



SCOTTISH  
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

# Ageing Safely – Living Well

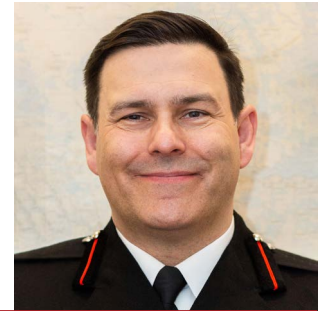
A Support Framework  
for Older People

Working together for a safer Scotland



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**IAIN MACLEOD**

Deputy Assistant Chief Officer  
Prevention, Protection and Preparedness (Directorate)

As Deputy Assistant Chief Officer (DACO) of Prevention, Protection & Preparedness for the Scottish Fire and Rescue Service (SFRS), it gives me great pleasure to introduce this 'Ageing Safely' support framework for older people.

Scotland has an ageing population, and whilst we recognise the valued contribution our older population makes to communities across the country, the increased number of older adults brings a real challenge for public sector agencies to support older people living safely and independently into later life. In recent years, SFRS has witnessed an increased number of individuals aged 60 and over losing their lives to fire. This concerning trend exemplifies our need to work closely with individuals and partners to identify those who may be at an increased risk of fire due to a range of health and lifestyle influences and work collectively to reduce that risk whilst supporting the independence and dignity of our older community members.

This framework combines all our community safety ambitions to support our older population, detailing the common contributory factors involved in fire deaths and injuries, and sets these within an innovative community engagement context. Through detailing a number of key objectives, we will support Local Senior Officers (LSOs) to incorporate the safety of older adults into their Local Fire Plans; identifying key areas of work and helping to ensure services are tailored and delivered locally to meet the needs of our diverse communities.

In addition to an increased risk of fire, age can also escalate other health problems and we have a key role in supporting health and social care colleagues to reduce falls within the home and identify mental health and mobility problems. By continuing to work alongside our partners in the public, private and third sector we will ensure joint outcomes are developed and targeted collaboratively and share our experiences, knowledge and resources to support individuals in a multi-agency approach.

**The following list of objectives highlight our commitment to providing the best possible service to older people. These will be laid out in more detail later in the document.**

**01** SFRS will establish meaningful relationships with partner agencies that represent older members of our communities.

**02** Where available, access to existing multi-agency referral pathways should be explored. Where none exist, referral systems and intelligence sharing should be established with partner agencies to identify those older people who would benefit most from home safety advice and guidance.

**03** SFRS will support targeted information and media campaigns that look to reduce fires, fire deaths and fire related injuries involving our older population.

**04** Older people will be assisted to remain independent and safe in their own homes by providing relevant information on home protection, including fire safety.

**05** SFRS will learn from incidents involving older people to improve internal systems, enhance partnership working and influence future strategic planning.

**06** Older people who live in Residential Care Homes, Care Homes with Nursing, and Sheltered Accommodation will be protected through advice, and where appropriate, through enforcement of fire safety measures and engagement through partnership working.

**07** SFRS will support people to recover from their experience of fire.

**08** SFRS will assist in the prevention of accidental dwelling fires and incidents of unintentional harm through the provision of community safety activities specifically targeted at older people.

**09** SFRS will work with partners to provide support and guidance to keep older people safe.

**10** Training provisions will be put into place to support SFRS personnel and Partners.

# Executive Summary

## Purpose

This framework outlines Scottish Fire and Rescue Service's (SFRS) intentions to support, engage and protect Scotland's ageing population. It details the challenges faced by SFRS and key partners in sustaining a healthy and independent ageing population.

## Background

Scotland's older population is large, diverse, and growing at a faster rate than the rest of the UK. There are more than 2 million people over the age of 50, making up 40% of the total population, and this age group is predicted to increase substantially over the coming years. This would mean that over the next two decades a quarter of the population will be aged 65 and over and there will be a 70% increase in the number of people over 75 years old.

