

Title

The evaluation of Safe and Well visits as part of the prevention activities of Fire and Rescue Services in England

Abstract

Purpose: Safe and Well Visits are the primary preventative vehicle now used by all Fire and Rescue Services in England. The purpose of this paper is to examine their recent development to identify notable practice and potential improvements.

Design/methodology/approach: A literature review and archival document analysis have been supplemented by data and information from the evaluation of a case study at Nottinghamshire Fire and Rescue Service.

Findings: There is considerable scope to improve Safe and Well Visits, although individual services and the sector are not yet able to implement effective benchmarking across services or commission a more appropriate evaluation methodology such as a Social Return on Investment.

Originality: Although a small number of professional reviews have been undertaken, we are not aware of any academic evaluation of Safe and Well Visits since they superseded the previous Home Fire Safety Checks.

Research limitations/implications: The research is situationally bound to England, although there may be transferable lessons to other services and jurisdictions.

Practical implications Potential future improvements are identified and recommended at local and national levels, both in the data and information available, and for policy, operationalisation, and public assurance.

Key Words: Emergency Services, Fire & Rescue, Prevention, Safe and Well Visits.

Introduction

All Fire and Rescue Services (FRSs) in England undertook Home Fire Safety Checks to individual homes as part of their prevention and protection services since they were introduced by the Fire and Rescue Services Act 2004 and included in the first national performance framework (Office of the Deputy Prime Minister, 2004). During this period, significant effort was focused on reducing fire risk and preventing avoidable harms to vulnerable groups alongside fire safety promotional work with the general public.

More recently 'Safe and Well Visits' have developed out of the original 'Home Fire Safety Checks' as Fire and Rescue Services took a more holistic or wider view of their community protection and prevention responsibilities and worked increasingly in collaboration with other public and welfare services. Safe and Well Visits incorporate and build on the existing good practice of home fire safety checks. They target the more vulnerable members of the community, including older people and those with disabilities, and aim to offer bespoke fire safety advice based on their household and lifestyle, which can mitigate the risk of fire. They also cover additional factors such as falls risk assessment, smoking cessation, cold homes and fuel poverty and a range of other health and community issues depending on local arrangements (Home Office, 2020). The visits can result in advice or signposting, or referrals to other emergency or welfare services, as well as providing advice on fire safety. The expanded assessments represent a change to the traditional delivery model, and this has been reflected in the latest national policy and delivery framework for FRSs in England (Home Office 2018).

The recently re-introduced external inspections of FRSs (HMICFRS, 2018, 2019a, 2020) demonstrate that each of the 45 FRSs in England has taken the Safe and Well Visits agenda forward in its own way, meaning that there is considerable variation between services. They recommend that some FRSs need to target their prevention work better in order to meet their statutory obligations. More importantly, and despite evidence that demonstrates the effectiveness of the visits (Clarke, 2018; Mahmood *et al.* 2020), they also found that the number of visits being conducted were falling, with the level of resources being directed into both prevention and protection services declining disproportionately when compared to overall fire service budgets. The evidence suggests that, as experience increases and resources have declined, visits have become more targeted and have been better prioritised towards individuals and groups of people who are most at risk of death or serious injury from fire, often referred to as the most vulnerable.

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS, 2020) were however also critical of the level of research and evaluation being undertaken to evaluate this investment by services both at the local service level and by implication at the national level across the sector. Understanding who benefits from the Safe and Well programme is essential to recognise their benefits to society. However, since 2008, local FRSs have experienced significantly reduced capacity and capability for research and evaluation of their activities due to the real terms reduction of financial support from central government (Murphy *et al.*, 2020; NAO, 2015; HMICFRS, 2020), and a recent inspection report into Nottinghamshire Fire and Rescue Service (NFRS) highlighted it as a particular issue (HMICFRS, 2019b).

