

# **Learning from Fatal Fires - A Partnership Approach**



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# Impact of fire deaths



- Responsibility of all agencies to promote wellbeing, safety, prevention and early intervention
- Preventable and foreseeable deaths/serious injuries
- Traumatic, sudden events
- Huge emotional impact on the individual, their families and professionals
- Leads significant deterioration in wellbeing and quality of life post incident
- Impact on local services in terms of resources for investigation/housing/on-going care and support
- Risks to neighbours, family members, care agencies, responders, wider public, etc.
- Reputational risk to agencies where harm is foreseeable

# Analysis of Hampshire Fire Deaths 2015/18



- 26 cases of death/serious injury for all Hampshire
- 21 cases in the HSAB area
- HFRS worked with Portsmouth, Southampton & IOW LSAB
- 5 people were not known to the local authority
- 1 death was not as a result of a fire
- 11 fatalities
- 4 cases resulting in serious/life changing injury
- 15 cases all had care and support needs with long term care and support in place
- All 15 cases were reviewed against a standardised audit tool

# General risk factors identified



## Environment:

Identifiable ignition sources (*e.g. candles, angle grinder, blow torch, cooker matches, petrol cigarette, methylated spirit, electric fire*)

Fire alarm absent or not working

Hoarding

Lived alone

## Behaviour:

Smoking

Alcohol/drug use

Hoarding

Self Neglect

Fire setting

## Physical/mental health:

Poor mental health

Age/frailty

Poor mobility

Dementia

# Trends and themes



- **Age/frailty:** 60% of cases 66 years+ (47% were 76 years+).
- **Gender:** 67% of victims were male
- **Mental health:** a factor in 47% of cases (includes 2 incidents of self immolation)
- **Services:** in 60% of cases the adult was in receipt of domiciliary care
- **Residence:** in 67% of cases the fire occurred in the person's own home.
- **Location:** occurrences evenly spread across all Districts
- **Fire safety referral:** long term care and support was in place in all cases, but a referral was made in only 33% of cases.
- **Safe and Well visits:** carried out in only 3 cases (in 2 other cases 1 refusal and 1 unable to contact)
- **Risk factors:** 60% identifiable ignition sources, 53% smoking, hoarding/self neglect 14% cases (but all Hants 23%)
- **Learning and review:** 9 cases referred for a MAR but only 3 reviews (33%) were undertaken – low conversion rate

# Key learning and next steps



- Analysis and response for all Hampshire and IOW
- Fire safety and prevention needs to be an integral part of the support offered by partners in particular, domiciliary care providers
- Guidance needed on signs and indicators of fire safety risk, guidance relating specifically to ignition sources, smoking
- Targeted work in mental health services
- Awareness training to increase referrals to HFRS for Safe and Well visit
- Use of the Multi-Agency Risk Management process to manage on-going risk
- 4LSAB Fire Safety Group to lead and coordinate the response
- Multi-Agency Hoarding Guidance
- Improved review of serious injuries as a result of fire

# S.A.L Considerations



- Support the work of HFRS & HSAB partners by ensuring fire safety is fully embedded within all risk management processes
- Adopt a person centred fire risk assessment in order to manage an individuals vulnerability to fire
- Consider the fire risk factors (environment, behaviour, physical/mental health) for all service users
- Ensure the MARM process is fully explored in relation to fire safety, with HFRS as a key partner

# S.A.L Considerations



- For individuals who are presenting vulnerabilities towards fire:
  - Referrals to HFRS for Safe And Well interventions
  - Communicate with local HFRS Community Safety Officers regarding known risk
  - Engage with HFRS Community Safety Officers to provide bespoke training and informal staff briefings at your team meetings.





**Any comments or  
questions?**