



## Occupational therapy leadership within the Fire Service to reduce fire risk and address health and wellbeing in vulnerable communities

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### Description

An occupational therapist in a leadership role supported London Fire Brigade to implement health and fire-safety focused home visits in 5 diverse London boroughs. The project reached individuals at increased risk of fire and poor health outcomes and took a person-centred approach to identifying health and wellbeing needs, linking service recipients with a range of supportive local services. 90% of recipients reported feeling safer as a result of the service and onward intervention by partner organisations [1].

### Context

#### Project aims and objectives

- Reduce fire risk and improve health and wellbeing for individuals known to be at increased risk – e.g. people aged over 60, those living alone, people with disabilities, people receiving social care services [2]
- Offer advice and person-centred interventions to address targeted health priorities and fire risk factors – falls prevention, cold homes, smoking cessation, social isolation
- Provide occupational therapy leadership for oversight of staff training and competencies; development of strategic relationships between the fire service, health, local authority and voluntary sector partners; and project evaluation
- Develop person-centred assessment, signposting and intervention skills with the fire service's community safety advisors

#### Baseline data and population demographics

- London Fire Brigade undertake over 80,000 home safety visits each year, providing an opportunity to support a wide range of people at increased risk of harm from fire and health inequalities [3].
- London Fire Brigade operate in all 33 London boroughs, serving an extremely diverse population of approximately 9 million people from a wide range of ethnic and social backgrounds.

- London has the widest health inequalities in England and is home to some of the most deprived communities in the country [4].

### **Project rationale**

- There is a known correlation between people who are at the highest risk of dying as a result of a house fire, and people who have reduced health and experience poor health outcomes [5].
- By supporting people to address their health and wellbeing needs it is possible to also address their fire risk, and vice versa.

## **Method**

### **Activities undertaken**

- 5 London boroughs with diverse ethnic and social demographics were identified to pilot enhanced home fire safety visits, through joint engagement between London's 5 Sustainability and Transformation Partnerships and LFB. The boroughs selected were those where there was felt to be most correlation and prevalence in fire and health risks, and therefore the greatest opportunity for the project to have a beneficial impact.
- Relationships were developed with local health, social care and voluntary organisations to offer pathways supporting falls prevention, fuel poverty, smoking cessation and social isolation.
- Visits were delivered by dedicated London Fire Brigade staff for two years across the 5 boroughs.

### **Who was involved**

- Leadership was provided by an occupational therapist employed by the NHS, working in a project team alongside fire service colleagues.
- The occupational therapist had responsibility for development and delivery of fire service staff training and competencies; development of strategic relationships between the fire service, health, local authority and voluntary sector partners; and project evaluation
- Community safety advisors were recruited specifically to deliver the enhanced home visits and received a range of fire safety and health related training, including Making Every Contact Count [6].
- Over 30 local health, social care, public health and voluntary organisations from the 5 participating boroughs were active members of local strategic working groups for the duration of the project.

## **Outcomes**

Feedback was sought from recipients of the service and project partner organisations, to inform the project evaluation. See *Fire Safe and Well: project summary, learning and outcomes* for full details of methodology, evaluation and outcomes [7]

- 1,253 visits were completed with 1,384 individuals receiving direct advice and intervention
- 80% of visits were completed to households with at least one resident aged 60 or over
- 85% of visits were completed to households with a disabled resident
- 49% of visits were completed to single person households

- 805 referrals were made to partner services offering interventions for falls prevention, fuel poverty, smoking cessation and social isolation
- 99% of service recipients surveyed would recommend the service to friends and family members
- 95% of partner organisations felt participation in the project had been beneficial to their service users
- 90% of service recipients surveyed felt that their safety had increased as a result of the service

**Comment from project partner organisation:**

“We have had 104 high quality referrals from [community safety advisors] working on the project. These were all vulnerable older residents that our outreach methods had failed to contact. Making these referrals has certainly improved the lives of vulnerable people and, in at least two cases, has probably saved lives.”

**Comment from service recipient:**

“My daughter is disabled and my husband has memory loss, so I was very impressed with how the fire brigade staff spoke to them clearly and gave excellent advice.”

## Key learning points

**What worked well**

- Occupational therapy leadership was effective in supporting fire service staff to receive training and develop skills that enabled them to apply person-centred approaches when working with at-risk people in their homes, and signposting them to supportive organisations
- Occupational therapy leadership was valuable in developing effective working relationships between the fire service, health, social care, public health and voluntary organisations
- The fire service are able to reach a wide range and large number of individuals who are at increased risk of fire and poor health outcomes.
- Fire service staff are trusted and were successful in linking people who were at risk, but not receiving assistance, with supportive organisations.

**Challenges**

- The complexity of the health landscape across London made it challenging to adopt a consistent and scalable approach to developing pathways and making onward referrals.

**Future opportunities**

- Occupational therapists are working in leadership and clinical roles within a number of fire services in England, Scotland and Wales, applying different approaches to embed person-centred assessment and intervention within their organisations’ community safety work.
- Although it was recognised that the demographic profiles of the project boroughs were diverse, closer evaluation of the demographics of home visit recipients would help to identify the impact of enhanced home fire safety visits upon health inequalities and disadvantaged groups. Future projects could be targeted more closely to deprived communities and those at greatest need.

## References

- [1] [7] [Fire Safe and Well: project summary, learning and outcomes – Healthy London Partnership](#)
- [2] [Health and Social Care Fire Safety Guidance – Greater Manchester Fire and Rescue Service & Manchester Mental Health and Social Care Trust](#)
- [3] [Home Fire Safety Visits by London Borough – London Fire Brigade](#)
- [4] [London Health Inequalities Strategy – Greater London Authority](#)
- [5] [Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association, Chief Fire Officers Association and Age UK](#)
- [6] [Making Every Contact Count – Health Education England](#)