The authors were commissioned by NFRS to undertake an empirical assessment of the Safe and Well Visits programme to understand their Safe and Well model of delivery and suggest any improvements to their current practice. In order to do this, we first explored the definition and assessment of vulnerability by drawing upon existing literature on vulnerabilities in the emergency services to understand how the Fire and Rescue Services identify vulnerable people (Arch and Thurston, 2013; Williams and Manning, 2016; Yannitell and Chatsiou, 2019; Clarke, 2020; Mahmood *et al.*, 2020; Addidle and Liddle, 2021). Secondly, we looked at various potential models of evaluation for Safe and Well Visits against which to evaluate Nottinghamshire's current practice and to compare the benefits and level of investment against benefits and investment in other services. Finally, we brought these together in an evaluation for the authority, from which we were able to identify some recommendations and suggestions for the improvement of the Nottinghamshire services, but also some suggestions for potential improvements to all FRSs and to the evaluation and assessment of Safe and Well Visits in the future.

The research question adopted for the paper was "Are the Safe and Well Visits currently being undertaken by FRSs fit for their purpose and/or how can they be improved in the future?". The paper will contribute to the understanding of the nature and definition of vulnerabilities, to the changing distribution of the vulnerable people and groups within local communities and to the effectiveness of the emergency services response to protecting, mitigating and/or preventing harm to vulnerable individuals and groups.

The next section explores the academic and professional literature available on the definition and use of 'vulnerability' in FRSs and more broadly in emergency services. It also looks at the antecedents and the development of Safe and Well Visits in the FRSs in England, which is followed by identification of potential methods of evaluation that have been used to date. We then set out the methods we adopted and draw on previous literature and theoretical perspectives to discuss our empirical findings. Finally, our findings and their implications together with some conclusions and recommendations are brought together in the final sections of the paper.

Literature Review

Vulnerability

Vulnerability is a common term used in numerous circumstances and discourses. Despite its prevalence, it has often been misused by many, for example as a synonym for poverty or marginalisation (Chambers, 1989). Vague, multiple use and various interpretations of the concept suggest that understanding and defining what constitutes vulnerability in a particular circumstance is needed. According to the Oxford Dictionary, vulnerability is defined as "the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally". In the social science literature, vulnerability has been mainly associated with health and social care, industrial and environmental risks, or the risk of violence. In the clinical literature, vulnerability is mainly discussed in terms of anxiety, depression, PTSD and mental health (Asmundson *et al.*, 2002, Ingram, 2003, Ouimet *et al.*,

2009). In the crisis management literature, vulnerability has been often interpreted with regard to resilience, where resilience is perceived as the antidote to vulnerability. Ntontis et al. (2019) review vulnerability and resilience in the context of the UK guidance on flooding.

Public services in the UK and elsewhere have been faced with increasing demands from variously defined vulnerable people, including demands on the three blue light services (Addidle and Liddle, 2021). The purpose of this paper is to look at the definition and use of the concept as it is being used in practice, primarily within the FRSs in England, but also how it is being defined and used by the other two 'blue light' emergency services, namely the police and ambulance services, who are the primary operational collaborators with FRSs and also (with local authorities and the wider NHS) form the core of all Local Resilience Forums in the UK.

Vulnerability from the fire service perspective

From the perspective of the fire services, all people are at least at some risk of fire, but some individuals tend to be regarded as at greater risk of harm or death from fire and other emergencies (Clarke and Kaleem, 2010). Vulnerable people are "those at greatest risk from fire" with "wider vulnerabilities and exposure to risks beyond fire" (Home Office, 2018 p.6). According to the HMICFRS (2021a), vulnerable people are "less able to help themselves in the case of an emergency". Vulnerable people are individuals who are less able to escape from a house fire as, for example, they may be people with mobility problems, people with mental health difficulties, and/or children.

There is no general definition of vulnerability in the context of fire services in the academic literature. Fire services are fundamentally planned and operationalised on the basis of risk rather than demand and/or need, as is the case with the other two blue light services (Knox *et al.* 2021, p. 90). Since 2004 and the introduction of Integrated Risk Management Planning, FRSs in England have changed the basis for their assessment of risk from a system based primarily on evaluating risks to premises, buildings and property to a system based upon evaluating risks to people and communities as well as to premises, buildings and property (Murphy, 2014). Reviewing and revising risk assessments as often as is necessary has been essential for all FRSs due to constantly changing technology and patterns of fire risks, as regrettably evidenced by the Grenfell Inquiry (Moore-Blick, 2019) and the need for Dame Judith Hackitt's review of the building regulations for high-rise buildings (Hackitt, 2018).

