needs assessment such as for disabled persons and so on.

Recommendation 6

The next round of Local Area Agreements places an even greater focus on partnership working. Therefore, looking ahead, FRS could consider expanding the role of Advocates in the context of Local Strategic Partnerships (LSPs) and forming Local Area Agreements (LAAs), such as:

- Identifying how FRSs may help achieve the LSP targets that fall outside of the FRSs core areas of fire and RTCs, such as smoking cessation

- Helping the FRS negotiate their role within LAAs.

Recommendation 7

The evidence on the impact of Advocates from this study was mixed, for example, the choice of people to target was not always appropriate and in at least one case there was little evidence of effective partnership working. Also, this study was limited to a small number of Advocates and a small amount of Advocates' work. Therefore, FRS should collect data on Advocate activities, such as amount of time spent on Advocate work, number of Advocates, date first involved, number of HFRCs secured by Advocates referrals, to support future evaluation of the impact of Advocates' work.

Recommendation 8

The role and impact of Advocates as well as their working arrangements are relatively new. Therefore, FRS should share examples of best practice and lessons learnt regarding Community Fire Safety Advocates, perhaps via Chief Fire Officers Association (CFOA) or other FRS organisation.

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Chapter 1

Introduction

1.1 Aims of this study

Fire and Rescue Services (FRSs) and Communities and Local Government conduct a wide range of fire safety promotional work aimed at changing peoples' attitudes towards fire safety and encouraging adoption of various fire safety precautions. These range from:

- National TV adverts, such as those encouraging checking smoke alarms
- Local PR activities (such as seeking local TV coverage of fires)
- Talks in community centres
- Face to face Home Fire Risk Checks (HFRCs) (during which people are given advice)
- Hot Strikes (offering HFRCs to people in areas where a fire has just occurred); and
- Using Community Fire Safety Advocates to deliver advice to specific groups of people.

In all cases, the content of the advice and the design of the message are intended to address peoples' attitudes and to change their behaviours.

Previous research has shown that a minority of people are most at risk from fire and account for the majority of fire deaths. Some research has identified some aspects of peoples' attitudes towards fire risk. However, the research on peoples' attitudes to fire risk is limited.

Therefore, the work in this study involved:

- Completing qualitative primary research with groups deemed to be most at risk and hard to reach to further develop understanding of their attitudes to fire
- Identifying ways of encouraging people to change their attitudes and behaviours
- Exploring the role of community Advocates in accessing and communicating with these groups, and their impact on attitudes.

Community Fire Advocates are individuals (usually recruited from outside of the FRS) who have been employed by the Fire and Rescue Service to access certain groups within the community. These groups have been identified by the FRS as being more likely to be involved in a fire and/or least likely to access the services provided by the FRS. The

Advocates tend to have prior work experience with the specific section of the community in question, such as Care Workers, or have specific skills, such as being able to speak other languages.

Whilst the work focused on hard to reach and at risk groups, the systematic approach to tailoring messages to specific sections of the community was intended to be applicable to all groups of people. The work led to recommendations on a "more structured approach" to targeting information and improved provision of fire safety information.

1.2 Background to the work

1.2.1 Vulnerable groups

As noted above, one aim of this work was to further develop understanding of attitudes of people who were most at risk from fire. Therefore, a summary of four previous studies regarding how fire risk varies between people are provided below, in chronological order. The studies taken together provide a view of who is most at risk.

Study 1: Development of FSEC (2003)

As part of the development of the Fire Service Emergency Cover toolkit (FSEC), Greenstreet Berman Ltd (Wright, Antonelli and Marsden, 2003)[2] used data from six Fire and Rescue Services (FRS) to develop dwelling, fire risk assessment metrics. They discovered that single parent families were the single most powerful indicator of the rate of dwelling fires, accounting for 63.7 per cent of the variance.

This research also concluded that the percentage of rented homes, percentage of homes with lone pensioners, people with long term limiting illnesses and the rate of fire, were all good indicators of rate of fire casualties, accounting for 49.3% of the variance.

Study 2: Identification of risk measures (2005)

A study by Wright and Genna (2005)[3] used national geocoded fire data and the census for a single year (2002), found that the following factors were good indicators of the rate of dwelling fires:

- Household type (children and pensioners)
- Ethnicity
- Occupation
- Work status.

The research used regression analysis to predict the rate of dwelling fire from a range of census variables.

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[2] Wright, M Antonelli A and Marsden S. Development of the Fire Service Emergency Cover Planning Methodology, 2003, report to ODPM

[3] Wright, M and Genna R. Identification of risk measures for use in F&RS funding formula. Report to ODPM, 2005

Study 3: Human Behaviour in fires (2006)

The 'Human Behaviour in fires' study (reported in issue 9 of the Arson Control Forum research bulletin) involved analysing over 500 fatal fire investigation reports and identified some of the key characteristics of the victims and their behaviour in fatal fires. The results from the work revealed that out of all the fatal fires investigated:

- 75 per cent involved single person households

- 77 per cent of all victims were impaired, either through substance use, physical or mental impairment

- 50 per cent of all the fires were caused by careless use of smokers materials (19 per cent of all fatal fires were caused by victims falling asleep whilst smoking)

- 19 per cent of all the fatal fires were caused by victims who were thought to be impaired by alcohol and who had caused the fire through careless use of smokers' materials.

Study 4: Socio-demographic factors and FRS performance (2007)

A 2007 study (Smith et al 2007)[4] used a multi-variate regression analysis to identify socio-demographic factors that are associated with fire risk and developed a predictive model of the rate of a dwelling fire. A combined regression model using the Census and IMD together, explained the same amount of variance as a regression model based on the census alone – both explaining 69 per cent of the variance in the rate of dwelling fires. The factors in the combined census/IMD model are ranked in order of most, to the least influential, shown in the model below. All factors are associated with more fires except 'Caribbean/African and other black' people, who are associated with fewer fires:

- Lone parent with dependent child (ren)

- Caribbean/African and other black (associated with fewer fires)

- Never worked

- Single adult household

- Indices of Multiple Deprivation score.

It is important to note that areas with more Caribbean/African and other black people experienced fewer fires, once deprivation and single parent families are taken into account. That is areas with higher levels of deprivation and single parent families have more fires. As Caribbean/African and other black people are more likely to be deprived and have single parent households, they tend to have more fires, ie it is the higher level of deprivation and single parent households amongst Caribbean/African and other black people that is associated with more fires, not their ethnicity.

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[4] Smith, R, Wright M and Solanki A. Analysis of fire and rescue service performance and outcomes with reference to population socio-demographics. Report to Department of Communities and Local Government, February 2007.

Thus, these studies indicated that the following socio-demographic issues and factors were associated with higher fire risk:

- Being single – including single adults and single parents

- Deprivation

- Mental and/or physical impairment

- Careless use of smokers' materials

- Alcohol.

Whilst the most recent study did not identify being elderly to be a main factor, the attributes of deprivation (pensioner poverty), being single (widowed) and suffering from age related mental/physical disability (such as senility and impaired mobility) are particularly apparent amongst elderly and geriatric persons. The 2005 National UK fire statistics published by Communities and Local Government indicate:

- Persons aged over 80, are almost three times more likely to die in a dwelling fire, than people of 'all ages' and four times more likely than persons aged 17 to 24 – even after the rate for people aged over 80 falling from 42 to 22 per million population between 2001 and 2005

- Persons aged 65 to 79 are twice as likely to die in a dwelling fire, than persons aged 25 to 29.

The fatality rate amongst men (of all ages) is almost double that amongst women.

1.2.2 Previous fire safety and risk perception research

A review of research into risk perception and peoples' attitudes towards fire risk was completed and reported in Appendix A of this report. Some key points are summarised below.

As regards the perception of fire risk:

- Few people considered the risk from fire in their homes to be high, and over a fifth 'did not even think about' the potential risk of fire'

- Despite having a high sense of risk from fire and seeing alarms as beneficial, people disable alarms due to factors such as recurring false alarms (mainly cooking related)

- The perception of risk does not appear to associate strongly with fire safety activities. For example, cigarette smokers perceive themselves to be at higher risk, but have a lower ownership of fire prevention aids.

Feedback on the impact of previous national fire safety campaigns and other research, cited some subjective reasons for not taking additional fire precautions such as:

- "I am more careful than others"

- Fire safety issues tend to be less immediately top of mind than the need to protect their homes from intruders, especially given the preponderance of media reports of crime against the person

- A belief that they have taken enough precautions against fire.

A number of studies have also suggested that some people who are more at risk of fire are also 'hard to influence'. For example:

- The recent study *Human behaviour in fatal fires* suggested, as far as the fire investigation reports allowed, many victims appeared to be 'socially isolated', with limited social contact

- There is some statistical evidence that shows the rate of fire is highest amongst people without smoke alarms and lowest amongst people with smoke alarms – suggesting, that fire safety messages have worked best with lower risk sections of society

- Previous survey work found that some people who smoke cigarettes and lack a smoke alarm (and hence fall into the category of 'at risk'), considered themselves to be safety conscious and careful people and hence, were resistant to fire safety messages.

The previous research also noted that the way people see themselves may not match the way they are categorised in relation to fire risk. For example, many elderly people do not regard themselves to be old or aged and resist any suggestion that getting older implies increased disability.

Thus, there appeared to be a range of attitudinal factors contributing to peoples' failure to take additional fire precautions.

Risk perception research
The finding that peoples' fire safety behaviour appears related to their attitudes leads onto the question of risk perception. Risk perception is the subjective judgement that people make about the characteristics and severity of a risk. The term subjective risk perception emphasises the point that such assessment is based on experience and available information rather than reliable data and models, and is accordingly intuitive and partly 'unconscious'. A large body of psychological research has explored the factors that influence risk perceptions. The research has indicated that how people perceive or view a risk is influenced by many factors as summarised below.

Cognitive processes

A key aspect of cognitive processes is that people use 'heuristics' to process information. In psychology, heuristics are simple 'rules of thumb' that people use to make decisions, come to judgments and solve problems. Whilst these heuristics are useful in enabling quick judgements, they can also lead to inaccurate judgements. For example, the Availability heuristic suggests: that events that can easily be brought to mind are judged to be more likely than events that could not easily be imagined. Consequently, events that have had media coverage or have occurred recently may be judged to be more likely than other events.

It is also suggested that people often reject persuasive messages on the basis of 'affective heuristic' by focusing on peripheral aspects of the message, as opposed to any systematic consideration of the message. It may mean that risks that are ranked higher in terms of 'dread', are perceived as posing greater risk.

Cognitive dissonance

Cognitive dissonance is, in laymen's terms, the uncomfortable tension that comes from holding two conflicting thoughts at the same time. It suggests that people develop alternative beliefs, in order to reduce the amount of dissonance (conflict) between two conflicting beliefs and hence reduce the psychological discomfort of thinking you are behaving illogically. Thus, smokers (for example) may focus on examples of people who live to the age of 80 despite smoking and why they still smoke, despite evidence that it does pose as a serious risk.

Socially reinforced norms

Where an activity is held to be socially reprehensible, ie stigmatised, judgements about an activity will be 'pre-ordained' by social norms, rather than by any appraisal of the risk or benefits of it. For example, a person may regard driving whilst under the influence of alcohol as a reprehensible action because friends and family regard it to be morally wrong, despite thinking the risk of an accident is low.

Expectancy theory and experiential learning

Judgements are based on expectancies, derived from peoples' own experience and from information communicated to them. If people expect an activity to be beneficial on balance, they will tend to engage in a particular behaviour or use a product. If they expect the activity to be damaging, they may avoid it. These expectancies may be confirmed or contradicted by the consequences of decisions. For example, a person may avoid an activity because they perceive it as dangerous. Having avoided the activity they will not have the opportunity to discover, from experience, if their perception of the risk is correct. This can lead to 'false alarm' or risk averse behaviour, where people avoid an activity thinking it is risky despite lacking actual experience of the activity.

Temporal discounting

'Temporal discounting' is where people attach less importance to outcomes that may occur sometime in the distant future, for example, people engaging in behaviours such as, smoking due to the short term pleasure at the cost of later adverse affects.

Health psychology

Health psychology provides a body of research and advice on why people engage in unhealthy behaviours and resist health enhancing behaviours as well as how to encourage healthy behaviour, mainly in the context of smoking, fitness, diet, sexual health and drugs/alcohol. A core focus is upon understanding the link between the appraisal of a health threat, psychological dependencies and motivation to engage in risk reducing behaviours. For example, a person's lack of self confidence may underlie a psychological need to smoke cigarettes and contribute to a psychological dependency on smoking. The person may judge the long term risk from smoking, to be outweighed by the short term psychological 'benefit'. The individual weighs the expected benefits (social, physical, etc) of an action, against the perceived risk and the negative consequences of the options (of engaging or not engaging in the risky behaviour).

Alcohol and cigarettes

There has been some research into risk perception, behaviour, alcohol and cigarettes, but not in the context of fire. This is of relevance as a significant minority of people who die in dwelling fires have been under the influence of alcohol and cigarettes and carelessly discarding cigarettes has been found to be a significant cause of fires. The research indicates that:

- People with low risk perception and a propensity for novelty and a sense of adventure are more likely to engage in alcohol use and alcohol then reduces risk perceptions and inhibitions

- Smokers underestimate their relative risk of fire compared to non smokers and compared to other smokers

- Smokers rate the risk of fire lower than non smokers and rate their own risk lower still.

Thus there was some evidence that there is an association between attitudes and risk taking behaviours.

Risk communication

There is also a large body of research in the field of risk communication which has highlighted an important set of factors, including:

- The extent to which the 'message' is accepted is influenced by factors such as whether the source is trusted

- There is a need to match the channel of communication to the needs of the audience. 'Interested' and highly educated persons may seek out information and listen to communications from sources such as, GPs surgeries. Disinterested people may not seek out information

- The language used in risk communication is very important, in terms of, what others might "hear you say". For example, the word "probable" meaning "likely to occur" can be misinterpreted when speaking about "low probability"

- Messages need to 'empower' people, provide practical advice that appears proportionate to the risk, raise awareness of risk and hazards without creating a sense of 'fatalism', etc.

Finally, research indicates that you should not map research into attitudes to recommendations in a 'simple linear' manner. Whilst understanding attitudes is an important contribution to public health and safety promotion, the message needs to be based on an understanding of how the message may be received and interpreted by the audience. If the recommended safety measures are perceived to be beyond the capability of the individual, they may take a 'fatalist' attitude to the risk and feel 'disempowered' rather than empowered to manage the risk. If the audience do not identify with the characterisation of the 'unsafe person', they may judge that the message does not apply to them.

Implications for this study
Whilst previous research provides some useful information on the behaviours of people, particularly that people do not perceive the risk to be high or themselves to be at particular risk, there has been less work into investigating why people perceive the risk to be low or how their attitudes could be changed. Therefore, as noted earlier in this report, this study aims to further develop the understanding of how people perceive the risk from fire and the factors influencing these risk perceptions.

1.2.3 Development of new CFS initiatives for hard to reach people
Advocates
The recognition that some people are hard to reach has raised the question of how best to access and communicate with these people. A central idea for local Community Fire Safety work is for FRSs to work via partner organisations that have contact with target groups, such as mental health, elderly and alcohol charities. The concept and practice of community Advocates is more established in other areas of public policy, such as disability, ethnic minority, elderly and public disorder and policing, etc. Advocates are thought to help break down barriers and facilitate inclusion of disadvantage sections of the community. Advocates are often drawn from the community they serve, or at least are not uniformed persons or officials, so that the target community can identify with them.

One example in the fire service is Merseyside FRS who operate 'Advocates for older people', where five people with experience in the care sector build partnerships with other organisations by:

- Giving presentations to the older people's groups (visiting supermarkets, bingo halls, clubs, flu clinics, exhibitions and events arranged by organisations working with older people)
- Working on a one to one basis with people
- Creating partnerships with other agencies to secure referrals for HFRCs.

It includes home visits to housebound people and working via hospital rehabilitation wards, home carers, care and repair schemes, luncheon clubs, health services residents associations and community warden services. Merseyside have been awarded Beacon Status in connection with this service.

Other examples include South Yorkshire FRS who have Advocates for elderly, education, black and ethnic minorities, people with disabilities and one specialising in sprinklers. Cleveland FRS have older person Advocates.

The role of Advocates includes:

- Working with target groups – this may involve speaking to people in a variety of languages
- Facilitating HFRCs.

Using Advocates is a relatively new technique for the fire service. Therefore, it would be useful to acquire evidence about how best to reach vulnerable people via partners/ Advocates, evaluate whether this strategy works and produce recommendations on how to further develop this strategy.

National and other local fire safety activity
As previously mentioned there is a wide range of national and local community fire safety activities, including:

- National fire safety activities carried out under the direction of Communities and Local Government, such as advertising and provision of advice and resources to FRSs
- The Community Fire Safety Innovation Fund (CFS IF) (2003/04 to 2005/06) initiated by ODPM, now CLG, was to provide funding to those FRSs with highest rate of fire death to develop and trial innovative forms of fire safety interventions, including HFRCs and other forms of community safety interventions such as Road Traffic Collision prevention schemes

- The Home Fire Risk Check initiative (2004-2008) – which involves persuading residents to accept a free check and providing face to face advice to residents

- Assorted local Community Fire Safety work by FRSs, such as Hot Strikes, local PR work, talks at community centres etc.

The national campaign work has included:

- A national Smoke Alarm Maintenance campaign that commenced in 2003 and with 'bursts' in 2003, 2004, February 2005, February and September 2006

- A Prevention campaign in September 2005 and January/February 2006 – which included the message to install and check smoke alarms

- A 2004 campaign aimed specifically at cigarette smoking, which was reported to be "exceptionally effective" in reaching and communicating to smokers. In 2006, 28% of smokers still recognised the campaign (Andrew Irving Associates, 2006).

The national television adverts all used images, characters and messages that were designed to engage the audience, change attitudes and prompt behaviour change.

Clearly, further development of the understanding of peoples' attitudes may help with the further development of both local and national fire safety work.

Chapter 2

Method

2.1 Overview

This study was entirely qualitative and only used subjective evidence in order to further develop the understanding of peoples' attitudes and how to change them. The study, as elaborated below, used literature review, interviews and focus groups for this purpose.

The study involved a limited amount of evaluation of the role and impact of Advocates, in that it:

- Compared feedback from Advocates with that of their partner organisations
- Compared attitudes between groups of people that have and have not had a talk from an Advocate
- Reported subjective feedback from people who have had a talk from an Advocate.

As the comparison of Advocated and Non-Advocated groups of people was limited to three pairs (six focus groups), this comprised a preliminary and non-statistical assessment.

The study was also limited to identifying ideas for fire safety promotion rather than testing these ideas.

2.2 Research tasks

2.2.1 Literature review

A short review, as summarised in Appendix A and in Section 1.2.2, was completed of:

- Previous fire safety attitudinal research
- Psychological research on risk perception
- Risk communication research.

The review served three purposes:

- To provide a basis for designing the research tools for this study, specifically the focus group topic guide
- Providing some initial explanation of attitudes and ideas on how to encourage behaviour change

- Comparison of findings with the focus group feedback, so as to provide an element of cross validation.

The review drew on research primarily in the UK and USA. Studies were identified by a key word search of research databases, such as Medline and a Google search. It focused on research into peoples' attitudes and behaviour with respect to risks in the home and the community (such as drink driving, cigarette smoking), and research into public perceptions of risks.

The review aimed to identify work that provided theoretical explanations of risk perceptions and empirical studies of attitudes and risk related behaviour.

As there are few studies of the perception of fire risks, the review aimed to summarise findings as a starting point for this study, rather than aiming to draw conclusions from these studies. Therefore, the review is more descriptive than critical.

2.2.2 Advocate and partner interviews

The aims of this task included:

- Exploring the role of Advocates and their processes of work
- Understanding why Advocates have been recruited and the objectives of their work
- Exploring how Advocates may impact the behaviour of their target audience
- Soliciting suggestions on how best to communicate with and influence the target audiences
- Soliciting feedback from partner organisations about the effectiveness of Advocates.

Thus, this task comprised a process review.

A series of telephone interviews were held with FRS Advocates and a sample of organisations they work with. All interviews were guided by interview proformas as per Appendix C: Advocate Proforma and Appendix D: Partner proforma. Two FRSs were selected on the basis of having a number of Advocates, namely South Yorkshire and Cleveland.

A total of ten Advocates were interviewed as part of this research (see Table 1), as well as, nine 'partner' organisations and one manager of CFS from Cleveland FRS.

The findings are detailed in Appendix F and summarised in Section 5 of the report.

Table 1: Advocates included in this research	
South Yorkshire Advocates	**Cleveland Advocates**
Disabled Advocate	BME Advocate
Older Person's Advocate	Older Person's Advocate
Sprinkler Advocate	Disabled Advocate
BME Advocate	Deaf Advocate
	Drugs and Alcohol Advocate
	Young Person's Advocate

2.2.3 Focus groups

Rationale

Focus groups were considered the most appropriate method for exploring peoples' attitudes to fire. This allowed the researchers to find out how fire risk is conceptualised and the factors considered when forming attitudes.

Scope

The focus group topic guide drew on the literature review and contained a number of sections covering:

- How people compare the risk from fire to other risks in the home and the factors that influence these relative perceptions

- How people construe the risk from fire and the factors which influence their fire safety behaviours

- What messages people think would change their attitudes.

In the case of groups that had benefited from Advocates talks, additional questions exploring their views of the Advocates were posed.

In addition, some supplementary questions were posed to the single men groups regarding locations for advertising to them.

The topic guide is shown in Appendix E: focus group topic guide.

Technique

A number of tactics were used to avoid alerting people to the subject matter of the focus groups and to avoid prompting responses, namely:

- Attendees were advised that the focus groups concerned safety in the home and the community (without mentioning fire)

- The first phase of the focus group asked about safety in the home and the community in general, how risks were perceived and which ones concerned people more/less – again without mentioning fire. This allowed people to spontaneously mention fire.

The topic guide then proceeded to ask specific, open-ended questions about fire in the home. A set of prompts were provided for the researchers to use in the event that the group did not spontaneously discuss the issues.

All sessions were run by a researcher qualified in psychology with a transcriber.

Selection of focus groups
The focus groups were selected to match the key 'at risk' groups identified in recent research, specifically. Although BME groups have not been identified as at heightened risk of fire, focus groups were run with this group to explore how better to communicate with them.

In order for the researchers to be able to draw subjective conclusions regarding the value of the Advocates work, it was necessary to compare groups that had received presentations from Advocates against those that had not had any contact with an Advocate. Table 2 presents those groups that had presentations from Advocates and those that had not.

Table 2: Advocated and non-Advocated focus groups conducted	
Had a presentation from an Advocate	**Not had a presentation from an Advocate**
Elderly (in sheltered accommodation)	Elderly (living independently)
Visually impaired	Visually impaired
BME (mostly young)	BME (mostly parents)
	Single parent family
	Low income household
	Single middle aged men (three groups of these) who smoke and drink alcohol
	Drugs and alcohol dependent (two groups of these)

It was difficult to 'match' the types of participants in each Advocated and Non-Advocated group for the purposes of comparison. Indeed, only the two visually impaired groups were similar in profile. The two BME groups and the two elderly persons groups both differed, ie the Advocated BME group were young students, whilst the Non-Advocated BME group were mostly parents. The elderly Advocated group were in sheltered accommodation and the Non-Advocated elderly group lived independently. It was not possible to match the composition of these groups due to a limited pool of people having worked with Advocates.

The visually impaired, drugs and alcohol, elderly persons and BME groups were organised through the Advocates and their partners. In each case we asked for a group of people who had received a talk from an Advocate and a group who had not. The venues and times for the sessions were identified by the partner organisations (the venues where the groups usually met), and people were recruited by the partner organisations. In all cases the partners were instructed to only advise people that the focus group was concerned about safety in the home and the community. In the case of both drug and alcohol misuser groups, this instruction was not followed and people were advised in advance that the session concerned fire risk. This should be considered when reading the results.

The people for all other focus groups were recruited directly using street based and telephone recruitment. In all cases recruitment criteria were applied, covering age, sex, household type, behaviours (eg criteria level of smoking and drinking for the single men group). In all cases the recruiters were instructed to only advise people that the focus group concerned safety in the home and the community.

All attendees received an incentive payment of £30.

The sessions were recorded and summarised as per Appendix B: Focus group notes.

Summary of focus group members

Table 3 summarises each of the focus group's members in terms of their demographics. For several of the focus groups we did not have the ages and other such detail as the members of the focus groups were recruited through partnering organisations. Therefore the level of information for each focus group summary was not consistent.

Table 3: Demographic summaries of focus group members	
Focus group	**Demographic summary of group**
Single Men Group – Rotherham	This group, which consisted of 7 men, were all white males, aged between 40-59 years and all smoked. 4/7 men were unemployed. 3/7 men had smoke detectors.
Single Men Group – Birmingham	This group, which consisted of 9 men, were a majority of white males and one black male, aged between 40-59 years and all smoked. 9/9 men were employed. 7/9 men had smoke detectors.
Single Men Group – London	This group, which consisted of a mixture of ethnic minorities, were aged between 40-59 years and all smoked. 6/8 men were employed. 6/9 men had smoke detectors.
BME Group – (Non Advocated) – Sheffield	This group consisted of all black Somalian men and women and one woman from Jordan, of which most did not smoke, except for 2 people. 9/10 people had smoke detectors.

Table 3: Demographic summaries of focus group members *(continued)*	
Focus group	**Demographic summary of group**
BME Group – (Advocated) – Sheffield	This group, which consisted of all black Somalian men and women, some of which smoked. 10/10 people had smoke detectors.
Single Mothers Group – London	This group, which consisted of a mixture of ethnic minorities, were aged between 26-59 years and 3/8 smoked. 8/8 were unemployed. 8/8 had smoke detectors.
Low Income Group – London	This group, which consisted of black and white men and women, were aged between 26-59 years and 6/9 smoked. 7/9 were employed. 9/9 had smoke detectors.
Elderly Group – (Advocated) – Rotherham	This group consisted of all white men and women, of which, some of them smoked. They all lived in Sheltered Accommodation or Warden Assisted Accommodation. 8/9 had smoke detectors.
Elderly Group – (Non Advocated) – Rotherham	This group consisted of all white men and women, of which, 7/7 did not smoke. 7/7 had smoke detectors.
Visually Impaired Group – (Advocated) – Sheffield	This group consisted of all white men and women, of which, 10/10 did not smoke. Some of the group were partially sighted and others were blind. Some of the group had smoke detectors.
Visually Impaired Group – (Non Advocated) – Sheffield	This group consisted of all white men and women, of which, 7/7 did not smoke. Some of the group were partially sighted and others were blind. Many of the group had smoke detectors.
Drugs and Alcohol Group – Middlesbrough	This group consisted of all white men and women, of which many of the group smoked. Due to the group being told beforehand that this session was about fires – this was at the forefront of their minds and provided us with biased results. 8/8 had smoke detectors.
Drugs and Alcohol Group – Middlesbrough	This group consisted of all white men, of which, 7/7 smoked. Many of the group lived in Shared Housing or Hostels. Due to the group being told beforehand that this session was about fires – this was at the forefront of their minds and provided us with biased results. 7/7 had smoke detectors.

2.2.4 **Synthesis of findings**

The main part of this report (Section 3, 4 and 5) provides a synthesis of the opinions, attitudes and perceptions expressed by members of the focus groups, and, where relevant, comparison against the findings from the literature review in Appendix A. The findings from each task have been compared as a form of cross validation. A series of tables provide a summary of focus group feedback. These tables are summaries and only provide abbreviated renditions of the focus group discussions. More extensive summaries of each focus group are provided in Appendix B. Our interpretation of the feedback draws on the summaries in Appendix B, as well as the tabulated summaries.

The feedback has been subjected to a thematic review where the main points expressed by focus groups were summarised against a series of key research issues. As the focus groups adopted a semi-structured approach, attendees often expressed opinions on an issue at various points of the session. In addition, some of the interpretation of feedback requires opinions from different parts of sessions to be cross-referenced. Thus, our summary and interpretation does not necessarily follow the sequence of tables.

The lessons learnt from the research are used to provide advice in Section 6 on 'a more structured approach' to targeting information that might be applied to all sections of society.

It must also be noted that the feedback from focus groups are subjective, as is the synthesis of the feedback. Due to the relatively small numbers of people consulted, the interpretation is qualitative and no attempt has been made to quantify feedback. Therefore, we have made a series of suggestions for further research in Section 6.6 of the report that would build on these emerging ideas.

Chapter 3

Findings: attitudes and behaviour towards fire safety

3.1 Risk perception

3.1.1 Risk perception factors

Focus groups were asked what their main concerns about safety in the home and the community were, and what they were most and least concerned about, during which they cited (unprompted) the reasons for being more or less concerned about different issues. The types of factors cited by attendees have been identified and are summarised below.

As noted in Table 4 and Table 5, there was a wide range of factors that influenced the perception of risk, including:

- The potential level of harm, specifically was it a potentially fatal hazard?

- The 'sinister' nature of the issues, such as being burgled

- The level of perceived personal control (or lack of it) over the risk

- Perceived vulnerability, such as forgetfulness, physical impairment etc

- Level of media coverage

- Fear of the unknown

- Concern for other people, particularly potential for harm to children

- Personal knowledge or experience of the risk

- Perceived likelihood as determined by the balance of personal habits (eg do you go out at night) and precautions (including level of care and responsibility operated by people)

- Knowledge of what to do to manage the risk.

It was difficult to offer a ranking of these factors as they were all cited by the majority of focus group attendees.

These factors are similar to those noted in previous research, as summarised in Appendix A:

Psychology of risk. In particular, the issues cited by focus groups' in their discussion of risks were similar to the following factors cited in risk perception research (in no particular order):

- Availability heuristic – where the level of media coverage may make events easier to imagine and increase perceived likelihood

- Affective factors that create an emotional response – including level of perceived control over the risk, whether children are at risk and does it pose risk of death

- Experiential learning – where personal experience or knowledge of incidents influences the perceived risk.

These three factors were cited by three strands of risk perception research, namely cognitive, affective and experiential models. The finding that focus groups cite issues pertinent to all three strands of research has suggested that no one model of risk perception explains lay persons risk perceptions in full and that a more eclectic explanation is needed.

Focus groups were asked to indicate why they were more concerned about some risks than others, and were free to refer to statistical arguments about which were the greatest risks. It is reasonable to suggest that the assessment of risk was primarily qualitative and judgemental, and that attendees did not cite or refer to any form of statistical argument. Rather, attendees referred to qualitative factors that, in their opinion, influenced the likelihood and consequence of the risk.

The latter observation, that attendees formed qualitative judgements, also accords well with risk perception research. That is, risk perception has been described as a subjective assessment based on experience, characteristics of risk and perceived severity rather than data. The feedback from focus groups, in the opinion of the researchers, was consistent with the process of subjective assessment described in risk perception research.

3.1.2 Perception of fire risk

As noted above attendees were asked to indicate what they were most and least concerned about regarding safety in the home and the community. They were not (with two exceptions[5]) advised that the research was concerned primarily with fire risk. Therefore, their comparison of risks were spontaneous and unprompted. They were provided with a few examples, including crime and slipping over, to clarify what was meant by safety in the home and the community. They were also asked why they were more or less concerned about fire than other risks and if they think they were more at risk from fire than other groups of people. The feedback is provided Table 4 and Table 5.

First it should be noted that in some cases attendees found it challenging to rank risks, partly because opinions differed within groups, but also because it was not always possible to discriminate between risks.

Notwithstanding the latter proviso, the groups varied in their comparison of risks with:

- Some rating fire as their main concern or one of their main concerns

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[5] Both of the drugs and alcohol focus groups was mistakenly advised (against our instructions) by the community centre that the session concerned fire safety.

- Some rating fire as a low risk, with issues such as crime and anti-social behaviour rated higher.

Previous surveys of peoples' perceptions of fire risk (as per Appendix A) also provided mixed results, with some suggesting the risk from fire is perceived as low and others reporting higher risk perceptions. The findings from the focus groups reported here indicated that fire risk is ranked relatively high compared to other risks in the home and the community. It is possible that the variation in research results is due to differences in the populations sampled. The current study intentionally selected people from higher risk sections of the community, who may consequently rate risk higher than surveys of the population as a whole.

The rating of fire risk was related to the attendees' view of their risk factors, as well as the fatal consequences of fire. In many of the cases where fire was ranked the highest risk, it was because it has the potential to cause death and 'devastate' a home, indicating that the fatal effects of fire influences the perception of this risk. Other issues such as burglary were rated lower in some cases as possessions could be replaced. Indeed, some groups offered a view of the probability of a fire occurring in their homes, judging it as high as 65% to 80% in one case (Non-Advocated BME).

Opinion varied on whether fire was a greater risk because it was unpredictable and uncontrollable. Some groups indicated that as fire can occur at any time, including at night when you are asleep, and is hard to control, that it is a greater risk. However, others indicated that fire was preventable and that you could control activities in your own home, but cannot control events outside of your home, and for these reasons they perceived fire risk to be less and 'street' based risks to be higher. These points do indicate that the perceived sense of control is a key factor in the perception of the fire risk.

In addition, a number of attendees cited examples of fires in their homes caused by their behaviour as reasons for thinking the risk from fire were high. These examples included falling asleep on the sofa whilst smoking, dropping lit cigarettes behind a sofa and cooking fires. On the other hand, in a few cases, groups cited the limited level of media attention to fire, compared to a high level of media attention for crime, as a factor in their perception that fire was less of a risk. Thus, where people had personal experience of fire this heightened the perceived risk, but otherwise limited media attention was cited by some as lowering the perceived risk.

The latter finding was consistent with two aspects of risk perception research. Research on experiential learning indicated that personal experience (or lack of it) would influence risk perceptions, whilst the aforementioned availability heuristic suggested that media coverage would raise risk perceptions.

The perception of fire risk varied between groups according to their assessment of how they balanced risk factors and precautions. In general, attendees cited the following risk factors when discussing fire risk:

- If they smoked cigarettes or not

- Alcohol consumption and its impact on forgetfulness and falling asleep

- Whether gas, chip pans or candles were used

- Agility – younger versus aged or impaired persons

- Children – who might increase likelihood of fire

- Number of people in the building.

Thus, people who smoked and drank or were impaired, were judged to be at higher risk. However, in some cases this risk was considered to be moderated by the level of care, responsibility and precautions adopted by people. For example:

- Many smokers indicated that they reduced the fire risk posed by cigarettes, by smoking them outside and/or using water to extinguish the cigarette

- Many people cited a wide range of precautions, such as bedtime routines, using deep fat fryers rather than chip pans and having smoke alarms that reduced their risk.

Moreover, in some cases (such as visually impaired, families and smokers) groups expressed the view that because they recognised the risks, took care and behaved responsibly, they felt they were at less risk from fire.

The latter finding that perceived risk was reduced by a belief that you were a careful person is consistent with previous research into fire risk, as per Appendix A.

The outcome of these judgements differed between groups, with for example, one group of single men citing fire risk as high because they smoked and drank alcohol and another citing risk as low because they controlled the risk by their precautions.

3.1.3 Comparison of groups

As noted above, the perceived risk from fire did appear to vary between the focus groups. The differences in risk assessments appeared to be founded in attendees' comparative appraisal of their vulnerability and level of precautions. For example:

- The Advocated elderly group regarded risk to be low as they live in sheltered accommodation, did not cook (other than microwave ovens), few smoked, were well protected by smoke alarms and carers – whilst the Non-Advocated elderly group regarded themselves at greater risk as they cooked and resided alone (in many cases)

- The Advocated BME group (who were primarily young persons) considered themselves to be at less risk as they were physically able to attempt to escape from fires, few smoked, they were aware of risks from gas and electricity, whilst the Non-Advocated BME group (who were primarily mothers caring for children) regarded fire risk as high, due to high levels of cooking and potential for children to cause fires

- The visually impaired groups regarded themselves to be at greater risk due to their limited sight (eg difficult to escape) but felt the risk was moderated by their heightened level of carefulness

- Two of the three single men groups and the drugs and alcohol groups regarded fire risk as higher because of the possibility of alcohol causing carelessness amongst smokers

- Single mothers and low income (mostly families) groups regarded risk as higher due to having larger households and children, but somewhat moderated by the fire precautions they take, such as smoking outside the home and bedtime routines.

Thus, the groups reached comparative views of their risk by review of their lifestyle related risk factors (smoking, cooking and alcohol), physical and mental vulnerability and level of personal care.

The discussions about fire risk factors focused on issues such as age, presence of children and cooking, which were common issues for groups. There were only a few differences between the BME and other groups in their perception and judgement of fire risks. This was similar to the findings of the Andrew Irving survey of fire attitudes (2002) that found that BME respondents had similar responses to the sample as a whole. Whilst the Non-Advocated BME focus group (tending to be older), expressed less awareness of gas and electricity risks (and thus more concern), the Advocated BME focus group (tending to be younger) did not share this view. The younger BME group also did not cite concerns about fire risk arising from smoking and alcohol consumption, it was thought the reason for this was because few smoked or drank alcohol.

The groups included in this research were not homogenous in their perceptions:

- The two BME groups differed in their attitudes due to the differences in their life stages and lifestyles (young versus parents)

- The Non-Advocated BME group (of mothers mostly) shared similar attitudes to the (white) single mother and low income households groups.

Similarly, the two elderly groups differed in their attitudes (presumably) due to their markedly different circumstances (sheltered versus independent living).

Table 4, Table 5 and Table 6 present the summary of findings from each focus group. These three tables summarise group member's attitudes towards risk.

- Table 4 summarises key factors that influence the perception of risk

- Table 5 summarises whether the focus groups felt they were more or less at risk than others

- Table 6 summarises whether the focus groups considered the risk significant.

Table 4: Focus Groups' risk perceptions – Key factors that influence the perception of risk

Single men Rotherham	**Single men Birmingham**	**Single men London**	**Single mother**
Individual vulnerability – Awareness that smoking and drinking puts them at risk from fire in the home due to forgetfulness.	Level of personal control (burglary, mugging, anti-social behaviour etc are not under their control).	Fear of violence.	Unpredictability (eg fire can happen anytime and be caused by anything).
Fear of fire is greatest as it can lead to loss of life.	Ability to take precautions.	Media coverage of increased violence.	Personal control.
	Level of media coverage – T.V. Adverts & news.	Yellow signs in local area informing of shooting or stabbing.	Personal safety.
	Only have themselves to worry about.	Invasion of privacy (burglary).	Media coverage of increased crime.
		Loss of life in fire.	Devastating consequences.

Low income group	**BME group Non – Advocated**	**BME group – Advocated**	**Elderly group Advocated**
Media coverage (eg of stabbing and shooting).	Fear of death.	Hearing about things that have happened.	Few safety concerns as they live in sheltered or warden assisted accommodation.
Personal control (ie lack of control of what happens on the street but can control what happens inside home).	Lack of control and fear of the unknown happening at night when they are asleep (eg from fumes or smoke).	Knowing people who have been attacked.	Have a panic button.
Level of regulation/safety checks.	Having children.	Sense of danger.	
Ability to take preventive action/ escape.		Instant death.	
Unpredictability (eg. fire can happen anytime).			

Table 4: Focus Groups' risk perceptions – Key factors that influence the perception of risk (continued)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group Non-Advocated	
Time of day – being out at night time is more worrying.	Living alone.	Vulnerability – they feel they are seen as an easy target.	
Perceived probability – more chance of a fire than a break in.	Ability to escape.	Being outside their home/ neighbourhood (familiar) environment eg finding emergency exits in unfamiliar buildings.	
Living alone – might fall or be trapped.	Strangers who might con them.	Level of care taken – they are aware of their vulnerability even around the home and therefore take more care as a result.	
Mobility and ability to escape.	Being outside their home environment.		
	Level of protection.		
	The unknown.		

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group Non-Advocated	Drugs and alcohol group Non-Advocated		
Fear of loss of life.	Fear of loss of life.		
Being drunk and forgetting eg. about locking doors, food cooking, cigarettes.	Fear of not being able to deal with the situation.		
Level of control.	Fear of not being able to escape.		
	Concern that the Fire Brigade will take too long to get there.		

Table 5: Focus Groups' risk perceptions – Are you more at risk than others?

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Yes – due to smoking and drinking. Might fall asleep whilst smoking or cooking. Come home drunk and cook. Can be forgetful (eg. about things cooking on hob).	Yes – due to smoking but feel they are sensible and take precautions. Likelihood perceived to be related to household size.	No – feel they are responsible people. Some check everything is off before bed. Some acknowledge some risk from being drunk and/or smoking. Also feel it 'won't happen to me' and can handle a fire if it occurs.	Less at risk because they have children and this makes them more conscious about checking everything is off at night, and smoke outside.

Low income group	BME group Non – Advocated	BME group – Advocated	Elderly group Advocated
Less at risk as they consider themselves careful and responsible people. Many have a bedtime routine to switch everything off.	More likely because they have children (who may cause fires).	No – risk is the same for everyone, but older people may have less chance of escaping as young people can jump from windows. Smokers more at risk as well.	Not sure.

Table 5: Focus Groups' risk perceptions – Are you more at risk than others? (*continued*)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group Non-Advocated
More at risk as they are elderly (forgetful) and might panic, fall or get trapped if they were alone.	No – as they are very careful people (due to limited sight), they are more conscious of what is going on around them as they cannot see.	Group had mixed views – some think they are more careful due to their disability and therefore less at risk.
Would not be able to escape from upstairs.	Fires can happen to anybody.	Some think they are more likely to have an accident whilst cooking.
But elderly are more careful.		Escaping from fire may be more difficult for them.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group Non-Advocated	Drugs and alcohol group Non-Advocated	
Some thought they were more at risk if they drank alcohol – eg they might light candles or cook food and forget about it.	Some feel more at risk because of alcoholism – particularly whilst cooking.	
Some felt that their risk was about average as they were careful.	Personal and friends experience of fire risks due to smoking/cooking whilst drunk.	
	One person checks everything twice which makes him safer.	

Table 6: Focus Groups' risk perceptions – Perception of risk – is it significant?

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Fire is the top safety concern because they smoke, drink and have experienced forgetfulness. Fire not as common now due to central heating and better electrics. Aware of potential damage to property and risk of loss of life.	Low – fires are preventable and they can take precautions but have no control over other concerns. Fire not a top priority out of 10 risks cited. Can guard against fire. Central heating and safer wiring has reduced fire risks. Might take more precautions if had family sharing house. Main fears of fire are being burned or trapped or losing home.	Most concerned about violence but fire and burglary joint second on list out of 7 risks. Fire can take life.	Fire is the major concern of this group as they have children. Main fears are loss of life and getting burnt.

Low income group	BME group Non – Advocated	BME group – Advocated	Elderly group Advocated
Fire is the second ranked safety concern (behind safety in the streets). High level of fear about fire and consequences of fire in the home especially as it can happen anytime.	Smoke and fire are concerns along with gas leaks (out of 10 cited risks). Road accidents and anti-social behaviour are also concerns. Main fears are loss of life, getting burnt and losing their home.	Fire is ranked as the second biggest safety concern behind crime. It is carelessness if a fire occurs in your home. Aware of dangers of smoke. Fire not due to fate.	Not at risk, because: • Do not use gas or candles or cook • Do not smoke in the house

Table 6: Focus Groups' risk perceptions – Perception of risk – is it significant? (continued)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group Non-Advocated
Fire is the main safety concern.	Fire is a significant concern – especially not being able to escape from fire (eg unable to jump from a window).	Fire was a concern but not the top rated one as they take care. Electrical appliances and being in the community were greater concerns.
Are at risk as they can be forgetful.		
Fire can happen at night (when you are asleep).		

