

## Fire Safety Innovations for People Affected by Dementia: Focus Group and Survey Findings

Dr Michelle Heward and Dr Fiona Kelly  
mheward@bournemouth.ac.uk

- This project was funded by Dorset County Council under the Inspired by 2012: Health and Wellbeing Legacy Fund.
- Bournemouth University Dementia Institute (BUDI) was asked to seek the experiences of people with dementia and their families and professionals working with people with dementia in Dorset, as well as Fire and Rescue Services (FRSs) nationally in the United Kingdom (UK).
- We explored experiences of home fire safety and provision of guidance and/or resources for people affected by dementia.
- The aim was to develop knowledge to enable people affected by memory problems and dementia to be safer in their homes, and support the professionals who are working with them to achieve this.

### What we did

- With ethical approval we held four group discussions across Dorset. These groups included one with fire service professionals; one with other professionals; and two with people with dementia and family carers.
- We asked people to tell us their experiences of home safety risks (including fire risks) and any ways that they might reduce this risk, alongside their ideas for resources.
- We spoke to 32 people in groups: 8 people with dementia, 8 carers or family members, 2 support workers or volunteers of existing groups, 10 FRS professionals and 4 other professionals.
- We also sent out an online survey to all FRSs in the UK (n=55). Twenty FRSs responded giving a response rate of 36.4%.
- We asked FRSs to tell us about the guidance and/or resources they have available for people affected by dementia.

### What we found

#### Experiences of home fire risks

- People with memory loss or dementia are likely to be involved in accidental fires in the home, and fire fatalities amongst this group are often caused by smoking or cooking.
- There were four types of fire risk identified by professionals: those related to a person's past role or actions (i.e. smoking in bed, electrical engineer doing own electrics); using appliances inappropriately (i.e. electric kettle on gas hob, metal trays in microwave); related to memory impairment (i.e. forgetting to turn off heater, leaving food in oven, not responding to smoke detector); and the person's home environment (i.e. overloaded plug sockets, clutter, drying washing too close to fire).
- People with dementia and family carers tended to focus on non-fire related safety risks, however, with probing, some identified fire hazards, including sitting too close to or falling into open or electric fires, using metal containers in microwaves, candles, forgetting to put cigarettes out, leaving the cooker or gas on or putting an electric kettle on a gas hob.



# What we found (continued...)

## Ways to reduce home fire safety risks

- People with dementia and family carers identified decluttering, avoiding trip hazards, installing smoke and carbon monoxide detectors and relying on observant neighbours as ways of staying safe at home.
- Professionals identified four ways to reduce home fire safety risks: a person-centred approach (i.e. no one size fits all approach, individual risk assessment, repetition of key messages); partnerships to identify vulnerable households (to help identify vulnerable people and assist crews at incidents, fire service become involved in multiagency teams that provide care); assistive technology in the home environment (i.e. flood detectors, gas shut off valves, telecare linked smoke detectors); and dementia aware prevention i.e. early intervention to help future proof homes, awareness that risks can change over time as dementia progresses, need to educate people affected by dementia and professionals about fire risks and ways to reduce them including assistive technologies such as telecare).
- Professional suggested that it could be challenging to work with people with dementia. Sometimes people may not have accepted their diagnosis and refuse support offered, others may not have received a diagnosis and so are not identified 'in the system'.

## Resources currently provided

- FRSs provide guidance to older people: leaflets, talks to groups, signposting to other organisations and large print booklets. Fire safety messages are written in plain English and promote electrical safety, good housekeeping, cooking safety, as well as advice on bedtime routines.
- Some FRSs provide dementia specific resources such as a checklist fridge magnet to keep safe at night, leaflet with less words and more pictures. Others do not offer this group any specific resources or key messages; instead using the resources designed for older people in general.
- FRSs were less likely to offer professionals working with people with dementia and/or their carers dementia-specific fire safety guidance.

## What people and professionals would like to know more about

- Professionals want better knowledge of assistive technology and who is responsible for funding and installing it.
- Family carers want information that is accessible in face to face or leaflet form.
- Information for people with dementia is more easily digested in Plain English, accessible font and including illustrations. Laminated leaflets are swipe clean and stand out against other leaflets so likely to be kept.
- FRSs would find it useful to know more about: communicating with people affected by dementia; signposting people affected by dementia to appropriate information and support; best practice and legal aspects of assisting/assessing people with dementia; using visual reminders/ signs/ diagrams for fire safety.

## To summarise

Understanding the person and their individual situation is key to determining the risks within their home environment. Risk assessments must therefore be undertaken using a person-centred approach and at regular intervals as they may be time limited as the condition progresses and behaviours change. Assistive technology (such as telecare) should be introduced as early as possible. Professionals need to understand more about the condition, as well as have an awareness of person-centred approaches. There is a need for a range of resources that reflect individual needs.

## On going work

- We will be evaluating this project to determine how your views and experiences have been used, and any differences that this has made both locally and nationally.
- We may also use these findings to seek further funding for new projects.

*If you wish to make comments, or seek clarification on anything you have read in this summary, please email [budi@bournemouth.ac.uk](mailto:budi@bournemouth.ac.uk). We would like to thank you for sharing your experiences so openly with us. Our thanks also go to the individuals and organisations that helped us to locate you. Thank you to Dorset Fire and Rescue Service for commissioning us to undertake this research and to Dorset County Council for funding it through the Inspired by 2012: Health and Wellbeing Legacy fund.*