Creating vulnerability profiles based on risk levels can therefore help in identifying individuals who require FRS intervention. Previous research has indicated that there are certain factors related to the individual that can be associated with house fire incidents. For example, Kose (2000) found that elderly people, and those who are disabled, are at higher risk in home fires. Other studies confirm Kose's findings and suggest that people's vulnerability to fire increases with age. There are also related reasons why aged people are more vulnerable to a house fire. Fernandez-Vigil and Echeverria Trueba (2019) in their analysis of fire statistics in Spain, found mental health problems, such as dementia, to be a factor that increases elderly people's risk of fire.

Relatively little academic attention has, however, been paid to the social (as opposed to physical) factors associated with house fire incidents in the UK. The Home Office collects detailed information on incidents attended by FRSs in England and publishes them annually. These cover the number of fires, false alarms and non-fire incidents attended by each FRS crews, including the number of incidents, fires, fatalities, and casualties as well as information on response times to fires. They tell us relatively little about the context or the individuals and groups affected.

Based on more recent research into population trends in Merseyside, Taylor *et al.* (2019, 2021) found the elderly, the disabled, and individuals with mental health and neurological problems to be at greatest risk of fire. In their more recent study (2021), they suggest that population behaviours and lifestyle, such as alcohol consumption and smoking, no longer significantly increase the risk of fire, apart from alcohol consumption by the elderly. One factor being that aged people are nowadays less likely to be smokers (Elder *et al.*, 1996). Elder *et al.* (1996) in their study of fire fatalities in elderly people in Scotland between 1980 and 1990, found alcohol consumption was not a major cause of fatalities. Instead, they found faulty or misused electrical items to be a factor increasing the risk of fire, although the study is somewhat dated and health and safety incidents resulting from electrical appliances are mercifully likely to have reduced.

Vulnerability from other emergency services' perspective

Within fire services, national policy appears relatively clear, namely efforts should be directed at those at greatest risk from fire. However, because of the need to “identify individuals’ wider vulnerabilities and exposure to risks beyond fire” (Home Office 2018, p.6), it is necessary to consider the interpretation of vulnerability from some alternative perspectives. In this case, the most appropriate perspectives are those of the police and the National Health Service (NHS) and the ambulance services. This is because FRSs are statutorily obliged to collaborate with other emergency services and to mitigate situations that may cause vulnerability. The Knox *et al.* contribution in Addidle and Liddle (2021) investigates the definitions of vulnerabilities in all three of the blue light services in England.

The police (together with local authorities and the ambulance services) have been central to the policy and practice of assisting vulnerable people in the community. Tackling vulnerability through early intervention has emerged as a key theme in contemporary policing (Bartkowiak-The’ron and Asquith, 2012). The College of Policing and the National Police Chiefs Council (NPCC) currently defines vulnerability as

“A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of, or protect themselves or others from harm or exploitation”.

(College of Policing/ NPCC, 2021 p.4)

As with the FRSs’ perspective on vulnerability, personal or situational factors or a combination of both, can lead to harm or risk of harm. Personal factors can include “age, mental health, gender sexual orientation, ethnicity, religion, difference and physical ability/disability”. Situational factors are more difficult to identify because they affect vulnerability only

temporarily; they can include “location, time of day, temperature, lack of power, language barriers, poverty, adverse family, community or cultural circumstances, the presence of an abuser or grooming” (Knox *et al.*, 2021). The College of Policing therefore identifies 13 ‘strands’ of vulnerability as are shown in table I. Some clearly involve safety or safeguarding issues that concern FRSs and/or the ambulance services, but others clearly do not.