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group Non-Advocated	Drugs and alcohol group Non-Advocated
Fire risk is the main safety concern of the group	Fire risk is the main safety concern of the group.
Fire seen as frightening and terrifying.	Fire seen as very frightening.

3.2 Fire safety precautions

A series of questions were asked regarding what people knew about taking fire precautions and to what extent they took them. Some specific questions were asked about fire risks from smoking and cigarette smoking related fire precautions. Lastly some questions explored peoples' understanding of how to respond to a fire. The main themes from these questions are summarised in Table 7 and Table 10. Below we discuss the range of precautions taken and the extent to which the concern for fire risk expressed by the groups are reflected in their precautions.

- First it was apparent that members of the groups, as a whole, did cite a reasonable range of fire precautions and did demonstrate a reasonable to good knowledge of fire risk and precautions. For example:

- Members of all groups were aware of the role of smoke alarms and the need to check batteries

- People appeared aware of some of the more common causes of fire, such as cigarette smoking, chip pans and candles, and the dangers associated with leaving cooking unattended

- The members of five groups mentioned bedtime routines, such as closing doors and switching off appliances.

Indeed, the groups did cite some precautions that are less commonly cited, such as smoking outdoors, extinguishing cigarettes with water and using deep fat fryers rather than chip pans.

In addition, in many cases people had smoke alarms installed. In some groups, such as low income households, the alarms were installed as a feature of social housing rather than by the householders.

The finding that attendees cited a reasonable range of precautions accorded with the view expressed by many attendees that they took care and moderated the risk from behaviours such as smoking and cooking.

However, it was also apparent that:

- In some groups, particularly single men and drugs and alcohol, there were cases of alarms being disabled and repositioned (wrongly onto the wall) to minimise 'nuisance' false alarms

- There was a tendency for attendees to say that they would attempt to tackle fires and collect belongings before escaping

- No groups reported vacuuming smoke alarms and few reported testing alarms

- Few groups cited having an escape plan.

The finding that some attendees disabled alarms due to nuisance false alarms was consistent with previous research (as per Appendix A).

Moreover, there did appear to be an association between the expressed concern for fire and the attitudes towards fire precautions. For example:

- The single men groups (Rotherham and London) indicated that a minority had smoke alarms (which some disabled) and that other priorities took precedence over taking fire precautions

- The two drugs and alcohol groups had taken a more limited range of precautions, such as fitting alarms, and one reported that fire safety was the landlord's responsibility.

In contrast:

- The visually impaired groups both reported enthusiasm to adopt fire precautions and cited a wide range that they had adopted

- The Non-Advocated elderly group displayed awareness of fire precautions and adoption of them

- Single parents, low income households (mostly families) and BME Non-Advocated (mostly mothers) groups all cited concern to adopt precautions and have smoke alarms.

There was some evidence that those who expressed a sense of physical vulnerability reported taking more fire precautions. Groups that reported lower levels of self-care (by smoking and high alcohol consumption leading to igniting their clothing when asleep) indicated lower levels of self-protection.

We also explored the anticipated impact of the smoking ban. There were mixed responses, some people indicated that it would have no effect (eg because they rarely visit pubs), it would help them cease smoking or they would smoke more at home.

Table 7 through to Table 12 summarises the focus groups views on fire safety precautions.

- Table 7 summarises the focus groups views on taking precautions
- Table 8 summarises what their response would be in a fire
- Table 9 summarises the focus groups thoughts on the possible causes and consequences of fire
- Table 10 presents the focus groups perceptions on risk of having a fire and smoking
- Table 11 summarises views on smoking precautions
- Table 12 presents views on the smoking ban and whether this will influence their smoking behaviour at home.

Table 7: Focus group: precautions taken		
Single men Rotherham Most do not take precautions. Only 3/7 had working smoke detectors and only one of these checked it regularly. Some disabled the alarms as they kept going off and were a nuisance.	**Single men Birmingham** Have smoke detectors (7/9) but most do not check them unless battery warning sounded. Have bed-time routine to check everything is switched off. Pour water on ashes before putting in bin.	**Single men London** Smoke detectors; some had working smoke detectors others did not. Many of the people in this group had disabled the alarms because they kept going off. Some check everything is switched off before going to bed.
Low income group Smoke detectors which they test; some incorrect locations for smoke detectors such as the kitchen. Some have fire extinguishers and fire blanket. Bedtime routine to switch everything off.	**BME group – Non-Advocated** Switch off appliance, put cigarettes out properly, smoke alarms, fire blankets, one had a fire extinguisher.	**BME group – Advocated** Ensure the gas cooker is switched off; smoke alarms which they test, do not use candles.
		Single mother Smoke alarms, tested these regularly; however, did disable them if they went off whilst cooking; used deep fat fryers as opposed to chip pans; they used candles, however they felt they were careful with them.
		Elderly group – Advocated Smoke alarms; bedtime routine that involved closing all the doors at night time. Smokers would smoke outside. None cooked for themselves and all had meals on wheels delivered food; used microwaves; or family cooked for them.

Table 7: Focus group: precautions taken (*continued*)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
Smoke alarms; check to ensure cooker is switched off; bedtime routine that involved closing all the doors at night time; use deep fat fryers rather than chip pans; fire extinguishers; fire blankets.	Smoke alarms – some check them but others do not know how to; some have disabled alarms that keep going off; bedtime routine that involved closing all the doors at night time, disconnect electrics at bedtime; use deep fat fryers rather than chip pans.	Smoke detectors – which they test regularly; checked cooker hobs; bedtime routine to check things are switched off; careful with candles; surge detection devices to protect from overloaded sockets; fire extinguishers; fire blankets.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated
Smoke alarms which they check but some disabled due to it being a nuisance; deep fat fryers instead of chip pans; fire blanket; having an escape route; not cooking whilst drunk; unplug sockets.	Smoke alarms (most lived in hostels) some disabled due to it being a nuisance; some reported checking their smoke detectors; some have fire escape routes.

Table 8: How would they respond in a fire?

Single men Rotherham Escape; get other people out; check the size and location of the fire; turn off the electrics; throw damp cloth over chip pan fire.	**Single men Birmingham** Panic, run, try to tackle the fire but if this did not work they would escape and call 999, throw a fire blanket over it.	**Single men London** Panic; try to control the fire if it was small; get out if the fire could not be contained, take possessions and leave, dial 999.	**Single mother** Investigate and tackle the fire themselves; if they could not tackle the fire, get everyone out the house and dial 999.
Low income group Panic; dial 999; getting family out of the house; closing all the doors in the property; tackle the fire; escape.	**BME group Non – Advocated** Get their children out of the house; tackle the fire using a fire blanket if possible; open a window for an escape route; get everyone out the house and dial 999.	**BME group – Advocated** Panic; take their possessions with them; tackle the fire using a damp cloth/fire blanket if possible, call 999, get their family out, alert their neighbours of the fire.	**Elderly group -Advocated** Attempt to tackle the fire. Escape.
Elderly group – Non-Advocated Run; escape as quickly as possible; look for something to put on it; take their hand bag and dial 999; go to neighbours house and dial 999.	**Visually impaired group – Advocated** Escape; try to isolate the fire; dial 999; inform a neighbour they were escaping.	**Visually impaired group – Non-Advocated** Escape; shut all doors and windows; dial 999; turn off the gas; if fire was manageable some would tackle it themselves; open window to get fresh air in and then escape.	

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Table 8: How would they respond in a fire? (*continued*)

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated	
Try to tackle the fire; get out if it is really bad; close doors to prevent it spreading; beware of smoke.	Try to escape; one would follow orders and do what the landlord tells him to do; sound the alarm; shout fire and alert other residents; ring 999; check other people are out (especially alcoholics).	

Table 9: Assessment of knowledge of fire causes, consequences and precautions

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Good awareness of the potential causes and fatal consequences of fire and appropriate response in a fire but poor knowledge of precautions.	Reasonable awareness of causes of fire and some precautions but poor knowledge of potential consequences and appropriate action.	Reasonable awareness of causes of fire and take some precautions but poor knowledge of potential consequences and appropriate action. Other priorities take precedence.	Reasonable awareness of causes of fire and take some precautions but poor knowledge of potential consequences and appropriate action.
Low income group	**BME group Non – Advocated**	**BME group – Advocated**	**Elderly group – Advocated**
Reasonable awareness of the potential causes of fire, consequences and precautions but poor knowledge of appropriate action.	Good awareness of the potential causes of fire and precautions but poor knowledge of consequences and appropriate action (no escape plans).	Good awareness of the potential causes and consequences of fire and precautions but poor knowledge of appropriate action.	Limited knowledge as they do not see themselves as at risk.

Table 9: Assessment of knowledge of fire causes, consequences and precautions

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
Good awareness of the potential causes and consequences of fire and precautions and reasonable knowledge of appropriate action.	Good awareness of the potential causes and consequences of fire, and good knowledge of precautions and appropriate action.	Reasonable awareness of the potential causes and consequences of fire but very good knowledge of precautions and appropriate action in a fire.
The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.		
Drugs and alcohol group – Non-Advocated	**Drugs and alcohol group – Non-Advocated**	
Reasonable awareness of the potential causes and consequences of fire and basic knowledge of precautions but poor knowledge of appropriate action in a fire.	Reasonable awareness of the potential causes and consequences of fire and appropriate action in a fire but poor knowledge of precautions.	

Table 10: Focus group views of fire risk from cigarette smoking			
Single men Rotherham Possibility of them causing a fire; might fall asleep whilst smoking.	**Single men Birmingham** Aware of the dangers of causing fire from cigarettes. Government adverts had raised awareness.	**Single men London** Some do not think a fire will happen to them and if it did they would be able to deal with it. Others are aware of the risks and minimise by smoking outside.	**Single mother** They thought their risk from smoking was low; most smoked outside; of those that did smoke indoors said she never left a lit cigarette unattended.
Low income group Rarely smoked in the house; used ash trays if they did smoke indoors; risk is low.	**BME group – Non-Advocated** Only two smokers who felt their risk of fire was about 45%. There was concern about the risk from other people smoking and not putting cigarettes out properly.	**BME group – Advocated** Smokers thought there was more risk to them, but that they were young and thought they would be able to escape.	**Elderly group – Advocated** Low risk as they only smoke outside.
Elderly group – Non-Advocated No smokers in the groups.	**Visually impaired group – Advocated** No smokers in the groups.	**Visually impaired group – Non-Advocated** No smokers in the groups.	
The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.			
Drugs and alcohol group – Non-Advocated Aware of risk from adverts on television; one instance of falling asleep whilst smoking.	**Drugs and alcohol group – Non-Advocated** Risk is high, instances where people had fallen asleep whilst smoking.		

Table 11: Focus groups views on smoking precautions			
Single men Rotherham Do not smoke in bed. Some do not smoke in the house.	**Single men Birmingham** Do not smoke in the bedroom. Some smoke outside.	**Single men London** Some smoke outside.	**Single mother** Smoked outside; did not leave cigarettes unattended.
Low income group Smoke outside; used normal ash trays.	**BME group – Non-Advocated** Put cigarette out with water. Do not smoke in the house.	**BME group – Advocated** Smoke outside; used ash trays; do not smoke in the bedroom.	**Elderly group - Advocated** Those that did smoke smoked outside but the majority did not smoke.
Elderly group – Non-Advocated N/A	**Visually impaired group – Advocated** N/A	**Visually impaired group – Non-Advocated** N/A	
The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.			
Drugs and alcohol group – Non-Advocated Careful with cigarettes. Put water on and empty ashtrays before bed. Not smoking upstairs or in the bedroom.	**Drugs and alcohol group – Non-Advocated** Always used ash trays.		

Table 12: Focus groups views on the smoking ban

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Mixed views, some thought they would stop going to the pub and would smoke and drink more at home.	Mixed views, some thought they would go out less and would smoke more at home, others would smoke outside the pub, one thought it would encourage people to stop smoking.	Mixed views, some thought they might stop going to pubs others thought it would make no difference; a couple of people thought it would encourage them to stop smoking.	Would make them cut down on the amount they smoked; others thought it would have little impact.
Low income group	**BME group – Non-Advocated**	**BME group – Advocated**	**Elderly group -Advocated**
They did not think it would affect how they smoked at home; some thought it might make them give up.	No response.	The majority of the groups did not go out to pubs and clubs and therefore thought it would have little impact on their lives.	No impact on how this group would smoke as do not visit pubs etc.
Elderly group – Non-Advocated	**Visually impaired group – Advocated**	**Visually impaired group – Non-Advocated**	
N/A	N/A	N/A	
The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.			
Drugs and alcohol group Non-Advocated	**Drugs and alcohol group Non-Advocated**		
Alienation from society. May force people to smoke in dangerous or inappropriate places eg. near chemicals. Will encourage people to stay at home and drink and smoke.	Would encourage them to smoke at home more.		

3.3 Characterisation of each group

Table 13 provides the researchers' characterisation of the attitudes of the groups based on an interpretation of their expressed attitudes across the range of focus group questions.

The characterisation captures the idea that whilst some groups saw themselves to be at risk, such as single mothers, their adoption of fire precautions inclined them to consider themselves less at risk.

Groups that expressed certain attitudes to fire also seemed more/less receptive to advice. Groups that perceived themselves to be at risk due to physical impairment and/or had family responsibilities tended to indicate they were more receptive to advice than the single men groups.

Most groups were receptive to the idea of HFRCs, tending to favour checks to be completed by Fire Officers. However, few groups (one exception being the young Advocated BME group) indicated that they had proactively sought fire safety advice.

Table 12 summarises the attitudinal characterisation of focus groups.

Table 14 summarises focus groups receptiveness and attitudes towards fire safety advice.

Table 13: Attitudinal characterisation of focus groups

Single men Rotherham	Single men Birmingham	Single men London	Single mother
'Risk aware but unconcerned and not proactive' – Aware of the risks and consequences of fire and how they increased as they smoke and drink but do not take a wide range of fire precautions or seek advice.	'Risk aware but not proactive and unreceptive to advice' – Aware they are at risk as they are smokers but it is not a main safety concern and they feel they are responsible and take precautions. Do not seek advice and not receptive to advice except television adverts.	'Self-assured, but receptive to advice' – Fire is not a main safety concern and they feel it is unlikely to happen to them as they are responsible and take precautions. They do not seek advice but say they are receptive to advice.	'Concerned and receptive but self-assured and not proactive' – Fire is a major safety concern but they feel less at risk as they are extra cautious because they have children. They would like information and advice provided to them but do not seek it out.

Low income group	BME group – Non-Advocated	BME group – Advocated	Elderly group – Advocated
'Risk aware and receptive but self assured' – Fire is a safety concern but consider themselves at low risk because they are careful and responsible. Take some precautions and are receptive to advice.	'Risk aware, somewhat self-assured but not proactive' – They feel more at risk from fire because they have children; they take some precautions and think they are a good idea but have not really thought it through. They do not actively seek advice (possibly through lack of knowledge about where to get it) but would like it brought to them face to face.	'Risk aware, receptive and proactive' – Fire is a safety concern but they are no more at risk than anyone else and take precautions and could escape if necessary as they are young. They are receptive too and have sought information and advice.	'Self-assured, dependent and receptive' – They do not think they are at risk as they live in a very sheltered environment but will take advice on precautions (eg have a smoke detector and HFRC) if it is offered.

Table 13: Attitudinal characterisation of focus groups (*continued*)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
'Risk aware and receptive but not proactive' – They know they are more at risk as they are elderly and take precautions. They are receptive to advice but do not seek information.	'Very risk aware, careful and receptive' – They are more cautious due to their disability and therefore less at risk, and so they still take precautions. They would take advice from experts.	'Very risk aware, careful and receptive' – They are aware of increased vulnerability due to their disability and this makes them more cautious and they feel they are less at risk, and so they still take precautions. They would be receptive to advice if it were offered, but only from the Fire Brigade and they are suspicious of door to door callers and leaflets.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated
'Risk aware but unconcerned and not proactive' – Fire is a major safety concern but they do not feel they are particularly at risk. They take basic precautions and think HFRCs are a good idea but do not seek information for themselves.	'Risk aware and concerned but not their responsibility' – Fire is a major safety concern and they are aware that they are at risk from smoking and drinking but feel that landlords are responsible for fire safety precautions. They do not seek advice.

Table 14: Focus groups receptiveness and attitude to fire safety advice

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Would only seek advice if they had a fire.	Have seen adverts and pamphlets but said they paid no attention – however, television ads raised awareness of fire risk from smoking. Did not seek information. Would only seek advice if they had a fire. Concern about being sold something eg by the FRS.	Do not seek information. Receptive – would like to see more information provided. Remember fire safety training at school or from workplaces. One expressed cynicism about a HFRC. Would only seek advice if they had a fire.	Have not looked for information but have learnt from parents and schools. Very receptive to advice and HFRCs. Would like to have fire extinguishers and leaflets provided in their properties.
Low income group	**BME group – Non-Advocated**	**BME group – Advocated**	**Elderly group – Advocated**
Very receptive to the idea of advice and HFRCs. Would seek advice if they or someone they knew had a fire.	Receptive to face-to-face verbal advice but have not read leaflets they received about fire risk. Would seek advice if they or someone they knew had a fire.	Receptive – have attended Advocate session. Have looked for information. Would seek advice if they or someone they knew had a fire.	Receptive to the idea of HFRC if it were offered. Do not seek advice.

Table 14: Focus groups receptiveness and attitude to fire safety advice

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
Receptive to advice and HFRC.	Receptive to the idea of HFRC if it were done by the Fire Brigade.	Some have sought information and one has had a HFRC.
One person had received advice from Age Concern.		Receptive to the idea of HFRC but only if it were done by the Fire Brigade.
		Do not like advertising leaflets, mail shots or door to door callers.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group– Non-Advocated	Drugs and alcohol group – Non-Advocated	
Most have looked for information but only as part of their job.	Have looked for information but mainly as part of their job and gained training via work.	
HFRCs were seen as a good idea and they would have one, if it were offered.	Most have had HFRCs from Housing Association or Council as they are in shared housing or shelters.	

3.4 Summary of key Section 3 findings

This section of the document provides a bulleted summary of attitudes and behaviour towards fire safety.

Risk perception

- There was a range of factors that influenced focus group's perceptions of risk

- Attendees found it challenging to rank risk, this was either because there were differences within the groups or it was not always possible to discriminate between risks

- Some rated fire as one of their main concerns whilst for others, this was less of a priority instead, they rated concerns around crime and anti-social behaviour

- The rating of fire risk was related to the attendees' view of their risk factors as well as the fatal consequences of fire

- There were mixed views on how controllable the risk from fire was. Some thought that fire was unpredictable and can happen at any time, others thought that fire is something that you can control and prevent from happening

- The perception of fire risk varied between groups according to their assessment of how they balanced risk factors and precautions

- At risk people tended to moderate their risk by level of care, responsibility and precautions.

Comparison of groups

- The perceived risk from fire differed between the focus groups. This appeared to be affected by their appraisal of their vulnerability and level of precautions

- The fire risk factors identified by groups focused around issues such as age, presence of children and cooking

- The findings from each of the BME groups and each of the elderly groups differed. Therefore, care should be taken when segmenting people by factors such as age and ethnicity. It may be more appropriate to categorise people according to factors such as, lifestyle, physical and mental condition, level of self care and protection, household size and composition.

Fire safety precautions

- Members of groups cited a reasonable range of fire precautions and demonstrated a good knowledge of fire risk and precautions

- In many cases people had smoke alarms installed

- Those who expressed a sense of physical vulnerability reported taking more fire precautions

- Groups that reported lower levels of self care indicated lower levels of self protection

- Some people disabled alarms due to nuisance false alarms

- In terms of impact of smoking ban, on smoking behaviour generally the findings was that it would have little or no impact.

Characterisation of each group

- The findings have suggested that some groups saw themselves to be at risk, such as single mothers, that their adoption of fire precautions inclined them to consider themselves less at risk

- Groups that perceived themselves to be at risk due to physical impairment and/or had family responsibilities tended to indicate they were more receptive to advice than the single men groups

- Most groups were receptive to the idea of HFRCs.

Chapter 4

Findings: encouraging behaviour change

4.1 Introduction

As noted in the previous section few attendees indicated that they proactively sought fire safety advice. A series of questions were asked regarding what would prompt people (like them) to seek advice and adopt fire precautions as per Table 15. This was followed by exploring suggestions on the design of messages, the location of advertising/information and who influences them, as per Table 16 to Table 20. Finally, although recollection of previous national television fire safety adverts was not intentionally explored, some groups spontaneously mentioned these, and their feedback is noted in Table 20.

4.2 Focus group feedback

4.2.1 Need for adverts and PR
The majority of attendees cited a need for more fire safety coverage and adverts on national television, and as noted below, recalled previous adverts and felt they were effective. Some indicated that they felt there were fewer fire safety adverts recently and that the government needed to demonstrate more concern (such as via adverts) for fire safety. Whilst this could take the form of adverts, the expressed need to maintain the profile of fire in the national and local media also indicates a role for PR style activity, such as placement of articles and radio editorials.

When asked what would prompt people to seek out more advice, attendees commonly said having a fire or hearing of someone having a fire. This, in the opinion of the researchers, provides strong support for the conduct of Hot Strikes where FRSs offer HFRCs to householders in the street or near to where a dwelling fire has occurred.

It is suggested that care must be taken in the interpretation of the suggestion that only having had or hearing of a fire would prompt people to seek information. This may not indicate a lack of concern as:

- Many attendees also felt they took care and had adopted a variety of fire precautions
- Many attendees expressed a reasonable level of knowledge of fire safety.

Thus, this response indicated a sense that they need to be prompted to seek 'additional advice' that goes beyond what they already feel they know. Indeed, at least one of the visually impaired groups expressed this view.

On the other hand, some attendees also indicated that 'fire is at the back of their minds' and that some people have an attitude of 'it will not happen to me'. This led to the suggestion that people do need to be prompted to seek advice due to a lack of current concern rather than self-confidence.

4.2.2 Message to convey
The majority of the suggestions offered by the focus groups were similar to the content of current fire safety, such as:

- Advice about causes of fire

- Explaining bed time routines

- Advocating replacing smoke alarm batteries

- What to do if you have a chip pan fire

- Keep matches away from children

- Highlighting fire dangers of drinking alcohol and smoking.

Indeed, one group (single men Rotherham) suggested that most adverts had already been done.

4.2.3 Suggestions on design of adverts etc
The suggestions on the design of adverts fell into three broad categories:

- Shock tactics – graphic images of burns, deaths and damage in order to gain peoples' attention and prompt them into being concerned

- Educational – covering causes of fire and how to prevent/respond to fires

- Scenarios specific to the group.

A common theme was that the material should be visual and auditory in order to convey the sensation of fires.

The researchers noted that the suggested use of shock tactics needs to be carefully interpreted and not accepted at face value. Some research has indicated that care must be taken to avoid leading people to feel that the risk is unmanageable and that people can become 'accustomed' to shocking images.

Some of the specific scenarios were of potential interest as they addressed some of the attitudes expressed by some of the group, particularly:

- 'Flash back' story lines where people were shown the consequences of a fire if a person had/had not taken advice

- Second chance story lines – where a single man wakes up from dreaming of a fire, to realising he could have prevented it if he had taken advice.

Other group specific scenarios relate to the lifestyle of the group, such as:

- Mothers cooking

- A fire in a family household

- Elderly persons trapped in a fire in a flat

- Person coming in from a night out drunk, falling asleep with cooker on.

These scenarios reflected the commonly perceived causes and circumstances of fire, thereby conveying the idea that the scenario applies to the target audience.

As regards to the type of person who should be featured in the material, attendees indicated a preference for:

- Fire Officers – as they were seen as the experts

- Victims of fire

- Everyday people that were similar to the target audience.

There was only one suggestion that celebrities should be used. The apparent preference for 'everyday people' and 'victims' is consistent with research that has suggested that people need to be able to identify with the messenger as well as understanding the message. The need to be able to identify with the message has also supported the notion of using scenarios that are specific to the attitudes of the specific group.

The visually impaired group made specific suggestions for auditory adverts that conveys the sound of fire, as well as the fire safety message.

4.2.4 Location of adverts

There was commonality in the suggested channels, with many recommending television and national papers. However, the suggested location of adverts did vary between groups. The suggested locations match the interests and channels used by each group, such as:

- Single men Advocate advertising on Sky Sports

- BME Non-Advocated (mothers) suggest advertising prior to the news on the television

- Single mothers suggested advertising on children's television and at family viewing times

- Visually impaired Advocate use of radio and specialist channels such as Sheffield's talking magazine.

4.2.5 Who are you influenced by?

There was a high degree of commonality in which people the groups reported being most influenced by. The more common responses included:

- Friends

- Family

- General Practitioner (GP).

Some also suggested professionals, experts such as fire fighters and community groups.

This suggested alternative avenues for communicating fire safety, such as:

- Developing material that encourages friends and family to advise and assist their friends and family

- Advertising or working via GP surgeries.

The suggested use of community groups is consistent with the growing use of partnerships by the FRS.

4.2.6 Other suggestions

The groups also offered 'other' suggestions on fire safety. Many of these were consistent with current practices such as school-based education, leaflets and free advice.

However, some groups also emphasised a need for more face to face contact, such as at stands set up in shopping centres that people can approach for information.

4.2.7 Feedback on previous television adverts

From discussions with the members of the focus groups overall there appeared to be a reasonable level of spontaneous awareness of previous CFS adverts. However, it was not a specific question that the facilitator asked; therefore it would have only been raised had one member of the group raised it. For the focus groups that did discuss previous National CFS adverts, a few of the groups did recall the advert that educated people on the dangers of chip pans and others also noted the adverts that linked smoking with dwelling fires.

The majority of those spoken with were aware that at some point there had been adverts on the television to raise people's awareness about fire in the home. It was noticeable and perhaps not surprising that the BME groups did not mention being aware of any previous adverts being shown on the television. This is because this group were Somalian Refugees and therefore quite often had not been born in the UK. This group therefore thought that more advertising did need to be done to raise people's awareness of fire in the home.

4.3 Feedback from Advocates and their partners

From discussions with Advocates and their partners, it was clear that no one method of communication was recommended for everybody. Key points raised by those interviewed included:

- Ensuring the person who delivers the 'message' was identified with by the audience
- The communicator should use language, terms and behaviour that can be identified with, by the audience.
- Communication techniques should be tailored to each group.

These points were consistent with the feedback from focus groups.

A summary is provided below of communication techniques, tailored to each group, suggested by interviewees:

- **BME** – Communicating on their level by explaining and tailoring the fire safety message to their individual culture.
- **Elderly** – Providing real life examples of the consequences of fires. Also explaining the statistics which illustrated that the elderly were involved in more dwelling fires, than any other age group.
- **Disabled** – Communicating with the elderly can depend greatly on the type of disability they have. When working with people with learning disabilities and mental health problems, one-to-one communication was found to be more effective. For people who were visually impaired, it helped to make fire safety information more accessible by, for example, including information about fire safety in talking magazines.
- **People with hearing impairments** – As with the visually impaired, fire safety information was made accessible to those with hearing impairments by, for example, putting signers or subtitles on National television campaigns. When presenting to those with hearing impairments it was found to be important to provide lots of visual aids, perhaps in the form of pictures to illustrate various points being made.
- **Young People** – Engaging with young people on their level was reported as an effective method of communicating with them. Examples included actively going into their communities and showing them videos, as well as a youth bus, which acted as a replacement for those who had missed the school education training on fire safety.
- **Substance Misusers** – explaining to substance misusers that by not adopting fire safety precautions they were not only putting themselves at risk, they were also putting their family and others around them at risk.

Further information on these communication techniques is given in Section 5.3.4.

Table 15 through to Table 21 summarise the main findings from focus groups in regard to behaviour change:

- Table 15 summarises what focus groups thought would encourage them to seek fire safety advice
- Table 16 presents the focus group's suggestions of what the fire safety message should be
- Table 17 presents focus group's suggestions for a CFS advert
- Table 18 presents suggestions of media and locations
- Table 19 presents focus groups suggestions for CFS
- Table 20 details who they are influenced by
- Table 21 summarises focus group's awareness and influence of previous CFS adverts.

Table 15: Focus group thought on what would encourage them to seek fire safety advice

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Having a fire in their home. One man gave the example that he had a chip pan fire in his home and this encouraged him to phone up the FRS and get a HFRC.	Having a fire in their home.	Having a fire in their home.	If fire safety advice was free and more accessible.
Low income group	**BME group – Non-Advocated**	**BME group – Advocated**	**Elderly group – Advocated**
Having a fire in their home. If they knew somebody who had a fire. A poster or advert on prime time television.	Having a fire in their home. Someone they know having a fire in the home.	Having a fire in their home. Someone they know having a fire in the home.	Pictures of burning materials.
Elderly group – Non-Advocated	**Visually impaired group – Advocated**	**Visually impaired group – Non-Advocated**	
Seeing someone on fire or not being able to escape (in real life). Someone they know having a fire. Real life examples.	Having a fire in their home. Having lost someone or knowing someone who has died in a fire.	Experiencing a fire in their home. Someone they know experiencing a fire.	

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated		
Experiencing a fire in their home. It would be good to speak with people who have experienced a fire.	Having a fire in their home. Speaking with people who had experienced a fire in their home.		

Table 16: Focus groups suggestions on fire safety messagev

Single mother	Single men London	Elderly group – Advocated
Advice on what to do if there was a chip pan fire. Provide advice on different types of fires and what to do at each stage of the fire.	Should show people what to do as part of a bed-time routine.	Target smokers and chip pan fires. Keep matches, lighters, candles away from children.
Single men Birmingham	**BME group – Advocated**	
Only takes 30 seconds to buy some batteries and 20 seconds to install them. This group wanted to get the message across that having a smoke detector and maintaining the batteries was very simple. They also wanted the message to say that prevention is better than cure.	Show different causes of a fire. Show how to tackle a chip pan fire, ie not to throw water over it. Important to know where all fire exits are and to work out an escape route in your home.	
Single men Rotherham	**BME group – Non-Advocated**	**Low income group**
Fire prevention is better than cure. Fire message should include educating people of all the different causes of fire in the home.	Educational – show different types of fabrics and explain which ones are flammable and which ones are not. Reminder to switch off the television. Bedtime routine – check whole house, switch off all electrical equipment, put away flammable items, check all gas appliances.	Remind people to check their smoke detectors regularly. Tell people to have a bedtime routine that would involve – switching everything off before going to bed and not to leave electrical equipment on stand-by such as the television.

Table 16: Focus groups suggestions on fire safety message

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated	
Stop smoking.	Take care.	Make sure people do not get distracted whilst cooking.	
Get a smoke detector.	Do not play with matches.	Explaining that a fire can happen at anytime to anyone.	
Place guards round open fires.	Use fire guards.		
Make sure electrical plugs and wires are safe.	Make sure cigarettes are put out properly.		
Get more telephones around the house or panic button.	Flammable materials should be stored in an out building such as a shed.		

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated		
Check smoke alarms.	Dangers of drinking and smoking.		
Use less text and more visual images.	Common causes of fire.		
	Dangers of children playing with matches and lighters.		

Table 17: Focus group suggestions for CFS Advert

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Shock tactic – showing person trapped in the home unable to escape from the fire.	Shock tactic – showing graphic pictures of children who have been burnt.	Adverts should be very visual. Scenario – before and after comparison to show the damage a fire can cause.	Scenario – showing a mother at home cooking. A fire starts whilst she is cooking. It was thought the advert should show how to take precautions to prevent the fire from happening and what to do as a result of the fire occurring.
Showing pictures of people with burns.	Scenario – single man whom smokes and drinks alone at home, a fire has trapped him. Previously he has been given a lot of information on fire safety and ignored it. He is trapped unable to escape.	Advert should be gory to get viewers attention.	Shock tactics – show people getting burnt. It was thought this would highlight to people how a fire can scar for life.
Show children trapped in a burning building unable to escape.	Scenario – continuation of the previous scenario however this time it is a nightmare. The single man then wakes up and realises he has another chance to take note of the advice.	Scenario – the advert should include somebody speaking about their own experience of having a fire. This person should be badly injured to highlight the types of injuries that can be sustained from being involved in a house fire.	
		Scenario – picture showing a crematorium with the message saying "we all smoke in the end".	

Table 17: Focus group suggestions for CFS Advert (*continued*)		
Low income group	**BME group – Non-Advocated**	**BME group – Advocated**
Fire safety advert should be very visual to get people's attention – showing pictures of people who have been burnt in a house fire. Get people's attention – there should be an audio section of the advert that is the noise of people screaming who have been trapped in a house fire.	Scenario – someone not having a smoke detector and shown a fire happening in their home and the family dying all because they did not have an alarm to alert them to the fire. Scenario – show two scenarios of an outcome of a fire, one if they had no smoke alarm, and one if they did have an alarm.	Shock tactics – show people getting burnt in a fire. Fire safety Adverts should be translated for those who do not speak English.
Elderly group – Non-Advocated	**Visually impaired group – Advocated**	**Visually impaired group – Non-Advocated**
Shock factor – Seeing someone on fire would stay with them permanently. Show pictures of children/adults trapped in a burning building. Showing a high rise block of flats and there only being one exit door – therefore people having to throw themselves from the burning building so they would not get burned.	Shock tactics – show people who had experienced a fire and the injuries they sustained from the fire. Shock tactic – show a family dying in a fire. Advert should show the number of people who perish in fires each year.	Scenario – someone is sleeping in their bed and in the background the sound of crackling fire. Scenario – blank dark smoked filled image – crackling fire in the background and the person saying 'I can't see where I am! What's happening?' The idea is that visually impaired people will understand this advert and for those sighted people it is not only like what it would be like being visually impaired and not being able to see, but also what it would be like in an actual fire at night time.
		Elderly group – Advocated
		No specific feedback.

Table 17: Focus group suggestions for CFS Advert (*continued*)

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated	
Shock tactics – showing photos of people who have been burnt in a fire.	Shock tactics – show a happy family with children playing, then show a sad family who had experienced a fire.	
Poster in the form of a road sign showing flames and stating that fire kills.	Show the results of fire in the home and also the burn victims.	
	Show a common cause of fire such as – person coming in from a night out drunk and falling asleep with the cooker on and dying in their sleep.	

Table 18: Focus groups suggestions of media and locations

Single men Rotherham	Single men Birmingham	Single men London	Single mother
Television.	Television (Sky Sports and during the adverts of when England is playing on television).	Television – sky sports, sky news, history channel, National Geographic channel, BBC news 24, CNN and Porn channels.	Television cartoons to appeal to children so they can educate their parents about what they have learnt on television.
Side of buses.			
Railway stations.	Local free papers and National newspapers.	Posters – Bill boards.	Bill boards.
	Bill boards.	Local papers.	
	Internet (porn).	Radio.	
	Back of cigarette packets.	Buses and taxis.	
	Supermarkets and motorway services.		

Low income group	BME group – Non-Advocated	BME group – Advocated	Elderly group – Advocated
Television – children's television channels to try and get the message across to children to be safe in the home.	GP surgeries.	Television and radio.	Television.
	Schools – in order to educate their children.	Posters on the wall.	Local radio (eg Radio Sheffield).
Cinema – during the trailers at the beginning of a film.	Radio.	Newspapers.	Newspapers.
	Bus stops.	GP surgeries.	
Radio.		Word of mouth.	
Internet.			
Free papers such as London Lite and the London Paper.			

Table 18: Focus groups suggestions of media and locations (continued)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
Advert in the post office. Television adverts – hard hitting, shown in different languages, shown after the news or during the soaps. Local radio. Presentations in day centres. Fire safety Christmas presents. Not leaflets.	Television advert – Auditory with shock factor. Radio –Classic FM and Radio Sheffield and commercial radio stations. Listened and watched television in particular ITV and BBC channels. Newsletters from Royal National Institute for the Blind (RNIB). Sheffield's Talking magazine.	Radio. Television for those who were partially sighted. Or for those who were blind the adverts should be very descriptive. Bus – for those partially sighted.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated	
Television advert. Posters at Doctor's surgery, lamp posts and bus stops. Flyer through the door that was attention grabbing. Advertise via internet.	Television adverts – at tea time when more people are likely to be sat around the television. Cinema. Newspapers – Local Gazette. Buses. Internet.	

Table 19: Focus groups suggestions for CFS

Single men Rotherham	Single men Birmingham	Single men London	Single mother
No specific feedback.	If CFS was given to them by a fire officer they would pay more attention to it. This is because they view Fire Officers as experts in their field and are able to give the best advice and talk first hand from real life experiences that have happened. Fire safety should be promoted at the start of football matches to all the fans who attended.	This group thought that face-to-face communication was the most effective method of getting the fire safety message across to people such as themselves.	Fire service to give presentations to children when they are at school. This group thought they would listen to people who have had fires – victims of fire. Fire blankets. Extinguishers and booklets on fire safety should be distributed to the public.

Table 19: Focus groups suggestions for CFS (*continued*)			
Low income group	**BME group Non-Advocated**	**BME group – Advocated**	**Elderly group – Advocated**
More education should be given to children in schools.	There needs to more education about fire safety in the home especially in different languages.	People coming in to the groups that they belong to and speaking to them about fire safety and generally to have discussions about fire safety.	No specific feedback.
FRS should hand out fire safety packs that contain all the information people need to make themselves safe in the home along with free fire blankets and smoke detectors. The FRS should set up in a shop in the local community and be there for people to drop in and get advice and a free fire safety pack on fire safety. Word of mouth spread in the community about the FRS and neighbours and friends of people who have packs already will turn up to receive theirs.	People should be provided with a checklist of precautions on how to remain safe in the home, especially regarding electricity, central heating and gas. This check list should highlight dangerous points and include pictures so everyone (including children) can understand it. A DVD maybe one way of presenting this information.	Leaflet and general fire safety information should be more accessible in other languages. This group thought that they would all benefit from a Fire Officer coming round to their homes to talk about fire safety and educate people on what to do if a fire broke out in their home.	
This group thought that fire safety advice should be given face to face. Another idea was for the FRS to set up a mobile stand in shopping centres where people can stop and ask for advice.			
More needs to be done to advertise the HFRCs.			

Table 19: Focus groups suggestions for CFS (continued)

Elderly group – Non-Advocated	Visually impaired group – Advocated	Visually impaired group – Non-Advocated
Having fire safety advice leaflets through the door.	CFS should target children and teach them in schools about the dangers of fire.	No specific feedback.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated	
Set up a venue in the community (in a public place such as fairs, shops, shopping centre) where people can go and get advice about fire safety. Having flyers through door to educate people about fire safety. Target children – using visual images. CFS should be more face-to-face in sessions held at community centres – there should be leaflet that people are able to pick up and take away with them.	No specific feedback.	

Table 20: Who the focus groups are influenced by			
Single men Rotherham Family members – children. GP.	**Single men Birmingham** Celebrity should promote fire safety on the television.	**Single men London** Family – Mothers. GP. Generally not influenced by other people.	**Single mother** Parents. GP. Media. Professional people – the experts.
Low income group Family. In terms of fire safety – they thought they would pay attention to a fire officer giving advice.	**BME group – Non-Advocated** People in authority – for example an expert from the Fire Brigade. GP. Community organisations/groups they attend.	**BME group – Advocated** Family. Partners. Close friends. Neighbours.	**Elderly group – Advocated** Experts (FRS). Family. Friends. Government Adverts.
Elderly group – Non-Advocated Anyone.	**Visually impaired group – Advocated** Family. Friends. Fire service.	**Visually impaired group – Non-Advocated** People they hear on the radio. Someone in authority. Friends (trusted ones). Articles they read. People who can understand them. Fire safety officer.	

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

Table 20: Who the focus groups are influenced by (continued)

Drugs and alcohol group – Non-Advocated	Drugs and alcohol group – Non-Advocated	
Family members – Mum, Dad and son. Probation officer. Staff at the Albert Centre. GP.	Simon Weston – a survivor of fire. If he gave advice about fire safety then it was agreed by the whole group that they would take his advice.	

Table 21: Focus group's awareness and influence of previous CFS adverts

Group	Awareness / influence
Single men Rotherham	Not discussed.
Single men Birmingham	Aware that there have previously been adverts on television to raise awareness about fire safety.
Single men London	Aware of previous adverts that have focused on smoking causing fires in the home.
Single mother	They were aware that National Fire Safety Adverts use to be shown on television; however they are not shown any more.
Low income group	This group were aware that there had been previous fire safety adverts on television, they highlighted the advert educating people about the dangers of chip pan fires.
BME group – Non-Advocated	They were not aware of previous adverts that had been on television. They thought that in general more needs to be done to advertise on fire safety.
BME group – Advocated	They were not aware of previous adverts that had been on television. They thought that in general more needs to be done to advertise on fire safety.
Elderly group – Advocated	Not discussed.
Elderly group – Non-Advocated	This group were aware of previous adverts, however now they thought there were not so many.
Visually impaired group – Advocated	This group thought that fire safety adverts tended to come out around Christmas time.
Visually impaired group – Non-Advocated	Aware of National adverts on chip pan fires, smoke alarms and the dangers of smoking cigarettes in the home.
Drugs and alcohol group – Non-Advocated	Not discussed.

The results from the drug and alcohol groups should be read with caution – as both groups were informed of the subject of the research.

4.4 Summary of encouraging behaviour change

This section provides a bulleted summary of Section 4.

Focus group feedback

- Most people who attended the focus groups identified a need for more fire safety coverage and adverts on national television

- The majority of focus groups noted that having a fire in the home would encourage them to seek fire safety advice and information

- In terms of messages to convey in adverts focus groups came up with the following suggestions:

  - advice about causes of fire

  - bed time routines

  - reminding people to change smoke alarm batteries

  - advice on chip pan fires

  - keeping matches away from children

  - highlighting fire dangers of drinking alcohol and smoking.

- The focus groups thought that adverts should either use shock tactics, or be educational or provide scenarios to a specific target group

- Generally television was suggested as the main location of a fire safety advert

- Generally people were influenced by their friends and family and sometimes their GP

- There was a good awareness level in the groups of previous national fire safety adverts.

Feedback from Advocates and their partners

- No one method of communication was appropriate for everybody

- Key points raised are as follows:

  - ensuring the person who delivers the 'message' was identified with by the audience

  - he communicator used language, terms and behaviour identified with, by the audience

  - communication techniques should be tailored to each group.

Points raised from the review of literature

- People should not be segmented into 'simple' groups by factors such as age

- The propensity to adopt precautions maybe influenced by social pressures

- Communication may need to make people aware that their personal experience maybe misleading and that incidents do happen to people just like them

- Real life stories resonated well with people

- Adverts should avoid citing issues such as chip pans if the target audience do not see themselves as chip pan users

- Communications aimed at raising awareness of risk needs to be repeated frequently

- Messages need to empower people

- Messages need to promote coping strategies.

Chapter 5

Findings: role and impact of Advocates

5.1 Introduction

This section of the report summarises the findings of the interviews with Advocates, their partnering organisations and the FRSs. It also compares the main findings from the focus groups of the Advocated and the Non-Advocated groups. The feedback is subjective. The researchers have reviewed the feedback against a series of key questions, drawing out findings and offering their interpretation of the feedback, specifically:

- What is the role of Advocates?
- What is the impact of Advocates?

As part of the synthesis of findings we have compared the feedback from Advocates with the feedback from partnering organisations, as a form of cross-validation. In addition, the focus groups attendees provided subjective feedback on the Advocates presentations, which we combined with an assessment of the choice of attendees for the Advocated groups and a comparison of attitudes between Advocated and Non-Advocated groups-again as a form of cross-validation of the Advocates impact.

5.2 Reported role of Advocates

Feedback from the FRSs noted that Community Fire Advocates are individuals who have been employed by the Fire and Rescue Service to access certain groups within the community. These groups have been identified by the FRS as being more likely to be involved in a fire and/or least likely to access the services provided by the FRS. Therefore, Advocates have been employed to access the hardest to reach and vulnerable groups within their community.