This increase creates social and economic challenges for a range of organisations including the National Health Service (NHS), Social Work, Housing, Police and Third Sector representatives.

To meet these challenges, we will adopt a proactive and partnership approach, working collaboratively to reduce risk. We aim to enhance safety and wellbeing and support older people to live at home or in the homely setting of their choice, safe from fire and other dangers for longer and more independently.

Age alone does not put an individual at an increased risk from fire and incidents of harm. However, fatal fire analysis has illustrated that when contributory factors are evident, for example, mental health issues, poor mobility, use of drugs, alcohol and smoking, then the risk of fire increases.

## Scope and Scale

SFRS wants to engage with community members, representative organisations and key partners to raise awareness of the risk of fire, and through education and preventative measures, assist to keep people safe and independent in their own homes.

We will work with care providers and other partner organisations to ensure people who require care services live safely within their home or homely setting. Where additional support is required, including those who live in self-contained sheltered housing, SFRS will continue to promote the use of assistive technology to support those providing care. This assistance has the potential to reduce any negative impact on the health and wellbeing of those providing support through the early identification of risk in the home which will not only be restricted to the subject of fire.

Although this framework focusses on those most at risk amongst our older population, SFRS recognises that the majority of those aged 60 and over live healthily and independently into their old age and make a huge contribution to communities across Scotland. This includes directly caring and supporting their families and neighbours; actively contributing to safety and wellbeing priorities.

SFRS will work in partnership with relevant services who involve older people in designing and promoting services, support active ageing and ensure they are included as valued members of the community, by giving them a voice for their future.

This supports the aims under [\*A Fairer Scotland for Older People Framework\*](#) for action whereby **“older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own homes or a homely setting”**.

# Key Drivers / Delivery

As Scotland's ageing population creates challenges for a range of service providers this framework has been designed taking cognisance of a number of national strategies and policies as illustrated in Figure 1 below.

The outer circle details the main national drivers/policies which support our ageing population; setting out focused and structured delivery plans to shape and support local delivery. The middle circle illustrates the key SFRS documents which detail our commitment to work with, and for, our older population to ensure safety and wellbeing. The inner circle highlights the drivers at a local level that provide direction and capacity to deliver services directly to community members.