Table I. Strands of Vulnerability (College of Policing, 2021)

Domestic Abuse	Child sexual exploitation
Adult sexual exploitation	Child abuse
Stalking and harassment	Honour based abuse
Missing and absent	Modern slavery and trafficking
Female genital mutilation	Forced marriage
Managing of sex and violent offenders	Serious sexual offences
Adults at risk	

The NHS and ambulance services’ definition of vulnerability is where an individual, either an adult or child, is at risk of harm, whether through direct abuse, or neglect. Vulnerability from the ambulance perspective therefore identifies patients who have been physically or emotionally harmed. Vulnerable people often include common circumstances; living alone, the elderly, mental health problems, violence victims, human trafficking victims and sexual exploitation victims (Knox *et al.*, 2021).

The interpretations of vulnerability and the identification of those that are vulnerable by the police, the ambulance service and the fire service clearly overlap but it is also clear that the scope and focus of the services provided to the public differ between the three blue light services. It is probably better to conceptualise the three definitions in terms of a Venn diagram of three overlapping circles (Figure 1). What is clear is the fact that the factors contributing to vulnerability complement one another, although more work is needed both theoretically and practically to define the actual boundaries more accurately.

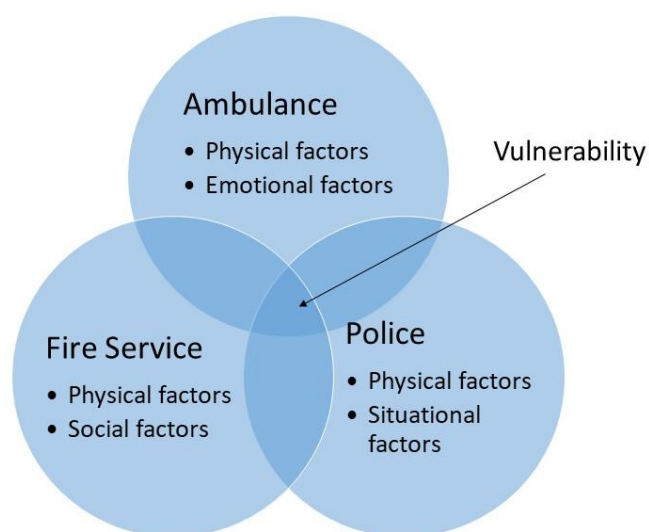


Figure 1. Vulnerability from the three blue light services' perspectives

Applying all these factors, it becomes apparent that almost everyone could potentially be considered vulnerable at certain times of their lives. Targeting vulnerable people who are at increased risk, however, reduces harm from fire and other fire related risks and provides an overall reduction in a number of emergencies and more efficient use of public resources. Assessing efficient use of public resources is important in a public sector setting under a fixed budget restraint (Samarago *et al.*, 2014) because it focuses on maximising the service's outcomes.

Evaluations of prevention visits

The new Safe and Well Visits have only been assessed to a very limited extent (Clarke, 2018, 2020; HMICFRS 2020) because they are still developing, although a few studies have evaluated Home Fire Safety Checks. These generally show encouraging results of reducing domestic fires (Arch and Thurston, 2013; London Fire and Emergency Planning Authority, 2013; Reindhardt and Chatsiou, 2019). A few studies into Home Fire Safety Checks have also adopted different perspectives. For example, Williams and Manning (2016) investigated behavioural changes following Home Fire Safety Visits. Their study revealed that before the visits, householders tended to overestimate their safety and were unaware of the risks at home. Similarly, Mahmood *et al.* (2020) found that the visits made recipients feel safer because they could get tailored advice on fire safety. While prevention visits have been identified as largely successful, Simcock (2021) pointed out that some participants receiving Home Safety Visits found them to be a 'tick-box exercise'. Simcock associated this finding with the expansion of community prevention activities, the increasingly target-driven culture and increasing demands on the service.

The majority of the available prevention visits studies focuses on the overall objective for all FRs – protecting the public from harm and responding to emergencies. This shows that the research on Safe and Well Visits has been mostly restricted to the final outcomes of the visits.