From discussions with the Community Fire Advocates, the FRSs and the partnering organisations the role of the Advocates can be divided into three main activities, including:

1. **Developing partnerships** – Advocates identifying key partners for the FRS to work with in their local areas. These key partners are those who are actively accessing the homes of the most vulnerable and at risk people on a daily basis and may include organisations such as Age Concern and Help the Aged.

2. **Giving presentations** – Advocates attend local community events and fetes to deliver presentations through a variety of organisations. This was noted by both Advocates and Partners as a very effective method of securing referrals.

3. **Providing HFRC support** –Providing support to the operational crews with the HFRC process. The Advocates were able to provide additional support to other members of staff by attending HFRCs and carrying out an 'Assessment of needs'. This assessment covered all areas of safety and the needs of the individual within the home and did not just focus on fire safety.

In many cases the Advocates were members of the 'hard to reach' groups themselves. For example, the BME Advocates were from a BME group themselves. This was thought by interviewees to be an advantage in supporting communication and engagement between the BME communities and the FRS. This could also have certain other advantages; for example, BME Advocates quite often are bi-lingual and are able to speak the languages of many of the BME groups within the local community.

Both Advocates and the FRSs noted that in some cases the Advocates had been chosen to work with a particular group because they have been working with that section of the community in a previous job and they were able to quickly and effectively identify key partners within the community to work with. For example, one of the disability Advocates, prior to becoming an Advocate for those with disabilities had worked with people with disabilities for 15 years. The Advocate was employed for her ability to effectively communicate with people with a wide range of disabilities but also because she was able to quickly identify and set up key partnerships within the local community.

Advocates appeared to have quite an active role; however, the extent to which they were actively involved in the community varied slightly between the Advocates. One BME Advocate noted his job role was changing to become strategic and was concentrating more on setting up partnerships and preparing material and presentations for other people to deliver. However, many of the other Advocates were actively out in the community delivering fire safety talks to their relevant target group. Some of the Advocates were also involved in delivering HFRCs and offering internal support to other members of staff.

5.3 Evidence regarding role and impact of Advocates

5.3.1 Partnership working
This section of the report discusses the findings from the Advocate, partner and FRS interviews regarding partnership working.

As noted in the section above, one of the main activities of the Community Fire Advocates was to identify and establish key partners to work with in their particular section of the community. These partners were then used to identify the most at risk members of society and refer them on to the FRS for further support through an initial HFRC, at which the Advocate may well have been present, and then providing additional support such as fire resistant bedding, deaf alarms, sprinklers and so on. The partners also gave the Advocates access to their members/clients for them to give fire safety presentations to. These presentations are nearly always at the partner's premises and so the venues are well known to the members who would be attending the talks.

The feedback from the manager of the Community Fire Advocates within one FRS was that the Advocates have provided a valuable role in identifying appropriate partners and enabling the FRS to work with them.

In nearly all cases the partner organisations were very complimentary of the work of the Advocates. Particularly, the elderly, young persons and drugs and alcohol Advocates. All of the partner interviews supported the discussions with the Advocates; they confirmed the types of activities the Advocates were doing and supported the suggestions the Advocates made, in terms of people's attitudes towards fire safety and ways in which to influence behaviour. The Partners also seemed to have an understanding of the role of community Advocates, not just their own particular target groups, but across the range of target groups.

However, the researchers had particular difficulty with contacting a partnering organisation of one of the BME Advocates. Two partners were contacted, however, one contact was with a person within the Police Service, who was not aware of the work of the Advocate and felt they really were not in a position to answer our questions. The other contact was very difficult to engage with. The researchers therefore chose to interview the partner of the BME Advocate from the other FRS, who had only been in the position for a few weeks.

This, and a further finding discussed later in this section, indicated that at least some of the Advocates in particular the drugs and alcohol Advocate have not been as active in creating partnerships as claimed.

Successful partnerships
The partnering organisations that were chosen by the FRS tended to be chosen specifically because they worked in the homes of the most vulnerable and hard to reach individuals. Discussions with both the Advocates and the partnering organisations, and findings from a survey of FRSs in a parallel study into HFRCs[6], highlighted three factors that contribute to a successful working partnership:

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[6] Evaluation of Home Fire Risk Checks. Greenstreet Berman Ltd report, work in progress, for Communities and Local Government.

- The partners should be going into the homes of the most vulnerable and 'hard to reach' members of society on a daily basis, such as Social Services, Age Concern's handyman schemes

- An agreement should be set up between the FRS and the partnering organisation to agree, number of referrals and so on

- The relationship between the FRS and the partnering organisation should be two way, so that the partnering organisation also benefits from the partnership in some way too.

Challenges and lessons learnt in partnership working

Overall, there were very few problems highlighted by the Advocates in working with partnering organisations, however there were issues regarding time and referrals, as noted in Table 22.

One of the challenges noted by an Advocate was explaining to an organisation what it was the FRS would like the partner to do (for example, get referrals for HFRCs). The Advocate feedback that it was very important to make sure that they were speaking with the correct people within the organisation. It appeared that initially it was important to speak with the managers to get them to agree to help with referrals. However, when explaining exactly what needed doing it was important to have the people who were actually going out identifying people as at risk and sending the referrals back to the FRS. The Advocate noted that it helped if these people were present to hear directly from the Advocate what it was that they were being asked to do.

Another problem that the Advocates noted in working with partnering organisations was the lack of time they had to spend getting referrals. Some Advocates did note how they thought the partners generally had good intentions and always wanted to help, but at the end of the day it was down to time and their own work took priority over helping with referrals. The Advocates were unable to come up with any solutions to the issue of time.

The partnering organisations also highlighted a couple of minor challenges that they had overcome whilst working with the FRSs. These issues were mainly relating to communication with the FRS, as highlighted in Table 22. Overall it appeared that the partners had difficulty in contacting the FRS prior to the Advocates being employed. However, since the Advocates were employed there now, they had a name and a contact telephone number within the FRS that they could go to with any issues they had. One partner did note an issue regarding data protection; however, they were able to get around this issue by asking permission of the person they would be referring to the FRS. This could be an important learning point for Advocates if they encountered this issue with other partners who were worried about the issue of data protection.

Table 22: Challenges and lessons learnt in partnership working	
Problems reported by Advocates and partner agencies	**Solution to problem**
• Partners had **their own work** priorities.	None cited
• Partners often **lacked time** to help with the fire and rescue service work.	None cited
• Some partners had the opinion *'they do not have the time… it's not their problem, it's **not their responsibility**… the partners can't see what they get out of it.'*	• Perseverance • Ensuring they were speaking to the correct people within the organisation in the first place.
• Getting the **correct message** to the right people within a partnering organisation.	• When delivering a talk to an organisation to explain the referral process, they learnt to ensure that not only management were present (who ultimately made the decisions) but also those who carried out home visits and would be responsible for sending referrals back to the FRS.
• Some problems getting partners to send **referral forms** back to the FRS.	• Discussing the problem with the partner • **Adapting the referral form** to make it easier for the staff to complete.
• Without Advocates in place, partner agencies have found it difficult to contact staff **within the FRS** due to staff changes.	• Employing an Advocate, who can also act as a single point of contact.
• **Data protection issues reported by a partner**.	• Providing the required amount of data on the forms, whilst still protecting the clients, plus asking permission of the clients in advance.

5.3.2 Evidence of Advocates work

This section of the document summarises the evidence of the Advocates work drawing together the findings from the focus groups together with the findings from the survey of Advocates, partners and FRSs. The first section discusses the focus groups overall experience of the Advocates. The next section discusses the researcher's interpretation of the groups that were and were not Advocated, the final two sections compare responses from the focus groups between Advocated and Non-Advocated groups and finally the last section details the communication methods used by the Advocates.

Some key points were that:

- There was positive feedback from attendees of Advocate presentations about the Advocates talks

- The selection by Advocates of people to benefit from their talks was not appropriate in all cases, in the researchers' opinion

- The Advocates clearly tailored their communication methods to each audience, however, it was noted by the BME group that they thought they would have benefited from their talk being in their language

- There was at least one example of irrelevant information being presented

- There was some evidence that attendees of some groups had improved knowledge of fire precautions from attending the talk.

Thus, the evidence on their impact was mixed and offers 'lessons learnt' for improving the work of Advocates.

BME, elderly and visually impaired groups' experience with Advocates

During the focus groups with those who had had a talk by an Advocate additional questions were asked about their overall experience of the Community Fire Advocates. There were three Advocated groups spoken with and these are summarised. These groups included:

- BME
- Elderly
- Visually impaired.

The three Advocated groups that were spoken to as part of this research all reported that their overall experience of the Community Fire Advocates was good and that the Advocates themselves were clear and persuasive on the information they were presenting. One person in the group felt that he would not change his behaviour as a result of the talk but that if there was a fire in his home, he would be better prepared to try and tackle the fire if he had to.

The BME group did also note that the Advocate presented the talk in English; they thought that not everybody would have been able to understand. In fact one member of the group, as noted by the facilitator of the group, did not speak any English. Any interaction with this member of the group had to be through other members of the group to translate both for her and for the facilitator. It was suggested by the participants that they would not have benefited from a fire safety talk presented in English as much as they would have done with a talk in their own language. The Elderly group (of which many members were hard of hearing) noted that they were able to clearly hear the Advocate throughout their talk. It is thought by the researchers that there was a facility for the group to tune their hearing aids into the Loop system.

As a result of having a fire safety talk from an Advocate all three groups indicated that they had changed their behaviour in some way. The BME groups noted that since their fire safety talks they touched the kitchen door just to check whether there was a fire inside. A couple of members of the group had children and noted that they now did not leave lighters/matches in places where their children could reach them. Some of the group reported that they checked to ensure they had switched their gas cookers off. The elderly group noted that they pulled the plugs out of the wall and were generally more careful around electrics. The visually impaired group noted that they did not use their washing machine at night time and others noted that they now had more of a bedtime routine.

The researcher also explored with the Advocated focus groups what they learnt from the fire safety talks they received. One set of responses was, in our opinion, indicative of a partly irrelevant presentation. The elderly group were living in sheltered or warden assisted accommodation. Not one member of the group cooked using anything other than a microwave. They either had meals on wheels deliver hot food to their door, or had family deliver food or heated ready-made meals in their microwaves. However, despite this, the feedback from this group was that the Advocate had taught the group about chip pan fires and the dangers associated with using chip pans and how to tackle such a fire should one occur. Other information that the Advocate did pass on to this group that appeared more relevant was to ensure that their doors were kept closed at night time. However, the Advocate was reported to have not explained how to escape from a fire.

The visually impaired group were particularly impressed with their experience of the Advocate and all members of the group thought that they had learnt from the experience. The Advocate had covered all aspects of fire safety and this group had learnt about bed time routines, the dangers of overloading plugs and not to leave appliances such as washing machines operating at night time.

Similarly the BME group cited examples of measures, such as placing towels at base of doors (in event of a fire).

Thus, there is some evidence that the Advocates did help improve attendees' knowledge of fire precautions.

Researchers interpretations on people chosen to be advocated
This section of the report summarises the types of groups that received fire safety talks from Community Fire Advocates. It was our opinion that:

- The choice of persons for the visually impaired group appeared reasonable – as they were vulnerable and sought advice

- The choice of elderly persons for the Advocates presentation appeared questionable, as they were in a high care environment (sheltered accommodation)

- The BME group whilst consisting of young persons of whom few smoked cigarettes or drunk alcohol displayed learning from their talk, whilst the Non-Advocated BME group consisted (mostly) of mothers who recognised the risk from cooking and children

- The group of people from a drugs and alcohol centre that were claimed to have had contact with an Advocate were unable to recall any such contact (upon conducting the focus group), and no alternative persons who had contact with an Advocate could be identified.

These observations, as elaborated below, suggested that the choice of persons for receiving Advocate advice would benefit from careful consideration of who is at risk and therefore is in greatest need of support.

Elderly
As noted above, the Advocated elderly group lived in sheltered or warden assisted accommodation. Therefore the responsibility of looking after themselves had almost entirely been removed. This group no longer cooked for themselves, or if they did they used microwaves to heat up ready meals. They no longer used ovens; the majority had meals-on-wheels food delivered to them on a daily basis. In terms of care around the home this group also did not maintain where they lived; they had friends, family or carers come in regularly to tend to issues such as installing smoke detectors. The majority of the group also noted that they wore panic alarms round their necks whilst at home, so that if they did encounter any difficulties they were able to sound the alarm. In general this group had very few worries especially in terms of fire safety. One person did note that in the case of a fire in her home she would struggle to escape as she relies heavily on a walking aide.

It is the opinion of the researchers that this group of elderly people did not benefit greatly from a talk from a Fire Safety Advocate. Almost all responsibility had been taken away from them and they were reliant of other people for the day to day running of their lives. It is suggested that the Advocates focus their attentions of those elderly people who are not in sheltered or warden assisted accommodation as they do not cook and are looked after on a daily basis.

The groups of elderly that should be targeted are those who live by themselves and who still cook on a regular basis and who would welcome further support.

BME
Two focus groups were run with Somalian Refugees. However, the demographics of each of these groups in terms of age and gender were very different. The Non-Advocated group was mainly made up of women most of who had children and were at home a lot cooking and doing other domestic house work; there were two men in the group. The Advocated group were young adults, some were attending college, there was an even mix of men and women and in general this group were younger, did not have children and had mothers who cooked for them.

The Non-Advocated group seemed very aware of dangers around the home including dangers of cooking and leaving the hob on. There seemed to be a lack of understanding of electricity and gas amongst this group and there had been at least one instance where one of the ladies had forgotten about something cooking and it had caught fire. It became apparent, to the researchers that this group would have benefited greatly from a talk from a Community Fire Safety Advocate. As it was not only their safety that they were concerned about but also that of their children's, many of the women had several children and were worried about whether they switch on the gas.

The Advocated BME group appeared at this stage in their lives to have very few concerns about fire. They did not appear to consider many fire safety aspects; they were more concerned about crime and being burgled or being victims of racial abuse. This group appeared to have a better understanding of electricity and gas; however, there was still one member of the group who seemed very wary of electricity. This group received the fire safety talk in English; it was thought by the researchers that they would have benefited from the talk being in Somalian.

Visually impaired
The visually impaired Advocated group were an older age group than the Non-Advocated group. This Advocated group all lived independently, and appeared to be good candidates for a fire safety talk from an Advocate. Due to their age several of the group had slight mobility issues and therefore in an event of a fire this coupled with their visual impairments made them a particularly vulnerable group.

The group that had not been advocated were younger and certainly much more mobile than the Advocated group. They reported that they considered themselves less at risk from having a fire because they were by very nature of their disability very careful people and did not think that they would be involved in a fire. However, some members of the group did note that even though they were more careful, they were at greater risk because they cannot see if something had gone wrong.

Drugs and alcohol
The researchers were unable to establish contact with a suitable partner who could provide members who had previously had a talk from the Drugs and Alcohol Advocate. The researchers did attend and run a focus group with a group that they were told had been presented to be the Drugs and Alcohol Advocate. However, further discussions with this group revealed that they had not had a talk or even spoken with the Advocate. The Advocate had only come into the Centre and left some leaflets about HFRCs in the reception. The Advocate was unable to provide any further contacts that were able to help with this research.

5.3.3 Comparison of responses between Advocated and Non-Advocated groups

This section of the report summarises and contrasts the main findings from the Advocated and Non-Advocated groups, in order to judge the impact of Advocates on responses. It was difficult to draw firm conclusions regarding the impact of Advocates' talks in the case of BME and elderly persons as the profile of people in the Advocated and Non-Advocated groups were very different, ie young persons versus mothers in case of BMEs and sheltered vs. independent living in case of the elderly. In the case of the visually impaired groups there is little difference in their apparent attitudes and knowledge of fire precautions, although both groups may have had a reasonable level of concern and knowledge prior to the Advocates talk.

BME groups
It is the researcher's opinion that the reason for the differences in the BME responses is because of the nature of the groups. The Advocated group as mentioned previously in the report were younger, had less responsibilities and perhaps were not taking the group as seriously as the Non-Advocated group.

The BME group who had been advocated did not think they were at risk from having a fire because they thought if there was a fire at home they would be able to escape. This was in contrast to the BME group who had not been advocated who thought that they were more at risk from having a fire because they had children. This group also appeared more concerned with the consequences of having a fire such as loss of life, being burnt and losing their home. Whereas the Advocated group were aware of the dangers of fire but did not mention any of the consequences. Both groups were receptive to fire safety advice, however as mentioned earlier in this document it is the researchers opinion that the Non-Advocated group would have greatly benefited from having a talk from a Fire Safety Advocate.

In terms of precautions taken, the BME Advocated group noted that they would check to see if the gas cooker was switched off and noted that they did not use candles. However, the Non-Advocated group covered a wider range of topics such as switching off appliances, putting out cigarettes, having smoke detectors, fire blankets and fire extinguishers.

When asked what they would do if a fire broke out in the home, the first response cited by the Advocated group was to 'panic'. They also noted that they would take their possessions with them and try to tackle the fire. The Non-Advocated group's first response was to get their children out of the house and then try to tackle the fire. Overall it was thought that both the Advocated and Non-Advocated groups had a good overall awareness of the potential causes of fire. However, the Advocated group displayed a poor knowledge of what to do in the event of a fire.

In the Non-Advocated BME group only two members of the group smoked and those that did, either smoked outside or put the cigarette out with water. There were more smokers in the BME Advocated group and were aware that they maybe more at risk from having a fire as a result of smoking. However, they thought that they were young enough to be able to escape from a fire should one occur. In terms of the impact the smoking ban would have on these groups, it was thought that it would make little or no impact because they did not go into pubs and clubs.

There did not appear to be many significant differences between the BME groups when discussing CFS adverts. Both wanted the message in the advert to be educational and give information about the different types of fires and types of materials that were flammable. Both the groups thought that having a fire in their home or knowing someone else who had been involved in a fire would encourage them to adhere to fire safety advice. Both the BME groups were not really aware of any previous CFS National television adverts; this is probably because they were not born in the UK and have not been in the country long enough to have seen previous adverts. In terms of where the adverts should be placed, the Non-Advocated group did not suggest television, this may be because they did not speak very good English and did not watch much television. The younger BME Advocated group did suggest television, however it was noted by the researcher that this group's English was better than the Non-Advocated group. Both BME groups noted that CFS material should be more available to people who do not speak English.

Elderly groups
As mentioned previously in this report the Advocated group lived in Sheltered or warden assisted accommodation and therefore had few worries regarding safety in the home. This group did not go out and therefore had little or no safety concerns about being out and about in the community. This is quite different to the Non-Advocated group who were more able bodied and went out and about in the community and therefore had worries about being out at night time. This group were also worried about fire in the home; about living alone and their ability to escape from a fire should one occur in their home. The Non-Advocated group believed that they were more at risk from fire because they were elderly and were aware that they may have issues with escaping. The Advocated group thought that they were less at risk from having a fire because they did not cook or use gas or candles, this group also did not smoke in their house.

Smoking was not an issue for the Non-Advocated elderly group because they did not smoke. For the few members of the Advocated group that did smoke they indicated that they did so outside.

In terms of CFS adverts, both elderly groups thought that the best place to advertise would be on the television. The Non-Advocated groups thought that these adverts should be hard hitting and shown in different languages. Both groups thought that adverts should also be on local radio shows such as Radio Sheffield.

Overall the elderly Advocated group displayed poor knowledge of fire and the consequences. It is thought by the researchers that this is because they had very little responsibility now in terms of their own personal safety and live sheltered lives. Whereas the Non-Advocated groups were still responsible for themselves, cooked for themselves and therefore were a lot more aware of the causes of fire, the consequences and what to do in an event of a fire.

Visually impaired
Both the Advocated and Non-Advocated groups had a good overall awareness of fire risks, the knowledge of fire causes and precautions. It is thought by the researchers that both groups had a good knowledge of these issues because they were more cautious people and probably as part of their everyday life work out risks and how to deal with them. This is something that perhaps sighted people do not do.

However, there were differences between the visually impaired groups in the factors that influenced the visually impaired perception of risk. The Advocated group had more concerns in the home, many of them lived alone and some had mobility issues and so they noted straight away their biggest concern was being able to escape in a fire. The Non-Advocated group in contrast felt safe in their home and noted that they liked being able to shut the world outside.

Both groups noted how being in unfamiliar buildings was a worry, especially in terms of their ability to escape from a fire. In their own homes or other buildings that they know they were able to navigate around without trouble. However, if they were staying in a hotel, then they felt more vulnerable because they did not know where the fire exits were.

The Advocated group generally did not think they were at any more risk from having a fire than other people; this was because they considered themselves, by their very nature as visually impaired, to be careful people and potentially more cautious than sighted people. However they did note that if they did have a fire they would be worried about being able to escape. The Non-Advocated group did also highlight that due to their visual impairments they were at risk and even though they took more precautions as a result they still are more vulnerable.

5.3.4 Methods Advocates used to communicate
Overall, the Advocates all developed and presented specialist forms of fire safety talks to their target audiences either through group presentations or through one-to-one sessions as per Table 23.

From discussions with the Advocates, partners and FRSs it was apparent that generally the Advocates were able to adapt their fire safety message to the needs of each specific group. However, the BME Advocate did not present their fire safety talk in Somalian presumably as this was not one of the languages they spoke. It is felt that although this group did benefit from the talk they may have benefited more if it was presented in their own language.

The Advocates had the advantage over other members of the fire services in that they were more likely to understand the needs of their client group and therefore were able to design and tailor their presentations/ one-to-one sessions to the needs of the individuals. For example, the disabled Advocate would not give group presentations to people with learning disabilities or mental impairments. Instead they carried out one-to-one sessions with them and used plain English without giving them too much information at any one time. However, when the Advocate was presenting to visually impaired people they were able to give group presentations but included more props to hand around to the group to engage them more in the talk. This was, in the researchers' opinion, a good example of the Advocate understanding the needs of the clients and tailoring the talk to their specific needs.

The list below presents the different methods the Advocates used to present their information to specific target groups. However, the way in which they presented this information varied depending on the target audience. For example:

- The BME Advocates noted that if they were talking to women they would focus around more domestic issues (such as cooking) and noted that they would have to be sensitive to differences in cultures such as religious celebrations

- The elderly Advocates would quite often use fire statistics or use real life examples to communicate the fire safety message effectively to elderly people. However, the elderly Advocates quite often had Elderly people who had sensory impairments and in these instances would either do one-to-one sessions with individuals or would use props as part of the talk for those with visual impairments so they can feel and engage more with the presentation

- The drugs and alcohol Advocate found that one-to-one talks were more effective than group talks

- The young person's Advocate used a lot of visual aides when talking to young people and used a youth bus to access the youth that potentially did not go to school and therefore missed any fire safety education that was given at school

- The disabled Advocates had to tailor their talks depending on who they were speaking to and they had to provide fire safety material that was accessible to people who were visually impaired. The disabled Advocates also noted that when talking to people with mental impairments including learning disabilities the best way to talk to them was on a one-to-one basis and to use plain English.

Table 23: Methods of communication used by Advocates	
Advocate	**Communication methods/techniques**
BME	• The BME Advocate Delivered presentations in the appropriate language. • The BME Advocate found that to engage effectively with some BME women it was important to **discuss more domestic issues** (eg cooking) that were related to fire safety that had relevance to their everyday life. • The Advocate highlighted that **different cultures prepared their food** in different ways and that it was important to highlight the different dangers depending on the ethnicity of the person. For example, one member of the group noted that one woman used to cook large numbers of samosas in a wok full of cooking oil. The BME Advocate highlighted the dangers of this and suggested an alternative method of cooking. • The BME Advocate also highlighted the importance of being aware of **differences in culture** and the need to be sensitive to these whilst still conveying the fire safety message effectively. • Some older members of certain BME groups were less receptive to ideas about fire safety and were suspicious of the BME Advocate. In these cases the Advocate noted that it was important not to be timid and to ideally mirror how the person was towards them. Therefore, if the client was an extrovert character the Advocate should have mirrored this and have been extrovert and likewise if the client was introvert the Advocate should not have been too extrovert when talking to them.

Table 23: Methods of communication used by Advocates *(continued)*	
Advocate	**Communication methods/techniques**
Elderly	• The elderly Advocates reported developing scenarios with the **crucial crew** to highlight some of the common fire hazards in the home. • Audiences with elderly people could involve people with hearing impairments and visual impairments. It was noted that therefore careful consideration needs to take place to ensure that audiences are able to fully engage with the Advocate. The Advocates had carried out **one-to-one sessions** with people with hearing impairments to enable the elderly person to lip-read. • One elderly Advocate had to give a presentation to visually impaired people. During this presentation the Advocate used a **fire fighter dressed in full Personal Protective Equipment** (PPE) who came to a presentation so the visually impaired people could get more involved in the presentation and gain an understanding of what fire fighters looked like in their full PPE – it was thought that this would be a good method of engaging with the audience and would hopefully have helped the talk remain in the forefront of people's minds. • One technique used to communicate with elderly people was to present **real life examples** to them. The Advocate thought that in her experience Elderly people responded well to real life examples. • During HFRCs one Advocate made a point of asking the **elderly person how they wished to be addressed** throughout the HFRC process. It was thought by the Advocate that this made the resident feel more comfortable and in some cases more respected and consequently were more receptive of the fire safety advice being provided. • Explaining the **fire statistics** in the opinion of the Advocates can be an effective method of communicating the importance of fire safety to the elderly.
Drugs and alcohol	• **One-to-one verbal communication** was thought to be the most effective method of communicating with people with substance dependencies. It was thought this was the case because the majority of those the Advocate came into contact with were illiterate. • During talks with substance misusers the Advocate noted that they **highlighted the dangers** that they were not only putting themselves in but others and those around them.

Table 23: Methods of communication used by Advocates *(continued)*	
Advocate	**Communication methods/techniques**
Young persons	• It was noted that **Visual aides** were a good way of communicating with young people because they could be more attention grabbing than words alone and could demonstrate the consequences of a dwelling fire. • The young person's Advocate made use of the **Youth Bus** to go into the Neighbourhoods where the 'hard to reach' youth were. • The Advocate was able to approach the youth on their level and worked at **building a rapport** with the youth. This was felt to be effective from the perspective of the partnering organisation and the Advocate.
Disabled/ sensory impairments	• The Advocate ensured that fire safety **material was accessible** for those with visual impairments such as providing fire safety information in **talking magazines** or for those who had hearing impairments ensuring that all National Fire Adverts on the Television had **subtitles or a signer**. • For those with learning disabilities or mental health problems the Advocate found **one-to-one sessions** more effective, as the Advocate was able to check whether s/he had been understood by **speaking in plain English**.

5.3.5 Providing HFRC support

From discussions with Advocates, their partners and the FRSs it was clear that the Advocates did support the HFRC process. The Advocates as mentioned previously in this report were responsible for identifying and setting up key partnerships within the community as a way of targeting the most at risk and vulnerable sections of community. One of the main reasons for setting up the partnerships was for the partners to refer people they considered to be at risk from having a fire to the FRS to have a HFRC. Therefore the Advocates were integral in identifying and setting up the correct partnerships with organisations who were actively working in the most at risk and in vulnerable people's home.

Once a referral came into the FRS it was usually dealt with using their standard process of setting up appointments for HFRCs with the resident. At this point the FRS may have highlighted the need for further assistance with the HFRC if it was an unusual case. This was when the Advocates would become involved in HFRCs. Some of the Advocates noted that they attended HFRCs together with a fire officer in certain cases. In particular one of the elderly Advocates noted that she often carried out HFRCs. It was indicated that having two male fire fighters turn up on the door step of an elderly person's house could be quite intimidating for the resident. Therefore, having the elderly Advocate present with only one fire fighter was thought less intimidating.

However, not all Advocates actively carried HFRCs. In fact one of the BME Advocates noted how his job role was changing from being more 'hands on' to more of a co-ordination role. He said that he would still be involved in identifying key partners and setting those up, but would not be delivering the talks in the future; instead these talks would be delivered by others. He did note however, that he would be involved in preparing presentation material for others to present at BME groups.

Another type of support the elderly Advocates noted was called 'cause for concern'. These were referrals that came from the Social Services that highlighted the most at risk people who needed almost immediate attention. For example, 'bed packs' may be needed such as flame retardant bedding. When these were needed the Advocate would respond almost immediately and take whatever was needed to the resident.

5.4 Summary of role and impact of Advocates

Role of Advocates
The role of Advocates can be divided into three main activities, including:

- Developing partnerships

- Giving presentations

- Providing HFRC support.

The reason Advocates had been employed to access the 'hard to reach' groups was as follows:

- The Advocates were members of the 'hard to reach' groups themselves

- The Advocates had been working with the target group for several years prior to working with the FRS therefore would be able to set up key partnerships quickly and efficiently.

Partnership working
Advocates provided a valuable role in identifying appropriate partners and enabling the FRS to work with them.

Successful partnerships
This research together with a parallel study into HFRCs identified three factors that contribute to a successful working partnership:

- The partners already actively go into the homes of the most vulnerable and 'hard to reach'

- A formal agreement is set up between the FRS and the partnering organisation to agree what is expected from each partner

- The relationship between the FRS and the partnering organisation should be two way.

Challenges and lessons learnt in partnership working

There were very few problems in partnership working noted by either the Advocates or the partnering organisations. Those that were mentioned were minor problems that had been overcome. However, one of the partners raised an issue regarding data protection; but, they were able to get around this issue by asking permission of the person they would be referring to the FRS.

Evidence of Advocates work

Some key points were that:

- There was positive feedback from attendees of advocate presentations about the Advocates talks

- The selection by Advocates of people to benefit from their talks was not appropriate in all cases, in the researchers' opinion

- The Advocates clearly tailored their communication methods to each audience, however, it was noted by the BME group that they thought they would have benefited from their talk being in their language

- There was at least one example of irrelevant information being presented in the case of the Advocated elderly group

- There was some evidence that attendees of some groups had improved knowledge of fire precautions from attending the talk.

Thus, the evidence on their impact is mixed and offers 'lessons learnt' for improving the work of Advocates.

Chapter 6

Conclusions and recommendations

6.1 Perception of fire risk

The perception of the risk posed by fire in the home varies (from being highly to lowly ranked) between people according to their subjective assessment of their vulnerability, level of care and protection, the potentially fatal consequences as well as affective features such as the perceived level of control over the risk and its predictability. The researchers' interpretation of the feedback was that attendees' judgement of the risk, whilst subjective and qualitative, was reasoned. There appeared to be a reasonable level of association between peoples' self-appraisal of these factors and their characteristics, such that people who are at risk due to physical impairments or behaviours such as smoking and drinking alcohol judge that these factors place them at greater risk. This concern may be associated with people taking precautions and adopting coping strategies that lead them to feel they manage the risk and therefore reduce the risk.

These and other findings suggested that people may best be segmented (for sake of fire safety advice) according to lifestyle/lifestage, household type (eg family vs. single), vulnerability and attitudinal characteristics (eg concerned vs. unconcerned) rather than simple age or ethnicity categories. Peoples' attitudes appeared to be associated to a higher degree with the former factors rather than ethnicity or age, etc. with wide variation in perceptions within the groups included in this research.

However, the expressed level of concern may not be matched by a proportionate level of precautions. For example, people responsible for others, such as children, display a higher level of concern for taking precautions than single persons or people who display a lower level of self care. In addition, the adoption of fire precautions is varied and in some cases limited, for example not having alarms or fire escape plans, and examples of people disabling alarms.

In addition, it appeared that many attendees judge that they already take a reasonable level of precautions which may contribute to a lack of proaction regarding seeking out advice and a view that experiencing a fire or hearing of one would prompt them to seek advice. It can be suggested that many attendees feel that the task for the FRS is one of prompting them to take advice on what additional precautions they could take.

Finally, it was suggested that the risk of fire can be 'at the back of peoples' minds, especially as it is not highly featured in national media. This combined with attendees feedback that national fire safety adverts are effective, to lead to an expressed need for further and continued national, as well as local, fire safety promotion. The finding that the level of media coverage influences the perception of fire risk (especially where it is not covered in the news for example, and where personal experience is intermittent) indicated a need for repeated activity aimed at maintaining awareness of the risk. Whilst this could take the form of adverts, the expressed need to maintain the profile of fire in the national and local media also indicates a role for PR style activity, such as placement of articles and radio editorials tailored to the needs of each group.

6.2 Comparison with points arising from the review of literature

The findings from focus groups were consistent with the following aspects of the review of previous research and risk perception studies, as per Appendix A:

- People should not be segmented into 'simple' groups by factors such as age –for example previous work (Andrew Irving Associates, 2006) suggested that elderly persons need to be segmented into 'young at hearts' who remain fit and able minded and less able elderly persons, and that the 'young at hearts' identify with over 50's, rather than over 60's

- The propensity to adopt precautions may be influenced by social pressures, such as, the belief that every responsible parent should have one – this is consistent with the focus groups view that people are most influenced by friends and family

- The focus group finding that personal experience, or hearing about a fire heightens perceived risk is consistent with previous research suggesting that media coverage will raise risk perceptions

- Communication may need to make people aware that their personal experience (ie lack of a serious incident) may be misleading and that incidents do happen to people 'like them' –this is consistent with some of the views expressed by focus groups and their recommendation of adverts to raise awareness of the risk

- That 'real life' stories resonate well with elderly people

- To avoid citing issues such as, chip pans, if the intended audience do not see themselves as chip pan users

- Communications aimed at raising awareness of risk need to be repeated frequently enough to maintain a vivid and easily recalled image of the risk.

The review of risk perception and communication work again, reinforced the need for the messenger to be identified with by the audience.

The review of previous research raised another key point that may require some of the focus group feedback to be carefully interpreted. In particular, research on risk communication indicated that:

- Messages need to empower people and avoid making them feel 'fatalistic' or powerless

- Messages may need to encourage coping strategies amongst people who engage in high risk behaviours.

The focus groups suggested the use of 'shock tactics' to gain attention and raise the level of concern. However, the research as noted above suggests that care must be taken when interpreting this information.

Therefore, the focus group suggestion of 'shock tactics' may be interpreted as a need for clear visual and auditory images that convey the nature of the risk, but where the message clearly indicates how the risk can be managed by practical actions.

In addition the previous research into for example driving by people with age related impairments, also highlights the option of promoting 'coping strategies'. A number of focus groups mentioned that they adopted what we can define as coping strategies such as smoking outside or buying takeaway food after visiting a pub rather than cooking at home. This leads to the option of promoting a wider range of coping behaviours amongst people that participate in 'risky' activities such as smoking and drinking alcohol.

Finally, risk communication research suggests that the risk of fire should be expressed as a frequency, such as the number of deaths per year, rather than as a probability. The focus groups did not touch on this point.

6.3 Ideas for CFS

Many of the suggestions for fire safety promotion activities are similar to current work and thereby provide some evidence of their validity, such as adverts showing causes of fire, face to face work (such as HFRCs) and T.V. adverts encouraging checking of smoke alarms. Indeed, the finding that having or hearing of a fire is the most commonly cited prompt for seeking advice provides strong support for the practice of 'Hot Strikes' where FRSs offer HFRCs in areas that have just experienced a fire.

The feedback from the focus groups, Advocates, partner organisations and previous research introduces some new ideas as well as reinforcing some concepts. These ideas could be drawn on in national and local Fire Safety promotion work, such as national fire safety adverts and local fire safety presentations and Fire Safety Advocate presentations. These are noted below.

Tailoring (personalising) the message and its image to the target audience

Each element of this research (focus groups, previous research and Advocate feedback) indicated that promotional work is most effective when the message and the associated image can be identified with by the audience and addresses issues that are perceived as specific to them, ie it is personalised to them.

In order for people to be able to identify with the message, the people featured in it need to be similar to the target audience, the causes of the fire need to be pertinent to their behaviours and the precautions need to be seen to be practical. For example, messages aimed at elderly people need to distinguish between 'aged' persons and 'young at heart' people. Causes such as chip pan fires may not relevant to groups who do not cook or do not use chip pans. The focus groups have cited some examples of specific scenarios that could be used to target 'people like them' and the specific attitudes of these people (such as single men failing to listen to advice).

The need for people to be able to identify with the messenger leads to a preference for 'every day people' or victims of fire to be featured rather than celebrities. The other favoured category is Fire Officers as they are viewed as the experts and to be authoritative.

It was also apparent that care must be taken when segmenting people by factors such as age and ethnicity. The findings of this study suggest that it may be more appropriate to segment people by factors such as:

- Lifestyle – eg smoking and alcohol consumption
- Physical and mental condition
- Level of care and self-protection
- Household size and composition.

Attitudes and behaviours appeared to vary between people in groups such as BME and elderly according to these factors. Therefore, for them to identify with the message, it needs to reflect these factors rather than an, for example, image of an aged person that older but agile people do not identify with.

Finally, the locations of 'messages' suggested by focus groups tend to reflect their particular lifestyle, such as radio for visually impaired, advertising during children's television time for families versus on Sky Sports for single men.

Friends and family

The suggestion that people are most influenced by friends and family leads to the question of whether fire safety strategy can be developed to capitalise on this finding. For example:

- Adverts that encourage friends and family to encourage peers to adopt fire precautions

- Fire safety talks, such as in community centres or at fire safety stands (eg in shopping malls), that encourage people to advise and support their friends and family to adopt fire precautions (eg communicating with younger persons so as to persuade them to prompt their parents to have a smoke alarm).

Coping strategies

Focus groups cite a range of 'coping strategies' for managing risk posed by 'risky' behaviours, such as smoking and drinking. These could be considered for inclusion in fire safety promotion work, such as:

- Smoking outside the home and using water to extinguish cigarettes

- Not cooking whilst under the influence of alcohol

- Using deep fat fryers instead of chip pans.

Vivid imagery and empowering people

Focus group attendees advocated the use of 'shock tactics' to gain attention. The researchers argue that this suggestion needs to be carefully interpreted. Some research indicates shocking images may lead people to feel that the risk is unmanageable and people can become 'accustomed' to such images.

Our review of previous research and interpretation of this point of feedback, leads us to suggest that promotional work needs to:

- Convey the sense of fire by using visual and auditory material; and at the same time

- Empower people by showing them how they can practically prevent and respond to fires – to ensure that 'shocking' imagery does not make them fatalistic or feel unable to control fire risk.

Whilst there may be a case for showing fatal consequences to trigger concern, the message must also empower people to take preventive action.

6.4 Role of Advocates

There was a reasonable level of subjective evidence that Advocates play an effective role in fire safety, particularly by:

- Facilitating partnership working between the FRS and organisations such as Age Concern

- Developing fire safety tactics, communication techniques and material that address specific issues and needs of sections of the community

- Directly participating in fire safety work such as HFRCs and fire safety presentations, where people have specific or special issues and needs.

This research also suggested that:

- The targeting of Advocates work needs to effectively focus on those most at risk, perhaps by more discriminating categorisation and selection of recipients of their work

- The conduct of their work is audited and evaluated by FRSs, as with all aspects of fire safety work

- The tailoring of the content of Advocates talks to their audience is further developed to ensure the issues are relevant to the specific audiences.

The feedback from partner organisations supported the opinions expressed by FRS employed Advocates.

6.5 Structured approach to targeting fire safety information

These findings suggested that a systematic approach to the promotion of fire safety would have the following features:

- Segmenting people into discrete groups according to their vulnerability, lifestyle (eg smoking and drinking), household type (family vs. single) and attitude to fire risk (eg concerned vs. unconcerned, self-confident vs. welcoming support)

- Understanding the 'a priori' level of knowledge of fire and precautions, the groups attitude to fire safety and attitude to seeking or receiving advice

- Identifying the particular fire safety issues and attitudes to be addressed for that group, such as encouraging single men to accept advice, messages advising on coping behaviours for people who smoke and drink, and advising aged persons on effective fire escape plans

- Identify the channel through which to communicate with people, such as one to one for disabled people, radio or talking magazines for visually impaired, community centres for drugs and alcohol groups etc

- Developing communications materials and tactics that match individuals' needs, such as auditory and tactile materials for visually impaired people

- Using messengers and images that the specific audience can identify with and who they accept as an authoritative source of advice;

- Evaluating the effectiveness of the strategy, revising it in light of actual experience

- Repeating fire safety promotional work with sufficient frequency to maintain awareness.

6.6 Recommendations

These findings led to the development of the following recommendations:

Recommendation 1

Fire safety messages should be tailored to the issues of concern to each section of the community and use an image(s) that they can identify with. For example, messages aimed at elderly (non-smoking) people who still cook should include cooking related risks whilst messages aimed at adult smokers should include smoking risks. Moreover, the image of elderly people should match the audience, such as using 'young at heart' images for old but agile persons, and images of more aged persons for older persons suffering age related impairments.

Recommendation 2

Fire safety messages, both national and local, should be repeated with sufficient frequency to maintain awareness of fire as an issue and of key fire safety precautions. The perception of fire risk is influenced by the extent to which fire is cited in the media, particularly as many people do not experience fires. This may include national TV and local media exposure, such as local radio.

Recommendation 3

Previous and current research has only examined parts of the UK population and so cannot provide a comprehensive attitudinal segmentation. Therefore, the segmentation of UK population into discrete segments, each with a similar set of attitudes towards fire safety, should be completed, to support further development of targeted fire safety messages.

Recommendation 4

The feedback from the FRSs included in this study indicated that they had each developed some targeted fire safety messages for some sections of the community but not all sections. Therefore, the development and implementation of targeted fire safety messages, tailored to address the issues of specific sections of the community, should be further progressed at local FRS as well as national level, drawing on options such as local radio, partnerships, road shows and so on.

Recommendation 5

There was evidence in this study that Community Fire Safety Advocates can perform a range of useful roles, including:

- Facilitating FRS partnership working with other agencies, such as identifying potential partners, exploring the role of the partner and agreeing partnership arrangements

- Helping FRSs develop fire safety materials that match the needs of targeted sections of the community, such as helping FRSs understand the attitudes of people and how best to communicate with them

- Participating in the conduct of fire safety activities such as presentations to members of the public, helping to conduct HFRCs, specialist needs assessment such as for disabled persons and so on.

Recommendation 6

The next round of Local Area Agreements places an even greater focus on partnership working. Therefore, looking ahead, FRS could consider expanding the role of Advocates in the context of Local Strategic Partnerships (LSPs) and forming Local Area Agreements (LAAs), such as:

- Identifying how FRSs may help achieve the LSP targets that fall outside of the FRSs core areas of fire and RTCs, such as smoking cessation

- Helping the FRS negotiate their role within LAAs.

Recommendation 7

The evidence on the impact of Advocates from this study was mixed, for example, the choice of people to target was not always appropriate and in at least one case there was little evidence of effective partnership working. Also, this study was limited to a small number of Advocates and a small amount of Advocates' work. Therefore, FRS should collect data on Advocate activities, such as amount of time spent on Advocate work, number of Advocates, date first involved, number of HFRCs secured by Advocates referrals, to support future evaluation of the impact of Advocates' work.

> **Recommendation 8**
>
> The role and impact of Advocates as well as their working arrangements are relatively new. Therefore, FRS should share examples of best practice and lessons learnt regarding Community Fire Safety Advocates, perhaps via Chief Fire Officers Association (CFOA) or other FRS organisation.

6.7 Further research

Testing alternative fire safety messages
This research study relied on subjective evidence and was limited to generating suggestions for fire safety messages, rather than testing the effectiveness of these suggestions. Further research could build on this study by testing the emerging ideas, such as comparing the effect of:

- General fire safety messages against messages tailored to a specific audience

- Messages that use, for example, victims of fire, Fire Officers, celebrities versus 'every day people'

- 'Shock tactics' with other formats, such as more educational messages.

