

# Stopping the home fires burning

Sarah Hardman became drug and alcohol community advocate (DACA) for Trafford after six fatalities in home fires in a year were found to be linked to alcohol consumption. Here she tells **DDN** why service providers should include fire safety as an integral part of their clients' care plans.

THE LINK BETWEEN SUBSTANCE MISUSE AND FIRE DEATHS and injuries is well established. Fire investigations have identified that a substantial proportion of Greater Manchester fire victims have perished in a room where fire has started, possibly unaware of its existence as a result of contributory factors including drugs and alcohol.

The alcohol link is particularly visible to us as a fire and rescue service. In 2006 we launched a poster and beer mat campaign, featuring a blazing pint of lager and the alarming statistic that one in three fire-related deaths happen when people have been drinking. The most obvious dangers if you've had a drink, or been using drugs, are posed by smoking, cooking, or burning candles. However, I've found that when substance misuse is dependent or chaotic, the risk to fire safety can be more complex and people can be harder to reach. It's vital to Greater Manchester Fire and Rescue Service that our approach to community fire safety is inclusive. That means making sure that we go the extra mile to engage hard to reach populations and that's where specialist roles like mine fit in.

Working at ground level with local DAAT treatment services helps to ensure that service users have easy access to fire safety advice and interventions. I deliver fire safety workshops and drop-in sessions at various places where service users can get advice and take away leaflets. They can also book a 'home fire risk assessment' – a home visit to analyse home fire safety and eliminate or minimise any identified risk. Critical to the assessment is making sure every property has working smoke alarms and a household escape plan. Additionally those who smoke might be eligible for fire retardant bedding and sofa throws,



and we run a scheme that replaces chip pans with new deep fat fryers.

When clients are referred to me, I undertake the risk assessment and then work long term with them to build a relationship and help them to maintain a good level of fire safety in the home. Often, it's about combining management of substance misuse with good household maintenance and housekeeping. For example, if internal doors are missing then fire can spread easily; if there's a build up of grease and crumbs in the kitchen fire can start more readily, and if exit routes are blocked it can impede escape. Depending on the client's needs, and with their agreement, a home visit might result in getting other organisations on board such as tenancy support, housing association repair teams, or health professionals.

To date there have been 180 referrals to the DACA and I am pleased with the way that fire safety has been integrated with treatment services in Trafford. I am also working with other agencies and organisations across the borough.

Clients can be referred to me through a variety of pathways including housing associations, police, probation, GPs and, crucially, internally from operational fire fighting crews. If someone has already had a fire and falls into a high-risk category, we want to do everything possible to prevent a further incident, injury or even death. In cases where a new client isn't already engaged in treatment, my role is to provide brief interventions or referrals to treatment as appropriate. The key aim for the GMFRS is to make a household safe from fire and one route to achieving this is to help them to address underlying issues that are compromising their fire safety and wellbeing.

Successful partnership working has enabled us to put fire safety on the agenda alongside treatment and support services. It has to be a joined-up approach for it to infiltrate the community safety agenda. All treatment services carry posters and leaflets on drug and alcohol related fire, and other agencies such as probation and A&E are also making these available to service users. My long-term aim now is to develop further local partnerships so that everybody who uses drugs or alcohol harmfully, hazardously or dependently, understands the link with fire safety and benefits from the service we offer.