A further question that needs to be asked for all FRSs is whether the delivery of Safe and Well Visits is conducted in a cost-effective way. The growing importance of value for money and the efficient use of public resources) indicates a need to examine the Safe and Well Visits delivery regarding their costs, benefits, and/or impact.

This paper addresses the following research questions:

Are the Safe and Well Visits currently being undertaken by FRSs fit for their purpose and/or how can they be improved in the future?

a. How do FRSs evaluate their Safe and Well Visits' delivery with regard to their costs, benefits, and/or impact?

b. How do FRSs identify and target vulnerable people?

Methodology and Methods

The research adopted a pragmatic and exploratory approach as it investigated the new Safe and Well Visits utilising the relatively limited data and information available. It drew upon an empirical case study of the evaluation of Safe and Well Visits in a single Fire and Rescue Service from the East Midlands region of the UK. The rationale for conducting a single-case study was to capture how a predominantly urban fire service¹ evaluates their prevention activities, including identifying vulnerable individuals.

The authors, NFRS area managers, and NFRS group managers were involved in the case study over an eight-month period (November 2020 - June 2021). NFRS staff supported the project by providing data and information necessary for analysis. Data collection for the analyses undertaken to answer the research question was mainly obtained from NFRS, apart from the data gathered by the authors on FRSs' statistics and Nottinghamshire demographics from the Home Office, HMICFRS and the UK Office for National Statistics (ONS).

Based upon the literature review on vulnerabilities and meetings with the NFRS senior managers, an evaluative case study was undertaken, although, we were not able to gather the experiences of local vulnerable individuals because of the limitation of researching during the pandemic. The aim was to review two key areas of prevention activities and to evaluate their impact. The first step involved an evaluation of Safe and Well Visits initiative with regard to their costs, benefits, and/or impact. This included a review of alternative evaluation techniques available to apply the most appropriate methodology to meet NFRS objectives. The second step concerned evaluating NFRS's demographic profiling tool used to identify vulnerable people. This involved applying the lessons learned from the literature review on vulnerabilities to further improve the effectiveness of the model.

A limitation of the case study research presented is that the findings are applicable to one English fire service. Single-case studies tend to provide little basis for generalization of results to the wider population (Yin, 2009), although FRSs tend to be a relatively homogenous group of organisations with a very similar range of activities. Our study is, however, situationally

¹ This classification is defined by the Department for Environment, Food and Rural Affairs, which assigns authorities to one of three categories: Predominantly Rural, Significant Rural and Predominantly Urban.

bound in England, although it may have transferable lessons to other services and jurisdictions, particularly those services defined as ‘predominantly urban’ in the UK¹. It may also have lessons for other services that provide services to vulnerable groups or individuals, most notably local authority and welfare services, and the other ‘blue-light’ emergency services.

As an exploratory study, it seeks to ask further questions and to suggest fertile areas for potential future research. As such, it can only make a limited contribution to theory. It has however, more potential for influencing and improving practice, as potential future improvements for policy and practice are identified and recommended at local and national levels. These relate not only to the data and information available but also to suggestions for improving policy and the evaluation of policy impacts.

Findings and Discussion: the NFRS Safe and Well evaluation

The aim of the NFRS evaluation project was to review two key areas of prevention activities and to evaluate their impact

1. Review their Safe and Well Visits delivery and evaluate their costs, benefits and/or impact, and
2. Review the use of the services’ CHARLIE profile in identifying those who are most at risk of death or serious injury (the most vulnerable).

Cost Effectiveness Analysis of Safe and Well Visits

In terms of the evaluation, the authors reviewed some of the established tools and techniques for evaluating policy and delivery initiatives in public sector organizations together with their individual strengths and the types of circumstances, where each of the techniques have been considered the most appropriate. These included Cost Benefit Analysis; Cost Effectiveness Analysis; Financial Returns on Investment and Social Returns on Investment (SROI). We also investigated the way other parts of the UK government (primarily the NHS and Her Majesty’s Treasury) have attempted to quantitatively assess (or monetarise) loss of life or longevity of life as a result of policy actions in order to compare alternative clinical, medical and social interventions².