Encouraging 'careful' people to do more
Given that many people express the view that they already took a reasonable level of care, further research could also explore the effectiveness of trying to present information on a larger set of fire precautions, and/ or explore how to help people assess whether their current precautions are adequate. As part of this research it could explore how best to engage people who view themselves as careful and responsible, so as to encourage them to take additional precautions.

Frequency of promotional work
The research suggested that fire safety promotion work needs to be repeated in order to maintain awareness. Further research could explore what frequency is needed to maintain awareness and standards of self protection, such as how often might HFRCs and/or national adverts regarding smoke alarms is needed?

Segmenting people according to fire safety attitudes
If it is accepted that people can best be segmented (for sake of designing and targeting fire safety promotional material) by factors such as lifestyle as well as vulnerability, further research could aim to develop a more comprehensive typology of people, in respect of attitudes towards fire risk.

Further evaluation of Advocates

As this was a relatively small-scale study that used a small number of focus groups, further evaluation is needed to develop a stronger evidence base regarding the impact of Advocates, such as by conducting a larger scale survey of people and/or partner organisations who have and have not benefited from working with Advocates.

Chapter 7

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Chapter 8

Appendix A: Psychology of risk

8.1 Introduction

A brief review of fire safety and risk perception work was completed to guide the development of research tools. The review covered:

- Previous fire safety attitudinal research

- Psychological research on risk perception

- Risk communication research.

8.2 Previous fire safety attitudinal research

Attitudes to risk of fire in the home
Previous surveys have indicated that fewer people consider the risk from fire in their homes to be high. The 2006 Communities and Local Government awareness and tracking research[7] (which interviewed 10000 people in a structured sample) found;

- Over a fifth 'did not even think about the potential risk of fire'

- 15% took 'every possible precaution'

- A third had considered the risk of fire recently (this is not a ranking of risks).

They noted that 5% of responding households had experienced a fire, where the Fire Brigade was called out, with 12% stating they had experienced a fire in the home at some time.

However, this does stand in contrast to a study in Germany by Plapp and Werner (2006) who found from a survey of 1,950 residents that:

- House fire was ranked second in a list of 16 hazards, (in order), (AIDS, house fire, ozone layer damage, earthquake, smoking, pollution, nuclear energy, flood, economic crisis, GM food, car driving, alcohol, windstorm, EM pollution, skiing and flying)

- Respondents presented clear, coherent and plausible concepts of risk.

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[7] Andrew Irving Associates. Fire safety: Public attitudes, awareness and behaviour tracking research. Research findings, November 2006. Report prepared for Communities and Local Government.

Reasons for disabling alarms

The Child Health Research Policy Unit, as part of a randomised controlled trial of a smoke alarm campaign, explored the reasons for disabling alarms[8]. They found that despite having a high sense of risk from fire and seeing alarms as beneficial, people disabled alarms due to:

- Recurring false alarms (mainly cooking related)

- Difficulty in reaching alarms to maintain them

- A lack of understanding of how they worked (how to turn them off when there is a false alarm).

A similar finding was reported in the US where nearly half of inoperable smoke alarms were attributed to nuisance alarms.

Socio-demographic factors and fire safety behaviours

Previous fire safety research monitored and tracked fire safety behaviours and found that there were some differences according to social class, ethnicity, age and sex. For example, the aforementioned Communities and Local Government tracking survey work indicated that, taking smoke alarm ownership as an example:

- Women were slightly more likely to report having a smoke alarm than men – 93% to 91%

- 88% of single people had an alarm, versus 95% for married/co-habiting couples and 96% for people with children in the house

- 91% of people aged over 55 had a smoke alarm, versus 93% of persons aged 18 to 54

- 90% of social class DE had a smoke alarm, versus 93%+ for social classes C2, C1 and AB[9]

- 88% of BME respondents have a smoke alarm, versus 92% of the total sample.

- A similar pattern of results were found for the checking of smoke alarms.

Thus, whilst there were some socio-demographic differences in fire safety precautions, they were not large. The 2006 Survey of English Housing[10] notes that low income households are more prone to have a fire.

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[8] Guiseppi C. et al, Let's get alarmed – A randomised controlled trial of smoke alarms in local authority inner city housing. www.city. ac.uk/chrpu/projects/alarmed.html

[9] Social classes are divided into categories AB, C1, C2, D and E according to the individuals' occupation, where AB refers to Managerial and professional C1 is supervisory or clerical, C2 is skilled manual labour, D is semi skilled and E is unskilled.

[10] http://www.communities.gov.uk/index.asp?id=1002882&PressNoticeID=2066

Perception of risk and fire safety behaviour

As noted in Wright et al (2004), some previous tracking surveys suggest that the perception of risk does not appear to associate strongly with fire safety activities. For example:

- 16 to 24 year olds, had a higher perception of being at risk from fire in the home, but a lower ownership of fire prevention aids

- Cigarette smokers perceive themselves to be at higher risk, but have a lower ownership of fire prevention aids

- Owners of smoke detectors had the lowest perception of being at risk from fire.

The more recent tracking research by Andrew Irving Associates also found that male cigarette smokers were less likely to have a smoke alarm than Non-smokers.

However, there has been other work carried out which indicates a link between fire risk perception and precautions. In particular, Yang et al (2006) found in a survey of 691 rural households in the US that:

- Residents who perceived the risk as high or very high had 3.5 times, greater odds of having a fire escape plan and 5.5 greater odds of discussion or practicing their plan.

Whilst the study was completed in the US and only considers rural households, it does provide evidence of a link between risk perceptions and, in this case, having a fire escape plan. As with all overseas research, the relevance to the UK would need to be validated.

Fire safety attitudinal research

Feedback on the impact of previous national fire safety campaigns, as reported in Wright et al (2004), cited some subjective reasons for not taking additional fire precautions:

- "I am more careful than others"

- Denying it could happen to them as they have not experienced it

- It is not the resident's responsibility to implement fire precautions, eg the resident is a tenant who feels it is the landlord's responsibility to implement fire safety precautions.

Fire safety attitudes of older people

A 2002 study by Andrew Irving Associates for ODPM explored older persons' attitudes towards fire risk using eight mini-group discussions. They found that:

- Fire safety issues tend to be less immediately top of mind than the need to protect their homes from intruders, especially given the preponderance of media reports of crime against the person

- A 'que sera' philosophy towards the future, ie where people do not care about whether they live longer

- A belief that they have taken enough precautions against fire

- When smoke alarms are positioned incorrectly and where they sound at inconvenient times this can lead to them being disabled

- Maintenance of alarms is haphazard and dependent on friends and family

- Persons in bungalows perceived themselves to be at lower risk

- Respondents who lack an alarm either 'have not got around to it' or do not see the need for it, as they do not smoke, etc.

It also noted that many people in this age group do not regard themselves to be old or aged and resist any suggestion that getting older implies increased disability. They were also reluctant to admit that the risk from fire may increase as they get older. The report segmented respondents into 'the more fit and careful', 'the less agile, more elderly' and 'those with more limited mobility or disability'.

BMEs included in the study had similar opinions.

It was suggested that positioning communications at people aged over 50 is more likely to attract support than more age specific targeting. In addition to this:

- Visual images of frail elderly persons were likely to distance many in this age group

- Visual images such as chip pans may not engage older persons who no longer use them.

8.3 Risk perception

8.3.1 Introduction
Understanding risk perceptions is a critical part of communicating about risks and developing an effective risk communication strategy. Having developed an understanding of attitudes, work can turn to developing appropriate 'messages' or interventions that address the attitudes that underlie unsafe behaviours.

Risk perception is the subjective judgement that people make about the characteristics and severity of a risk. The term subjective risk perception emphasises the point that such assessment is based on experience and available information rather than reliable data and models, and is accordingly intuitive and partly 'unconscious'. A large body of psychological research has explored the factors that influence risk perceptions. The research has indicated that how people perceive or view a risk is influenced by many factors including:

- Cognitive processes (how we think and process information)
- Affective processes (emotional reactions and needs)
- Experiential learning
- Culture and belief systems.

The cultural dimension to perception touches upon the role of social processes in influencing value judgements.

The importance of risk perception in individuals' behaviour is indicated by a number of studies such as:

- Prata et al (2006) found that condom use was twice as high amongst Mozambique men and women who correctly assessed their risk from HIV, than amongst those who under estimated the risk

- Studies of adolescent smokers have found that those who smoked or intended to smoke, estimated their chance of negative outcomes lower, their chance of addiction less and the physical and social benefits higher than those adolescents who did not smoke nor intended to so (Halpern-Felsher et al 2004)

- Adolescents' false belief that smoking "light cigarettes" reduces the risk was associated with underestimation of the risk of smoking and greater propensity to smoke (Kropp and Halpern-Felsher 2004)

- Self-efficacy (a person's belief in their ability to control their future) is reported to be a major predictor of intentions to engage in health related behaviours and actual behavioural change (Hyde 2006)

- In the case of BSE, social research (as summarised in Wright et al 2006) found that people could be placed into three broad categories:
  - Fatalists: people who consumed large amounts of beef, regarded themselves to already have a high exposure and did not see any benefit from reducing consumption
  - Low risk: People who had very low consumption of beef, regarded risk to be low and hence little need to reduce consumption
  - Moderate consumers: people who ate a moderate amount of beef, regarded risk to be something they could influence by varying their consumption of beef.

A few studies have sought to statistically test the relative influence of these models of risk perception. They tended to find that, whilst a large proportion of variance in risk perceptions was explained by cited factors, a majority remained unexplained, for example:

- Plapp and Werner (2006) developed a regression model where 40% of variance in risk perceptions of natural hazards was explained by perceived personal risk, fear evoked by the risk, familiarity, likelihood of death and frequency

- Sjoberg (2000) reported that the psychometric model of risk perception (ie cognitive theory) explained around 20% of variance, cultural theory explains 10% to 15% of variance whilst models that include attitude and risk sensitivity explained over 30 to 40%.

Thus, whilst risk perceptions do appear to influence behaviours, it is apparent that a large proportion of variance between peoples' risk perception remains unexplained and that no single model fully explains risk perceptions. Therefore, whilst it may not identify all potential factors, the following summary of risk perception, serves the purpose of highlighting potential factors.

It is also pertinent to note that few studies have focused on fire risk in the home. Therefore, this summary serves the purpose of highlighting issues for research, rather than providing an explanation of fire risk perceptions.

8.3.2 Cognitive theory

One line of research has developed and explored the way in which people use 'heuristics' to process information. In psychology, heuristics are simple 'rules of thumb' that people use to make decisions, come to judgments and solve problems. As people have a limited ability to process information, they need to be selective in what they attend to and remember. Whilst these heuristics are useful in enabling quick judgements and decision making with incomplete information, they can also lead to inaccurate judgements and biases.

Early psychometric research (Kahneman and Tversky 1972). This research performed a series of gambling experiments to see how people evaluated probabilities, found that people use a number of heuristics to evaluate probability and risk such as:

- The Availability heuristic: events that can easily be brought to mind or imagined are judged to be more likely than events that could not easily be imagined. Consequently, events that have had media coverage or have occurred recently may be judged to be more likely than other events

- The Anchoring heuristic: people will rely overly on one piece of information, such as basing their assessment only on the level of news about a risk in the mass media rather than also considering (for example) their own experience of a risk

- Asymmetry between gains and losses: People are risk averse with respect to gains, preferring a sure thing over a gamble with a higher expected utility, but which presents the possibility of getting nothing. On the other hand, people will be 'risk-seeking' about losses, preferring to hope for the chance of losing nothing, rather than taking a sure, but smaller, loss (eg insurance)

- Threshold effects: People prefer to move from uncertainty to certainty, over making a similar gain in certainty, which does not lead to full certainty. For example, most people would choose a vaccine that reduces the incidence of disease A from 10% to 0%, over one that reduces the incidence of disease B from 20% to 10%.

This line of work goes on to highlight other factors that can influence probability judgements, including:

- 'Framing', the way in which the information is presented can influence the perceived risk, such as, whether something is 95% fat free or has 5% fat

- Repetition: If information is repeated, this may reinforce and even amplify perceptions

- Confirmation: If information or judgements are confirmed by similar persons, this can reinforce perceptions.

They go on to note, that if evidence of incidents, in the form of hearing about incidents is rare, then people may over generalise from this to judge the risk to be low. On the other hand, if people hear of incidents, they may over generalise in the other direction and judge risk to be high. Thus, where feedback about incidents is inconsistent and inaccurate (such as, with feedback via the media) this can contribute to misperceptions of risk.

Some recent work, as reported by Eiser (2004) has suggested that presenting information as frequencies (eg ten deaths a year) rather than probabilities (1 in 1 million people each year) better supports reasoning, as this corresponds more closely to how people build up expectations over time.

8.3.3 Affective and social factors
The affect heuristic is described by Eiser (2004), as:

- Where people rely on their immediate emotional reaction when forming judgements (as opposed to consciously judging information), ie is your first impression 'good' or 'bad'.

People often reject persuasive messages on the basis of 'affective heuristic' by focusing on peripheral aspects of the message, as opposed to any systematic consideration of the message. This may particularly occur where people feel that the issue is not personally relevant.

The basic premise is that a positive or negative feeling toward an activity causes judgements about risk, rather than the other way around. A general positive disposition toward a potentially hazardous activity is rationalised by assigning that activity positive 'scores' on dimensions such as benefit. Similarly, a negative disposition is assigned to hazardous activities that people avoid, again to rationalise that judgement.

Some factors which may influence the affective reaction to a risk include if the hazard is:

- Involuntary (such as, exposure to pollution) rather than voluntary (such as, dangerous sports or smoking)

- Inequitably distributed – some benefit while others suffer adverse consequences;

- Inescapable by taking personal precautions

- Arise from an unfamiliar source – such as new technology

- Result from man-made, rather than natural sources

- Causes hidden and irreversible damage, such as the onset of illness, many years after exposure

- Poses some particular danger to small children or pregnant women, or more generally, to future generations

- Threatens a form of death (or illness/injury) arousing particular dread

- Damage identifiable, rather than anonymous victims

- Poorly understood by science

- To affect specific groups, rather than random individuals.

Slovic and Weber (2002) found risks that are ranked higher in terms of 'dread', are perceived as posing greater risk.

Risks have 'fright factors', which may cause people to react with alarm, anxiety or anger. Conversely, you may need to work harder to raise the profile of risks that do not have 'fright factors'. For example, the risk of car driving may be perceived as low by persons who:

(1) feel they are in control of the risk

(2) have a high level of experience of driving, and;

(3) consider the nature of the potential harm to be 'normal'.

In contrast, the risk from radiation may be perceived as high by residents because:

(1) releases from nuclear plant are not under your control

(2) you are unfamiliar with the technology and the hazard , and;

(3) regard the nature of the injury (radiation sickness) as 'dreadful'.

Cognitive dissonance
The idea of affective reactions to risk, leads on to the notion of 'cognitive dissonance'. Cognitive dissonance is the perception of incompatibility between two thoughts or cognitions, such as; two emotions or beliefs. Cognitive dissonance is, in laymen's terms, the uncomfortable tension that comes from holding two conflicting thoughts at the same

time. It was developed in the context of cigarette smoking to help explain why people smoke, in the knowledge of the potential harm it causes. It suggests that people develop alternative beliefs, in order to reduce the amount of dissonance (conflict) between two conflicting beliefs and hence reduce the psychological discomfort of thinking you are behaving illogically. Thus, smokers (for example) may focus on examples of people who live to the age of 80 despite smoking and why they still smoke, despite evidence that it does pose as a serious risk.

Socially reinforced norms

The affective heuristic can also lead to certain activities being perceived as stigmatised through socially reinforced cultural truisms. Where an activity is held to be socially reprehensible, ie stigmatised, judgements about an activity will be 'pre-ordained' by social norms, rather than by any appraisal of the risk or benefits of it. For example, a person may regard (for example) driving whilst under the influence of alcohol as a reprehensible action because friends and family regard it to be morally wrong, despite thinking the risk of an accident is low.

8.3.4 Social and experiential learning theories

Experiential learning

Eiser (2004) provides a review of public perception of risk based on psychological theories of attitudes, decision-making, learning and social influences and how people make judgements under conditions of uncertainty. Some key points are summarised below.

Judgements are based on expectancies, derived from peoples' own experience and from information communicated to them. These expectancies can guide behaviour. If people expect an activity to be beneficial on balance, they will tend to engage in a particular behaviour or use a product. If they expect the activity to be damaging, they may avoid it.

These expectancies may be confirmed or contradicted by the consequences of decisions. For example, a person may avoid an activity because they perceive it as dangerous. Having avoided the activity they will not have the opportunity to discover, from experience, if their perception of the risk is correct. This can lead to 'false alarm' or risk averse behaviour, where people avoid an activity thinking it is risky despite lacking actual experience of the activity.

This is termed 'experiential learning' – learning from experience.

On the other hand, if you engage in an activity that you perceive as lower risk without adverse consequences, this can reinforce the judgement of low risk. However, experience may provide false evidence of risk, such as, where the harm is delayed (eg poor diet), or inconsistently experienced (such as dangerous driving). This false behaviour may lead to over-optimistic risk judgements.

In addition, people tend to interpret experience selectively and may interpret experience to fit with their prior beliefs.

Eiser goes on to suggest that attitudes about risk can be influenced by other people, especially friends who tend to share attitudes.

Temporal discounting and locus of control

Eiser (2004) also explores the phenomena of 'temporal discounting', where people attach less utility or importance to outcomes that may occur sometime in the distant future. He cites studies of, for example, people engaging in behaviours such as, smoking and extravagant spending due to the short term pleasure at the cost of later adverse affects.

A number of factors are thought to influence this tendency, including:

- Ambiguity between cause and effect, especially where the harm may only become apparent later

- Where the person lacks a clear understanding of the link between an activity and its outcomes

- Extent to which the person believes they can influence the future and future outcomes – if we do not believe we can influence future outcomes, this may discourage, avoiding behaviours that provide short term rewards at a long term risk.

The latter point is referred to 'locus of control'. Those people with internal locus of control, believe they have more personal control over events, where as people with external locus of control, believe their fate is in the hands of other people or chance. This may relate to:

- 'Self-efficacy', ones self-confidence in one's own ability to engage in activities

- Learned helplessness and powerlessness.

On the one hand, the experiences of some people may lead them to feel they can influence their future and that their future is predictable, whilst the experiences of other people may lead them to feel their future is beyond their control or unpredictable.

As previously noted, the issue of self-efficacy has been explored in the context of smoking cessation. Self-efficacy is reported to be a major predictor of intentions to engage in health related behaviours and actual behavioural change (Hyde 2006).

The role of ones' self judged to control hazards, was illustrated in a study by Plapp and Werner (2006) in a study of natural hazards. They found that hazards such as, storms and floods were rated high in part because:

- There was "little scope for action and response"

- Severe consequences

- They are caused by fate and are unpredictable.

Safety behaviour research

Safety behaviour research has explored the role of perceived costs and benefits of safe and unsafe behaviour. Costs may comprise additional time and effort to behave safely. Benefits of unsafe behaviour may be spending less time and effort on a task, social pleasure and psychological fulfilment/self esteem, such as satisfying alcohol dependency, 'comfort eating', etc. Studies have indicated that people can make a trade off between the perceived risk of unsafe behaviour and the social and other benefits of such behaviour, against the costs and benefits (less risk) of safe behaviour. Indeed, people can consciously take serious risks to fulfil 'thrill seeking' desires or self-harm in part, for the benefit of achieving peer approval.

8.3.5 Health belief psychology

Health psychology provides a body of research and advice on why people engage in unhealthy behaviours, resist health enhancing behaviours and how to encourage healthy behaviour, mainly in context of smoking, fitness, diet, sexual health and drugs/alcohol. A core focus is upon understanding the link between the appraisal of a health threat, psychological dependencies and motivation to engage in risk reducing behaviours. For example, a person's lack of self confidence may underlie a psychological need to smoke cigarettes and contribute to a psychological dependency on smoking. The person may judge the long term risk from smoking, to be outweighed by the short term psychological 'benefit'.

This line of work is described as 'value expectancy', which is a subjective form of cost benefit analysis. The individual weighs the expected benefits (social, physical, etc) of an action, against the perceived risk and the negative consequences of the options (of engaging or not engaging in the risky behaviour). This model highlights factors such as:

- Perceived barriers to precautionary action
- Health information (knowledge of the risks)
- Perceived severity of the risk
- Perceived vulnerability
- Perceived benefit of precautionary behaviour.

This line of work has prompted research into factors such as, self-efficacy and threat-related beliefs, which have been found to be important.

However, Weyman and Kelly (1999) report that research into this model provides mixed results, with some studies supporting its explanatory powers and others disputing it. The main concern being that social influences affect behaviour and that the value expectancy model overlooks this factor.

Also, whilst some research does indicate people are optimistic when they compare their vulnerability to other persons, this may be because people over estimate the risk exposure of other people, rather than under estimate their own risk. It may be due to a wish, to perceive one self as 'below average' in risk. This again highlights the role of social comparison in judgements, as opposed to individual value judgements.

8.3.6 Age and risk

A number of studies have explored the attitude of elderly persons to risk and risky behaviours, such as, car driving. Some pertinent points include:

- Elderly persons' decisions on whether or not to cease car driving is influenced by their desire for mobility and dependence on cars (Peel et al 2002) and is not necessarily influenced by their physical functioning (Vance et al 2006)

- Ball et al (1998) found that older persons with visual or attentional impairments were more likely to avoid difficult driving conditions, such as rain, as did those with 'at fault' car incidents

- Owsley et al (2003) found that education of older drivers, regarding their visual impairment and its impact of car safety, did lead to greater self-regulation of driving, ie less driving.

8.3.7 Alcohol and cigarette smoking

Alcohol

A significant minority of people who die in dwelling fires have been observed to have been under the influence of alcohol (FEMA 1999a). A number of potential associations can be envisaged:

- That alcohol impaired cognition leads to accidents, such as, leaving chip pans unattended

- That people who consume alcohol have a lower risk perception and therefore engage in more risky behaviours

- People with lower risk perceptions and risk taking preferences, engage in alcohol use and other risky behaviours

- People who engage in alcohol use, do so, due to other factors, such as, depression or anxiety and it is these factors that underlie unsafe behaviour or lack of self-care.

The deleterious effects of alcohol on cognition and physical functions are well known. Impaired judgement and physical incapacity may have a direct impact on fire risk, such as, being unable to respond to an alarm or falling asleep and dropping a cigarette. Alcohol also has a depressive effect that may contribute to lack of self care.

Some research indicates that the use of alcohol can diminish risk perceptions and contribute to risky behaviours, such as:

- Heavy alcohol use has been correlated with a tendency towards high risk sexual behaviour (Cooper 2002) and that alcohol reduces inhibitions and can diminish risk perception

- People who become intoxicated earlier in life, ie pre 19, believe they can drink more and still drive safely and legally (Hingson et al 2003).

Other research indicates that risk perceptions and attitudes to risk contribute to alcohol consumption and related risk taking behaviours:

- People with higher perceived risk are less likely to consume alcohol (Lundborg 2002)

- In a study of alcohol and injuries, it was found that injured persons were more likely to score high on risk taking/impulsiveness, sensation seeking and drinking (Cherpitel 1993)

- Self reported drinking behaviour is inversely related to perceived riskiness of drinking and drink driving – with women providing higher risk estimates (Agostinelli and Miller 1994)

- Aggressiveness is associated with drink driving and perceived safe and estimated legal alcohol limits, ie more aggressive people are likely to drink drive (Gulliver 2004)

- Attitudes and social factors are associated with avoidance of drink driving – friends and partners influence drink driving avoidance in high risk drivers (Nelson 1999)

- Greenberg and Morral (2004) examined the association between riskiness beliefs, social acceptability and immorality of driving under the influence of alcohol. They found that measures of moral, risk perceptions and peer group attitudes were associated with self-regulation of drink driving.

It has also been suggested that some people may 'justify' their alcohol consumption by reducing their judgement of the risk, a self-reinforcing cognition.

Thus, people with low risk perception and a propensity for novelty and a sense of adventure are more likely to engage in alcohol use and alcohol then reduces risk perceptions and inhibitions. Indeed:

- Cherpitel (1999) indicated that risk taking disposition may be a more important predictors of injury than drinking variables

- Watt et al (2004) found that when risk taking behaviour and substance use were considered, then changes in the effect of alcohol on risk of injury were observed, ie risk taking behaviour mediates the influence of alcohol on the risk of injury.

Cloninger (1987) presents a 2 type model of alcoholics:

- Type 1: Late onset of drinking, harm avoidance but low self control, high reward dependence – both sexes
- Type 2: Early onset of drinking related to novelty seeking, anti social personality, inability to abstain – typically male.

Both types may be more novelty seeking than Non-alcoholics.

This model highlights the potential role of novelty seeking attitudes, as well as, the factor of self-control.

The implication of this work is that people who consume alcohol may:

- Underestimate the risks of injury associated with intoxication
- Be willing to take risks and engage in novelty behaviour
- Be influenced by peer and social factors into/against engaging in risky behaviour.

The importance of drinking behaviour, situational factors and the impact of alcohol on risk from fire was highlighted in a US study (FEMA, 1999b). They observed that some countries with high alcohol consumption rates, such as Germany, have relatively low fire death rates. They suggested this was due to drinking patterns, for example:

- A lone drinker at home may be at greater risk than a social drinker in a public bar
- The number of drinks in any one sitting, may be a factor
- Chronic alcohol abusers are far more likely to suffer injury than occasional heavy drinkers.

Cigarette smoking
Cigarettes, or the careless discarding of them, is a significant cause of fires. As with alcohol, the association may be due to a number of reasons, such as:

- Cigarettes being an additional cause of ignition
- People who smoke exhibiting a general disregard for safety, due to lower risk perceptions or a propensity to engage in risky behaviours
- People who smoke also engage in other risky behaviours, such as, alcohol consumption.

A number of studies have explored the cigarette smokers' perception of the risks associated with smoking, finding:

- Smokers underestimated their relative risk compared to non smokers and compared to other smokers (Weinsten et al 2005)

- Evidence of denial of risk – smokers rate the risk lower than non smokers and rate their own risk lower still (Lee 1989)

- Smokers over estimate their ability to quit smoking (Jamieson 2004)

- Smokers who perceive the risk of smoking to be very high, are 4 times more likely to quit.

It is also reported that studies have shown smokers, are more inclined to engage in risk taking behaviour (FEMA 1999a or b), including binge drinking.

Some studies have also found that 'behavioural willingness' mediates the relation between risk perceptions and behaviour (Gerrard et al 2002), ie peoples' engaged in risky behaviour is influenced by their willingness, as well as, their risk perceptions.

Studies (Fisher, 2005) into the impact of youth smoking prevention schemes found that:

- Teens were uninterested in the short term consequences of smoking, such as, bad breath or cost

- The role models in the campaign did not resonate with the audience

- Teens did not respond well to humorous treatment of serious issues.

They found that campaigns which featured real people telling their stories resonated well, as the audience could identify with them and enabled them to adjust their risk perceptions and understanding of the impact of their behaviour on people.

Thus, there is some evidence to suggest that there is an association between prior risk perceptions and attitudes and the propensity to smoke, ie people who smoke under estimate risks and are willing to engage in risky behaviours.

8.4 Risk communication

Research in the field of risk communication (as reviewed by Weyman and Kelly, 1999) has also highlighted an important set of factors that influence the extent to which the 'message' is accepted. These include:

- Is the source trusted? For example, do members of the public trust government information on health risks or are they more likely to trust a health charity?

- Do the audience identify with the source? Is the messenger a scientist or a member of the community?

There is also a body of experience regarding the need to match the channel of communication to the needs of the audience. 'Interested' and highly educated persons may seek out information and listen to communications from sources such as, GPs surgeries. Disinterested people may not seek out information. In the latter case, the strategy tends to comprise 'going to' or reaching out to people, such as, by home visits, communicating at community events, communicating via organisations, which people already belong to. Research suggests, for example, that the channel is influenced by:

- Culture – some cultures favour face to face contact over written communication

- Level of 'a priori' interest – will they come to you or do you need to go to them

- Level of prior knowledge

- Size of the audience – is mass communication needed

- Visual vs. Alphanumeric Communication.

There is also a large body of work regarding how best to frame messages. For example, the language used in risk communication is very important, in terms of, what others might "hear you say".

- People often link the concept of "safety" with "zero risk" which, then conveys the message that "Non-zero risks are unsafe"

- The word "probable" meaning "likely to occur" can be misinterpreted when speaking about "low probability".

'Framing' refers to how information is presented. Any situation involving risk can be 'framed' in different ways and this can have a major, often unrealised, effect on the conclusions people will reach. For example:

- A glass can be presented as half full or half empty

- A cancer treatment can be presented in terms of 'chance of dying' or 'chance of survival' although the numbers have the same overall result.

Neither presentation is wrong but the presentation has been shown to influence people's choices. It has been shown, that people tend to make riskier choices, if all alternatives are framed, in terms of possible losses, but 'play safe' if choosing between alternative gains.

Research into public health promotion suggests that messages need to 'empower' people, provide practical advice that appears proportionate to the risk, raise awareness of risk and hazards without creating a sense of 'fatalism', etc. Moreover, the lessons learnt from previous campaigns, indicates that you should not map research into attitudes to recommendations in a 'simple linear' manner. Whilst understanding attitudes is an important contribution to public health and safety promotion, the message needs to be based on an understanding of how the message may be received and interpreted by the audience. If the recommended safety measures are perceived to be beyond the capability of the individual, they may take a 'fatalist' attitude to the risk and feel 'disempowered' rather than empowered to manage the risk. If the audience do not identify with the characterisation of the 'unsafe person', they may judge that the message does not apply to them.

8.5 Possible issues suggested by risk perception theory

The research questions raised by previous fire safety research and risk perception theory are outlined below in Table 24. The researchers have sought to encapsulate the type of message, using our judgement, suggested by each strand of research.

Care must be taken in the interpretation of the possible fire safety messages. The table presents those suggested by research. These messages have not necessarily been tested or proven to be effective. We would highlight in particular the option of 'shock images' as one whose effectiveness needs to be verified, as some research indicates that messages need to empower people and that care must be taken in not making people feel 'doomed'.

Table 24: Messages suggested by risk perception research	
Research question	**Possible fire safety message**
Availability bias – relative risk estimation To what extent is the perception of fire risk influenced by the degree of recent vivid imagery (in the media) or personal experience of fire? Is the risk from fire under or over played because imagery of other risks, such as crime. Are they more or less vivid and recent?	• Providing evocative images of recent fires on a frequent basis. • Providing memorable images of fire risks.

Table 24: Messages suggested by risk perception research *(continued)*	
Research question	**Possible fire safety message**
Familiarity Are people familiar or unfamiliar with the hazard of fire and hence more or less comfortable about the hazard?	Once a fire starts, it is hard to control. Show images that present new issues, such as, speed of fire growth.
Dread To what extent is the perception of fire heightened or reduced by the feeling, that it is more or less 'dreadful' mode of death, (ie painful burn injuries versus overcome in your sleep)?	Presenting images of that convey a 'dreadful' or shocking image of harm, done by fires.
Experiential learning To what extent do people think that, as they have not had a fire or heard of one amongst their peers, that the risk is low? To what extent do people think that, as they have engaged in risk behaviours, such as, smoking in beds or careless discarding of cigarettes, without harm, that the risk of fire from these behaviours are low?	Images that show that risky behaviours can sometimes cause harm, if not always. Stating the frequency of fires due to cited risky behaviours. Rhetorically asking 'why take the risk' or 'it could be you'.
Psychological time Do people judge fire risk to be higher because it can happen at any time, or do they feel that it is unlikely to happen soon and hence, there is no need to take precautions now?	Do not delay, a fire can happen tomorrow.
Knowledge of risks/health beliefs To what extent do people under or over estimate the frequency of fire and injury in the home? To what extent are people aware of the main causes of fire in the home and how fire can grow (eg the speed of fire growth)?	Present the frequency of fire per section of society. Explain the main causes of fires and fire injury.
Framing effects To what extent is the perception of risk influenced by the view that the rate of fire is low? Or, is it, there is awareness of hundreds of deaths per year?	Express the risk in terms of frequencies, such as: • 200 persons aged over 65 die each year in fires. This is a hypothetical example. Others could be produced for other age groups.

Table 24: Messages suggested by risk perception research *(continued)*	
Research question	**Possible fire safety message**
Subjective comparisons To what extent do people feel they are less at risk compared to other people, perhaps because they can conceptualise more frail or unsafe people than themselves?	Highlight behaviours that place you at risk and/or are causes of injuries. Ensure the images of victims are similar and identified with by the audience.
Perceived vulnerability To what extent do people feel they are vulnerable in the event of a fire, as opposed to being able to make their own escape?	Present images of people being unable to control a fire or escape from it (due to lack of planning) and thence, showing how to respond effectively. Must empower people at same time as indicting the risk, such as showing how the people could have escaped if they had, for example developed a fire escape plan or had a smoke alarm.
Control Is risk from fire in the home judged to be low because it is felt to be under the persons' control, or high because people feel they could not extinguish it (or may die in their sleep)? Do people feel unable to protect themselves because they are helpless?	Empower people by showing how they can control a risk.
Self-perception To what extent do people, such as elderly, resist fire safety behaviours due to wishing not to see themselves as vulnerable?	Highlight how careful people, like your audience, take precautions because they can. Ensure the images of victims are similar and identified with by the audience – the messenger must resonate with the audience (be one of them).
Cognitive dissonance To what extent do people justify, to themselves, not taking precautions (such as, not having an alarm) by saying they are not at risk from fire?	Do not fool yourself; you know it's a risk.

Table 24: Messages suggested by risk perception research *(continued)*	
Research question	**Possible fire safety message**
Self-efficacy To what extent of **precautionary** behaviour, such as, checking smoke alarms or smoking in bed, related to a sense of helplessness or inability to (for example) check a smoke alarm or respond to one?	Empower people by: • Showing them precautions they can take directly or by asking for help; • Showing how small precautions help, (eg if you smoke you can put it out).
Fatalism Do people feel fire in the home is an unpredictable event that they cannot control?	Show how fire is caused by peoples' behaviour and how you can prevent it.
Self-esteem To what extent do some people fail to take self-protective measures against fire, due to a lack of self-care, self-esteem or self-regard?	Communicating to people that they should value themselves, such as "You're worth it – every life is precious".
Social norms Is there resistance to fire safety behaviours due to social norms, such as young persons' nihilism, thrill seeking or anti-establishment attitudes?	Do what you think is right, do not be led by the crowd. Show images of groups of people realising fire precautions are sensible. Show image of people, the audience identify with, by recommending or taking the precautions. Have message disseminated by someone the audience identifies with.
Subjective cost-benefit To what extent do people think that the benefits of risky behaviour, such as the affective pleasure of smoking in bed, outweigh the risk? To what extent do people think that the costs (physical exertion, time, nuisance alarms, etc) of installing and checking, outweigh the benefits?	Convey that most precautions are easy, cheap and require little effort, whilst the consequence of not taking precautions, can be death. Indicate how to avoid costs such as, nuisance alarms.
Physical barriers To what extent are precautions inhibited by actual or perceive physical limits, such as limited mobility or mental agility?	Indicate how you can get help.

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Chapter 9

Appendix B: Focus group notes

9.1 Single Men Group 20.03.07

9.1.1 Summary

Older Men – Rotherham

Demographics of group	
7	Aged between 40-59
6	White British
1	White English
4	Unemployed
3	Employed
0	Had children under age 16 living at home
7	Smoked
7	Smoked between 15-30 cigarettes a day
5	Smoked about 20 cigarettes a day

Alcohol consumption summary	
How much alcohol is consumed?	
2	Had 22-28 alcoholic drinks in a week
5	Had 29 or more alcoholic drinks in a week
Where do they drink?	
3	Drank 15-21 alcoholic drinks at home
2	Drank 22-28 alcoholic drinks at home
2	Drank 29 or more alcoholic drinks at home
At any one time	
4	Drank 9-10 alcoholic drinks
3	Drank 11 or more alcoholic drinks

9.1.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The main concerns of single men in the home and out in the community include:

- Fire – including chip pan fires, cigarettes, youths setting fire to wheelie bins

- Flooding

- Gas leaks

- Burglary

- Youth in general, especially causing trouble, vandalising and threatening people

- Electrics and wiring round the home

- Forgetfulness

- Carbon Mon-oxide poisoning.

The group were able to rank their concerns in order of priority from most to least. The list was as follows:

- Fire – from drinking and smoking and leaving something on the stove

- Gas leaks – or leaving the gas on the stove

- Carbon-monoxide

- Youths

- Theft/burglary

- Electrics.

What are you most and least worried about?

This group were most concerned about fire in the home. This is because they are aware they drink and smoke and believe they are most at risk from having a fire in the home. Many members of the focus group noted that they often forget about food they have cooking on the hob or in the oven. This happens when they have and have not been drinking. One member of the focus group noted that they have a memory problem as a result of suffering from a nervous breakdown and they are worried about forgetting about things, such as leaving food in the cooker.

One member of the group thought that one way around the problem of them forgetting about food in the oven or in the grill would be to have some form of built in timer or cut off switch that will automatically turn off the oven or hob. Fire was thought of as the most dangerous because it can kill. The other hazards listed on the list other than a gas leak they thought would not kill them but being caught in a fire at home potentially could. There was a general feeling that a fire was a terrible thing to happen and can not only cause damage

to property but can lead to loss of life. One member of the group had previously had a chip pan fire. He had taken the chip pan outside and as a result had actively phoned up and requested a HFRC from the FRS and was very aware of the dangers of fire in the home and especially from chip pan fires.

One member of the group did not think that fire was as common in the home anymore because of new central heating and more reliable electrics in the home.

Has your concern about these risks led you to take precautions?
Generally the group did not take any precautions about the concerns they listed previously. In terms of fire, 3/7 focus group members had smoke detectors. The others either did not have one or had disabled theirs by removing the batteries because they were a nuisance and kept going off.

How do you feel about the possibility of a fire happening in your home?
This group were concerned about fire because they were aware that when they came home drunk and cook, there is a possibility they will fall asleep and leave the food cooking in the kitchen which could lead to a fire.

What do you think would be the worst thing about having a fire? What would you least want to lose?
When prompted what they thought would be the worst thing to lose in a fire the majority of the group thought that losing their own life would be the worse thing that could happen as a result of a fire. The group all noted that the worst material possession to lose in a fire would be all their photographs of their family, especially their sons, daughters and grandchildren. Other possessions they noted would be the worse things to lose included jewellery, a mobile phone and their pet dogs.

9.1.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
As mentioned previously this group felt as though they were most at risk from having a fire because they smoked and they drank alcohol. Therefore they felt as though they were most at risk from having a fire from either falling asleep whilst smoking, or forgetting about food cooking. One member of the focus group had previously had a chip pan fire. This had led him to phone the South Yorkshire Fire and Rescue Service and request a Home Fire Risk Check. He has therefore had a home safety check and a ten year smoke detector fitted by the Fire and Rescue Service. One member of the group noted that because he is getting older he felt that he was more at risk from having a fire because he is more likely to forget to do things.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

All of the members of the focus group smoked. Most noted that they did not smoke in bed. However, one member of the group did mention they had previously fallen asleep whilst smoking on the sofa. Some noted that they thought as smokers, there was a possibility of them causing a fire in the home from cigarettes.

What do you think about taking fire precautions?

As mentioned previously 3/7 members of the single men focus group had smoke detectors that were working. The other four members either did not have one, or, they had disabled it by removing the batteries because they found it a nuisance as it kept going off every time they cooked.

Of those who had a smoke detector, two installed the alarms themselves, one was installed by the Fire Rescue Service. All were installed on the ceilings of landings not on the walls or in the kitchen. One member of the group noted that he tested his smoke detector and maintained it by cleaning it with a vacuum cleaner. The other two members of the focus group who did have a smoke detector noted that they did not test their smoke detectors.

How do you think the smoking ban might change how you smoke at home?

There were mixed views from the group regarding how they thought the smoking ban would change how they smoked at home. Some thought that it would not change their behaviour because they did not smoke much in the house or did not smoke in the house at all. One member of the group felt that they would stop going to the pub and stay home instead and therefore would smoke at home and drink instead of going to the pub. One member of the group noted that he could not afford to go to the pub and drink anyway; therefore it would make no difference to his smoking behaviour at home.

What would you do if a fire broke out in your house?

When asked about what they would do if a fire broke out in their homes there were several responses including: escape, check that everyone else was out and okay, one person thought that they would check out the situation first and check where the fire was and how big it was, one noted that they would turn the electrics off. Some noted that if it was a chip pan fire they would throw a damp towel over it.

9.1.4 Section C – What would change attitudes?

What do you think would encourage/motivate you to get advice about fire safety?

This group felt that having a fire in their home would motivate and encourage them to seek advice about fire safety. Although only one member of the group bought this up all other members of the group agreed with him. Another member of the group supported this by telling the story of how he had a chip pan fire and as a result had phoned the FRS to request a HFRC.

If you were to design a picture or advert to show people (like this group here today) to encourage them to take safety precautions or be more careful about fire, what would you include?

There was a feeling in the group that they felt most of the fire adverts had been done already. When prompted further by the facilitator, the group thought that the adverts should get the message across that fire prevention is better than cure and there was a general feeling within the group that the adverts should educate people about some of the many different causes of dwelling fires. Others thought that using a shock tactic would be best possibly showing a person trapped in their home and unable to escape from a fire and therefore showing the consequences of what can happen if there is a fire in the home. Other suggests included: showing pictures of burns and showing children trapped in a burning building.

This group thought that it should be law to have a smoke detector in your property and that as you have your boiler serviced at home, you should have your smoke detector serviced each year as well.

Where do you think people like yourselves are most likely to see such an advert?

This group felt that they are most likely to see an advert on the television, radio, on the side of buses and at railway stations.

Who or what would you say you are most influenced by – who's opinion would you listen to?

This group felt as though they are most influenced by their family members such as their children. Others noted they would listen to their GP, one member of the group thought that no one influences him and that at the end of the day he is ruled by the cost of things.

9.1.5 Section E – Additional questionnaire for single man group
If you need information on something where do you go/look?

This group noted that when they want information on something then they are more likely to go to Newspaper or the internet, television to watch the news, yellow pages or ask somebody they know. Most people bought papers everyday and got the free local papers delivered at their homes. This group noted that the times at which they are most likely to be watching the television and therefore will see an advert about fire safety would be at teatime and just before the news.

All people in the group apart from one rented their property from the council. The other member of the group owned their own property.

When prompted about their main interests and hobbies the group noted that they chill out at home, they go to their local pub. Some use to go and watch the football, however, it is too expensive now so they do not go anymore. Others do gardening, play pool and one member of the group was a fisherman and goes fishing about once a month.

Generally this group did not use the internet that much, a couple did, but it was generally thought of as a luxury they could not afford to have at home and no one in the group had tried internet dating.

9.2 Single Men Group – 21.03.07

9.2.1 Summary
Older Men – Birmingham

Demographics of group	
9	Aged between 40-59
7	White British
1	White Irish
1	Black British
9	Employed
0	Had children under age 16 living at home
9	Smoked
9	Smoked between 10-20 cigarettes
6	Smoked about 15 cigarettes a day

Alcohol consumption summary	
How much alcohol is consumed?	
2	Had 8-14 alcoholic drinks in a week
1	Had 15-21 alcoholic drinks in a week
6	Had 29 or more alcoholic drinks in a week
Where do they drink?	
3	Drank 1-7 alcoholic drinks at home
6	Drank 8-14 alcoholic drinks at home
At any on time	
2	Drank 3-4 alcoholic drinks
2	Drank 5-6 alcoholic drinks
4	Drank 7-8 alcoholic drinks
1	Drank 11 or more alcoholic drinks

9.2.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

Main safety concerns for this group included the following:

- Burglary

- Drugs that lead to other anti-social behaviours, general unsafe behaviour such as selling and taking the drugs

- Mugging

- Accidents such as slips and trips, out and about and in the home

- Anti-social behaviour, including youths and other general anti-social behaviour

- Fires in the home

- Alcohol, including pub closing times

- Boy racers including cars and mini-mopeds or motor bikes

- Rat runs that includes finding the fastest route home from work at the end of the day that includes cutting down back allies driving at very high speeds

- Carbon-Monoxide.

What are you most and least worried about? Why do you worry more about some than others?

Generally the focus group rated burglary, drugs, anti-social behaviour and alcohol as being their main concerns. When prompted they felt these were out of their control compared with some other hazards such as fire that could occur in the home. They believed that they could take precautions to avoid having fires in the home, but felt that they could have not control over the other concerns.

There was a general feeling as mentioned previously that fires are preventable, whereas some of the other safety concerns when out and about in the community are out of their control.

Has your concern about these risks led you to take precautions?

The members of the focus group noted that they did not think there was too much they could do to take precautions about some of the issues that they raised. However, a few noted they have double-glazing, one had a dog and others had burglar alarms. One member of the group noted if their burglar alarm sounded, it would alert him by ringing his mobile.

To prevent being mugged the group noted when leaving the pub they are aware of their surroundings. Others noted how they would not take their mobile phones out with them if they were going to the pub. One member of the group noted he locked the car doors when he was out driving, during the day and at night.

In terms of slips and trips it was thought that their homes were safe and the main tripping hazards were the pavements.

When prompted about fires the group noted they had smoke detectors. One member of the group noted that he would pour water on the ashes prior to emptying them in the rubbish. Other members of the group noted how they would double check to ensure they had switched off the cooker prior to going to bed.

Generally the group noted that fire was at the back of their minds. Many members of the group were aware of the risk of fire as they had seen adverts on the television about this and cigarettes causing fires in the home. Others had seen pamphlets or adverts about fire in the free-ad papers. One member of the group also noted that they had attended a local car boot sale at which the FRS had been present, handing out information on fire safety. However, there was one member of the group who had not been aware of any of the information on fire safety and was not aware of where to find such information.

As mentioned previously the members of this focus group were less worried about having a fire in the home than being a victim of burglary, or anti-social behaviour because they felt they have more control over fire in the home due to their ability to take fire safety precautions. However, they felt as though they had no control over a burglary happening or being a victim of anti-social behaviour.

Several members of the group noted that they did not hear about fires happening very often in the media. One member of the group thought that this was because there were not as many fires as there use to be, so it was less common now.

The group felt as though there were not as many fire hazards in the home nowadays especially in modern homes. It was noted that in modern homes there is now central heating as opposed to open fires or gas fires to heat the homes. Most homes have been re-wired or have safer wiring than many years ago. The group therefore felt that this has led to fewer fires in the home.

Overall the group felt that the worst thing about having a fire would be being burnt or trapped and unable to escape the building. Some members of the group noted that being able to escape themselves, however, family members being trapped in the burning building as being one of the worst things that could happen as a result of a fire.

Generally the group felt that material possessions could be purchased again, however, they could not replace their own lives. One member of the group felt that losing all his photographs would be the items he would least want to lose as they can not be replaced. Some noted how losing their home would not only be an inconvenience, it would mean they were homeless and all their memories would be lost in the fire.

9.2.3 Section B – Feelings about the risk from fire

Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?

Generally this focus group felt that they were more at risk from having a fire because they were all smokers. However, they all felt as though they were responsible people and therefore were not likely to have one because of the precautions they took. Many of the group had smoke detectors (7/9) whilst others had bedtime routines that included checking the home to ensure everything was safe. One member of the group felt that as he lived by himself, he only had himself to worry about. Whereas if he had family members he felt that he would be more careful and responsible because it would not be just himself he would think about.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

Some members of the group felt that because they lived by themselves it would only be them that would be able to cause a fire and not other members of the family or house mates. They therefore thought this would reduce the likelihood of being involved in a house fire. One person used the example that if there were an additional four people in the home then this could mean four times more chances of them leaving the cooker or hob on. However, another member of the group noted how if he was to leave the gas hob on there would be other people to remind him in the property to turn it off and therefore it could be an advantage having other people in the home.

Overall the focus group noted they are aware of the dangers associated with smoking in the home and the possibility of causing a fire from a lit cigarette. When prompted, not one member of the group had previously fallen asleep when smoking. All members of the group noted they did not smoke in the bedroom and a few went outside to smoke. Some members of the group reported that they had seen Government adverts on the television highlighting the dangers of smoking and causing fires, therefore this had raised their awareness of the issue.

What do you think about taking fire precautions?

Of the nine members of the focus group, 7/9 had smoke detectors. However, of these two thirds had never checked to see whether or not the smoke detector was working.

Generally those who did have a smoke detector did not regularly check it. Some noted that they had changed the batteries but only when the smoke detector alerted them to low batteries. Many members of the group reported they had taken the batteries out of the smoke detector either because they needed replacing or because it kept going off and they had forgotten to replace them for several months. No members of the group maintained the smoke detector by vacuuming it regularly. The majority of them had installed the alarms themselves on the ceilings, a couple of the members of the focus group noted that the alarms were present when they moved into the property.

Some members of the group noted that fire safety precaution was not their top priority and was not something they thought about too often. This was the reason given by the one member of the group who did not have a smoke detector. Again, it was raised because these people live on their own, they only have to think about themselves. They noted if they did have family members, they thought they would be more aware and thoughtful about safety issues in the home.

How do you think the smoking ban might change how you smoke at home?
There were mixed thoughts on how the smoking ban would change their behaviour. Some members of the group felt they would go out less and smoke more at home, others thought it would make no difference and that they would smoke outside the pubs. One member of the group felt that it would encourage more people to give up smoking, including himself.

What would you do if a fire broke out in your house?
The initial thoughts from the group on what they would do if they had a fire in their home would be to panic, run, some thought they would attempt to tackle the fire, if they could not they would escape and dial 999. One member of the group had a fire blanket and thought they would throw the fire blanket over the fire and then escape.

Have you ever looked for information about fire risk?
Overall the group had not actively searched for fire safety advice. Many members of the group had seen fire safety advice either in the free ads or at social clubs or events held at car boot sales. However, all noted that they either binned the information or paid no attention to it. Also, there was a feeling that it would cost them money, or they would be sold something by the fire rescue service.

Have you ever had someone check your home for fire risk? Would you have a check if it was offered to you? What might stop you from having such a check?
Not one member of the group had received a HFRC, they were not aware of what this was, or what it included. Again there was a worry that it would cost them money or they would be sold something. In general, all members of the group thought they would have a HFRC. However, many noted that they worked from 9-5 and therefore said the FRS would have to come either early in the morning or later at night to catch them when they were in. Some noted that they would not actively ring up and arrange a HFRC; however, if the FRS were to call round while they were at home then they would have the check. One member of the group said they would not like to have a HFRC, he thinks he is a responsible person and that the FRS would pick up on every minor detail in the home.

Also there was a worry that if something in home was not 100% fire safe, the FRS would ban or condemn it. So overall there was a lack of awareness of the HFRC scheme and the services the FRS provided.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

There were mixed feelings on whether the Government over or under plays the risk from fire. Some members of the group thought that the Government had done enough and put several adverts on the television to raise people's awareness of the risk of fire. Whereas others felt that the Government needs to do more to raise awareness of fire in the home and to remind people such as this group to do things such as check the batteries in their smoke detectors and offer tips and advice.

9.2.4 Section C – What would change attitudes?

What do you think would encourage/motivate you to get advice about fire safety?

This group noted that having a fire in their home would motivate them to seek advice about fire safety.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?

There were a few ideas provided by the group that could be used to motivate and encourage people such as themselves to get advice about fire safety. One idea was to use a shock tactic by showing graphic pictures of burnt children. Another idea was to design an advert to show a single man who smokes and drinks alone in his house, trapped by a fire and who had previously been given leaflets with advice about fire safety. However, having ignored all advice given to him, as a result was now trapped and unable to escape. Another idea stemmed from this one was someone having a nightmare of a single man and the advert could show him at home waking up and realising that he has another chance and to take note of all the advice he had been given.

Other thoughts on important points to include in the advert should be that it only takes 30 seconds to buy some batteries for a smoke detector and 20 seconds to put them in the smoke detector. Also the idea that installing a smoke detector is a very simple thing to do, it is not complicated. Some thought that the key message to get across is that 'prevention (ie taking fire safety precautions) is better than cure'.

One member of the group felt that people should get a discount on the home insurance if they have a smoke detector. Others felt that having a smoke detector should be compulsory and that people should be fined who do not have one.

Where are you most likely to see an advert?

- Television (Sky Sports, or when the football is on and generally in the evening)
- Free papers
- Bill boards
- National Papers

- Internet (linked to Porn pages)
- Back of cigarette packets
- Supermarkets
- Motorway Services.

It was noted that if a fire officer in uniform gave them fire safety advice they would pay more attention to it than if somebody in Non-uniform was giving out the information. One member of the group noted that a celebrity should promote fire safety on the television.

Other ideas about where to advertise about fire safety included promoting fire safety at the start of football matches to all the fans attending. The entire group watch football on television and it was suggested to advertise during the adverts of national games for example, when England is playing, but also on Sky Sports.

9.2.5 Section E – Additional questionnaire for single men
What media do you see regularly?
This group said they mostly watch football on the television. Amongst this, they also said the following:

- Most used the Internet – none had tried Internet Dating
- Doctor's Surgery
- Evening Mail.
- Television:
  - Sky Sports
  - Sky News
  - ITV
  - BBC1 or 2
  - Weather.
- Spare time:
  - Exercise
  - Golf
  - Football
  - Snooker.

- Pubs:
  - TGI Fridays

  - Toby Carvery to take family to

  - Weatherspoons

  - Local pubs

  - Local curry houses

  - Chinese/curry takeaways.

9.3 Single men group – 29.03.07

9.3.1 Summary

Single Men – London

Demographics of group	
8	Aged between 40-59
2	White British
2	Black Caribbean
2	Black British
1	Other
1	Indian
2	Unemployed
6	Employed
1	Had a child under 16 living at home
8	Smoked
8	Smoked between 5-40 cigarettes a day
4	Smoked about 15 cigarettes a day

Alcohol consumption summary	
How much alcohol is consumed?	
4	Had 8-14 alcoholic drinks in a week
4	Had 15-21 alcoholic drinks in a week
Where do they drink?	
7	Drank 1-7 alcoholic drinks at home
1	Drank 8-14 alcoholic drinks at home
At any on time	
7	Drank 1-2 alcoholic drinks
1	Drank 3-4 alcoholic drinks

Fire safety background and knowledge	
2	Had been given advice about safety in the home. This advice consisted of fire safety, electrical safety, tripping hazards and other types of talks.
6	Had a smoke alarm
0	Had a fire extinguisher
5	Had a chip pan that was used

Please note there was one person who attended the session who had not completed a questionnaire, resulting with the statistics showing for eight people instead of nine.

9.3.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The main concerns of the single men group in the home and the community consisted of:

- Gas leaks
- Fire
- Burglary
- Violence and not enough police on the streets
- Vandalism
- Drugs and alcohol
- Suicide bombs
- Youths/gangs congregating
- Youths on mini mopeds.

What are you most and least worried about?

This group were able to rank their concerns in order of what they worry about most to least. The following list details their concerns (in order of most to least concerned):

- Violence
- Burglary and fire (shared)
- Gangs (vandalism)
- Drugs and alcohol
- Gas leaks
- Youths on mini mopeds
- Suicide bombers.

Why do you worry more about some than others?

This group were most worried about violence. When prompted about why they were more concerned about this than some of the other concerns they listed, it was noted by several of the group members it was because not only do they read about shootings happening in their area on the news, but they also see areas of their community that are sectioned off as a result of a stabbing or a shooting. They also noted they were seeing an increasing number of yellow boards that get put up requesting any witnesses to come forward with information after a stabbing or shooting.

There was also a feeling within the group that all you need to do is look at somebody in the wrong way and it can lead to being killed. There was a feeling amongst some of the older members of the group that this never used to be the case. Years ago if you banged into somebody in the street, you would apologise and that would be the end of it. However, nowadays it can lead to fights and even murder.

Some people in the group felt that being burgled was worse than violence. This was because they felt it was an invasion of their privacy. A few people in the group had previously been burgled. The majority noted they did not have much for people to steal in the first place and that people were breaking in to steal a small amount to sell, in order to feed their drug habits. One member of the group noted that burglary can lead to more sinister crimes being committed, for example if somebody catches the thief breaking into their home, the thief may panic and this may cause them to attack the resident.

Fire was a worry for some in the group because it was felt it can take your life. One member of the group noted an instance in his own property where he had dropped a cigarette behind the sofa and set the sofa on fire. He was woken up by his smoke detector sounding. Another member of the group had previously had a firework thrown through his letter box. This caused a great deal of mess and could have seriously hurt him, had he been in the vicinity at the time. This has raised the awareness of both these members of the group.

However, one has disabled his smoke detector at present and has not got round to re-assembling it. This member was not too worried about having a fire in his home as he has no gas in his home, only electricity.

Has your concern about these risks led you to take precautions?
Some members of the group did feel that they took some precautions for the concerns they listed. A few members of the group did not go out late at night by themselves any more. They do not feel safe. One member of the group noted that he felt safer driving to where he needs to get to rather than using public transport or walking. Another member of the group noted that he used to carry a weapon with him when walking around at night. This is because he used to have to walk past a pub sometimes at pub closing time, he noted that quite often there was trouble and he felt safer carrying a weapon with him. When prompted he identified the weapon as a hammer. Another member of the group noted that he specifically bought two dogs as protection for himself, when prompted about what types of dogs these were he said he would rather not say. It was felt by the facilitator that the dogs were an illegal breed in Britain such as the Pit Bull terrier.

9.3.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
Generally, this group thought they were less likely to have a fire in their home than other types of people. This was because they felt they were responsible people. Some members of the group noted that they check to ensure everything is switched off including the cooker and hob before they go to bed. However, it was acknowledged by one individual that when he comes in from the pub, he might not be as careful as he can be at ensuring everything is switched off. Indeed one member of the group noted he had come in from the pub and had put some food to cook then proceeded to fall asleep in the lounge. On waking up and discovering the fire the man panicked and did not know what to do. From this moment on he never cooked when drunk, instead he buys takeaways on his way home instead. Others felt as though they were less likely to have a fire; however they did acknowledge it can happen from faulty electrical equipment or doing something as simple as forgetting to switch the iron off.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
A few members of the group smoked. One as previously mentioned had a fire caused from a cigarette and is now very careful about his smoking habits in the house. Others noted they do not think it will happen to them. Some smoked outside their property and therefore smoking in the home was not an issue for them. Others believed that if they did cause a fire from smoking, they would be able to handle it themselves.

When asked about how the smoking ban would influence how much they smoked at home, there was a mixed response from the group. Some argued it would make no difference to how they smoked at home. One person argued that he would smoke in the pubs regardless of the smoking ban and therefore would make no difference to him. One member of the group felt that it would stop him from going to the pub and can see how it may lead to more fires in the home. Another member of the group felt it would encourage him and others to stop smoking.

What do you think about taking fire precautions?
Generally, it was thought that taking fire safety precautions was a good thing. However, there was a mixed response as to whether the group actually do take fire safety precautions. 6/9 had a smoke detector installed in their property. Those who did not, generally had not thought about having a fire in the home, one specifically noted he had other priorities in his life that came before taking fire safety precautions or even thinking about having a fire in the home.

Of those who did have a smoke detector, some noted they had at some point taken the batteries out. This was either through the alarm being a nuisance or needing replacing and then being not replaced for several months. There was a mixed response as to whether people actually tested their smoke detectors. There was a split in the group, some did and some did not. Not one member of the group maintained their smoke detector through vacuuming. One member of the group installed the smoke detector on the ceiling of his property. However, he noted that it was too sensitive where it was and kept going off; he therefore moved the position of the smoke detector so that it was half way up the wall. He noted that this way the smoke detector is less sensitive to cooking and does not go off as often. The other members of the group who had smoke detectors had them installed on the ceilings, on landings and hallways.

What would you do if a fire broke out in your house?
There were several responses regarding what the members of this focus group would do if a fire broke out in their home, including:

- Panic
- If it was a small fire they would try to control it
- If the fire could not be contained they would get out
- One member of the group reported that he would try and take as many possessions with him and leave the property
- Others noted that they would dial 999
- One person noted they would ensure that there family was out of the property.

Have you ever looked for information about fire risk?

No members of the group had looked for information on fire risk. There was a general feeling within the group they would like to see more information about fire and educating people regarding the different fire safety products that are available for people in their own homes. Some members of the group felt they had received fire safety information through training provided as part of their jobs and others remembered fire safety education they received at school.

Have you ever had somebody check your home for fire risk?

Initially, not one member of the group recalled having a HFRC. However, from further discussions it became apparent that one member of the group who had previously had a fire from a discarded cigarette, did remember people coming round to carry out a HFRC. However, he did not sound impressed with the check. He found that the fire service only told him things that he had done wrong and what would have prevented the fire. This person did not see the value in having a HFRC as he felt he lived in a house with only two exits. If there was a fire blocking one exit he would use the other one and therefore was not sure what else the fire service could add to this.

All members of the group apart from a couple thought that HFRCs were a good idea and that there was no reason they could think of as to why they would not have one. However, there was one member of the group who thought that he would not have a HFRC. When prompted this person explained as mentioned previously that he had other worries and concerns in his life and that fire safety was not top of his priority. He does not go to bed thinking about it, he has other worries on his mind.

One member of the group noted his Housing Association does send round their own fire officer once a year to carry out safety checks and these contain a part about fire in the home. However, it was noted that these checks are over the top and this particular person thought that some of the issues they raise as part of this check are unnecessary. Another member of the group noted he has been told that a 'fire man' is supposed to come round to his home once a year but he has never had this happen.

Do you think the Government overplays or underplays the risk from fire in the home?

There were mixed views in the group as to whether the Government over or underplays the risk from fire in the home. Some members of the group felt that the Government overplays the risk from fire; however, this is seen as a good thing because it is felt that there are a lot of people dying from fires in the home.

Others felt that the Government do not under or overplay the risk from fire, instead they are raising people's awareness into the risk from fire and some of the dangers associated with smoking in the home. However, there was also a feeling that the Government are focusing too much on the dangers from smoking in the home and not on some of the

other main causes of fire in the home. One member of the group felt that if smoking was responsible for so many fires in the home, then the Government should ban smoking (even though he was a smoker himself). Another member of the group suggested that the Government should make it law that every property should have a working smoke detector in their property.

9.3.4 Section C – What would change attitudes?
What would encourage or motivate you to get advice about fire safety?
The majority of the group noted that if they were to have a fire in their home, then this would motivate them to seek advice about fire safety.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?
This group came up with several suggestions for an advert. One member of the group felt that the advert should be gory to get people's attention. Another suggestion was to have somebody who could talk about their own experience of having a fire; this person should have been badly injured from the fire to highlight to people the injuries that can be caused from being involved in a fire. There was a general feeling within the group that the advert should contain some element of shock factor to get people's attention, for example showing children's coffins. One member of the group felt that a particular pertinent advert would show a picture of a crematorium with a message saying "*we all smoke in the end*".

This group felt that adverts should be very visual and therefore should be shown on the television or as posters. A couple of the group felt that no advert would make them pay attention and take fire safety advice. As mentioned previously some members of the group felt the only way people will pay attention to these types of adverts, is if it happens to them and they actually experience a fire in their home. One member of the group felt that because they lived with no family and were single it was hard to get him to take fire safety advice because they were too busy to think about it.

It was thought that the advert should show people what to include as part of a bedtime routine to ensure that everything was safe before they went to bed (such as the cooker). Others felt that a before and after comparison should be shown of a property that has been involved in a fire to show the consequences of a fire and the damage it causes to property.

Where are you most likely to see an advert?
This group were most likely to see an advert on the television; however, the group did also listen to the radio, read local papers look at bill boards and posters. However, it was stressed at this point that the group would pay more attention to a visual advert, because it is something that they can see, especially if the advert shows victims of fires to shock people.

Who are you most influenced by?

This group generally were not influenced by other people however a few suggestions were that they would listen to their GP, their inner self or their mothers.

What else do you think the Government can do to make people more careful about fire?

It was felt that face-to-face communication was better and was the best way to get through to people. There also should be more information on the streets about fire safety. It was also thought that adverts can be placed on buses and taxis to get people's attention to take advice about fire safety.

9.3.5 Section E – Additional questionnaire for single men

Where would you go for information?

This group listed the following places that they would go to for information:

- Yellow pages

- Internet

- Post office

- Information from a friend

- Word of mouth.

What media do you see regularly?

The media that this group regularly see is:

- Television

  - Sky Sports

  - News

  - Sky news

  - History channel

  - National Geographic

  - BBC News 24

  - CNN

  - Porn

- Radio

In their spare time this group:

- Go to the pub

- Stay at home

- Watch football on the television

- Bet

- Go to the Casino.

A couple of the group said at this point that they would rather not say what they get up to in their spare time.

9.4 BME Group 23.03.2007 (Not Advocated)

9.4.1 Summary
BME (Non-Advocated group) – Sheffield
- 9 people were black – Somalian and 1 was from Jordan

- Some of the group could not speak English fully

- Most of the group had children

- 2 out of 10 smoked but 1 had just given up

- 9 out of 10 had a smoke alarm

- Some of the group had fire blankets

- Some of the group used candles and deep fat fryers

- 1 out of 10 said she had never checked her smoke alarm

- 3 out of 10 had a HFRC.

9.4.2 Section A – Where does risk from fire rank relative to other risks and why?
What are your main concerns about safety in the home and community?
The main concerns of the BME group, in the home and out in the community consisted of:

- Road accidents

- Gas leaks (in the home)

- Smoke

- Fire (in the home)

- Children playing with matches, lighters (some of the group have children in the home)

- Muggers (pickpockets, crime – murder, robberies, burglaries)

- Youths (on the streets)

- Drugs and alcohol (youths – threat to the community)

- Homeless (lack of security)

- Electricity.

What are you most and least worried about?

This group were all concerned about fires, electricity and gas leaks in the home. They decided that road accidents played a value of importance to them also, in two separate ways, one as a pedestrian (ie, being hit by a car) and secondly, as a driver itself and being aware of other people driving on the road. Anti-social behaviour was a concern to this group also because they were very concerned about being out in the community and youths loitering the streets and being up to no good. One women stated that homelessness was a concern also because this could lead to lots of thefts, muggings – possibly for drugs and this can cause damage to the community.

Why do you worry more about some than others?

This group felt that they worry more about fire because it can kill their whole family and they could lose everything. They stressed also that it could happen at anytime, (ie, when you are sleeping) and because they have children they were very worried about this, especially as some of the group use gas and they all have electricity, they expressed concern about if a gas leak were to happen, what could they do because the fumes alone could kill them in their sleep, if an incident were to occur at night and how would they be able to help their family survive. They also stated that cooking plays a huge part in their everyday lives and with the children in the home, they are concerned if they go in there unattended with something on the fire or they see matches and want to play with it, the dangers of what could happen could be vital. The group also expressed concern about the fear of the unknown happening; you never know when things can happen. They also expressed about smoking and this damages many homes because people sometimes do not put their cigars/cigarettes out properly and many fires happen due to this.

Has your concern about these risks led you to take precautions?

The group did express that they do take too many precautions and it is only a temporary measure. They stated they do check for the little things in the home, but only as and when they use it, ie, the cooker, when they finish cooking, they ensure to switch it off. Due to most of the group's cookers being gas, it is an even greater precaution to check that it has not been turned on accidentally by their children for example. A few members of the group smoked and they said they made sure they put out the cigarette properly. Most of the group, except for one person, had smoke alarms and a few had fire blankets. But, they did mention fire extinguishers; one women had one but did not know how to use it. They all thought it was a good thing to have, but they felt they would have to be taught how to use it.

The group expressed they have fire alarms because it alerted them if a fire were to happen and they would be able to get their families out of the house. One women said that when she is cooking, sometimes it sets off the smoke alarm and it alerts her of anything. Another women gave an example where she had forgotten some water on the stove and the alarm went off and alerted her to it. Another women expressed how her child had started a fire in the kitchen and luckily the smoke alarm alerted them of what was happening. One other women expressed that sometimes her alarm does not work properly, so if there was a fire in the home, she might not even be aware.

The group were slightly split when they had to decide about the possibility of them having a fire in the home. They decided they had a 65%-80% chance of having a fire, especially as they had children, but they felt having the smoke alarm would reduce this risk.

The worst thing the group felt about having a fire would be for their family and themselves to get burnt. They also felt losing their property/home would be very tragic. One women expressed if a fire were to happen, she may be in so much shock and she might lose control (in her behaviour) and might not be able to think straight.

The worst possession the group felt they could lose were their personal documents, ie, their certificates, identification, passport. They all stressed that material possessions were not important to them, their main concerns and priorities were their families and their lives. They stated material things you could always replace these but your family and your life can never be replaced.

9.4.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
There were mixed ideas within the group for this. Some members felt that being disabled or having children made people more vulnerable and were prone to having fires. This group did express that they all had children and although they are all quite responsible, they were more likely to have a fire because of their children. Many of the group felt their children could initiate a fire, but maybe they might not be able to control it. They all expressed how worried they were about their children and the dangers they could face in their lives, especially the thought of electricity and gas exploding, there is no control over that and how would they survive. Windows were also mentioned and the possibility of small children falling out of them. One women stated central heating leaks frightened her also.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
Within the group there were only two smokers, one used to smoke but has since given up. The smokers felt they had a 45% chance of a fire happening, especially in a windy area, where something small could happen and then a big fire occurs. One women said she did not smoke in her home and felt her likelihood of having a fire due to smoking

would be low because when she finishes having a cigarette, she ensures to put it out with water to ensure it is properly put out. The group were more concerned about other people smoking and worried about whether they properly put out their cigarettes. One women gave an example of where she had seen people when they finished smoking just throw the cigarette away without even putting it out and sometimes if they do put it out, it is sometimes not been put out properly.

What do you think about taking fire precautions?

The group felt that taking fire precautions were a great idea, but they had not really thought about this properly. No one in the group had a fire escape plan. They also did not take plugs out of sockets at night time but they all thought this was a very good idea, especially as they had small children. On a positive note, everyone had a smoke alarm except for one women; however, they did express concern that when you buy a home, there is lack of information about how to protect yourselves in the home. The group felt there should be some sort of guidance or leaflet to show people, especially those who could not speak the language, of how to protect themselves.

One women expressed she used candles everyday but only the small tea light type. Some of the group did use candles and some did not. Some members of the group had deep fat fryers and they did use them but they were worried to use them too often because of having the children and the dangers of them getting burnt from oil splashing on them.

The group said they do test their smoke alarms. They are alerted to it from the beeping noise it makes when the battery needs to be changed. One women did not know there was a button even on the smoke alarm. Three people have had HFRCs, but the others who had not, all said they would be interested in having one. One women said she had one and they checked her smoke alarms. They also said they would all make an appointment to have one and would not wait for the fire service to come to them. They would dust or pass their fingers over the smoke alarm to clean them but no one actually vacuumed it.

What would you do if a fire broke out in your house?

The group were very alert and aware of what they would do if a fire did occur in the home. They stated they first would get their children out of the house. But after some consideration, they did state they may try to tackle the fire if they could, by possibly (depending on the fire) using a fire blanket, opening the window for an escape route in case they could not get out via there escape route, or if they had time they would get everyone out of the house and call 999. One women specified she may panic and just run around, not being able to think straight and pondering what to do.

Have you ever looked for information about fire risk?

One women stated she had read the newspapers and that is how she knew about the HFRC. Most people had received leaflets but they stated they did not always read them. They feel having verbal advice would be better because they prefer face to face contact than having to read.

This group thought carefully about whether the Government are concerned/not concerned about fire. The group generally thought that they do care enough, although one person stated there are more flammable things in the home now which can burn, ie, the items in the home made from wood. The group decided the Government cared about 50/50. They felt there should be more advertising on how to protect themselves more if something were to happen. One member of the group explained she had never seen advice on how to take precautions. The overall thought was the Government do care but not enough.

9.4.4 Section C – What would change attitudes?
The group felt that if they had an actual fire accident in the home or by knowing someone that it had happened to, they felt this was enough to scare them to seek advice about fire safety.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?
The group had many ideas about what they would include in an advert to make people more aware about fire. One person thought it would be good to show someone not having a smoke alarm and shows a fire happening in the home and a family dying because they do not have an alarm. Another idea was to show a small child instigating a fire and showing the contrasts of if, for example if they had a smoke alarm what could happen and if they did not, the devastating results it would cause.

Another idea was to show adverts which were educational, ie, show different types of fabrics and explain which ones was flammable/inflammable.

Another idea was to show a reminder advert to always switch off the television at night and in general to do a check around the whole house and everything electrical be turned off, put away flammable things away from fire, if there was an electric heater turn this off also, check all gas appliances – carbon monoxide big killer. One women also mentioned sometimes things could happen outside of your home and you may not be aware of it happening, ie, someone setting fire to the bins outside your home.

Where are you most likely to see an advert?
The group all explained they were most likely to see an advert on the television, especially before the news, some members did listen to the radio. They were all particularly keen for advertising at their GP surgeries and schools, especially to educate the children because they are the future generation. The final idea was at bus stops.

Who are you most influenced by?
The group expressed they would definitely listen to someone in authority, ie, an expert, for example, from the Fire Brigade, doctor, even community organisations/groups they attend. The television was also a good way of listening and gathering opinions about things in general, but they felt these places they would seek advice about fire safety.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
Other thoughts and ideas the group thought of were to advertise more education about fire, especially in different languages, because not everyone can understand English. There should be a checklist of precautions on how to do things in the home and remain safe, especially about electricity, central heating, gas, etc. There should be signs to refer to dangerous points, with pictures so that everyone, adults, children can understand and even have a DVD which explained everything, this would definitely make people more aware.

9.5 BME Group 23.03.2007 (Advocated)

9.5.1 Summary
BME (Advocated group) – Sheffield
- All 10 people were black – Somalian
- This group were aged from 16 plus
- Only a few people had children
- Some of the group smoked
- 10 out of 10 people had a smoke alarm
- 9 out of 10 said they would have a HFRC
- 10 out of 10 did not use candles but some of the women used deep fat fryers
- The group had been given a safety talk about fire.

9.5.2 Section A – Where does risk from fire rank relative to other risks and why?
What are your main concerns about safety in the home and community?
The main concerns of the BME group, in the home and out in the community consisted of:

- Locking up the house (making sure all doors and windows are closed)
- In the kitchen, making sure the cooker is turned off
- Ensuring the television is switched off (electricity)
- Car accidents
- Enemies (when someone plans revenge against another person)
- Theft, burglaries, robberies, muggings in the home and outside – (crime)
- Racial fights
- Bad neighbours
- Fire.

What are you most and least worried about?

This group at first had mixed opinions but later decided that crime was a major concern to them. Next they chose fire as being the second most important thing they worried about. Bad neighbours came next because they felt there is nothing worst when people can not get along with one another. Being in the kitchen and racial fights the group felt was important to them and they did worry about this, but it was not a major concern as the first two main concerns.

Why do you worry more about some than others?

The group felt crime was a priority because it happens in everyday life, all the time and they hear about it more, so they are aware of what is going on in the community and country. One boy expressed he knew people who had been attacked. Another member mentioned, people just taking your personal possessions and you not being able to do anything about it. The group expressed that fire can be extremely dangerous. It can destroy you straight away; there may be others who have a chance. Gas fires was also spoken of and especially if you have children, (which some of the group did), it can be very bad, ie, gas cookers in the kitchen. Car accidents the group felt was slightly a lesser concern to them, but they felt it was just as important because nowadays there are youths driving who do not even have a license.

Has your concern about these risks led you to take precautions?

The group was slightly divided where some members did take precautions and some members did not. They all said they lock everything when they are leaving their homes and they put their possessions in a safe place (hidden away). Another member of the group stated when he goes out he is never alone; he is always with someone else, ie, his friends. Another person said if a fire was to happen in their home, they would jump out of the window. They all said they made sure everything was switched off also.

The group did express they were scared of gas; one member even stated that he had seen a house actually blow up and he has not forgotten that picture. Another member of the group stated it was not the actual flames that kill you but the smoke does and everyone has to take responsibility of themselves.

There were mixed attitudes and opinions about fire. The group said that sometimes you do hear of fires, but they are major ones where someone may have died, but now you tend to hear about them less. The group remained split and said they were, and were not scared of having fire. They felt it was not due to fate but possibly carelessness for a fire to occur in the home. They felt the worst thing of having a fire would be to lose your home, family and most importantly their own lives. The material possessions they felt were important to them were their passport, documents, certificates and their clothes.

9.5.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
Some of the group felt there was no main difference of a fire happening for a particular person. They felt it was the same for everyone, but they did express that it would be more difficult for older people to escape from a fire than a younger person, who would have more of a chance of escaping.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
Some members of the group smoked and they felt they were more at risk to have a fire. One boy in particular expressed that he is a deep sleeper and it is difficult to wake him up. So if a fire were to occur, would he even be alerted that it was happening? One member of the group stated he does not smoke in his home and a few others said they did not smoke in the bedroom either. But they did state, they could smell the smoke from the fire so this could alert them of a fire in the home. Another women stated, she believed in God and it is to do with fate, she feels protected and blessed. A few members again, expressed that being younger; you can react much quicker than an older person. But one women expressed, she felt younger people were more at risk than older people because they can be quite careless.

What do you think about taking fire precautions?
The group all stated they have taken safety precautions and they all have a smoke alarm, which is placed on the ceiling. When most of the group moved into their homes, the smoke alarms were already installed and they did not have to install it themselves. Most of the group did check whether they were working and one person dusted theirs and kept it clean. Nine people in the group expressed they would have a HFRC carried out in their homes. One member explained that in the area she lived, they did go around to all the homes and carry out a HFRC. Other safety precautions taken by a member of the group said he used paper to put out a cigarette, but other members of the group questioned this and stated that was not a precaution but more of a fire risk. The entire group said they did not use candles, but the women of the group used deep fat fryers.

How do you think the smoking ban might change how you smoke at home?
Due to there being some smokers in the group, when questioned about the smoking ban and its effects, most of the group felt it would not cause any differences to their lives. Only one boy stated that he goes to nightclubs and if the ban was included for there, he might reduce the amount of times he goes out. Other members of the group expressed they did not go to pubs.

What would you do if a fire broke out in your house?

During the session, the group did show they had mixed opinions, but when asked about a fire breaking out into their home, what would they do? They all said the same things. They stated they would panic, take their possessions if there was time, if the fire was small, they would try to tackle it themselves, ie, use a wet/damp cloth or fire blanket, but if it was a serious fire, call 999, they would also get all their family out of the house and alert the neighbours of what has happened.

Have you ever looked for information about fire risk?

Many of the group stated they had looked for information about fire risk because it is good to know for future reference. Some members have even looked on the internet and one member expressed when he was in town, he met some fire fighters who discussed fire with him.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

Most of the group felt there needed to be more advertising on fire. They felt the Government was not concerned as much because they felt fires did not occur as much as they did in the past. Some members expressed that fire fighters should educate the children in schools and even come to their homes and teach them how to deal with different fire situations. Whilst discussing this, some of the group felt it was a 50/50 situation that the Government did care, but not enough. One member of the group felt there should be a place to go, where people meet regularly, ie, a community group or social club. Due to the language barrier for many people in the group, they expressed that sometimes they did not understand and could not read information given to them. They also felt they do not know where to go sometimes to find out different types of information. They felt there should be a guide which is translated into different languages so that everyone can understand. Many of the group did express concern that where they come from, quite a lot of the appliances we use in England, ie, central heating, they do not have in their country. They are not used to some of the appliances and they expressed there should be a person who visits the home, who can explain how to use the different appliances, for someone who is new to the country.

9.5.4 Section C – What would change attitudes?

The group felt that the only way to encourage them to get more information about fire safety would be if it had actually happened to them, or someone close to them, ie, family member or a friend.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?

The group thought quite hard and decided that if they had to design a picture/advert, they would show how a fire would happen, ie, the different causes of a fire. Another idea was to show young people in the kitchen, possibly making chips and if a fire happened, not to

throw water in the oil, (which is what many peoples first instincts would tell them to do). Another idea was to show people getting burnt in a fire – use of shock tactics. One women had a phobia of fire and she expressed there is nothing that could be shown to her because she was naturally scared of fires. Another member of the group said she had got burnt by just boiling water and the steam was so hot it burnt her. She felt something simple like this, should be shown as an example.

The most important thing to be shown in an advert the group felt was to show fire exit and escape routes.

Where are you most likely to see an advert?
The group felt they were most likely to see an advert on the television, in leaflets and posters on the wall, newspapers, listening to the radio (local stations), their GP (doctor's surgery), even word of mouth, someone coming in and talking to them.

Who are you most influenced by?
The group gave different examples of people they were influenced by, which included their family, partners, close friends and their neighbours.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
The group was very brief about providing us with more thoughts to be aware of, however, they did say there should be more groups to discuss fire issues, more leaflets should be distributed, especially in different languages. Also adverts should be translated and show people from different countries speaking in different languages to promote fire.

9.5.5 Section D – Experience of Advocates
What was your overall experience of Advocates?
All members of the group had experience of an Advocate speaking to them about fire. They felt the experience was good and they had learnt many things from attending. One women explained she learnt about smoke and how you are supposed to feel the door for heat.

Did you learn anything from the Advocates on fire safety?
Other members of the group also said they learnt to protect themselves from fire, to put a towel or something at the bottom of the door, so that smoke could not enter the room they were in. Another women explained to keep exits clear and if there are two doors, one door should be left for an escape route. They also learnt to crawl on their hands and knees to escape, so as to not inhale the fumes from the fire and finally to switch everything off.

What did you find most useful about your experience?
From their experience of the Advocate talk, the group found many things useful. They all have a smoke detector. Some members of the group have children and they never leave lighters/matches for them to get hold of. Gas cookers, they ensure must be switched off properly and they now place their keys in a safe place so if anything was to happen, they could easily locate them.

Was there anything else you would like them to have done/talked about?
The group said the talk that was given was good but they expressed their concerns to say what if the person was not able to speak English, how would they understand what was being said to them.

Was the Advocate clear and persuasive?
The group all thought the Advocate spoke clearly and he was quite persuasive. Although they did feel that some pictures should be shown to make it even clearer. One member of the group felt that the talk did not make him change anything, but he is more aware and thinks now he would be able to tackle a fire if he had to.

What changes have you made as a result of meeting the Fire Safety Advocate?
Most of the group felt their behaviours had changed and they were more aware of electricity/gas. One women even expressed again, sometimes she feels/touches the kitchen door, just for safety, although there is no fire.

9.6 Single Mothers Group 27.03.2007

9.6.1 Summary
Single Mothers – London

Demographics of group	
4	Aged between 26-39
4	Aged between 40-59
3	White British
1	Black Caribbean
2	Mixed Race
1	White Irish
1	Black African
8	Unemployed
8	Had children under age 16 living at home
3	Smoked
5	Did not smoke
3	Smoked between 5-10 cigarettes a day

Alcohol consumption summary	
How much alcohol is consumed?	
6	Did not drink alcoholic drinks at all
2	Had 1-7 alcoholic drinks in a week
Where do they drink?	
2	Drank 1-7 alcoholic drinks at home
At any one time	
2	Drank 1-2 alcoholic drinks

Fire safety background and knowledge	
2	Had been given advice about safety in the home. This consisted of fire safety.
1	Had a fire extinguisher
7	Had a chip pan that was used

9.6.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The main concerns of single mothers in the home and out in the community consisted of:

- Fire (in the home) being unable to control it and not being able to get out

- Open fires – should have fire guards (some people still have these)

- Personal safety (on the streets) especially feeling intimidated by gangs and mentally ill people who are out in the community

- Drug users, which leads to muggings (usually committed by youths)

- Vandalism to property and out in the community

- Burglary

- Road rage

- Not enough street lighting

- Travelling at night

- Cooking especially when you have children in the home

- Open plug sockets (Electricity) danger to children and not overloading them

- Windows especially with children living in the home (should be fitted with locks especially if it is a Council or Housing Association property).

What are you most and least worried about?

This group were very decisive and were most concerned about fire in the home, especially as they had children. They next decided that burglary was a main concern because this could happen at anytime. The group then categorised muggings and mentally ill people being out in the community who they felt was a threat to them and this proceeded to make them more aware about their own personal safety out in the community. The group did mention that youths did not have a place they could socialise and do activities, ie, a social club that they could go to and this has led to youths congregating on the streets because they are bored. Finally, the group were least worried about electricity, cooking and windows in the home.

Why do you worry more about some than others?

This group felt they most worried about fire because it can happen at anytime. It could be caused by anything. The group mentioned at this point about having faulty electrics in the home. This, they felt was out of their control and to lose everything, ie, possessions, family and your life would be devastating.

A few members of the group did mention about their personal safety being a concern to them. A few stated they do not go out after certain times. One women carries a personal alarm on her when she goes out. The group felt there should be more cameras placed, (CCTV), together with more lighting on the streets and more Officers should be on the beat.

The group felt that youths in particular made them feel very vulnerable, especially as they have been made more aware by listening to the news about more crime being committed in London. One women expressed concerns that youths now tend to have a hidden agenda and you know what they are thinking. Although, one women did state that many youths today have to grow up for themselves and their parents are less concerned, so they tend to go out into the community and commit crimes – which is a way for them to gain attention to themselves. Another women stated that most of the youths think they are adults and can not be told anything – they do not listen.

This group felt that electricity, cooking and windows, were less of a worry to them because they felt they have more control over any situation that can occur in their home. It is in their own space/environment, whereas the issues they were most worried about, ie, fire, they felt was out of their control.

Has your concern about these risks led you to take precautions?

This group were slightly divided about what precautions they took. They all had claimed to have smoke alarms, (possibly because they are in social housing). However, they did express concerns about smoke alarms and where they are situated in the home. The group felt the alarms should be situated more around the home, ie, the bedroom, so if you are asleep, you can hear it more than if it is downstairs. One women expressed that she had a HFRC

and someone discussed with her escape routes, if a fire was to occur. Another women stated that because she has a disability, she tends to stay home and does not go out unless she has to. She feels safer at home, whereas when she goes out, she is extra cautious and more aware of her surroundings – due to her disability.

The group felt that the possibility of a fire breaking out in their own homes would be a terrifying and frightening experience. They were concerned about electricity also, but their main priorities would be to get their family out of the house and ensure they are safe.

What do you think would be the worst thing about having a fire? What would you least want to lose?
The worst thing about having a fire the group felt was to lose their lives, together with being burnt. Losing their possessions, ie, their important documents, passport, identification, photographs would be devastating. Some members of the group expressed concern for people who lived in tower blocks and how the Council should by law ensure there are more fire escape routes. Also losing their families in a fire would also play a huge part.

9.6.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
This group were in strong unison and felt they were less likely to have a fire in their homes. They felt this because they had children, this was an advantage to them and they were more aware and conscious of checking everything before they went to bed. They would go around the house and turn off everything. One women stated that she made sure her child did not enter the kitchen whilst she cooked because she was frightened of something dangerous happening. Another women stated she was more scared about someone throwing something flammable through the letterbox into their home. Another women was very persistent and stated she was extra careful because every time she used something, when she had finished with it she would turn it off, there and then.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
There were only a few members of the group who smoked and they felt the possibility of them having a fire would be low. Most of them did not smoke within the home itself, they smoked outside. One women stated this was because her son was asthmatic and she only smokes when she was stressed. They also never left a cigarette unattended and to burn and one women stated she did not throw her ash in the ashtray.