It initially appeared to both NFRS and the authors that the SROI model could potentially be the most fertile approach and the most appropriate for meeting the objectives and capturing the full costs and benefits of Safe and Well Visits. Unfortunately, when this approach was modelled and ‘tested,’ long standing and outstanding issues relating to the quality and availability of data within the sector at both national and local levels (HMICFRS 2018, 2020; Murphy and Greenhalgh 2011, 2018; Murphy *et al.*, 2020), together with the availability and agreement on a number of key assumptions necessary for the creation of a SROI model (with

² The NHS uses a comparative analysis based on Quality Adjusted Life Years (QALY) to compare potential clinical and medical interventions. HMT uses a Value of a Prevented Fatality or Serious Injury in calculating the cost of traffic accidents.

acknowledged limitations) were not available and could not be created in the practical timescale of the research. In these circumstances, NFRS adopted the 'Best Available Technique Not Entailing Excessive Cost' principle and decided on a Cost Effectiveness Analysis.

The modelling and testing undertaken for a potential SROI did however indicate that in a more appropriate and sophisticated data and evidential environment (Murphy and Greenhalgh, 2013; 2018) a more appropriate SROI model was feasible, although it would be more appropriately conducted across a group of FRSs³ or the sector as a whole, rather than focusing on a single service. In a parallel initiative, the National Fire Chiefs Council are currently investigating the economic and social cost of the UK FRSs at the national level as a project within its Community Risk Programme (Hewitt et al., 2022).

The delivery of Home Fire Safety Checks concluded in October 2018. Since then, NFRS has only delivered Safe and Well Visits. The Cost Effectiveness analysis subsequently undertaken used 12 months data on Safe and Well Visits from 1st January to 31st December 2019. The assessment deliberately did not include data from the time of the outbreak of the COVID-19 pandemic, as it could have skewed the results. It compared the costs and benefits of using the response delivery team and specialist prevention staff using national standards and rates, although the costs were not completely comparable as the prevention specialists unsurprisingly had been allocated visits, which were anticipated as being the most challenging and/or the most complex. Nevertheless, and notwithstanding the much longer average duration of the visits undertaken by members of the prevention team, these were by far the most cost-effective form of visits. The most resource intensive visits were those undertaken by the response delivery team, when they consisted of 5 members of staff and a fire appliance. This did not, of course, take account of the true opportunity costs of deploying whole-time response crews to undertake Safe and Well Visits when on the duty roster. Nevertheless, the findings suggest the importance of evaluation with regard to the efficient use of public resources and highlight potential further improvements and efficiencies, which could be realised in both the short and the longer term subject to resource and operational decisions by NFRS.

NFRS and FRSs generally need to optimise staff deployment according to the nature and amount of resources available to them and the size and case mix that is anticipated for Safe and Well Visits. Clearly, this is also likely to vary within and between FRSs according to the demography and geography of a service's area.

At the time of the evaluation, the number of visits being undertaken was higher than at the time of the inspection visits (2019) when the number and management of the checks and the inadequacy of evaluation was highlighted by HMICFRS (2019), although it was still below the national average. The research did however reveal potential improvements to both the process and the implementation of Safe and Well Visits that would help increase the economy, efficiency, and effectiveness of the service.

³ This might be a sub-regional group or a cluster of nearest neighbour services sharing similar characteristics.

The CHARLIE demographic profiling model.

In terms of identifying potential recipients of Safe and Well Visits, NFRS uses the 'CHARLIE' demographic profiling model developed by NFRS. CHARLIE evaluates and 'scores' vulnerable people and circumstances against the criteria shown. Anyone scoring Medium or High Risk should receive a Safe and Well Visit from NFRS.

The literature review has indicated that there are certain factors related to the individual that can be associated with house fire incidents (Elder *et al.*, 1996; Kose, 2000; Taylor *et al.*, 2021). The present study found that NFRS apply the majority of those factors in their CHARLIE profile. However, it is important for all FRS to regularly review and revise their risk matrix to reflect changing patterns of fire risk.