What do you think about taking fire precautions?
The group stated they all have smoke alarms which they test regularly. One women had installed hers by herself, but a few others stated it was already installed when they moved in. They did state that the good thing about them is they alert you when the batteries have

to be changed because it constantly beeps, but they did say that at times the alarm did go off too often especially when they were just cooking and they would take out the batteries. They felt the alarms were slightly too sensitive and there was a possibility that more fires could happen because people tend to take the batteries out and forget to put them back in.

The group also stated that they would all have a HFRC and it was important that the correct identification should be shown when a visit had been arranged. They also stated a few concerns that fire extinguishers should be provided in properties and there should be leaflets on tips of what to do if a fire was to happen.

A few members of the group did use candles and felt they had control over the use of this in their own homes. One women has an old fire place and she places her candles within that area. A lot of the group did use deep fat fryers and were extremely aware of the dangers of using them, especially chip pans and how quickly a fire can start.

How do you think the smoking ban might change how you smoke at home?

For the members of the group who smoked, they felt that it would cause them to cut down on the amount they smoked. One women stated it has already made her think about giving up. Another women felt because she smokes only a few cigarettes when out, the smoking ban would not really have an affect on her.

What would you do if a fire broke out in your house?

Most of the group felt that if a fire broke out in their home, they would see if they could tackle it themselves. The next option would be if they could not tackle it, to get everyone out of the house and call 999. One women gave an example regarding her children using the microwave to warm up some garlic bread they bought from Pizza Hut. The garlic bread was placed in a heat protection bag which had foil inside. They put this in the microwave and it caught alight. The mother stated they called her for help and she tackled it herself. The microwave was totally burnt out.

Have you ever looked for information about fire risk?

The group expressed they had not looked for any information on fire safety, all their knowledge has come from what they have been taught at school, their parents and what they have learnt themselves.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

The group also made it clear that the Government under played the risks of fire. They felt they should make people more aware about fire. They expressed how adverts used to be shown on television quite regularly, but this has stopped. They felt that due to there being different types of fire, they should be shown how to deal with each one. They feel the Government are concerned but not enough and fire awareness needs to be highlighted more. The group felt fire blankets, extinguishers and booklets should be distributed to

the public. They also felt surge protectors should be on a plug and they should be made cheaper for people to buy. A portable fire alarm should be at hand in the home – easy to reach.

The group all knew how to change the batteries in their smoke alarms, but felt there was not enough education on the smoke alarms. They need to show more on how to escape. They felt every room in the house should be built with fire doors and Council properties or Housing Association should invest more money in having a safety pack, even a colourful brochure with pictures so people who did not understand English could understand the pictures. The group felt that too much writing would put them off from reading; this is why it is better to have pictures. The group did state it should also be made for children to understand and to be interpreted into different languages, so everyone could understand how to protect themselves.

9.6.4 Section C – What would change attitudes

This group felt they would seek more advice if it was free and more available to them. They felt more adverts should be shown on television, ie, one women used an example of a chip pan fire and what to do if one did happen. Also by making children more aware and showing adverts in between children's programs to make them more alert of what to do if a fire happened.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?

This group thought of many ideas of how to advertise fire precautions on television. One women stated showing a mother at home cooking, which blows up and results in showing the precautions of how to deal with the fire and put it out. Another women stated you could show different scenes in the home and different types of fire and at each stage show what to do.

The group again stressed that people need reminding of the different fire dangers. They should be advertised on billboards, in schools, especially like providing trips to the fire station for the children or letting the fire service give presentations in schools. They should also show cartoons on television to attract children's' attention. Many of the group stated using shock tactics would grab the public's attention also. By showing people getting burnt would alert people of how fire can scar you for life.

A few members of the group felt that if people did not take notice, you could also show an advert of a person having a flashback of what they could have done to prevent a fire.

Where are you most likely to see an advert?

The group stated they were more likely to see an advert on the television, hear it on the radio, or from national and local newspapers. They again expressed the importance of trying to get the message across to everyone especially children. Family viewing times, especially in between when soaps are shown on television.

Who are you most influenced by?

The group stated they were most influenced by their parents, victims, ie, if they had experienced something they could learn from that, their doctor, the media and professional people, ie, the experts.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?

Other ideas the group finally contributed about raising awareness consisted of the same examples stated previously, together with showing how to treat burns and having safety shut offs, for example, some irons have this so when it gets overheated it automatically switches off.

9.7 Low Income Group – 27.03.07

9.7.1 Summary

Low Income Households – London

Demographics of group	
4	Aged between 26-39
5	Aged between 40-59
4	White British
3	Black Caribbean
2	Black British
2	Unemployed
7	Employed
4	Had children under 16 living at home
6	Smoked
3	Did not smoke
6	Smoked between 3-30 cigarettes a day

Alcohol consumption summary	
How much alcohol is consumed?	
3	Did not drink alcoholic drinks at all
6	Had 1-7 alcoholic drinks in a week
Where do they drink?	
6	Drank 1-7 alcoholic drinks at home
At any one time	
6	Drank 1-2 alcoholic drinks

Fire safety background and knowledge	
6	Had been given advice about safety in the home. This advice consisted of fire safety, food safety, electrical safety, tripping hazards and other types of talks.
9	Had a smoke alarm
2	Had a fire extinguisher
6	Had a chip pan that was used

Please note there was one person who attended the session who had not completed a questionnaire, resulting with the statistics showing for 9 people instead of 10.

9.7.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The following list of safety concerns in the home and in the community was constructed by the low income focus group:

- Fire in the home
- Burglary
- Safety on transport
- Bombs
- Mugging
- Safety in the streets
- Stabbings
- Shootings
- Mentally ill people out and about in the community
- Gangs (especially groups of Youths)
- Dangerous Dogs
- Electricity
- Gas and carbon-monoxide
- Structural damage to property.

What are you most and least worried about?

The group were able to rank their safety concerns in terms of priority and the majority agreed with each ranking. The following list of concerns is ranked in terms of what they worry about more:

1st. Safety in the streets:

  a. Gangs (especially groups of Youths)

  b. Stabbings

  c. Shootings

  d. Mentally ill people out and about in the community

  e. Dangerous Dogs

2nd. Fire in the home

3rd. Burglary

4th. Safety on transport:

  a. Bombs

  b. Mugging

5th. Gas and carbon-monoxide

6th. Electricity

7th. Structural Damage.

Why do you worry more about some than others?

When prompted about why the group worry more about safety in the street compared with some of the other concerns they listed it was because they were very aware of shootings and stabbings that they see and hear about on the television. There was also a feeling that people felt out of control of things that can happen to them when out and about on the streets and they never knew what was going to happen to them. Whereas with something such as gas leaks they felt there were more regulations in place and safety checks that happen to ensure that a gas leak did not happen. Therefore, they felt more in control of gas leaks because they felt as though they were preventable.

The group felt that fire was a large concern of theirs as well because they thought it could happen at any time in their home. One member of the group noted that it was something he has thought and worried about because he lives on the top floor of a block of flats and he has worried about how he and his wife would escape from their flat if a fire were to break out. There was a concern that people would worry about their children in a fire and their priority would be to get their children out first if a fire were to occur in their homes.

This group were also more concerned about burglary than other safety concerns. They felt that burglary was more likely to occur. It was thought that drugs were the main cause of burglary. This group were also very aware of burglary as they were often hearing about it on the news.

Has your concern about these risks led you to take precautions?
There were several precautions that this group took to protect themselves against their safety concerns. Several members of the group had dogs and although the main reason for buying the dogs was not for protection it was for a family pet, they felt more secure in their home because the dogs were large and would act as a deterrent from thieves breaking into the property.

All members of the focus group had a smoke detector installed in their property. Some members of the group also had burglar alarms. However, it was felt that they were not that effective any more because there are so many that go off accidentally that people do not pay much attention to them any more. One person noted that they felt they are very secure in their home because they have installed close circuit television around their property so they are able to see who comes and goes. Other members of the group noted that they were careful not to leave windows open when they go out, all noted they were very careful to lock up when they left their property and also some noted that when leaving their property at night time they would leave a light on.

In terms of being safe when out and about in the community one member of the group had a personal alarm, others noted that they got taxis if they had to go out at night by themselves. Others avoid going out on their own. One member of the group had a physical disability which meant that she had limited mobility and relied on crutches to move about. She felt very vulnerable when going out and about in the community and therefore avoided it as much as she could.

When prompted about how the group would feel about having a fire in their home the general impression was that they would be petrified. Several people mentioned that they felt fire was something out of their control, and that it can happen without someone knowing about it. Many people in the group thought that if there was a fire in their home they would not know what to do. Several people mentioned that there were different ways of extinguishing different types of fire and that not everyone is aware of the different methods, for example not putting water on a chip pan fire and so on.

The group thought that the worse thing about having a fire was to die or to lose your family in the fire. Some members of the group felt that being disfigured from being badly burnt would be a terrible thing to happen. The worse materials/possessions to lose in a fire would be photographs. It was thought by some that documents would be the worse things to lose however, other members of the group felt that these could be replaced but photographs could not be. One person noted that their pet dog would be their worst possession to lose in a fire, another mentioned his mobile. He thought this was particularly relevant because he felt that he would be able to phone the Fire Brigade from his mobile if there was a fire, however, if this had been damaged in the fire, then he would not be able to call 999.

9.7.3 Section B – Feelings about the risk from fire

Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?

Overall the group felt as though they were less at risk from having a fire in the home than other people. This is because the majority of the group considered themselves to be very careful and responsible people and they followed a bedtime routine that involved going around checking that everything was switched off including the oven and hob. However, there was one member of the group who noted that on a couple of occasions he had gone out and left food cooking in the house, to come home to find the food very badly burnt and producing a lot of smoke. Therefore, he is aware that he is forgetful and maybe likely to cause a fire from this.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

Some members of the group were smokers however; they noted that they rarely smoked in the house and if they did, they used ashtrays and therefore were unlikely to have a fire as a result of this.

What do you think about taking fire precautions?

Generally it was thought that fire safety precautions were a good idea. Everybody in the group had a smoke detector in their property. The majority of these were in the property when they moved in. However, there seemed to be some strange locations for the smoke detectors. One member of the group had the smoke detectors installed in their kitchen; others had them outside their kitchens on the ceilings. However, the majority of alarms were installed away from the kitchen on the hall ceilings downstairs and upstairs. One couple in the group noted that their smoke detector was connected to their light bulb and they tested this by turning a dimmer switch down and if it beeped then the battery needed replacing. One person in the group had a smoke detector, fire blanket and a fire extinguisher in their property and therefore felt very safe and thought that she was very unlikely to have a fire and if she did she was prepared for it.

Everybody in the group was aware of how to test their smoke detectors and all reported that they do test it. When prompted if they have ever changed the batteries and left the smoke detector without batteries for a few days or more, not one member of the group reported doing this. This group also reported that they did not ever take the batteries out of the smoke detector even if it went off repeatedly from a consequence of smoking.

No member of the group reported using deep ashtrays. Those members of the group that did use candles made sure they were in a heat resistant container.

How do you think the smoking ban might change how you smoke at home?

For those who smoked at home they generally thought that the smoking ban would not affect how they smoked at home. One person felt that eventually it may make her give up smoking altogether.

What would you do if a fire broke out in your house?

When prompted about what they would do if a fire broke out in their home the answers in the group ranged from; panicking, calling 999, getting family out of the home, closing all the doors in the property and tackling the fire. Many responses involved people checking to see if they are able to first tackle the fire and secondly either doing so or escaping and then dialling 999 or dialling 999 then escaping.

Have you ever had someone check your home for fire risk? Would you have a check if it was offered to you? What might stop you from having such a check?

One member of the group had actively requested a HFRC from the FRS. Another member of the group had a child who had taken an interest in fire and therefore had gone to the FRS to be educated about the dangers of fire, this sounded as if it was through a young fire setter's scheme however, the member of the focus group did not refer to this as such. As a result of this the family as a whole were given information on fire safety in the form of a video that they could watch.

When the facilitator explained about what HFRCs were to the focus group they all seemed to think this was a very good idea and they all thought that they would like to have one and could not think of any reasons why they would not have a HFRC carried out in their home.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

This group thought that overall the Government were not concerned enough about fire in the home; it was thought that at the moment they were concentrating on other things and that fire in the home was not a priority. It is thought that fire is not talked about enough by the Government and that they can do more to prompt it through adverts and posters. There was also a feeling within the group that the Government have made cut backs and have closed some Fire Brigades as a result of this which could lead to a higher response time by the FRS. There was also a general feeling within the group that the Government were now doing less in schools in terms of educating children about fire safety and that more should be done. One member of the group felt that by educating her children they would be very likely to come back and tell her everything they had learnt about fire safety and also be likely to correct the parents' behaviours if they were doing something that the children had learnt was unsafe.

9.7.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?

There were several suggestions made by the group that would motivate them or encourage them to take fire safety advice, these included:

- Having a fire in the home

- If they knew somebody who had a fire

- A poster or an advert at prime time television.

It was felt by several members of the group that the Government used to show fire safety adverts; however, they have stopped doing this now. One member of the group remembered an advert highlighted the dangers of a chip pan.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?

The group felt that using a shock tactic was the best method of getting people to pay attention to fire safety advice. Ways of doing this included showing pictures of people who had been burnt in a house fire. Another suggestion was to get people's attention possibly hearing the noise of people screaming who have been trapped by a fire and can not escape.

The important safety messages it was thought that were needed to be put across in these adverts were to educate people to be safe when smoking in the home, to remind people to check their smoke detectors to ensure they were working and to switch everything off in the home before going to bed and not leaving electrical items on stand-by, such as the television. This group thought that it was particularly important to get the fire safety message across to not only parents but to their children as well. They believed that children should be given more education in schools and adverts about fire safety should be shown during kids television time on the television.

Where are you most likely to see an advert?

This group noted that the main way that they would see a fire safety advert would be via the television. This group also stressed that they felt fire safety messages should be visual. One person suggested that the adverts could be shown during the trailers of a film shown at the cinema. This group did use other types of media such as radio, internet and free newspapers, such as the London Lite and the London Paper. However, it was stressed that the best way to show a fire safety advert would be via the television. Some thought they would not listen to their GP, this was because they do not go to their GPs very often.

Who are you most influenced by?

This group felt that they are firstly most influenced by their family. However, the conversation turned back to fire safety and they thought they would pay most attention to a fire officer giving fire safety information. They also felt that if the fire officer gave examples of fires that they have seen and what the causes were, this would also make them pay attention to the fire advice being given. This group felt that they would like advice given to them face-to-face, therefore having a stand in a shopping centre might be one way of doing this. Again it was highlighted at this point the importance of educating children as a way of influencing parents.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
One member of the group had previously attended a shop that had been taken over by the police service. They were handing out security packs to people and from this she got all the information she needed to be secure in the home. This member of the group felt that the FRS should do something similar because by word of mouth, this spreads and all her friends, neighbours and family had gone to the shop to get their free security packs. Therefore she felt that if the FRS did do this, word would get around in the community and people would voluntarily come and get free fire safety advice, especially if they were given out free fire safety packs that included fire blankets, smoke detectors and advice about fire safety.

The group felt that more needs to be done to advertise HFRC, the majority of the group had not heard of this and as highlighted earlier they all thought it was a good idea and could not think of any reason not to have a HFRC.

9.8 Elderly Person's group – 20.03.07 (Advocated)

9.8.1 Summary
Elderly (Advocated group) – Rotherham
- All nine people were white

- This group were not capable of looking after themselves. They were more reliant on other people to do things for them

- They lived in Sheltered Accommodation or Warden Assisted Accommodation

- Some of the group smoked

- The people who smoked said they did not smoke in the home, but smoked outside

- They all generally felt safe in their homes and they had panic alarms or alarms installed in their homes

- The group did not cook for themselves and they had meals on wheels, which was delivered to their doors

- The group had been given a safety talk about fire.

9.8.2 Section A – Where does risk from fire rank relative to other risks and why?
What are your main concerns about safety in the home and community?
Generally there were very few concerns about hazards in the home and out and about in the community. The group were not able to come up with a list of their safety concerns. Some members of the group noted that they can not go out and about in the community anymore and so they generally have little concern about this.

What are you most and least worried about?
This group were unable to identify what they would worry about in terms of safety in the home and in the community.

Why do you worry more about some than others?
The members of this focus group mainly lived in sheltered accommodation or warden assisted accommodation. Generally the group felt as though they were well looked after and had little concerns or worries. The majority of the focus group no longer cooked for themselves instead they had either microwave meals or had meals delivered to their doors in the form of 'Meals on Wheels'. Many of the members of the focus groups not only were in sheltered accommodation but had their family members visit them on a regular basis, in some cases daily. This reassured the members of the focus group that they were safe in their home. The majority of the members of the focus group also noted that they had a panic button or alarm that was either installed somewhere in their home or which they wore around their neck.

Safety in the community was not an issue for this group of people because many of them no longer went out and about certainly not on their own. However, one member of the focus group noted that they were a bit worried about slips and trips.

Has your concern about these risks led you to take precautions?
The group could not think of any precautions that they took.

How do you feel about the possibility of a fire happening in your home?
The focus group was not worried about having a fire. As mentioned previously the group did not cook using an oven any more, they all used microwaves to cook their dinner or had meals on wheels delivered to their doors. One member of the group noted that they do not have any gas and do not have any open fires in the home. Many noted that they do not have any gas only electricity. When prompted the group noted that they do not use candles.

Generally the group thought that they would be frightened of having a fire in the home. It was noted that the worst consequence that could happen from a fire would be to lose their life. It was thought that you can replace material possessions but their lives were irreplaceable.

9.8.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
This group did not seem too concerned about the possibility of having a fire in the home. It was difficult to get them to answer whether they thought they were more or less likely to cause a fire. However, as mentioned above, this group were not worried about having a fire because they do not cook any more and some have had their gas fires removed and others have no gas in the property.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

A few members of the focus group noted that they smoked; however, all noted that they smoked outside and not in the house and therefore were unlikely to cause a fire inside the home from smoking.

What do you think about taking fire precautions?

All members of this focus group had a smoke detector apart from one. All of which were fitted by the Fire Rescue Service. One member of the focus group mentioned that he closed all the doors at night time.

Again it was highlighted at this point that not one member of the focus group cooked meals for themselves using a cooker, all used microwaves, had meals on wheels delivered or family members would come round to cook for them.

How do you think the smoking ban might change how you smoke at home?

It was thought that the smoking ban would have no impact on how this group smoked at home. Generally those that smoked did not do so inside the house.

What would you do if a fire broke out in your house?

Again there was little response from this question. However there were a couple of responses from members of the focus group who said they would try and put the fire out or they would try to get out of the building. This was noted by one member of the group who was physically impaired and was unable to walk unaided and therefore was a particularly important consideration for her. She needed to know she would be able to escape from the building because she has very limited mobility.

Have you ever looked for information on fire risk?

No members of the group had ever looked for information on fire risk.

Have you ever had someone check your home for fire risk? Would you have a check if it was offered to you? What might stop you from having such a check?

Some members of the group had previously had a HFRC. Those who had not had a HFRC thought that they would have one if it was offered to them.

9.8.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?

If somebody put burning materials through the letter box this would encourage one member of the group to get advice about fire safety. Pictures of burning items would encourage another member of the group to get advice about fire safety.

If you were to design a picture or advert to show people to encourage them to be more careful about fire, what you include?

Having an advert to educate people about the dangers of having a chip pan fire was one suggestion by the group. Some of the group felt that targeting smokers and educating them about the dangers of smoking in the home was important. Others felt that advice should be given on being careful with matches, lighters and candles especially when people have children. Keeping all these things away from children was stressed by this group. It is important not to have any naked flames in the home and to get rid of gas fires and chip pans in the home.

Where are you most likely to see an advert?

- Television (although some people in the group were visually impaired and therefore only listened to the television and were not able to watch it)

- Listen to radio (local radio stations such as Radio Sheffield)

- Read newspapers.

Who are you most influenced by?

They listened to experts giving advice about fire safety, such as Fire Officers. The members of the group noted that they would listen to family members and friends, others noted that they would listen to Government adverts on the television.

9.8.5 Section D – Experience of Advocates

What did they learn from the Fire Safety Advocates?

This group learnt about chip pan safety. They also learnt how to deal with fires and how to put certain fires out such as chip pan fires using damp cloths. As well as this they learnt to keep bedroom doors shut at night.

Was there anything else you wanted them to talk about?

Again there was little response to this question; one person noted that they were not taught about how to escape from a fire if there was one.

Was the Advocate clear and persuasive?

Generally the group thought that the Advocate was clear and the group could hear everything that was being said.

What changes have you made since the fire safety talk?

The group noted that they were now more aware of fire safety hazards and were more careful in their home. Most of the group noted they pulled plugs out of the wall now and are generally more careful around electrics.

9.9 Elderly Group 19.03.07 (Not Advocated)

9.9.1 Summary
Elderly (Non-Advocated group) – Rotherham

- All seven people were white

- Many of the group took different safety precautions – such as having carbon monoxide detectors and smoke alarms

- Although this group were elderly, they were not incapable of doing things for themselves. They were quite independent

- No one in the group smoked – there were a few who smoked in the past, but have now given up

- 1 out of 7 had 2 fire extinguishers

- 1 out of 7 had a fire blanket

- 7 out of 7 had smoke alarms

- Some of the group had deep fat fryers and felt this was safer to use than a chip pan

- 7 out of 7 people said they would have a HFRC.

9.9.2 Section A – Where does risk from fire rank relative to other risks and why?
What are your main concerns about safety in the home and community?
The main concerns of the Elderly group, in the home and out in the community consisted of:

- Not staying out in the dark out in the community, (prefer to stay in)

- Stairs (both out and in doors)

- Slipping and tripping, (One man had a hip operation and he explained that his brain tells him to lift his feet when walking but it does not happen)

- Pavements (have to be very observant)

- Fire (One women gave an example where her mother, who was elderly, had left a tin on the electric cooker and forgot about it)

- Carbon monoxide

- Another member of the group had a scare where the pilot light would not go out

- Another women can not see – (colour blindness and visually impaired), worried about gas

- Opening the door at night, (security).

What are you most and least worried about?

This group had many concerns and gave more examples of these. One member explained they felt there was not enough Police on duty because when you ring them, they say there is nothing they can do to help and they do not come out. Another few members of the group expressed concern about hoax phone calls (people calling and selling you products you do not want).

Overall, the group felt fire was their main concern. This led on to carbon monoxide which was their second concern. Crime, especially breaking into people's homes (burglary), slipping/tripping and hoax calls were at the bottom but were just as important as the ones at the top of the list. Gangs hanging out on the street made them scared, resulting in some of them not going out after dark.

Why do you worry more about some than others?

This group felt that they worry more about fire because a lot of things happen during the night, more than during the day, especially fire. One women stated her husband was on oxygen and was extremely worried about fire happening in their home. The group explained there were more chances of having a fire than someone breaking into your home. One member of the group said there should be alarms that deaf people can hear.

Has your concern about these risks led you to take precautions?

The group did express that they had taken many precautions. They have carbon monoxide detectors, smoke alarms – where the safety light comes on, window locks – (needed especially when you go away). A few members of the group did not leave keys in the front door so thieves can not gain access easily. Others noted having safety locks on the windows.

Some group members expressed although they have these things, they were worried to leave their homes, due to crime – robbery, and they felt they should not have to hide things in their own homes. Another issue was night/day burglar alarms and smoke alarms that should be in place, although when normal alarms go off, no one really pays attention to them because so many alarms go off nowadays. Another women stated if there was a fire, you have to be fit enough to get out; the ability to escape is hard and scary. Also one final comment was made that when people visit their homes, they should have identification.

Why do you think you are more/less concerned about fire than about the other risks in the home or community?

The group stated that they do think about fire and always made sure that everything was switched off before they went out. They felt they were more at risk for having a fire because they were elderly and were slower. They all expressed that if a fire were to happen, they all knew what to do, but if it actually happens then they were not sure they would know how to deal with it. They felt everything gets jumbled – (because they are old) and they will panic. One member expressed, if they fell, they were on their own.

The worst thing the group felt about having a fire would be trying to get out if they were upstairs because it was a high drop from the window. Some of them said they have double glazing in their homes. Another member said they were scared of losing everything – if they lost their home where would they go? Another concern was if they were wearing a long item of clothing – if this were to ignite and catch a fire. They all felt that material things did not matter to them. They were concerned for their pets (the ones that had them) and another women stated your life would be most valuable – especially her husband who could not look after himself, they have a stair lift in their home, if a fire happened they would not be able to get out.

9.9.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
The group did have a lot to say about this but overall they felt they were not more vulnerable, but more at risk. They said when you are old, people do not think about how vulnerable you become. Young people sometimes are careless. Smoking – they were put off completely by it. They were concerned also about the little windows at the top that are good from a security perspective but not very good if you need to escape out of them due to a fire in the home.

The group did give some examples where one person stated they had left the gas fire on late at night and had forgotten it. Another member stated one of their family members was watching the England match and had left the grill on with some fish cakes. After a while, there was so much smoke the smoke alarm started ringing and alerted them of it. They said because they were elderly they were more likely to forget. Now, after that experience, she made sure she checks everything two or three times over.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
No one in the group smoked. There were a few who used to smoke. One women stated her husband smoked in bed and one day he burnt through the blankets and right to the mattress. Since that he never smoked in the house, always at the bottom of the garden.

What do you think about taking fire precautions?
The group felt that taking fire precautions was a great idea and came up with many of them that would be useful. One member of the group stated they had burnt toast and the smoke alarm went off for that. They stated they checked the cooker hobs, some even stated they pulled out all the plugs. For a bedtime routine, some close all their doors at night, but left the stairs door open during the day. Some members of the group thought of what could even start fires, ie, plugs getting hot after being left plugged in all the time. One gave an example of curtains catching a fire, via a plug, where it had gone through the cable and set curtains alight. It was in the kitchen also, very near to the cooker.

Some members of the group had deep fat fryers and they felt safer to use them than the chip pan, which is more dangerous. Some used scented candles and they stated they did not leave them unattended. The entire group had smoke detectors. Some were not sure whether theirs was in the right place. Another member stated the gas man had put up their one in the hallway. Another member said that Age Concern installed theirs at the bottom and top of the stairs on the ceiling. One person had two fire extinguishers, another had a fire blanket. The entire group did check the smoke alarms and the batteries, sometimes every week, every 6 months, some had never tested it and some maybe every year. Some stated that it makes a noise to warn them before the batteries die. Another member stated their smoke detector lit up and flashed.

What would you do if a fire broke out in your house?
The group stated if a fire were to break out in their house, they would:

- Run

- Get outside as quick as they could

- Look for something to put on

- Take their hand bag and dial 999

- Go to the nearest exit (escape) door

- If there was time and they could tackle the fire, use the extinguisher

- Go to a neighbour and call 999

- Be aware of back draft.

Have you ever looked for information about fire risk?
The group said they had not looked for any information on fire. They said people's attitudes were that it will never happen to them.

One member of the group said a fireman came to her house and they worked out a fire escape route. But, one person said what happens if that escape route is on fire, how would you get out? Another member said if a person had no checks and there were lots of fumes, they would crawl on their hands and knees to escape.

Would you have a HFRC if it was offered to you?
The entire group said they would like a HFRC. They think it is a good thing to do.

9.9.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?
The group all thought that if a fire had happened to someone else, then this would motivate them to get advice about fire safety. One person said they saw a caravan which had burst into flames and this made them more aware, that image never got out their head.

The group felt that seeing someone on fire would make them remember permanently – the shock factor. One member said her aunty died from being burnt in a fire and she never forgot this. They also mentioned seeing a child being burnt would raise their awareness and also images of adults and children not being able to escape from a burning building.

What do you think would persuade or encourage someone like yourself to take fire safety precautions or be more careful about fire?
One member of the group has a son who is profoundly deaf and one day there was a constant ticking from the smoke detector and her daughter turned it off. Since then, this has made her to be more safety cautious. Another group member said that keeping the battery up to date would encourage someone to be more careful about fire. Another group member mentioned an alarm that vibrates lights and has sprinklers, so if a fire started it could put it out.

If you were to design a picture or advert to show people to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?
The group felt that if they were to design an advert, they would advise people to cut out smoking, place guards around open fires, include picture/images of children or adults – show them being trapped and not being able to escape from a fire, even someone dying from carbon monoxide fumes would make a good impact on an advert.

In general, the group gave a list of ideas they felt were important to have in an advert, these were:

- Getting a smoke detector

- Making sure electrical plugs and wires are safe

- Placing telephones around the home

- Having a vibrator or something to alert them of a fire

- Panic buttons beside phones to make the neighbours alert, by making a loud noise

- Checking wiring (if an older house)

- Making other people/neighbours aware, ie, banging on the doors/walls

- Having alarms around their necks – so if anything happened it is right there for them to access

- Having a warning flashing light

- Making sure their walking stick is at hand

- Lots of people do not use their front door; they use the back, so making sure everyone has an escape route is important.

Where do you think people like yourselves are most likely to see such an advert?

Some members of the group stated there were lots of other adverts on television, eg, cars, why do they not advertise and show an elderly person in a Zimmer frame. That would make people think about the elderly. One person mentioned giving a spare key to their neighbour and even checking with them on a regular basis – anytime of the day. One women said that is what she does between her and her neighbour, they look out for one another. Another person again mentioned exit routes and making sure there were two doors, but one person said that some of the pensioner bungalows only have one door.

Another person mentioned advertising in the Post Office. One person said sometimes there were too many adverts up there and people might not read them. Another person said he did not buy a newspaper. Many of the group listened to the radio. For one member who is deaf, she gets the talking books/newspapers all on tape. The entire group stated they did get leaflets through their door, but they would not read them and just throw in the bin, so they thought this would not be a good way to advertise.

The group always watch television, especially the news in the evening. This group were also keen listeners of the local radio station – Radio Sheffield, Hallam and 5 live. One member stated it would be a good idea to conduct presentations at day centres, but there were only a small percentage of people who are able to go. Most elderly people lived on their own and tend not to go out.

The group all thought it would be great if a television advert were to use shock tactics. They felt showing someone not being able to escape would be good and possibly showing positive statements/points at the end of the advertisement, especially showing people they should have two exit doors and not blocking one of them up – to enable having this as an escape route.

Who are you most influenced by?

The group expressed they are influenced by adverts they see on the television. They felt the advert registers in their minds. They explained an advert should be hard hitting – tragic, but not terrifying. They should show someone trying to escape. Another idea was to show not leaving lose papers on the tops of fire places, especially if children could get hold of these and it was near a fire place.

Who or what would you say you are most influenced by – who's opinion would you listen to?

One of the members of the group felt that at times, when the adverts are on, that this is the time when people at home have their dinner. So some people may not get to see what is being advertised.

The group felt they would listen to anyone and they would choose the most important advice from what is being said or shown to them. The group felt if something is demonstrated to them also, they would pay attention and buy, for example, if someone was selling them something.

The group kept on thinking about what could be shown in an advert and felt real life examples should be shown. It would hit home more to an older person. One person used the example of 9/11 and seeing how that happened, do something similar. For example, showing a high-rise block of flats, where there is only one door, lifts being out of order and people having to jump to save their lives from a fire.

One women thought a good time to advertise about fire safety would be around bonfire night. She stated she always puts a bowl of water under her letter box, in case someone puts something through her letter box. This is something that she learnt from her mother.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
One women used an example of Beamish – an old transport museum; the group felt there should be a museum to show horrors of fires and how to be able to look after yourself. Another person stated that the adverts on television should show the elderly people and show how to make them feel safer. Show them falling for example, or different areas in the house, the different things that could happen to them. Also show adverts in different languages, to make everyone understand what is being said. Again, one member stated, people do not realise until an accident happens, which may be too late.

A few members of the group said having leaflets put through the door, showing about safety and giving advice on being safe. Possibly even having a booklet, but the group all felt the best place to advertise was the television. Especially after the news or when the soaps are on, or generally from tea-time, about 6pm – 10pm.

Another idea was to have presents for Christmas, for example, make children more aware by giving them small gifts. Even having gifts for adults/family members, ie, fire extinguishers, instead of buying something they do not need. People should make the most of the events/holidays in the calendar year.

9.10 Visually Impaired Group – 25.04.2007 (Advocated)

9.10.1 Summary
Visually Impaired (Advocated group) – Sheffield
- All 10 people were white
- Some of the group were partially sighted, while others were blind
- There were no smokers in the group

- Some of the group had smoke alarms

- Some of the group had children and adult children

- The group had been given a safety talk about fire.

9.10.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The main concerns of the Visually Impaired group, in the home and out in the community consisted of:

- Chip pans

- Being able to escape – from having a fire, especially if there is a gas fire in the home

- People coming into your property – letting strangers into the home – people pretending to be someone else and stealing from the property, eg, jewellery, money, etc

- Public buildings – eg, cinemas and theatres because they do not see very well, they can not see where the exits are. If ushers are not there to help, or someone to point them in the right direction, how would they get out

- Fire drills – people tend to ignore this

- Stair lift – if fire breaks out, how to escape

- Smoke detector connected to light

- Crossings – although some members of the group may have a white cane, some cars do not seem concerned or bothered by this and continue driving on

- No smoke alarm

- Carbon monoxide detector – how to test

- Steps/pavements

- Security in home.

What are you most and least worried about?

This group had many concerns. They stated they were most worried about escaping from their home, or anywhere else, if a fire were to break out. Due to some of the group being older, they felt that if they were upstairs in their home and a fire broke out downstairs, their only route of escape would be to jump out of the window, which one women stated she does not think she could do. Another man stated he has a stair lift in his home and how would it work if there was a fire, due to it being electrically operated. He can not walk very well and was quite concerned about this because he thought if there was a fire downstairs in the home and he was upstairs, he questioned how he would escape.

The next concern was so called door to door sales people coming to people's properties and pretending to be someone who they are not. They can easily talk their way into getting inside the property and this results in theft/robberies of their homes. One women stated she did not open her front door without the key chain being kept on and she was worried about whom the person could be and the results of what could happen to her.

Most people felt safe in their homes but it was when they were out in public, where they felt unsafe. Another issue they raised was that some of them lived on their own and were bothered and concerned about everything. One women explained that she worried about anything, for example, if she heard a noise outside, she thinks it may be intruders and her mind starts to wander but then she stated there are times when she would not even think about this at all. She also kept her doors locked. One women explained that she did not have a smoke alarm in her home but now she has two fitted and she feels a lot safer in her home. A few of the group also lived with their families, who were sighted people, but still felt safe, more at home than outside.

Most of the group noted they do not use chip pans as they are extremely dangerous. Another women stated she was too trusting and believed people who came to her door; they were who they said they were, until from a personal experience, one man stole from her. So, as a result of this, she has become much safer and answers the door with the door chain on. One member of the group explained that he had a smoke detector, which was connected to the light and was quite worried about this, especially because he did not know how to test it and did not want to have to actually burn food whilst cooking it, just to test whether the alarm was working. One other member had a carbon monoxide detector and was also unsure of how to test it and queried about how often to change the batteries in them.

One women raised the issue that due to her reduced vision, when out in public, she is unable to see the green man at crossings. Therefore thinks it would be a good idea, especially where there are steps or the edge of the pavement, if these were painted to avoid any slips/trips. By doing this, it would help them to see and move around more confidently out and about in the community.

There were one or two people who stated they felt safe in the home and were not worried about anything. One member of the group stated nothing worries him at all. Another women stated she had never really thought about it and felt quite safe.

Why do you worry more about some than others?
One member of the group said when she is at home; she has secure doors and locks and can lock everyone out. It is her way of being personally safe at home and shutting the outside world out. Another member said she had new doors fitted and when you pull the handle up, it locks. One women stated that when living on your own, you have to be more alert and aware of everything, but she stated that she is always concerned about everything and there is always something to be bothered about – you can not say you are not bothered about anything because you have to be, especially when living on your own.

Has your concern about these risks led you to take precautions?
The group felt they took precautions at all times, due to their disability. Again, the women who explained about letting people into your home, when you think they are someone of importance she stated she always locks her doors. She explained another incident where a man had jumped all the neighbours fences and was at the back of her garden, due to there being a big bush at the back, she was quite frightened because she did not know where the man might have ran from there.

Another member of the group stated they had a bedtime routine and always closed all the doors before going to bed. One women said she did not think about having a routine, she was always half asleep and would just go straight to bed. Another group member said she kept her keys to the front and back door in the lounge, where she can have easy access to both doors and in case anything should happen to her. She stated she always kept them in the same place all the time, but decided to move them. Another person mentioned previously having a key rack on the wall, but people could easily see it from the outside, so now he puts his key in a drawer. There were also no smokers amongst the group.

How do you feel about the possibility of a fire happening in your home?
The entire group thought the possibility of having a fire was frightening and scary. One man said it is an unknown quantity – you never know when something could happen. The group felt they would panic and would be frightened of not being able to escape from their home. One man said that due to living on the ground floor, he can easily just step outside and he would be safe.

Why do you think you are more/less concerned about fire than about the other risks in the home or community?
Some of the group had mixed feelings about being at a greater or lesser risk from having a fire due to their impairment. They did feel more vulnerable but they felt it did not change their normal activity. They felt that if you live on your own, if you put something in a certain place, it would always be there, but when living with other people, there is always someone who may change the place where something was left, for example, one women mentioned keys, her family are all sighted and if they move something and they have not told her, she would have to search all over to find them. This can cause a lot of inconvenience and waste time and energy. It is vital to know where things are when you can not see and should be put in a safe place. One man said he hid his keys behind his coat, instead of leaving it in a place that it could easily be found. Another man also said it is good to plan an easy escape route. For those who live on the ground floor it would be made easier to help others escape, especially in a high rise block. If window keys were at hand then someone would be able to unlock the windows and get out in the event of a fire.

What do you think would be the worst thing about having a fire? What would you least want to lose?

The group felt the worst thing about having a fire was not being able to escape. Some of the group thought they would panic. The thing they would want to lose least in a fire would be their house, jewellery (sentimental value) and photos.

9.10.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?

The group all thought about this very carefully and stated because they were already quite careful people, they do not feel they are more likely to have a fire. They felt every individual, no matter whether they had impairments or not, all have the same, equal chance of things happening to them.

One member of the group gave an example of herself and her son who is a sighted person. She said her son who lives with her, needs a light on in the house; however, she does not because although she can not see, she knows her way around her house. Therefore, she feels that she would be less likely to have a fire.

Most of the group felt that they were frightened of ever having to experience an electrical fault. They felt that it is the unknown they were most frightened of and not being able to have that control if something did happen.

The group gave further examples and again stated that fires can happen to anybody. For example, there could be children playing upstairs in a flat above, with matches and there would be no way of knowing this. One member of the group talked about people who live in high rise flats and what happens when the lift does not work when a fire breaks out. They usually only have one exit route, what happens if this gets blocked by a fire, how would people escape? The group stated that when a person can not see, it is in the back of their minds all the time to be that little bit extra conscious, of what is going on around them. They have to be more careful due to their impairment.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

There were no smokers in the group.

What do you think about taking fire precautions?

The group felt that fire precautions were a good thing and most of the group had a smoke alarm. There was one women who explained that when the people came round to install smoke alarms in the area where she lived, she must have missed it or had been away at the time, as she did not get one installed. For the people who did have a smoke alarm, there were a few people who tested theirs, but there were also some who did not know how to test theirs. One member of the group noted it would easily go off, but they did not know how to turn it off. Some of the group could change the batteries and one person said they

never left them without any batteries. However some members of the group did note that they have disabled them in the past because they kept going off. No one in the group vacuumed their smoke alarm.

All of the group were aware of where the smoke detectors should be placed in the home. They all had theirs either at the bottom or the top of the stairs. Most of the group had their family members, ie, son to install the smoke alarm, whereas another person already had their one installed when they moved into their property.

What would you do if a fire broke out in your house?
The group noted they would get out of the property, try to isolate the fire and dial 999 for the Fire Brigade. One member of the group thought it all depended on where the fire was in the house and where you would be at that particular moment. This man said if he was downstairs, he could escape through the back door, but again, it all depends where the fire is. Another member of the group stated they would just try to escape and call 999. Another women said she would inform a neighbour or someone that she was escaping.

Many of the group stated they had a bedtime routine that involved doing things, such as shutting all doors. They would always check before going to bed and one person noted they would put their keys in a safe place where they could easily be reached in an emergency. Another person noted that she disconnected all the electrics at bedtime. Another person stated that she did not use chip pans any longer but used a deep fat fryer for safety. Another member of the group stated they had a city wide alarm also.

Have you ever looked for information about fire risk?
One man said that his daughter was a police woman and they had their own people to check and give advice about fire to. Generally, the group said that a HFRC was a good thing to have and they would have one done, provided it was carried out by the Fire Brigade.

9.10.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?
Generally, the group felt that having a fire would encourage them to seek advice about fire safety because then it would make them more aware. One member of the group thought that her smoke alarm was old and the batteries would need changing.

What do you think would persuade or encourage someone like yourself to take fire safety precautions or be more careful about fire?
Having lost someone or knowing someone who died in a fire would encourage the group to take extra precautions.

If you were to design a picture or advert to show people to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?

If the group had to design an advert, they stated they would use shock tactics. So the advert would include people who had experienced a fire and showed the public what they looked like, ie, if someone had experienced horrific burns like a little child. Another idea was to show a family dying in a fire. One women noted that seeing Simon Weston and remembering his horrific burns has stayed with her ever since she saw what he went through, (this was shown on the television). She said that has stayed with her and remembering how he suffered – although he survived – would be an experience she would not want to go through.

The message that should be included in an advert should be:

- Take care

- Do not play with matches

- Use fireguards

- Make sure cigarettes and candles are put out properly

- Flammable materials, ie – weed killer, put in the shed outside instead of under the kitchen sink.

Where do you think people like yourselves are most likely to see such an advert?

This group felt they were more likely to see/hear an advert on the radio because they all listened to it. Due to some members of the group being partially sighted, a few said the television or a public bus. One member of the group who was blind stated that although they can not see, if the advert was descriptive, then that could help get the message across more clearly too visually impaired people.

Who or what would you say you are most influenced by – who's opinion would you listen to?

The group felt their families and friends were who they were most influenced by. A few members of the group mentioned the fire service and listening to the advice and precautions they would issue to the general public.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?

The group felt that it would be best to target children and teach them in schools about fire awareness and the dangers it can cause.

9.10.5 Section D – Experience of Advocates
What was your overall experience of Advocates?
The group all stated their overall experience of the Community Fire Advocates was very good, informative and they all learnt from it.

Did you learn anything from the Advocates on fire safety?
The group all learnt from the experience. They learnt that the scented plug ins were very easy to catch fire due to the plastic it is covered by and when it heats up how badly this could cause a fire. Another member of the group stated it made them more aware of fire and some simple fire safety precautions they could take, such as shutting doors at night. Another person learnt from the Advocate that plugs could be dangerous and should use the leaded plug with 3 or 4 different sockets, not the type that has the one plug that has many sockets within the one plug. One women learnt that fire can really happen to anyone because it is something she does not really think about. One man also noted that he learnt not to overload sockets and people should be aware of this.

What did you find most useful about your experience?
The group again expressed how good it was to have that talk and thought that it covered most aspects of fire safety. They felt it was interesting. One man learnt that 13 amp fuse plugs, for example, ones that had 13 amp fuses, sometimes when using can easily be overloaded, if used for more than one appliance. One women noted that she did not put her washing on at night because this was a fire hazard and this is something she learnt from the Advocate.

Was there anything else you would like them to have done/talked about?
The group all felt the Advocate covered everything.

Was the Advocate clear and persuasive?
The group felt she spoke clearly and was very persuasive. There was nothing else she could have done. She even brought examples to show them.

What changes have you made as a result of meeting the Fire Safety Advocate?
One women again said she did not use her washing machine at night. Another is wary about plugs being switched on and another few people all have bedtime routines.

9.11 Visually Impaired Group – 25.04.2007 (Not Advocated)

9.11.1 Summary
Visually Impaired (Non-Advocated group) – Sheffield

- All 7 people were white

- Some of the group were partially sighted, while others were blind

- There were no smokers in the group

- Many of the group had smoke alarms

- They also had panic alarms, fire extinguishers, fire blankets and door chains

- Some of the group had children and adult children

- One man said he had a HFRC.

9.11.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?

The main concerns of the Visually Impaired group, in the home and out in the community consisted of:

- Vulnerability – not in the neighbourhood because they feel fairly safe but they feel that people can take more advantage of them, especially when they are using their white cane and carrying their bags. They feel they are more of an easy target, especially for theft – people seeing they have their white cane enabling them to steal their handbags, etc. Even in their own home – answering the door to unknown people, this is difficult because they can not see a person's ID or even if someone is wearing a uniform or not and now this has resulted in some of them opening the door with the door chain on

- One women stated that fire did not worry her, but staying out of her home ie, at a hotel does, especially from past experience and not knowing where fire exits are

- Finding ways around unfamiliar buildings – everything looks the same colour, although the environments are different. One women gave an example of when she went swimming at her local swimming baths, there was a fire drill and everyone had to evacuate, but this was a frightening experience, as she did not get much help from anyone and felt confused and did not know what to do. One women said if there was no one else around and the fire alarm went off, then that would make them extra precautious and weary because their main concern would be trying to understand what was going on and trying to escape – get out of the building. If the environment is not familiar and something happens, they would not be sure of which direction to go

- Fire – one women expressed that recently she had accidentally set alight her wooden spoon handle, which had slipped after she had placed it somewhere to prop it up. She also explained that she was using oven gloves and when she went to take something out of the oven, one side of the glove fell down to where the flame was. Although she is partially sighted, she expressed this has been a worry to her and that she needs to be more careful, as she is becoming 'lethal'. This women also stated she cooked using gas and although she is partially sighted, she would still buy another gas cooker, than buy an electric one, because she only knows how to cook on a gas cooker. Another member of the group stated they had a gas cooker, rather than an electric one, where they can not see the colour of the burner

- Electrics – one women discussed about modern appliances and how there are lots of buttons, especially with digital type appliances, which she found very difficult to use

- One member of the group said they had a fire blanket but did not know how to use it

- Issue with cooking

- Water – one women said her water tank was ancient and if water was to cascade from the ceiling, she would not know what to do.

What are you most and least worried about?
The group said they were most worried about electrical appliances. A few people said they would get someone from outside to check their plugs, etc, if a fuse had blown or if there was a lose wire. One man said that it is best to call someone (ie, an electrician), to sort out any electrical problems, rather than doing it yourself. That way, there is no confusion and all electrical wiring would be fitted correctly, ensuring safety in the home.

Why do you worry more about some than others?
A few members of the group were most worried when they were out and about in the community because they felt vulnerable, in particular at traffic lights and crossings. One women went on to say that although people see you with a white cane, when they ask the public for help, they usually tend to get ignored. Another women said if you go out in familiar surroundings and one day there happens to be a slight change, ie, road works, etc, she can get disorientated and confused of where she has to go. One women said she did not worry about this because she felt more worried about safety in the home because she is responsible for what happens and anything that does occur is down to her.

Has your concern about these risks led you to take precautions?
One man stated that he had a smoke alarm and panic alarm which he can take out with him. Most of the group had mobile phones which made them feel secure because they stated if they got into trouble they could ring for help at anytime, should they need it. Another man said he had a burglar alarm installed. Many of the group had a few safety precautions in their homes like smoke and personal (panic) alarms, fire extinguishers, fire blankets and door chains. One women said for her own safety of being mugged, she had a rucksack instead of a handbag, which could easily be slashed. Another women said that if she is out late, she walks with her keys in her hand and she walks with purpose. She stated this is the only item that can be used legally in a person's hand. She and a few other members of the group felt that when people such as themselves walked in a certain way – ie, look more vulnerable and walk looking like you are frightened, people would tend to pick on them more, but when they walked with meaning and confidence; people tend to leave them alone.

How do you feel about the possibility of a fire happening in your home?

Some of the group said they checked their cooker dials every time they left the house. One person mentioned always unplugging the iron. Candles were also an issue, one person had experienced a candle fire and luckily she had a smoke alarm which alerted her and her family of the fire. Since this happened, she said that if she did use a candle, she would not put any form of decoration around it, as this is what had caused her fire previously. Another member said if she uses candles, she would place them on something wide and would even light it over the sink. Another member of the group said he felt vulnerable because on one occasion he fell asleep and left a pan on the fire, which got burnt. His smoke alarm was not working at the time, as he was quite sick, but since this happened he has been made more aware and has got new smoke alarms which work. One women stated she did not think about this and this was not a concern for her.

Why do you think you are more/less concerned about fire than about the other risks in the home or community?

The group all felt that due to being partially sighted and blind, they took more precautions anyway, than a sighted person. They all expressed being more aware and alert of dangers because they obviously did not want to hurt themselves or become injured in anyway. However, others in the group did agree with this but were able to offer a counter argument and say that because they are blind they are more at risk because if they do start a fire as a result of cooking for example they can't see this and it could go un noticed. As mentioned previously in this write up one woman already noted how she had set a wooden spoon handle on fire and this highlighted to her how vulnerable she feels at home in regard to fire.

What do you think would be the worst thing about having a fire? What would you least want to lose?

The worst thing about having a fire the group felt was not being able to control it; they would not be able to do anything. One person gave an example of a neighbour who had a fire in their garden and she was extremely worried because just by the sound of the fire, it felt very threatening to her and she would not have known what to do if it had spread. Another person mentioned having a fire in the home would be frightening. It is the thought of not being able to get out and being trapped inside and having to alert neighbours, or the other way around. One women explained that sometimes she may place her keys in one particular area so she could locate them easily, but her husband keeps taking them away and putting them in his pocket. So when she needed them, she would not know where they were. One member of the group thought that when living on your own, you are more in control of everything, than when living with other people, but another person said you could also be more vulnerable. The group did feel that they were more at risk, although one women clearly put her point across and stated she wants to have an independent life and if you want to have a normal life, then risks are worth taking.

The group had mixed views about what they would not want to lose in a fire. One women said she would not like to lose her hair straighteners, a few said their white cane, where one women expressed she would be hopeless if she was without her white cane, the entire group said their important documents, ie, insurance policy, one man said his guide dog and they all said photographs. Although one person in the group noted that material things are not as important to her now since she lost her sight. Her main priority would be to get out of the property and be safe from danger.

9.11.3 Section B – Feelings about the risk from fire
Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?
The group were slightly split and said they felt they were more and less likely to have a fire because of their disability. Some of the group felt that because of their visual impairment they were careful people anyway, where they have to be, as part of their day to day routine. A few people said they had a bedtime routine and went over things to check that they were safe and switched off. One person said it was half and half because at times they could be more likely to have an accident whilst cooking. Another member of the group raised the point about having a good sense of smell – and being able to trace if something was burning and where it was coming from. Someone else stated if they were in a building and an alarm went off and they were on their own with no guide, they may panic and would be aware that they are in more danger, in that type of situation. One women raised the point of whether the general public would help out – seeing someone with a white cane and think to themselves they may need help.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?
There were no smokers amongst the group.

What do you think about taking fire precautions?
The group all took fire precautions, these included the following:

- Checking cooker hobs, making sure they are all turned off

- Candles – putting candles onto something wide and heat proof

- Smoke alarms and carbon monoxide detectors – which most of the group test regularly, although one man said he does not check his as often as he should and he knows this

- Surge detectors – protects from overloading sockets, these can be bought for safety precautions

- Sometimes, some of the group would wipe their smoke alarms but they never vacuumed it.

The group mostly had a family member, friends or someone from the fire service install their smoke alarm.

What would you do if a fire broke out in your house?

If a fire broke out the group stated they would do the following:

- Get out

- Shut all the doors

- Lock the windows

- Call 999

- Turn off the gas

- If fire was manageable, some would tackle it themselves

- Open window – get fresh air and escape.

Have you ever looked for information about fire risk?

The group had mixed answers, where some people said they had looked for information of fire and the other half did not. From the ones who did, one man had a HFRC. He heard about it from listening to the radio and contacted the fire service. One women said she saw an advert in the newspaper to get a HFRC, but she never did it. Another women said she felt that by talking to different people – you can learn that way – especially those who have experienced certain things. By talking to people, she felt you would not have to look for information as such.

Would you have a HFRC if it was offered to you?

The group said they would have a HFRC and the only thing that would stop them from having one is if it came as advertising via a mail shot. They would only have one if it was done by the Fire Brigade. One women expressed she would not want door to door sales people knocking her door because she felt she would not be interested. Some people said if they had a leaflet through their door perhaps in Braille, they would have control on whether they would have one or not. One women expressed that she does not like door to door calling or even via the telephone because she felt she has to be in control and does not like being dictated to. She felt she would not have a HFRC due to this. Another member of the group stated she would not call for herself; it would take the fire service to contact her about it. Another women said she did not mind if there was a first phone call to say that there will be officers in the area on a certain date, but that way she said she would arrange to have one done, only if it was done by an official fire officer.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

The group felt that the Government under played the risk of fire. There have been local cut backs on the fire stations in the area, although there were national advertising campaigns, for example, on chip pans. Another women stated in the past there were campaigns about smoke alarms and smoking cigarettes – which could cause fires, eg, falling down on furniture and catching fire. The entire group did say that there have not been any recent adverts on television regarding fire.

9.11.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?
The group felt that actually having a fire in their own home or it happening to someone you know would scare them a lot and make them more aware to be that extra bit safer and careful, of being in danger of different hazards, especially fire. This would even include having a HFRC – to make their property safer.

What do you think would persuade or encourage someone like yourself to take fire safety precautions or be more careful about fire?
The group felt that having someone saying something or explaining what more that could be done, than what they already know would help them, especially about electrics, ie, plugs, as they did not know about the safety aspects of this.

If you were to design a picture or advert to show people to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?
The group decided that in an advert, if it was for blind or partially sighted people, it would be good to have the sound of fire crackling, as this is very frightening for them, ie, like the impact the driving advert has on people. It is the shock factor which needs to be used. The group felt they need to have something they can hear, rather than a visual image. One person stated that fires are very common, but people always think it will never happen to them, but it can happen to anyone in a matter of seconds.

One member of the group discussed how she knew someone who had been burnt by an electric blanket, so having an advert with this included would be good. Some other ideas were to show figures/statistics of fatalities, etc, showing a blank dark picture filled with smoke and all you can do is hear the person's voice saying "I can't see where I am", this would show the public exactly what blind and partially blind people go through everyday. Also showing a chip pan and having the sound effects from that. Also a message to say do not get distracted by other things, ie, the telephone ringing, someone answering it and completely forgetting there is something cooking on the stove.

Where do you think people like yourselves are most likely to see such an advert?
The group felt the radio would be the best place for people to hear an advert. Some stations they listened to included Classic FM and Radio Sheffield. They also listened and watched the television – in particular ITV and BBC channels.

Who or what would you say you are most influenced by – who's opinion would you listen to?
The group said they were most influenced by the following:

- People they hear on the radio

- Someone in authority – via media

- Friends (trusted ones)

- Reading articles

- People who can understand them

- Fire safety officer (someone who has seen the effects of fire and knows the causes of them – experience person).

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
The group said that there was nothing mentioned about communication. There should be advertisements via written material. In order to target particular groups and to get them to notice, advertising via the following below would be a great benefit:

- Vision magazine

- Sheffield Talking magazine

- News

- Commercial Stations – Radio campaigns

- Newsletter from RNIB

- Publications – not mainstream.

9.12 Drugs and Alcohol Group – 01.05.2007 (Not Advocated)

9.12.1 Summary
Drugs and Alcohol (Non-Advocated group) – Middlesbrough

- All 8 people were white

- Many of the group smoked

- All 8 people had smoke alarms

- Many of the group had children

- 1 man had a fire blanket

- The group thought it would be a good idea to have a HFRC

- 1 man had a HFRC in his previous home.

9.12.2 Section A – Where does risk from fire rank relative to other risks and why?

What are your main concerns about safety in the home and community?
The main concerns of the 'Drugs and Alcohol Group', in the home and out in the community consisted of:

- Fire in the hills

- Indoor fires

- Bedtime routine at night, checking everything is switched off

- Hair straighteners causing fires

- Cooking, especially having drunk alcohol and you forget about the food on the stove

- Cigarettes – thinking whether they have been put out properly

- Candles potentially causing fires

- Lunatic drivers – children stealing cars (joy riders) people who generally cannot drive – going past the speed limit

- Leaving doors unlocked at night, having drank alcohol especially, at risk of being burgled, either when at home or going out

- Rapists – (concern for daughter/family)

- Gangs of youths – especially those wearing hoodies – feel intimidated by them; – one women gave an example of when she was walking home from water aerobics and a youth spat at her for no reason.

What are you most and least worried about?
The group generally had a lot to say about fires, however, this group unlike the other groups had been informed that the focus group was about fire. Therefore this is at the forefront of their minds and therefore may have given biased results. One member of the group thought that seven out of every eight fires were dwelling fires. The main concerns the group were most worried about were cooking, drinking and cigarettes – (causing a fire). The group's next choices were bad driving, gangs of youths – burglaries and finally not being able to go to the hills. One man said that it is stopping him from walking there because there are youths congregating. There have been fires in wheelie bins which children think is funny, also setting fire to post boxes.

Why do you worry more about some than others?
The group genuinely thought that dwelling fires were life threatening and hazardous and if experienced could cause a great impact onto a persons life. A few members of the group knew people who had died in fires and having heard about this, some of the group were more aware about fire. The group felt that driving on the road, plays an important role in terms of a person's safety. They stated that the number of deaths caused from road accidents were dreadful. The group expressed that it was the thought of being hurt in a fire

that was quite frightening to them and the dangers that they could experience by being caught in a fire. The group also felt that sometimes they are not able to have any control, for example, if the electrics go, this can easily cause a fire. Some members of the group do not own chip pans but now have deep fat fryers. One women stated she had a smoke alarm but never checked it. Some of the group stated people in general think things will never happen to them, so they do not think about things, for example, you are supposed to take out plugs from sockets, but how many people actually do this.

Has your concern about these risks led you to take precautions?

There were mixed behaviours within the group in terms of checking smoke detectors. One women reported checking her smoke alarms every month and changing the batteries. She also has spare batteries, in case the current ones are dead. Another man stated he checked his alarm every Friday. One women stated she never checked hers, she reported that she had repeatedly intended on checking her alarm however kept forgetting.

How do you feel about the possibility of a fire happening in your home?

The group felt the possibility of having a fire was frightening and terrifying. One women noted there were so many items in the home that are flammable and many items that can also cause a fire within the home. The worst thing about having a fire they felt would be to lose their life, their family and their personal stuff. One women noted that she already knows her escape route and she ensures she checks everything before she goes to bed at night. She stated that she has always been safety conscious and wherever she has moved to, her main priority and concern would be to find where the fire escape route would be, in case anything were to happen. She said she was like this because of her children, who are her main concern and priority. She also stated that if she drank any alcohol, she would never cook. She did not give a reason why she would not, however it is thought it is because she would rather prevent a hazard or something dangerous from happening by her forgetting about something cooking.

What do you think would be the worst thing about having a fire? What would you least want to lose?

The group all felt the worst thing they could lose would be photos – especially those that had been childhood ones – those were the types of pictures that were irreplaceable and things that had sentimental value. One women explained that in the past, she had lots of photographs but they were not sorted out neatly into an album, but she said that nowadays, photos are not as important as they used to be and people tend not to have paper photos, due to the upgrade in technology, where photos can be on a disk or on a digital camera. Another women said that she was not bothered about possessions; her main priority was to get her family out of the house, where they would be safe.

9.12.3 Section B – Feelings about the risk from fire

Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?

The group were split when asked whether they were more/less likely to have a fire. A few members of the group said they did check the house before they went to bed. One women stated she did not even own any candles and would not have them in her house because of the fire risk that they pose. The group did agree and say that if they drank alcohol, they would be more likely to have a fire. This could be from lighting candles and leaving them unattended or putting food on to cook and forgetting about it. However, some members of the group felt they were no more at risk or less at risk than other people, and generally thought they were about average in terms of fire risk. One women expressed her concern from seeing many children becoming more and more fascinated by fire. She gave an example of her own grandchildren, but she noted that she did not tell her son about it because she did not want to look like she was interfering.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

Amongst this group, there were smokers. One women stated that as she has got older, she is more careful now than she was in the past – with regards to smoking. In the past, she reported being careless with her cigarettes and as a result got several cigarette burns, however, she is more careful now and she always uses an ashtray. Many of the group felt that the fire message should be included as part of the education that children receive at school. They stated that there have been adverts on the television and they hear on the news about fires regularly happening. One women said before she goes to bed, she would empty her ashtray and put water in it to ensure that all the ashes were fully extinguished. One man said he did not smoke in bed anymore because he had a bad experience where he fell asleep with a cigarette in his hand and his pillow caught fire. So because of this, he is more aware and cautious of what could happen, when smoking in bed. Another women stated she did not smoke upstairs in her house and another person said they did not smoke in their bedroom.

What do you think about taking fire precautions?

Some of the group said as a safety aspect they did not use a chip pan but now tend to use a deep fat fryer. One man stated that if his fryer overheats, it cuts off itself. Another member of the group stated he had a fire blanket. The entire group said they had smoke alarms. A few said that at times it could be a nuisance where it would just be set off accidentally, either by cooking, but women said at least you know it works if it goes off. Another women said due to hers going off regularly she has had to dismantle hers, due to it being a nuisance. Only one women maintained her smoke alarm correctly by actually vacuuming it. The whole group reported checking their alarms to see if it was working, perhaps not often as they should. Two men had theirs installed when they had a HFRC. Everyone else in the group reported that their alarms were on the ceiling.

How do you think the smoking ban might change how you smoke at home?

One women who was not a smoker said that in a way she is slightly happy about the ban taking place because she said every time people go out and you come home, your hair and clothes always smell of cigarettes. She also stated she did not mind people smoking in pubs/bars but she did not like people smoking when she was eating.

Some people (who smoked) said they felt alienated from society and thought this may cause more problems. They thought that the smoking ban would encourage them to smoke more at home. One women thought once the smoking ban comes into play people in work places would still have sneaky cigarette breaks. Someone even felt that it could be dangerous because it may force people to smoke in dangerous and inappropriate places, such as near to chemicals, just so they are not discovered by their other employees or managers. One women felt that it would encourage more people to stay at home rather than go out to pubs and clubs to smoke. One women said when she goes to the pub she likes to have a drink and a smoke, but she said with the ban taking effect soon, it would encourage people to save their money, by probably staying at home more and being able to smoke at their own leisure (of their own freewill) and therefore not going to the pubs at all or as often as usual, which results in saving money on buying alcohol. She felt that pubs would lose a lot of money from people choosing to stay at home and drinking, instead of going to the pub. One women even said it would be a lot cheaper to buy alcohol from the supermarket in bulk, then actually buying a single drink at the pub. Another women stated if smoking is so bad, why do they not take it off the shelves. One man thought this was because of the amount of money the Government made from the taxes and it was thought they would not wish to lose that money.

Would you have a HFRC if it was offered to you?

The group felt that it would be a good idea to have a HFRC. Some of the group did not really know that the fire service provided this service but they said there would be nothing to stop them from having one. One man said where he lived before the Council dropped a leaflet through his letter box and he called the number on the leaflet and had a HFRC. He said they told him about fire safety and he felt it was a good thing to have done. The group stated that if a fire broke out in their homes they would try to tackle it if they could, get out if it was really bad, but this depended on where the fire was and they would try to make sure all the doors were closed so the fire could not spread into other rooms. One women said that fire extinguishers would be good to have because she said if she had one, she may use it to tackle a fire, depending on how big it was. One man said you have to be careful because it is not only about the fire; it is the smoke that actually kills.

Have you ever looked for information about fire risk?

Most of the group said they had looked for fire information, but this was only because it was through their jobs and the company's they worked for. One man said he decided to have a HFRC when he saw a leaflet about it.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

The group felt the Government did not give enough information out to the public about fire. They said they do see adverts on the television but now there are not so many.

9.12.4 Section C – What would change attitudes?

What do you think would encourage/motivate you to get advice about fire safety?

The group felt they would be motivated to get advice about fire safety if they actually experienced having a fire. They all felt that it would be good to speak to people who had experienced having a fire in their home. One women stated that when she was at work, she would be given training on fire safety with other staff and she would be encouraged to do many new things, but she said as soon as she left she would get complacent until the next meeting when she would repeat the same process. Also the group felt having a HFRC would help a great deal because it would educate people by teaching them how to be safer at home. It would also encourage people to be more cautious about how they behave in the home, in terms of being more fire and safety conscious of dangers that could occur.

One man said he felt the fire service should set up a venue where people can go and get information about fire; they should be in public areas, such as fairs, stalls, shops – more in a shopping centre. Another women said even having a flyer through the door would help encourage people to get a HFRC and raise their awareness about fire and what it can do. One man said not a detailed leaflet, but something that was attention grabbing and had a headline with bullet points of the most important information that the public should know. She felt by having this it would make her get advice.

What do you think would persuade or encourage someone like yourself to take fire safety precautions or be more careful about fire?

The entire group said that having experience of a fire or knowing someone who had one would encourage them to be extra careful and take safety precautions. One member of the group said just by reading the newspapers, you can see it in there all the time about people dying.

If you were to design a picture or advert to show people to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?

This group felt that shock tactics could be used in fire safety adverts. One member of the group said that by showing a photo of someone who had been in a fire and was burnt quite badly that would remind people about how horrific fires can be. One women said people tend to have the attitude it will never happen to me. Some of the group felt that there should be softer approaches to advertise about fire. One women felt there should be a poster in the form of a road sign, showing flames and stating fire kills. One man disagreed with this and felt people would not pay attention to this, especially him because he has short term memory loss.

The group gave a list of people they felt should be targeted and explained what the most important thing/message to be given, these included:

- Target children

- Use visual images and have less writing

- Use children especially – to show people who they could lose in a fire

- Use bullet points to show/explain to people how to check their smoke alarms; it should also be kept short.

Where do you think people like yourselves are most likely to see such an advert?
The group felt that having displays – either on television, posters, doctors surgery, lamp posts and bus stops, would be the most likely place to see an advert.

Who or what would you say you are most influenced by – who's opinion would you listen to?
The group said they were most influenced by the following people:

- Mum

- Son

- Probation Officer

- Staff at the Albert Centre

- Dad

- GP.

One man said there should be a celebrity who is well known to children, perhaps they would listen to them and hear what they have to say. Even advertise via the internet another person said.

Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?
Some of the group said there should be more fire safety advice shown on television. However, one person said some people do not pay attention to advice shown on the television, so this might not be a good way. Another person mentioned the Fire Brigade promoting awareness and going door to door. A few of the group felt that the session they had with us had been good and made them more aware and there should be more sessions like this. The group suggested advertising through community centres and having fire safety leaflets at libraries for people to pick up and take away with them.

9.13 Drugs and Alcoholic Group – 01.05.2007 (Not Advocated)

9.13.1 Summary
Drugs and Alcohol (Non-Advocated group) – Middlesbrough

- All 7 people were white

- All 7 people smoked

- All 7 people had smoke alarms

- Many of the group had children

- Many of the group lived in Shared housing or Hostels and due to this they have regular HFRCs

- 1 out of 7 never had a HFRC.

9.13.2 Section A – Where does risk from fire rank relative to other risks and why?
What are your main concerns about safety in the home and community?
The main concerns of the Drugs and Alcohol Group, in the home and out in the community consisted of:

- Fire – failure of fire alarms

- Chip pan fires

- Hurting other people – as a result of fire

- People setting fire to other people's wheelie bins

- People setting fire to skips – Arsonists in general;

- Lack of community Fire Officers – fire stations are more in the city centres not so many left in the towns. One man said that fires tended to be more on council estates

- Lapse time for Fire Brigade to get to the fire – they take a long time to get there and it also depends on where you live. One man explained he worked as a chef and has seen lots of fires and the response time is poor by the Fire Brigade. They take too long to get to the scene, he went on to say this is why people end up tackling fires themselves

- Fire works – around bonfire night before and after that time – youths putting them through letter boxes.

What are you most and least worried about?
The group were most worried about fire in the home. They said it could lead to death, which they seemed frightened by – loosing your life or your family's lives. Some thought they might not be able to deal with the situation and would not be able to think properly

(probably because they are scared). Another issue raised was youths who cause fires and as a result people being burnt or dying for silly reasons, for example, either by having no smoke alarms or no batteries in them. Another member of the group said arsonists and the thought of dying was a major one for the entire group. One man said especially if you are awake and you know you can not escape, that must be the worst experience to go through also.

Why do you worry more about some than others?

The group felt that they worried more about life at home and their families. They worried less about being on the streets. One man said you can always walk away if you see a fire in a public place, ie, a park or see a house on fire, but when it is in your own home, you can not walk away from it, you have to deal with it.

Has your concern about these risks led you to take precautions?

The group were mixed and did take some precautions but not as many as they should. They had smoke alarms and they were put in the correct position – ie, on the ceiling. Some did check the batteries but most of them lived in hostels and B&B's, so there would be regular checks done on the property, by professional people. One man explained he experienced a chip pan fire – through drinking alcohol, but luckily he was able to tackle it and did not have to evacuate the building. The members of the group, who had their own place/ accommodation, did check the battery worked and pressed the button to check it was working, but not as often as it should be done. One man noted it was general common sense to carry out safety precautions.

How do you feel about the possibility of a fire happening in your home?

The group were all generally concerned about having a fire, as most of them lived in a shared house. One man expressed there should be more regulations carried out by the Council and taken out on the landlords. One man said if landlords did not take health and safety properly they should be taken to Court and ensures that by law these requirements are met and are in place. If they are not met, they should be given a penalty, for example, to pay a fine and learn from their mistakes. One man stated that where he lives there are no fire extinguishers and not much safety precautions are taken. The group all thought it was the responsibility of the landlord to make sure everything in the house was meeting health and safety regulations. They also thought that if a smoke alarm battery was dead, then it is not their responsibility to change it. One man even gave an example of this and stated that in the B&B where he stays, the bell from the smoke alarm broke and the landlord had not even replaced it. He felt it was not his responsibility to change it and although his own safety would be in jeopardy and was happy to leave it like that, he stated he would not change the bell on his own accord.

What do you think would be the worst thing about having a fire? What would you least want to lose?

The group all said the worst thing about having a fire would be death – especially of a family member and also being trapped – the worst thing would be if you were awake and knowing you were going to die.

The group said there would be things of sentimental value to them but most were not worried about losing possessions – one man said material possessions can be replaced. One member of the group said he would not like to lose his stereo system.

Most of the group stated they had experienced small fires before, where they have left candles alight or left the cooker on and fallen asleep, due to drinking, small fires have started and one man gave an example where he was so drunk his friend had to get him out the house. The next day, he did not even remember what had happened the night before and his friend had to explain it all to him. There was one man who said he does check everything twice over and felt he was perhaps to health and safety conscious.

9.13.3 Section B – Feelings about the risk from fire

Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?

The group were split and felt they were more and less likely to have a fire. Some members of the group acknowledged that due to their alcoholism, they were more likely to have a fire. One man said as a result of his drinking, he becomes forgetful and leaves the cooker hob on. Another man said he has left the chip pan on many times, but now he takes his time and does not rush when he is cooking. One man said he is very particular and checks everything, twice over and therefore thinks he is less likely to have a fire in the home.

If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?

All members of the group were smokers. Many had fallen asleep whilst smoking, which they said was quite frightening to think of what it could have resulted in. One man showed previous cigarette burns he made accidentally on his jacket, from falling asleep whilst smoking. Quite a lot of the group had burnt clothing. Some of the group also stated they worried especially when it was time to sleep because if they drank alcohol, then they would not know what they were doing. One man said he got in a rage and picked up a television, smashed it and tried to set fire to the bedding whilst his wife was in bed. Another man said he nearly burnt his hair off from an oven. Another member of the group said he was drunk and smoking and fell asleep on the carpet. When he woke up he saw burnt marks on the carpet. Another man said he never smoked in bed and always made sure he put out his cigarettes.

One man noted that he felt it was more of a health issue than a risk issue and the Government should look at the differences for this. Another man mentioned that he gave up smoking about 6 weeks previously and when he used to drink and meet up with other drinkers like him, he used to hear lots of fire experiences that people had gone through as a result of drinking.

What do you think about taking fire precautions?

The entire group had a smoke alarm. However, not all were operable smoke alarms. One man said his alarm needs a new bell; however he did not believe it was his responsibility to

do anything about it. In contrast, another member of the group said he tested his smoke alarm every week. The group said they always use ashtrays. Another man said he is aware that people are supposed to unplug everything but he never does, although some of the group noted they did do this before they go to bed. One man said he felt he was quite safe and if a fire was going to happen, it would be through an electrical fault.

Due to living in shared housing, the Fire Brigade come and check the smoke alarms. They are plugged through the mains. One man said he checks his to see if it beeps occasionally. One man said he does not check his at all. They are all positioned on the ceiling but no one ever maintains it by vacuuming or dusting it.

Some of the group said they do have a fire escape route, to run straight down the stairs. Another man said he would do anything to escape, for example he stated he would rather jump out of a window and break his legs than get burnt. Another man gave an example of youths congregating in the hall where he lives and he was quite worried what they could do, because they were drinking and at that time he had just come out of rehab, but luckily they moved on.

There was one man who did not even think about having an escape plan and this made him think what he may do if he got into a situation like this.

How do you think the smoking ban might change how you smoke at home?
The group all said the smoking ban would not change what they did at home. One man said it is only a health issue for him not a risk issue so banning it from public places would not make any difference.

One man said he has nearly set the sofa alight, another man said he has had a kitchen fire and a few of the group said they know people who have had many experiences from smoking, which resulted in small fires happening in their homes.

What would you do if a fire broke out in your house?
The group said that if a fire broke out they would do the following:

- Get out

- Follow orders and do what landlord tells him to do

- Hit the alarm bell

- Shout fire and bang on doors to alert people

- Ring 999

- Check on people – especially if they are alcoholics because they would need the most help. One man said that he would try to get people out, especially if he knew they were an alcoholic and if they were perhaps not in a fit state to leave for themselves.

Have you ever looked for information about fire risk?
The entire group said they had previously looked for information on fire safety. Many members of the group had previous talks on fire safety from their previous employers. They have been on courses – CITV and electrical. They all said if it was not for their jobs, they do not think they would have looked for fire information.

Again, due to living in shared housing/hostels, they have had HFRCs, either weekly but mostly every 6 months and one man had one annually. These were carried out by the Housing Association or Council, not by the FRS. Only one man never had a HFRC.

Do you think that the Government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?
The entire group felt that the Government underplays the risk of fire and there should be more adverts on about fire. One man said that now people tend to see drink driving adverts, than fire adverts. The only time people see adverts about fire is when there is an occasion, for example, at Christmas time when all the adverts get shown repeatedly, but one man said this should be shown all year round, not at certain times of the year, just to remind people that this can happen and raise their awareness. Another man said they should show the number of fatalities, in terms of fire statistics, not the causes because half the time people never pay attention unless something major happens and that's the only time when the Government take charge.

9.13.4 Section C – What would change attitudes?
What do you think would encourage/motivate you to get advice about fire safety?
One man said to actually experience having a fire would be a wake up call to people – it would make him and perhaps other people more curious and want to find out about fire safety.

One member of the group said it is up to an individual to take responsibility to seek advice about fire. The group generally agreed with what he had to say.

If you were to design a picture or advert to show people to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?
The group thought of lots of ideas for designing an advert. These included:

- Showing scars – from victims who had been badly burnt in a fire

- Death – show pictures, ie, could show a happy family with children playing in the house and then show sad family who had been through a fire. Another idea was to show a fireman/woman point of view of the effects of fire and what damage it can do

- The different results of fire, ie, victims who have been burnt, scarred for life, damage it can cause, etc

- Drinking alcohol and cooking. As a result falling asleep on the sofa and a fire starting in the kitchen. Showing the person not surviving and surviving and the results of both stages, of what can happen

- Common causes of fire, ie, sleeping, coming home from clubbing and falling asleep with either cigarette or leaving something on the cooker

- Use shock tactics – visual images – being real – showing an example as it happens of how a fire can start and showing the end result of possibly someone with high degree burns

- Try to get through to children who are curious about matches and lighters.

The group felt that adverts should be shown at teatime when everyone is sitting having a meal or in the daytime for people at home during the day. One man said a video should be sent to every house in the country to make people more aware about fire safety. Another man said when alarms go off, ie, car alarms, people tend to ignore them, but all alarms sound the same, perhaps if they made a certain sound for a fire alarm, this could alert people that it is a fire alarm and as a result they may pay more attention to it.

Where do you think people like yourselves are most likely to see such an advert?
The group said they were more likely to see an advert in the following places:

- Cinema
- Newspapers
- Local gazette
- Buses
- Internet.

Who or what would you say you are most influenced by – who's opinion would you listen to?
One man said he was most influenced by Simon Weston – who is a survivor of fire – he showed how horrific fires can be and what damage they can cause to people. Another man noted that he has actually been through this experience and is still living with the after effects but he is someone who could be listened to, if he ever had to talk about fire safety. The rest of the group agreed with what this man had to say and said someone who had experienced being in a fire and surviving would be the way they would be most influenced by.

9.13.5 Section D – Experience of Advocates
The group had not experienced a talk from a Fire Safety Advocate from Cleveland Fire Service.

Chapter 10

Appendix C: Advocate proforma

Introduction

The Department of Communities and Local Government has commissioned Greenstreet Berman Ltd to conduct research into the attitudes of people to fire risk and to explore the role of Advocates in influencing peoples' attitudes to fire risk. The aims are to:

- Increase our understanding of the perception and attitudes of vulnerable, 'hard to reach' and 'hard to influence' groups of people towards fire risk

- Explore the role of community Advocates in accessing and communicating with these groups, and their impact on attitudes.

The work should lead to recommendations on a "more structured approach" to targeting information and improved provision of fire safety information.

Our work has two main tasks:

- Conduct interviews with Advocates and partnering organizations regarding the role and effect of Advocates

- Conduct focus groups/interviews with 'hard to reach' specific sections of the community, such as elderly persons.

We will run two parallel sets of focus groups, ones for people with whom Advocates have worked and ones for people who have not worked with Advocates – for example elderly residents who have and have not received fire safety talks from Advocates.

Each focus group would be specific to one type of person, such as elderly. The selection of the types of people will be confirmed as the work progresses.

What we ask you to do

We would like your FRS to:

- Participate in one or more telephone interviews regarding the work of your community Advocates – the interview is expected to take up to one to two hours, along with some preparation time by you;

- Nominate one or two partner organizations your Advocates have worked with, and provide contact details (name and number), so that we can interview them;

- Assist in identifying people to participate in focus groups, such as introducing us to (for example) a community group with whom your Advocates have worked, or asking people who have had direct contact with Advocates if they would like to participate in a focus group or provide us with contact details for potential participants.

Focus group participants will receive an incentive payment and have reasonable expenses paid.

We do not expect the FRS Advocates to have to attend the focus groups.

We have not specified in detail how the focus groups may work at this moment. We prefer to discuss with you the details of how the focus groups may work after we have completed this interview.

We would ask that:

- The head of Community Fire Safety in your FRS participates in an interview

- At least one of your Advocates participates in an interview.

Please read this proforma before the interview.

Purpose of this proforma

The proforma provides blank space for the interviewer to complete when they carry out the interview. You may make use of this space to make your own notes if you choose. You are not required to complete this questionnaire in writing.

Timescales

We would like:

- To complete interviews with FRS Advocates and a sample of their partners preferably before Christmas 2006, and definitely by mid January – as we are due to issue an initial report by the end of January 2007

- To complete focus groups with members of the public in February and March 2007.

We would appreciate your help in identifying focus group participants during January – mid March 2007.

Anonymity

All information and opinions expressed in these interviews will be aggregated with the interviews of other FRS and other organisations. Specific opinions and points will not be publicly attributed to individuals or named FRS in our report, unless the interviewer indicates otherwise.

Acknowledgement

If you wish your contribution to be acknowledged, please tell us and we will acknowledge your FRSs contribution to the project.

Queries

If you have any queries please contact Angela McMahon at Greenstreet Berman Ltd on 020-7874-1572 or email her at angela.mcmahon@greenstreet.co.uk.

10.1 Contact and interview/er details

FRS interviewees

1. Name of FRS		Contact telephone number	
2. Name of person interviewed			
3. Job title			
4. Name of interviewer			
5. Date of interview			

Nominated partnership contacts
Please nominate one or two partnership organisations your community Advocates have worked with.

6. Name of partnership organisation		Contact telephone number	
7. Name of contact person			
8. Job title			

9. Name of partnership organisation		Contact telephone number	
10. Name of contact person			
11. Job title			

10.2 Role of community Advocates in your FRS's overall CFS strategy

a) Can you please describe your understanding of the role of Advocates within your FRS's overall Community Fire Safety strategy, including:

- What are the main aims and objectives of Advocates within your FRS?
- Why has your FRS created the role of Advocates?

10.3 Reasons for types of Advocates

Note: Advocates tend to be specific, for example, to elderly people, disabled people, particular ethnic groups etc.

b) Can you please explain which sections of the community your FRS has selected Advocates for and why your FRS has focused on these sections of the community?

10.4 Background and management of Advocates

a) Please describe the background and experience of the Advocates in your FRS.

Advocate 1:

Advocate 2:

Advocate 3:

Advocate 4:

Advocate 5:

b) Does each Advocate have some form of action plan for their work? If yes please give some examples of the planned actions and any targets set for Advocates.

c) Why have you chosen the type of people mentioned above for the role of Advocates, eg ex-Care Workers instead of ex-fire fighters?

Note: Advocates tend not to be fire fighters but are typically Non-uniformed persons.

d) Please describe the level and content of Community Fire safety training for Advocates in your FRS.

e) What Community Fire safety support, such as persons to call on for advice, is in place for Advocates in your FRS?

f) In what way has the work of Advocates been evaluated within your FRS? Eg does someone telephone a random sample of partnering organisations to check what they thought of the Advocates work?

10.5 Advocates CFS activities

a) Please describe the main Community Fire safety activities of the Advocates, eg securing referrals for Home Fire Risk Checks (HFRCs), delivering talks on fire safety directly to people, setting up partnerships with other organisations, drafting Community Fire safety materials etc.

Note: Identify each of the main activities (eg setting up partnerships, delivering talks etc) here and then explore in more detail under next questions.

Involvement in delivering HFRCs
b) In what way have your community Advocates been involved in targeting of HFRCs, for example, identifying other organisations who work with (say) elderly persons?

c) In what way have your community Advocates been involved in securing referrals for HFRCs, such as giving talks at community centres to prompt requests for HFRCs from members of the public?

d) In what way have your Advocates been involved in delivering HFRCs?

e) Have your Advocates carried out any innovative or special form of HFRC work such as translating (as a multi-lingual member of a CFS team) or carrying out sign language for deaf people during HFRCs? Please describe it.

f) Do your Advocates adopt any specific techniques for face to face HFRC communication with or influencing of particular types of people? For example, do you use specific 'messages' for (say) older people, smokers or people from (say) the black and minority ethnic community? If so, please describe them?

g) Have your Advocates developed specific techniques for face to face communication with particular types of people which are delivered by other (uniformed) members of the FRS carrying out CFS? If so, please describe them:

Fire safety talks

h) In what way have your Advocates been involved in delivering fire safety talks to members of the public?

i) How do you choose venues for Community Fire safety talks?

j) What materials do you use at Community Fire safety talks? If these are specific to each section of the community please explain how the materials relate to the type of audience.

k) Do your Advocates adopt any specific techniques for communicating with or influencing particular types of people during public Community Fire safety talks? For example, do you use specific 'messages' for (say) older people, smokers or people from (say) black and minority ethnic community? If so, please describe them?

Partnerships

l) In what way have your community Advocates been involved in selecting organisations to work in partnership with?

m) Which organisations have you been able to form effective partnerships with? Why do you think these partnerships have been successful?

n) What difficulties or challenges have you encountered in setting up partnerships with other organisations?

o) If you were able to overcome these difficulties please explain how this was or might be achieved?

Other Advocate CFS activities

p) Please describe any other significant Advocate CFS activity.

10.6 Peoples' attitudes towards fire risk

a) Thinking about the types of people your community Advocates work with (such as disabled people), how would you describe their attitudes towards the risk of fire. (eg they regard risk as very low, other risks such as crime are feared more)?

b) What factors do you think influences their attitudes to fire risk?
(For example, never having a fire reduces perceived risk, regard risk to be low because they are 'responsible people', or regard risk to be high because they are disabled etc).

c) Why do you think that some of the people in these groups do not take recommended fire safety precautions?

(For example, why do they not have a smoke alarm, smoke cigarettes in bed, leave television plugged in at night or leave doors open at night?)

d) How do you think the attitudes and behaviours towards fire risk can best be influenced for each of these groups of people?

10.7 Progress of Advocates work

a) What evidence do you have regarding the effectiveness and outcome of the work of Advocates in your FRS?

b) In your own opinion, what do you think have been the main outcomes of the community Advocates work to date?

10.8 Difficulties and lessons learnt

a) What difficulties have been encountered in the work of community Advocates? (Eg difficult to recruit, partner organisations lack time to work with you, need time for Advocates to develop knowledge of CFS)

b) What would you say are the main lessons learnt to date regarding how community Advocates can best assist with CFS? For example, what would you do differently, what would you advise against doing, what would you say must be done?

10.9 Any other points

c) If you have any other points please feel free to state them now.

10.10 Focus groups

We need to run focus groups with members of the public (such as elderly residents) who have had the benefit of working with Advocates and those who have not.

We would like to discuss with you whether you can help us to identify such persons and make introductions so that we can then arrange the focus groups.

We need participants for the following focus groups:

Chapter 11

Appendix D: Partner proforma

Introduction

The Department of Communities and Local Government has commissioned Greenstreet Berman Ltd to conduct research into the attitudes of people to fire risk and to explore the role of Fire and Rescue Service Advocates in influencing peoples' attitudes to fire risk. The aims are to:

- Increase our understanding of the perception and attitudes of vulnerable, 'hard to reach' and 'vulnerable' groups of people towards fire risk

- Explore the role of community Advocates in accessing and communicating with these groups, and their impact on attitudes.

The work should lead to recommendations on targeting information and improved provision of Community Fire safety information.

Our work has two main tasks:

- Conduct interviews with Advocates and partnering organizations regarding the role and effect of Advocates

- Conduct focus groups/interviews with hard to reach of the community, such as elderly persons and ethnic minorities.

We will run two parallel sets of focus groups, ones for people with whom Advocates have worked and ones for people who have not worked with Advocates – for example, elderly residents who have and have not received fire safety talks from Advocates.

Each focus group would be specific to one type of person, such as elderly. The selection of the types of people will be confirmed as the work progresses.

What we ask you to do

We would like you to:

- Participate in a telephone interview regarding the work of Advocates – the interview is expected to take about one hour

- Assist in identifying people to participate in focus groups.

Please read this proforma before the interview.

This proforma

The proforma provides blank space for the interviewer to complete when they carry out the interview. You may make use of this space to make your own notes if you choose. You are not required to complete this questionnaire in writing.

Timescales

We would like:

- To complete interviews with FRS Advocates and a sample of their partners preferably before Christmas 2006, and definitely by mid January – as we are due to issue an initial report by the end of January 2007

- To complete focus groups with members of the public in February and March 2007.

We would appreciate your help (and the help of FRSs) in identifying focus group participants during January – mid March.