Following the review of the profiles, the data available and the definitions in use, the authors made a number of suggestions and recommendations for updating and refining the model based on the literature on vulnerabilities from the three blue light services' perspectives. These included updates and improvements to the use of databases, to the risk profiles and to the objectives and targets based on reviewed literature on vulnerabilities. Suggested new additions to the model included

- long-term health problems (Taylor *et al.*, 2021),
- disability data (Knox *et al.*, 2021),
- mental health data (Fernandez-Vigil and Echeverria Trueba, 2019; Taylor *et al.*, 2021),
- 'hidden' groups and potentially vulnerable groups (HMICFRS 2018, 2019b),
- the inclusion of a process for assessing pre-intervention risk rating,
- proactive actions to quality assure public and partner referrals.

The authors also recommended examining the patterns across fire fatalities victims and fire injuries at home. This is an important issue for future research, which would provide additional insights into the fire victims' demographic profiling across the service's area that FRSs could use when developing their vulnerability profile. It would also provide the opportunity to capture the view of people who had either experienced or declined Safe and Well Visits. Overall, there is considerable scope to improve Safe and Well Visits, both through multiple comparative case studies, and the evaluation, targeting and further development of the vulnerability profiling tools. However, individual services and the sector are not yet able to implement or commission what appears to be a more appropriate evaluation methodology, such as a SROI model. This is because of long-standing and outstanding issues relating to the quality and availability of evidential data and intelligence within the sector at both national and local levels (HMICFRS, 2020; Murphy and Greenhalgh, 2013; 2018; Murphy *et al.*, 2020). The CHARLIE model is dependent on the currency and validity of the data imputed and therefore needs to regularly updated. This in turn, and as demonstrated by the present case study, is limiting the range of techniques that have been applied to Safe and Well Visits and their predecessors, namely Home Fire Safety Checks, which effectively makes quality benchmarking across services currently unachievable.

Conclusions

In England, as elsewhere, FRSs have to balance investment in the response to incidents with investment in prevention and protection activity. The evidence from this and previous academic and operational research (Clarke, 2018; HMICFRS, 2020) suggests that a greater proportion of this investment at both individual service levels and across the sector as a whole, should be devoted to prevention and protection services. In practice, the rebalancing of investment between services is frustrated by long standing and outstanding issues relating to the quality and availability of evidential data and intelligence within the sector at both national and local levels (HMICFRS, 2020; Murphy and Greenhalgh, 2013; 2018; Murphy *et al.*, 2020). This in turn, and as demonstrated by our case study, is limiting the range of evaluative techniques that have been applied to Safe and Well Visits and the previous Home Fire Safety Checks.

Safe and Well Visits, by their nature, are more complex in terms of their impact than previous home fire safety checks because they seek to influence the activities of a wider number of service providers rather than just FRSs. This also suggests greater importance should be ascribed to collaborative working in both identifying and addressing vulnerabilities.

It is almost inevitable, that prevention and protection activity is likely to change as a result of lessons learned from the COVID-19 pandemic (Levin *et al.*, 2020; HMICFRS, 2021b). The long-term social and economic impact of the pandemic is also likely to influence the mixture of future and future potentially vulnerable groups and service users. The continuing increase in income inequality and the current energy crisis in England is likely to lead to new patterns of multiple deprivation and vulnerabilities, for example from the possible increased use of candles. In these circumstances, a wider range of evaluative techniques is desirable, and the experience from this research suggests that one of more appropriate is likely to be a sector appropriate SROI model, which is under investigation by the National Fire Chiefs Council (Hewitt *et al.*, 2022).

Similarly, if as they have stated, HMICFRS, the National Fire Chiefs Council and/or the government, either individually or collectively, wish to provide the fire sector with both benchmarks and comparative analysis (or the potential for comparative analysis) in order to facilitate service improvement and value for money, then they need to facilitate agreement on comparator groups, on a range of evaluative models and the necessary improvements on the metrics to be developed for the evidential base.

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