Anonymity

All information and opinions expressed in these interviews will be aggregated with the interviews of other FRS and other organisations. Specific opinions and points will not be publicly attributed to individuals or named FRS in our report, unless the interviewer indicates otherwise.

Acknowledgement

If you wish your contribution to be acknowledged, please tell us and we will acknowledge your contribution to the project.

11.1 Contact and interview/er details

1. **Name of partnership organisation**		**Contact telephone number**	
2. **Name of contact person**			
3. **Job title**			
4. **Interviewer**			
5. **Interview date**			
6. **Type of organisation**			
7. **Method of funding**			
8. **Nominated for interview by:**			

11.2 Role of Advocates in CFS

1) Can you please describe your understanding of the role of Advocates within Community Fire Safety, including:

- What are the main aims and objectives of fire safety Advocates?
- Why FRSs have created the role of Advocates?

11.3 Community Advocates you have worked with

2) Please describe the type of Advocates you have worked with, eg elderly persons Advocates.

Advocate 1:

Advocate 2:

11.4 Advocates activities

3) Please describe what activities you have carried out with community Advocates, such as discussed how your organisation could partner with the FRS, set up a referral process for Home Fire Risk Checks[11] (HFRCs), identified venues for Community Fire safety talks etc.

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[11] Home Fire Risk Checks are when the fire service do a home visit to check fire safety, provide advice and a smoke detector/alarm.

Note: Please briefly describe them here and then answer more detailed questions below.

Home fire risk checks

4) In what way have you been involved in securing referrals for Home Fire Risk Checks?

5) Are you aware of the Advocates carrying out an innovative or special form of HFRC work such as being a multi-lingual member of a CFS team, carrying out sign language for deaf people during HFRCs? If so please describe it.

6) Have you worked with the Advocate(s) to develop specific techniques for face to face communication with particular types of people? If so, please describe them:

Community fire safety talks

7) In what way have Advocates been involved in delivering Community Fire safety talks to members of the public with or via your organisation?

8) In what way have you helped chose venues for Community Fire safety talks?

9) Are you aware of the Advocates adopting any specific techniques for communication with /influencing of particular types of people during public Community Fire safety talks?

Partnerships

10) Why do you think the FRS chose your organisation to work with?

11) To what extent would you say that the partnership has been effective? And why?

12) What difficulties or challenges have you encountered in the partnerships with the FRS?

13) If you were able to overcome these difficulties please explain how?

Other Advocate CFS activities

14) Please describe any other significant work you have carried out with or for the FRSs Advocates.

11.5 Peoples' attitudes towards fire risk

15) Thinking about the types of people you work with (such as disabled people), how would you describe their attitudes towards the risk of fire? (eg they regard risk as very low, other risks such as crime are feared more)?

16) What factors do you think influences their attitudes to fire risk? (For example, never having a fire reduces perceived risk, regard risk to be low because they are 'responsible people', or regard risk to be high because they are disabled etc.)

17) Why do you think that some of the people in these groups do not take recommended fire safety precautions? (For example, why do they not have a smoke alarm or smoke cigarettes in bed, leave television plugged in at night or leave doors open at night?)

18) How do you think the attitudes and behaviours towards fire risk can best be influenced for each of these groups of people?

11.6 Progress of Advocates work

19) In your own opinion, what do you think have been the main outcomes of the community Advocates work to date?

20) What would you say are the main lessons learnt to date regarding how community Advocates can best work with organisations like yours and/or best work with your 'clients'? (For example, what would you advise an FRS who has yet to start an Advocates initiative to do differently, what would you advise against doing, what would you say must be done?)

11.7 Any other points

21) If you have any other points please feel free to state them now.

11.8 Focus groups

We need to run focus groups with members of the public (such as elderly residents) who have had the benefit of working with Advocates and those who have not.

We would like to discuss with you whether you can help us to identify such persons and make introductions so that we can then arrange the focus groups.

We need participants for the following focus groups:

Chapter 12

Appendix E: Focus group topic guide

Introduction

- Thanks for coming here today to contribute to this focus group
- Introduce my self and Alicia

Brief

- Housekeeping – fire escape and location of toilets
- Refreshments – get them now
- This focus group today is about safety in the home and out and about in the community
- All of today is anonymous
- There is no right or wrong answer today
- The research we are doing is for the government
- Agenda – will last about 1.5 hours
- Payment will be at the end
- Ground rules – only one person to talk at one time
- We will be recording the focus group just so we do not miss anything
- Plus Alicia will be making some notes throughout as well

Section A – Where does risk from fire rank relative to other risks and why?

1. **What are your main concerns about safety in the home and community?**

2. **What are you most and least worried about? (Facilitator to create a rough list on flip chart)**

3. **Why do you worry more about (or feel at risk from) some (the ones at the top of the list) than others (at the bottom)?**

4. **Has your concern about these risks led you to take precautions**

   – **If so, why? (eg to protect yourself, protect your family)**

   – **If not, why not? (eg do you feel it is not important or possible to protect yourself against these dangers?)**

5. **If fire is not mentioned: Ask "How do feel about the possibility of a fire happening in your home?" Have you ever thought about the risk from fire – how often?"**

6. **Why do you think you are more/less concerned about fire than about the other risks in the home or community?**

Prompts if necessary

- you do not here about fires happening very often so the risk must be low
- the thought of a fire in your home is not too scary or dreadful
- if a fire were to occur it would be fate
- dying from a fire would not be too bad as you usually die in your sleep from the smoke, you've lived this long without having a fire so the risk cannot be very high
- you are at greater risk than other people due to physical impairments
- What do you think would be the worst thing about having a fire? (Eg loss of sentimental items) What would you least want to lose?

Section B – Feelings about the risk from fire

1. **Do you think you are more or less likely to have a fire or be hurt by a fire than other people? Why is that?**

2. **If you smoke cigarettes, how do you feel about the possibility of accidentally causing a fire?**

3. **What do you think about taking fire precautions (eg such as smoke alarms, fire escape plans, disconnecting appliances, deep ashtrays, candles or avoiding the use of deep fat fryers etc)?**

Prompts if necessary

- you feel they're not needed because you are a careful person
- you do not know what precautions to take
- it's too much effort/time/cost
- you do not think a fire is likely to happen in your house
- demands on your time prevent you from thinking about fire safety precautions
- you do not need to as the Fire Brigade will rescue you etc.

Prompts if necessary

- do you have a smoke alarm – if not why not, for example smoke alarms are a nuisance because they go off too often – if you have one but its not installed why is that?
- you feel a bit awkward or embarrassed because you do not have a smoke alarm
- if you have one do you check it, if not why not, for example the effort required to install and maintain a smoke alarms is either not possible or not worth it
- are you aware of where smoke alarms should be placed (ie on the ceiling) – if yours in on the wall why is this?

4. If time allows ask the following:

- How do you think the smoking ban might change how much you smoke at home?
- What would you do if a fire broke out in your house?
- Have you ever looked for information about fire risk?
- Have you ever had someone check your home for fire risk? Would you have a check if it was offered to you? What might stop you from having such a check?
- Do you think that the government over or under plays the risk from fire in the home? Do you think they are too concerned or not concerned enough?

Section C – What would change attitudes
1. What do you think would encourage/motivate you to get advice about fire safety?

- Prompt: What sort of advice or pictures would have the most impact on you?

2. What do you think would persuade or encourage someone like yourself (name the group) to take fire safety precautions or be more careful about fire (such as install a smoke alarm, or stop smoking in bed)?

- Prompt: If you were to design a picture or advert to show to people (like this group here today) to encourage them to be more careful about fire – what might you include in that advert – and what would you avoid?

- What do you think are the most important things to get across in such an advert?

3. **Where do you think people like yourselves are most likely to see such an advert?**

Prompt if necessary:

- Television, newspapers, GP surgeries, shops or other public venues, hoardings, internet etc

4. **Who or what would you say you are most influenced by – who's opinion would you listen to? Eg GPs, family member, government adverts, celebrities, friends..**

5. **If time allows: Our work aims to design adverts to persuade people like you to be more careful about fires. Do you have any other thoughts about what we should do?**

Additional Questions for people who have had contact with Advocates

Section D – Experience of Advocates
1. **What was your overall experience of the fire safety Advocate?**

2. **Did you learn anything from the Advocate about fire safety?**

3. **What did you find most useful about your experience?**

4. **Was there anything else you would like them to have done/talked about?**

5. **Was the Advocate clear and persuasive? Do you think they could have been clearer or made a greater impression on you?**

6. **What changes have you made as a result of meeting the fire safety Advocate?**

Section E: Additional Questionnaire for older men (who smoke and drink) group
1. **Who or what would you say you are most influenced by – who's opinion would you listen to?**

2. **If you need information on something where do you go/look?**

3. **If time allows:**

- What media do you see regularly (which newspapers, television stations etc)?

- What places do you visit or socialise in? Eg What are the main places where you shop and eat?

- Do you own or rent the place where you live?

- What are your interests/hobbies (DIY, fishing, football, horseracing)?

- Do you belong to any groups, organisations or clubs?

- Do you use the internet?

- Have you ever tried internet dating?

Debrief

Thank you

This focus group will help inform the design of government fire safety adverts.

The results will be published later this year into a report and will be published on the Communities and Local Government website

Please see Alicia to collect your payment, please sign next to the amount received

Chapter 13

Appendix F: Advocates process review

13.1 Introduction

The following section of the report presents a summary of the findings of discussions with the Community Fire Advocates from South Yorkshire FRS and from Cleveland FRS, together with the discussion with several partners that the Advocates have worked with. A total of ten Advocates were interviewed as part of this research (see Table 25), as well as, nine 'partner' organisations and one manager of CFS from Cleveland.

This report discusses the main findings surrounding issues such as the role and activities of the Advocates, the attitudes of the target groups these Advocates represent and also, the key ways in which to communicate with these groups of people.

Table 25: Advocates interview, as part of this research	
South Yorkshire Advocates	**Cleveland Advocates**
Disabled Advocate Older Person's Advocate Sprinkler Advocate BME Advocate	BME Advocate Older Person's Advocate Disabled Advocate Deaf Advocate Drugs and Alcohol Advocate Young Person's Advocate

It is pertinent to note that on the whole, the feedback from the partner organisations confirmed and supported the opinions provided by the Advocates.

13.2 Advocates role and activities

13.2.1 Advocates CFS activities

One of the managers of the Advocates from Cleveland noted that the Advocates had three main activities that they carried out, as part of their role.

1. Developing Partnerships

The first was selecting partners to work with, who have access into the homes of the most vulnerable and hard to reach groups, for their particular target group. The partners were involved in securing referrals for HFRCs.

2. Talks

The second main activity of the Advocates was to attend events and talks and to deliver presentations through a variety of organisations. This usually resulted in a certain number of referrals.

3. HFRC Support

The third main activity of the Community Fire Advocates was to support the operational crew. The Advocates were able to provide additional support to other members of staff by attending HFRCs and carrying out an 'Assessment of needs'. This assessment covered all areas of safety and the need of the individual within the home and did not just focus on fire safety itself.

The main activities carried out by Community Fire Advocates as described by the Community Fire Advocates and their partnering organisations included:

- Developing resources and materials for fire safety talks and literature
- Delivering fire safety talks to target groups
- Securing referrals for HFRC
- Conducting HFRCs and fitting smoke detectors
- Building partnerships with key organisations, who have access to their target groups
- Producing literature for their target group
- Promoting HFRCs
- Organising events or activities in local community halls
- Planning and preparing for community events, for example, Crucial Crew
- Sharing information and providing support to other Advocates in FRS
- Developing new initiatives to access the vulnerable groups.

However, there were several activities that were more specific and not carried out by each of the Advocates, these included:

- Attending nursery groups and getting referrals from parents at the nursery groups
- Speaking with parents at nursery groups to try and ensure young people are safe in the home
- Fitting deaf alarms
- Liaising with Asylum Seeker organisations to try to engage them
- Attending places, such as B&Q, on 10% off day for O.A.Ps to secure referrals for HFRCs
- Signing to people with sensory loss in their homes, whilst carrying out a HFRC

- Making fire safety information accessible for deaf people by, for example, putting subtitles on videos for the hard of hearing and sign language on the films used for British Sign Language users

- Attending partnering organisations team meetings to inform members of staff of the relevant FRS' services in particular what is available for people with sensory loss

- Attending an 'electric blanket' event run by Age Concern, the Advocate was present to give advice about fire safety especially in regard to electric blankets

- Carrying out statistical analysis to ensure that the FRS' targets are met

- Evaluating and monitoring partnerships to ensure that the FRS' targets are being met, typically qualitative review of progress with partnerships.

13.2.2 Reason for types of Advocates

The Advocates state that the reason for their FRSs' to have an Advocate for their respective section of the community, is because their particular section of the community is hard to reach and potentially at high risk from having a dwelling fire. Being hard to reach the FRSs have chosen individuals who are specialists in working with/accessing that particular group. They have more experience and knowledge than fire-fighters about their particular target group.

All the Advocates believed that their FRS had chosen them to be an Advocate because of their own personal experience and background. For example, one of the elderly Advocates was:

- Elderly herself

- Had spent many years working with the elderly and

- Had the knowledge to approach the most relevant partners to help with their work in gaining referrals for HFRCs.

Both the BME Advocates were from a BME background themselves. They both believed they were chosen for the role as Advocates, in order to bridge the gap between their FRS and the BME community. It was suggested that the fire-fighters might not have been aware of some of the cultural differences, whereas the BME Advocate, is someone with whom the BME groups can identify with. The BME Advocates also have the advantage of being able to speak many different languages and therefore are able to communicate with many people who either do not speak English or English is not their first language.

Discussions with the other types of Advocates indicated that their FRSs had chosen them for their experience and background in their particular group. For example, the Drugs and Alcohol Advocate had worked with people suffering from drug and alcohol problems, prior to joining the FRS as a community Drugs and Alcohol Advocate.

One of the elderly Advocates noted the FRS had chosen to employ two elderly Advocates because not only are older people more likely to be involved in fires, but the older population is also a growing population.

Cleveland FRS noted that the reason why they initially thought about recruiting Advocates was because of one particular incident that occurred. This incident involved the death of an individual from the BME community. This particular death raised issues to do with how to effectively communicate the fire safety message to hard to reach members of the community. This led the FRS to employ a BME Advocate. From this, they did an analysis of their demographic incident data to identify other types of people who have been involved in fires and would benefit from an Advocate as they were considered hard to reach. These groups of people were thought of as, not only vulnerable and therefore more likely to be involved in a fire in the first place, but also because they are less likely to access the services provided by the FRS.

Discussions with partnering organisations supported discussions with the Community Fire Advocates. The general opinion of the partnering organisations was that the Advocates were there to support their section of the community. It is also thought that the Advocates are able to target their specific groups and help them to be safer within their own homes.

One of the reasons that the partner organisations thought the FRSs created a role for Advocates, was to widen people's understanding of the FRS within the community and to increase people's understanding of some of the services, that the FRS now offer. Some of the other reasons partner organisations gave for FRSs creating the role of the Advocates includes:

- To empower people to deal with fire safety issues themselves

- It was thought people who are at high risk and who are hard to reach may not be able to access the services provided by the FRS. Using Advocates is one way of accessing these hard to reach and vulnerable groups

- It was thought that the Advocates break down the barriers between the community and the FRS

- Advocates make fire safety advice and education more accessible to certain people within communities

- It was also thought that community Advocates are one single point of contact within the FRS and that it is easier to contact an Advocate rather than the FRS as a whole.

13.2.3 Background and management of Advocates

All the Advocates reported that they had prior experience of working with the groups, that they were responsible for targeting. For example:

- Drugs and Alcohol Advocate – had been an outreach worker working with people who had problems with drug misuse

- Young Person's Advocate – Worked as a youth worker two nights a week engaging with young people. She also worked as a Crime Prevention officer which involved travelling in a mobile youth bus, talking to youths. These would tend to be people who would not go to school and therefore would miss the fire safety education training that they would receive as part of their education

- Elderly Advocates – Worked as Counsellor and a first response carer

- Disabled Advocates – Worked with various disability groups for fifteen years. The Advocate from South Yorkshire had previous experience of working with people with disabilities

- BME Advocates – Worked with youth associations and community organisations to give young people support. One BME Advocate worked with the Home Office, engaging with people from the EU. They also worked as an advisor for the Citizen's Advice Bureau, specialising in the BME section of the community; and,

- Deaf Advocate – Worked as a Cultural Development Officer for the British Deaf Association.

The manager of the Advocates at Cleveland FRS noted that they selected Advocates who were either a member of a particular target group themselves, such as, the Deaf and BME Advocates or, they had been working in the community for several years and were able to effectively communicate with members of that community. The idea was by bringing a lot of experience to the role and already having contacts within partner organisations, they would be able to access some of the more 'hard to reach' and vulnerable people in those communities.

Action plan for Advocate work
All of the Advocates noted that they have some form of action plan which they are working towards. For the majority, there are no specific numerical targets, for example, stating the number of partner organisations to work with and so on. The action plans are usually the main objectives that the Advocates should try to achieve as part of their everyday role. For example, some of the actions noted on the action plans have included:

- To reduce dwelling fires;

- Liaise with agencies to develop new partnerships with work, with their specific section of the community;

- Engage with their specific community (to educate them on the dangers of fire);

- Breaking down the barriers between the FRS and their particular community;

- Promote HFRC;

- To try and access as many 'hard to reach' households, of hard to reach groups, to carry out HFRC;

- Develop new initiatives;
- Train other members of staff to deliver the fire safety message to their specific section of the community.

However, some Advocates did have some specific aims in their action plans, for example using the facilities of the 'Crucial Crew' on a specific date, or planning to organise an event, such as, a deaf awareness week.

Level of CFS training

All of the FRSs have provided the Community Fire Advocates with CFS training. This was usually given as part of their induction training. Some Advocates noted that they also received specific HFRC training as part of this induction, which included the fitting of smoke detectors. This training usually involved; shadowing an experienced fire-fighter, whilst they conduct HFRCs; they are then monitored, as they themselves carry out a HFRC. They are also assessed and evaluated. The amount of CFS training varied slightly between Advocates. One BME Advocate noted, they received training when they first arrived at the FRS, although this contained the bare minimum, but they felt they developed their knowledge and experience as they went along and they learnt a lot from speaking with fire-fighters and shadowing them during HFRCs. One Advocate re-called how they had experience of going into a 'smoke house' with all the fire fighters equipment on. This was to demonstrate, what it would be like in a house fire.

Specifically, one of the disability Advocates noted, they had received training on fitting specialist deaf alarms (Bellman Alarm System) and had learnt British Sign Language. This Advocate received 'Professional Training' which was designed to provide training on how to deliver themselves in a professional manor to the public.

The young person's Advocate from Cleveland noted how they went on a 'Young Person Fire-fighting instruction Training Course'. This course was designed for people working with young people and provided them with skills on how to effectively communicate the risks of fire to the younger population. The young person's Advocate also noted how she spent a certain amount of time observing people doing existing presentations, then from her own training and background experience she was able to use the existing presentations and tailor them to a young audience.

Community Fire safety support

Overall, every Advocate spoken to was able to list several people with whom they would feel comfortable approaching for support with their work. It is apparent that in two FRSs spoken to, the teams of Advocates worked quite closely with each other, usually sharing an office. It was also noted, not only were they able to call on each other for advice and support, but they could also call on their individual line managers and anyone else in the brigade with the relevant experience and knowledge.

Evaluation of Advocate work

Generally, the work of the Advocates was not evaluated. Some of the Advocates noted they handed out feedback forms at the end of their fire safety presentations and would ask people to rate their performance during the talks they had given. One Advocate noted however, they had received letters of thanks for the work that they had done, telling them how it had made a difference to people's lives.

The manager of one of the groups of Advocates from Cleveland FRS noted that the only way that the Advocate's work was evaluated was by the number of HFRCs that result from the work they carry out. It was however noted that evaluation was an important issue and an effective method of evaluating the work of Advocates was being investigated at the time of writing.

13.2.4 Involvement in delivering HFRC

All of the Advocates were involved in HFRCs to some extent. However, the level to which Advocates are involved in delivering HFRCs varies. All of the Advocates were trained to carry out HFRC during their initial induction training, when first starting work with the FRS.

At the more involved level, the Advocate will select the organisation to work with, as part of their everyday job. Once the Advocate has made contact with the organisation they will tell the organisation what the FRS offer now to the community, in terms of the HFRC and the free smoke alarms and will make a suggestion, in terms of how the FRS and the organisation may work together to support each other. In doing this, they may make a suggestion, in terms of how the partner organisation would get the referrals and then communicate these back to the FRSs. The partner will then start making referrals to the FRS.

One method that was noted in order to recruit the partner organisations was to attend 'Strategy Meetings'. These were quite often quarterly meetings that involved all of the local agencies in the area. The Advocate attended these meetings to inform attendees about the relevant services the FRS provides. Advocates also used this meeting to identify key organisations who could access the most 'at risk' groups of people, that the Advocate themselves were trying to access, such as the elderly. One such example of this was noted by one Advocate (Elderly), who attended a Sheffield 50 plus group concerned with adult protection. This meeting consisted of representatives from various agencies, including, the Police, the Health Service, the Ambulance Service and Primary Care Trusts. During this meeting, they discussed specific case studies and what each of them were doing. The Advocate noted that she used this opportunity to discuss the Fire Services HFRC scheme and potentially recruit partner organisations to help with the referral process.

As mentioned earlier, the level to which Advocates got involved in the delivery of HFRCs varied, but was usually limited to specialist cases. These may have been homes that had previously had a HFRC, or perhaps people that had been previously identified as being vulnerable.

Innovative/special forms of HFRC

In terms of innovative and special forms of HFRC, two main types were identified by the Advocates:

- The Advocates for the Disabled and Deaf noted that they had carried out HFRCs using British Sign Language to communicate effectively with residents who had hearing impairments. The Advocates in these instances usually attended a HFRC, together with a fire-fighter

- The other type of specialist HFRC used bi-lingual Advocates. The BME Advocate from Cleveland was multi-lingual and noted that he carried out HFRCs in Urdu and Punjabi. However, if he attended a HFRC with Kurdish residents, then he usually used a family member who spoke English as the translator. For instances where residents spoke languages that he did not (for example, Polish) he found the appropriate translator to help him carry out the HFRC.

Specific techniques for communication

Generally, the same fire safety message was used when talking to all groups of people. However, the way this message is communicated varies slightly, depending on the target audience. The following section details specific communication methods adopted by each type of Advocate.

Elderly

There was certain sensitivity issues needed to be taken into consideration when talking to the elderly community. This maybe that there were people in the audience with special needs, such as, they have a hearing impairment. In one example, the elderly Advocate noted, that they had to run a special one-to-one session with one hearing impaired person because they needed to lip read. This Advocate also noted how they had a group of visually impaired people, so the Advocate choose to bring a fire-fighter in all of their personal protective equipment, (PPE), for the visually impaired people to be able to feel the fire-fighter and then to get an idea and understanding of what they look like when in all of their PPE. Another of the older person's Advocates noted they found that older people tend to respond to real life events and therefore, when they are giving presentations to the elderly, they will add in real life examples to the presentations.

One elderly Advocate noted that during a HFRC they established at the start how the resident would like to be addressed. They felt this automatically made somebody feel more comfortable during the HFRC. The Advocate noted that many people entering the older person's home (gas technician/electrician and so on) may automatically refer to that person by their Christian name or 'love' or 'dear' and some people may find this offensive.

Age Concern noted they had worked together with the Advocate, to develop different scenarios for the Crucial Crew, to effectively communicate with the older people messages of fire safety in the home.

Age Concern noted that at the moment, they have not been involved in developing any specific techniques for face-to-face communication with the elderly. However, in the future, they would like to get involved in writing a play that can then be shown to elderly people. This play would demonstrate some of the typical fire hazards around the home and how elderly people can take precautions to stay safe from fire within their own homes.

BME
The BME Advocate noted that they tailor how they deliver the fire safety message, depending on the ethnicity and gender of the person/people they are speaking with. This Advocate found that by talking about more domestic issues, such as cooking, he was able to engage more effectively with some of the women. The Advocate noted that people from different cultures prepare their food in different ways. Therefore, the Advocate highlighted these different dangers depending on the ethnicity of the person/people they were speaking to. For example, one person they spoke with used to make large numbers of samosas and deep frying large number of them in a large wok full of cooking oil. The BME highlighted the potential dangers of this method of cooking and made other suggestions for cooking methods.

One BME Advocate noted that it is important to be aware of differences in certain cultures. These differences can include religious celebrations, such as, Diwali the festival of light and the need for people to be aware of the dangers of leaving candles unattended around the home. This BME did however note some caution in effectively communicating these dangers without offending people and that a certain element of sensitivity should be applied when discussing such issues with certain BME groups.

The majority of the Advocates tailored their presentations, talks or general communication, depending on the individual they were communicating with, or the audience they were addressing. The BME Advocates noted they delivered presentations in the relevant languages, providing they spoke it. The BME Advocate from South Yorkshire noted that in their experience they had found younger members of certain BME groups more receptive to the idea of fire safety than some of the older members of the community. As a result, the Advocate had been more sensitive to cultural differences when dealing with older members of the BME group, individually and in groups. It was noted that a timid approach, when talking to some of the older members of BME groups, was perceived as suspicious and led to the members of the BME group believing the Advocate was trying to hide something. The Advocate noted the best way to approach certain groups is to almost mirror how they are towards you.

Younger people
The younger person Advocate reported, when talking to younger people, she used more visual aids to support what she was saying.

Four of the partners had noted being involved in the development of specific face to face communication. The partner of the young person's Advocate 'South Bank Tomorrow' noted how they had a meeting with the Advocate prior to them presenting to the young people. The purpose of this meeting was for the partnering organisation to ensure that the material the Advocate intended on including in her presentation was appropriate and an effective method of communicating with this group.

Disability
The disability Advocate noted, that when they are dealing with an individual with learning difficulties, then they will adjust how they communicate with them. This will involve using simple plain English, breaking the information down into smaller chunks of information and using more visual prompts/aides. The disability Advocate also noted when they are talking to people who are physically disabled, they have to ensure that the information they are providing them with relates to issues that surround mobility and fire safety.

Only three partnering organisations were able to describe special or innovative forms of HFRCs that the Advocates were involved in. The Doncaster Sensory Team noted the Advocate for the disabled would use British Sign Language during HFRCs to communicate with those with hearing impairments. Independent Living noted the older person's Advocate would organise for a HFRC to be carried out in a different language if necessary, or for somebody to carry out the HFRC using British sign language.

A Sensory impairment organisation noted how they used the 'Loop System' during presentations that the Advocate gave, so that people with hearing impairments were able to tune their hearing aids in, to be able to hear the Advocate more accurately.

Methods of securing referrals for HFRCs
Setting up good partnerships, is the main way in which Advocates secure referrals for HFRCs. The partner organisation is usually chosen to work with the FRS because they have access into the homes of the most vulnerable people in society. This can be on a regular basis and so they are able to identify people who would benefit from a HFRC. The partners ask the permission of the resident first and then pass over the contact details, of that individual, to the FRS for a HFRC.

Delivering presentations and talks at various venues is also another main way in which the Advocates secure referrals for HFRCs. It is thought from both Advocates and partners that the talk opens peoples' eyes to some of the dangers in the home, that they had not previously thought of as dangerous. It also informs them of the services that the FRSs are now providing and they explain how the HFRC are now part of the fire fighters work and that it is a free service. Many of the partners noted the response rate for referrals is close to 100% for some of the talks.

Other methods of securing HFRCs include:

- Attending various open days

- Attending fresher's fairs (to capture those starting university)

- Putting up posters

- Cold calling

- Attending deaf centres/deaf clubs

- Attending regional meetings that deaf people attend, in order to introduce themselves and promote fire safety and secure referrals

- Attending Road Shows, promoting Fire Safety and at the same time, securing referrals for HFRCs

- Attending Community Centres/Libraries/Hospitals – being present to answer questions and attract people with freebees, such as, the shopping trolley re-usable coins that have the FRS logo on.

The partner organisations also noted that in the majority of cases they are involved in, securing referrals for HFRCs and sending these on to the FRS. Doncaster Sensory loss Team noted, as part of their day to day work, they are actively going into the homes of people with a sensory loss. During this visit, they refer people to the fire service for a HFRC. During this process, they also highlight the individual needs of that person, for example, the person may be deaf or blind.

The partner for the older person's Advocate, Independent Living noted how they routinely go into the homes of the elderly and do a risk assessment of the property, this risk assessment includes fire risk. Independent living then passes this on to the FRS, with the permission of the resident. Independent living also advertises the FRS and their services through their own leaflets that they produce.

13.2.5 Involvement in delivering fire safety talks

All of the Advocates deliver fire safety talks to their target groups. All of the Advocates noted they are involved in developing the presentations themselves and also other material, they may hand out at these talks or at other events, in which they may have organised.

These presentations are usually organised through a partnering organisation, such as, Age Concern. The Advocate will attend a session that members of the partner organisation already have attended and therefore, are usually held at the premises of the organisation.

Advocates are also involved in preparing materials for other members of staff to use. This may be presentations that are aimed at their target group, or literature that is tailored to one specific community.

The partner organisations supported the Advocates and confirmed the Advocates had been carrying out fire safety talks to their members. The number of presentations the Advocates have delivered varies depending on the amount of time that the partner organisation had been working with the FRS.

Materials used during fire safety talks

The Advocates usually use a variety of materials and props during their fire safety talks to members of the public. These can change somewhat, depending on the types of people attending the fire safety talks. Some of the common materials or props used during fire safety talks include:

- Smoke detector
- Photographs – these may be of a burnt out house to highlight the damage a fire can do to a house
- Videos/DVDs
- Faulty Equipment
- Overloaded plugs
- Pictures
- Spot the hazards board (specifically for younger people)
- Word Searches (specifically for younger people)
- Demonstrations – such as, a chip pan demonstration unit, which will be set fire to by two fire-fighters, who will attend the talk with the Advocate.

A couple of Advocates noted they have several items to give away free, when they do fire safety events and talks as is the case with the majority of CFS talks given by the FRS. These include fridge magnets, pens, shopping trolley re-useable coins and oven timers in the shape of a fire engine. These are designed not only to attract people's attention, but are designed to act as a reminder of the information that they were given, by the Advocate and are useful items that can be used around the home.

13.2.6 Working in partnership

As mentioned previously, one of the main roles of the Advocates is to identify and make partnerships with key partners, that would allow access into the most at risk and hard to reach groups in their specific target group. Therefore, all of the Advocates actively seek out organisations to work in partnership with. As mentioned previously, one method of reaching the appropriate partners is through attending local strategic meetings which involve various agencies.

The types of organisations involved in partnerships included:

- Social Services
- Age Concern
- Doncaster Sensory Team
- Tri-Star
- Hartlepool Disability Team
- Sure care
- Real Life Option (Domiciliary Care)
- Albert Centre (alcohol drop in centre)
- First Steps Rehabilitation Centre
- Patch (Nursery)
- Care 4 You Sheffield
- Deaf Centres in Middlesbrough and Hartlepool
- Child Deaf Youth Project
- Temples/Mosques.

Discussions with the partners revealed, that they all thought the partnership between themselves and the FRSs were a success, were working well and had been effective. Partners felt that the awareness of fire safety had been raised within the specific target groups. The partners also highlighted they have every intention of continuing their work with the FRSs. One noted how they were organising further dates for the Advocates to come and give presentations to their members.

The reasons why the partners thought the FRS had chosen to work with them, was fairly consistent across partners. The main reason was because the partner felt they had a good local reputation within the community, that the Advocates were trying access and they were a trusted body within these key communities.

Difficulties and Challenges with partnership working
In general, very few difficulties were highlighted by the Advocates in working with partners. However, there were a few that were highlighted regarding issues to do with time and referrals, these included:

- Partners having their own work priorities. This has meant that when a partner was pushed for time, they have not always allowed time to do the work for the FRS
- Overall time appeared to be an issue. The Advocates felt the partners were often lacking time to help with the fire service work

- Some partners had the opinion 'they do not have the time… it's not their problem, it's not their responsibility… they can't see what they get out of it.' However, these were the partnerships that had not worked. However, the Advocates noted that in their opinion perseverance worked with some partners, but, there were a few that could not be convinced. One potential way of getting around this issue, was to ensure that they were talking to the right people within the organisation

- Advocates noted that when they had delivered a talk to an organisation to explain the referral process, they had learnt to ensure that not only management were present (who ultimately make the decisions) but also those who carried out home visits and would be responsible for sending referrals back to the FRS

- One Advocate noted they had had problems getting one partner to send referral forms back in, to the FRS. Having spoken with the partner to find out what the problem was, they adapted the referrals forms to make it easier for the staff to complete.

Discussions with the partner organisations revealed that in general, the partners reported no problems in working with the FRSs. However, there were three partners that noted small problems in working with the FRS, these included:

- One FRS noted prior to an Advocate being employed, it was very difficult to contact people within the FRS due to staff changes, however, since the Advocate has joined, there is one single point of contact and this problem has been eliminated

- One partner noted there was an issue regarding data protection at one point, however, they have overcome this by providing the required amount of data on the forms, whilst still protecting the clients, plus asking the permission of the clients in the first place

- One partner noted it was quite difficult to get in contact with the Advocate, however, to overcome this, they leave answer phone messages and they do eventually get through.

13.3 Peoples' attitudes to fire risk and how to communicate effectively

13.3.1 Introduction

This section of the report provides a summary of the interviews from both the Advocates and their partner organisations, who have explored the attitudes of specific groups, to the risk of fire and the best ways in which to communicate with each of these groups. The specific groups covered in this section include, the Elderly, BME, Hearing Impairments, Disability, Young Persons and Substance Abusers.

Generally the majority of people in the target groups rated the risk of having a fire, to be very low. The reason for this however, varied depending on the group. To summarise:

- **BME** – many different reasons were suggested by the BME Advocate including, some BME groups came from countries that do not have electricity and gas and are not aware of some of the dangers that are associated with this. Some BME groups felt, if they were going to have a fire, then it is fate

- **Elderly** – the elderly tend to think they have gone their whole lives without having a fire, why are they going to start having them now

- **Disabled** – this group of people tend to have many other concerns in their life, just day to day living can throw up many challenges and fire safety can sometimes, not be their top priority

- **People with hearing impairments** – this group of people tend to generally have a lack of awareness of all the different causes of fire in the home

- **Young People** – often these people are not home owners and do not think about many of the dangers around the home. The children the Advocates work with are also quite often young fire setters and so are actively setting fires to derelict buildings around the area. Therefore, there is not only a need to educate them, in terms of safety around the home, but also the need to educate them about the dangers of fire and the consequences of fire

- **Substance Abusers** – this group of people tend to have other concerns, that outweigh (in their opinion) fire safety.

13.3.2 Elderly attitudes

The elderly Advocates noted that, in their opinion:

- Generally the perceived risk of fire in the older population was low

- Older people believe that because they have lived their whole lives without ever experiencing a fire in their home, they are not going to start having fires now. According to one of the elderly Advocates, this is especially the case for older men

- Generally, older people who have never had a fire before believe that they are responsible people and therefore are not going to start having fires now, if they have gone their whole lives without having a fire

- Older people were not so open to suggestions about reducing fire risk in their homes.

The Advocate thought that people do go through a process of their own risk assessment, if they do not smoke and have an electric fire and no gas, they do not believe it will happen to them. The Advocate noted that, in general, they were not aware of some of the other main causes of fire and speaking to the Advocate, raises their awareness of all of the different fire hazards.

One elderly Advocate noted she used to try and get referrals from older people who would stand in the queue at the post-office to collect their pensions. The Advocate re-called, whilst in discussions with one elderly person, who said, "… the day I start to become reliant on a smoke detector, then it's over."

13.3.3 Communicating with the elderly

All the partners spoken with during the phone interviews noted how the Advocates were very good at communicating with their target group. One Advocate from Cleveland appeared to have made a very good impression on all their partners and was praised for not only their commitment to the work but also their ability to be able to engage and effectively communicate with the older people. This Advocate noted she herself is an older person and therefore feels this is to her advantage, when giving presentations to the older groups. Indeed, the partners also raised this point that she was able to say certain things that a younger person perhaps would not be able to say to an older person, for fear of sounding rude or patronising. However, this Advocate was able to engage very well with her audiences and quite often included a lot of comedy into the presentations, but still was able to come across in a professional manor.

If an elderly person knows of someone who has been involved in a house fire, then this raises the awareness of fire and consequently may have a significant impact on the fire safety behaviour of that elderly individual. The elderly Advocate highlighted that elderly people respond very well to real life events that have happened. Therefore, one of the most effective methods of communicating with the elderly is including real life examples of what has happened to people, who have not taken the relevant fire safety advice.

Another effective method of communicating the risk of fire to the elderly is to explain the fire statistics to them. By explaining that more elderly people are involved in fires than other age groups, can be a useful technique of getting the fire message through to them and the importance of it.

13.3.4 BME attitudes

One of the BME Advocates noted in general, BME groups are very passive about fire safety precautions. Some BME groups felt fire safety precautions were a lot stricter here than perhaps in other countries that they have lived previously. In the experience of the BME Advocate that some BME groups were not very receptive to taking on board the fire safety message. It was also noted that some BME groups can be quite private and do not want strangers walking through their homes.

It was the opinion of the BME Advocate that some BME groups do not want to break the cultural norm. They do not want to be seen to be the first to change and adopt fire safety precautions such as, having a smoke detector fitted. They do not want people to know they are taking these precautions and quite often, the initial first steps are the hardest. One BME Advocate noted one of the most effective methods of gaining access into BME community's homes, for HFRC, is through word of mouth. Sometimes, a whole street will sign up to have a HFRC only because one of their neighbours has.

The BME Advocate noted from working with these groups the following attitudes towards the risk of fire:

- One BME Advocate noted that some of the BME communities believe that, if they are going to have a fire then that is fate

- Asylum Seekers quite often do not want to inform people where they live. Quite often, where they are from, a uniform is seen as a bad thing, it is a sign of superiority and they can do want they want, when they are in uniform, even inflict pain on people and get away with it

- For some ethnicities that have just moved to England, fire in the home may be a new issue for them, as their previous homes were mainly concrete and had little combustible material and did not have gas or electricity.

13.3.5 Communicating with BME groups
It was noted the best way to communicate the fire message to the BME community was to increase the amount of education on fire safety, in order to increase the awareness of fire safety. By educating people this reminds them of all the different causes of fire in the home.

The Advocate found that the most effective method of communicating with the certain BME groups was to mirror the way they treated him. If you are too timid, they feel as if you are tying to hide something, however, appearing very confident may scare people off. The BME noted that being aware and sensitive of people's cultures and tailoring the safety message to each culture can help communicate the safety message more effectively.

13.3.6 People with hearing impairment's attitudes
The deaf Advocate did not provide much insight into the attitudes of people with hearing impairments towards fire. However, the Advocate did note that deaf people are usually surprised to learn of all the different risks of fire in the home. It is thought that the fire information has not been accessible to them in the past and they do not realise the importance of having a deaf smoke detector.

13.3.7 Communicating with people with hearing impairment's
The deaf Advocate noted when giving presentations to people with hearing impairments, they use a lot of visual aids. They show photographs of buildings and objects that have been involved in fire and highlight all the different causes of fire. The disabled Advocate from South Yorkshire noted that she was able to tailor her presentations to the target audience and was fluent in signing, so was able to communicate with those with hearing impairments effectively as well.

13.3.8 Disability groups attitudes

People's attitude towards the risk of fire varies, depending on the nature of the person's disability. The Advocates thought that many people do not realise what they are doing is unsafe, until they are told otherwise and generally, there is a lack of awareness of the risks of fire. There is also a feeling, it will not happen to them and they feel that they already are quite knowledgeable about the risks of fire.

The Advocates noted that many people, who have a disability, have many other concerns in their life. General day to day living can prove to have many more obstacles and issues that able bodied people do not have to think about. Therefore, the risk of fire comes lower down in their priorities, compared with other issues in life.

Generally, for a lot of disability groups, such as the visually impaired, the access to fire safety information is compromised. Plus, access to the correct sort of fire safety equipment, such as an appropriate fire warning system, can be expensive and people may not know who to turn to for advice and support.

Some groups of disabled people, such as those with autism, do not like change. They live a very routine life and do not adapt well to any change to their routine. Therefore, introducing fire safety may include behaviour change, which would not be accepted well. Even having strange people in their home to carryout a HFRC, would be very disturbing for some people who suffer from autism. This poses several challenges, in terms of how best to communicate with this group of people.

13.3.9 Communicating with disability groups

It is thought that the best way of influencing peoples' attitudes, for people with visual impairments, is to make fire safety information more accessible to them. This can be done by having information about fire safety in talking magazines and having subtitles or a signer on all fire safety campaigns.

Advocates reported that the most effective way to communicate with those with learning disabilities or with mental health problems was on a one-to-one basis. This way the Advocate was able to tailor the message to their specific needs.

13.3.10 Young Person's attitudes

The Advcocate suggested that before young people have had contact with an Advocate, their attitude towards fire risk is very low. They generally do not own their own home and do not think about possible dangers from cooking and other such things around the home. The Advocate noted that in general young people believe they are more at risk from being mugged than being involved in a fire in the home. Many children skip school and therefore, receive no fire safety education.

In the opinion of Advocate and the partnering organisation there are many factors that influence young peoples' attitudes to fire safety. This includes their peers, together with their social background and up-bringing, which can also play a large part in their attitudes towards fire safety. Quite often young people are simply not interested in fire safety. In the Advocate's opinion many children in the area are involved in fire setting in the Cleveland area.

In the opinion of the Advocate many of the young persons' attitudes and behaviours are learnt from their parents, The Advocate reported that quite often the parents themselves lack awareness of fire safety or do not think it is important. This general lack of awareness passes on down through the family and as a result the children are also not aware of fire safety.

13.3.11 Communicating with young person's

One common method of communicating with the young people was to use a youth bus. This bus goes into the Neighbourhoods where children who have skipped school and therefore, missed any fire safety training, may be located. The Advocate was on board a bus and was able to talk to a youth on their level, who was very good, according to the partner organisation at communicating effectively with the children. The partner organisation thought this was because the young person's Advocate was able to approach the youth on a level that they could relate to and was able to build up a rapport with the young people.

One suggestion of influencing young persons' attitudes and behaviours is to show them first hand, what can happen to them if they themselves get caught in a fire. This idea was suggested by the partnering organisation of the young person's Advocate. In the partner's opinion they thought that when presenting to young people they should involve someone who has been injured by a dwelling fire. The partner thought that this 'shock method' would be a more effective method, of getting the message across, in terms of the consequences of what could happen.

13.3.12 Substance misusers attitudes

The attitude of substance misusers towards the risk of fire, is thought to be very low. The reason for this is because they have many other worries to think about in their life, such as, family, money, housing and abuse. It is thought, if they receive the required help or support to help them in these other areas of their life, then, they can start thinking about fire safety.

The partner organisation interviewed in this area of work noted the attitude of substance abusers was very blasé towards fire safety. These people tend to be taking drugs and are out of control a lot of the time and in doing so are putting not only themselves but their families at risk also. If people do not know anyone that has had a fire, it may not seem like something that is terribly important to them.

13.3.13 Communicating with substance misusers

One method used to try to influence substance abusers' attitudes and behaviours was to explain to them that by taking substances they are not fully in control of what is happening. Therefore by taking substances such as drugs and alcohol they are more at risk from having fires in the home and that it is not just themselves they are putting at harm, it is also those around them such as their friends and family.

Many of the clients the Advocate (substance misusers) had contact with, cannot read or write, therefore, face-to-face verbal communication is the best method of communication, with these groups of people and has helped raise the awareness of fire safety and the services that the FRS can provide.