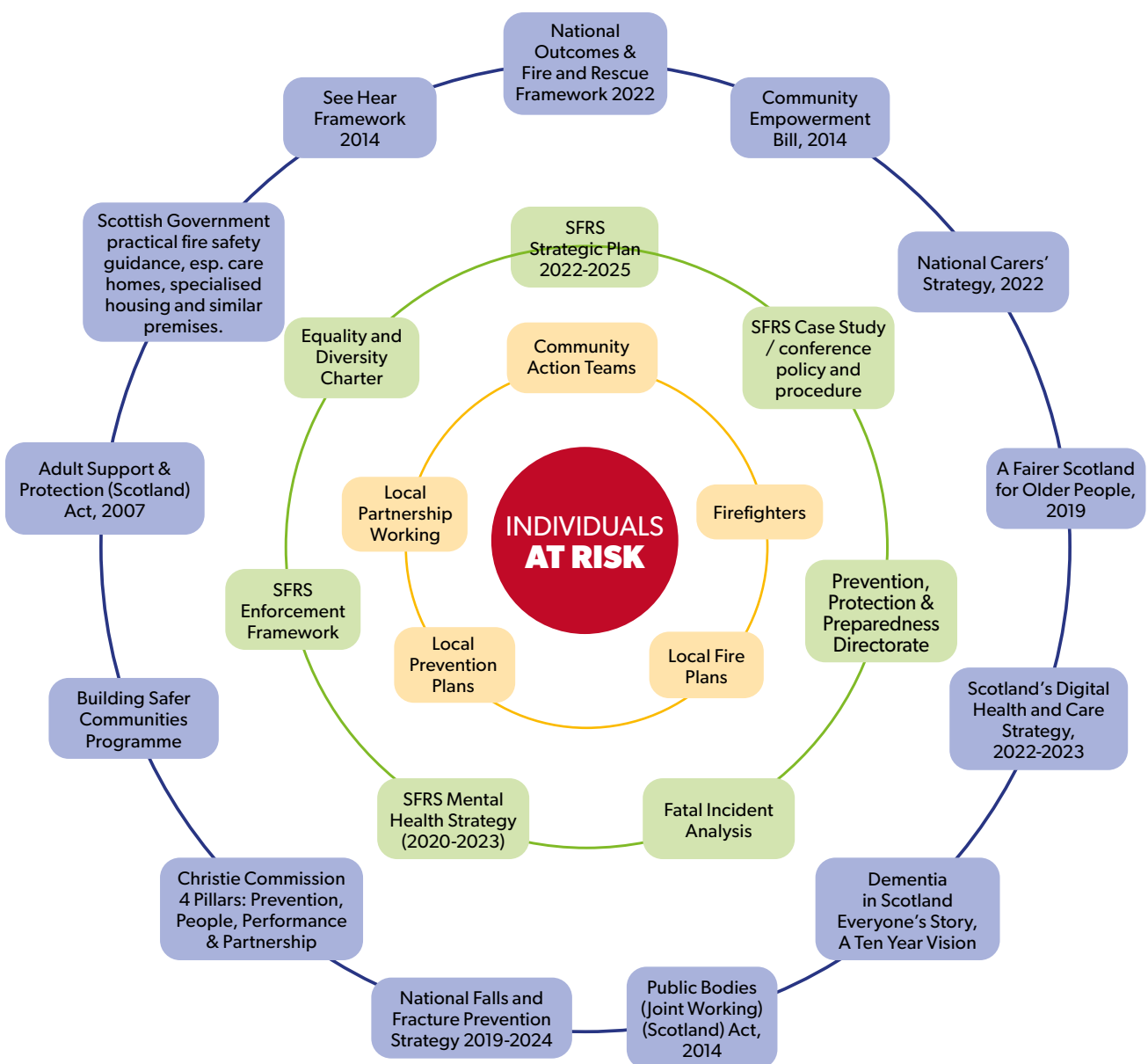


Figure 1: Influencing policy and drivers

## National Drivers

The way in which health and social care services are delivered in Scotland is undergoing dramatic change as a result of the Public Bodies (Joint Working) (Scotland) Act, 2014. The intended purpose of integrating the two services is to make better use of resources, move care away from acute setting into the community, and deliver better support for the growing numbers of people living with long term conditions. Individuals will also have more input into, and control over, the services they can access, and it is hoped the new integrated structures will make it easier for people to engage and access the support they require.

The National Care Service (Bill) Scotland is currently at stage (1) of the parliamentary process. The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new national service. This could include adult and children's services, as well as areas such as justice and social work. The Scottish Government is currently consulting with the public before transferring responsibilities relating to children's services or justice and social work to the new National Care Service. Scottish Ministers are also able to transfer healthcare functions from the NHS and health boards to the [\*National Care Service\*](#).

SFRS will investigate the potential opportunities health and social care integration will bring, particularly as it means older adults will be encouraged and supported to remain within their own homes. This may include the sharing of intelligence and data to target resources and identify individuals at increased risk. As SFRS, along with a range of agencies, are regularly in homes across communities there will also be opportunities to redesign our services. This will include the revision of the "Home Fire Safety Visit" to deliver a person-centered service which incorporates a range of health and lifestyle considerations, which all contribute to an increased risk of fire. Through consideration of wider factors, including mobility, winter warmth and social isolation, SFRS can help reduce the risk of and also work with other organisations to identify and provide wider support.

Running alongside health and social integration are a number of age related national strategic agendas which SFRS actively contributes to; particularly in relation to falls prevention, dementia, sensory impairment and assistive technology. Through effective risk identification, referral processes and signposting we can help join up local services and ensure wider aspects of health, safety and wellbeing are considered by our front-line staff.

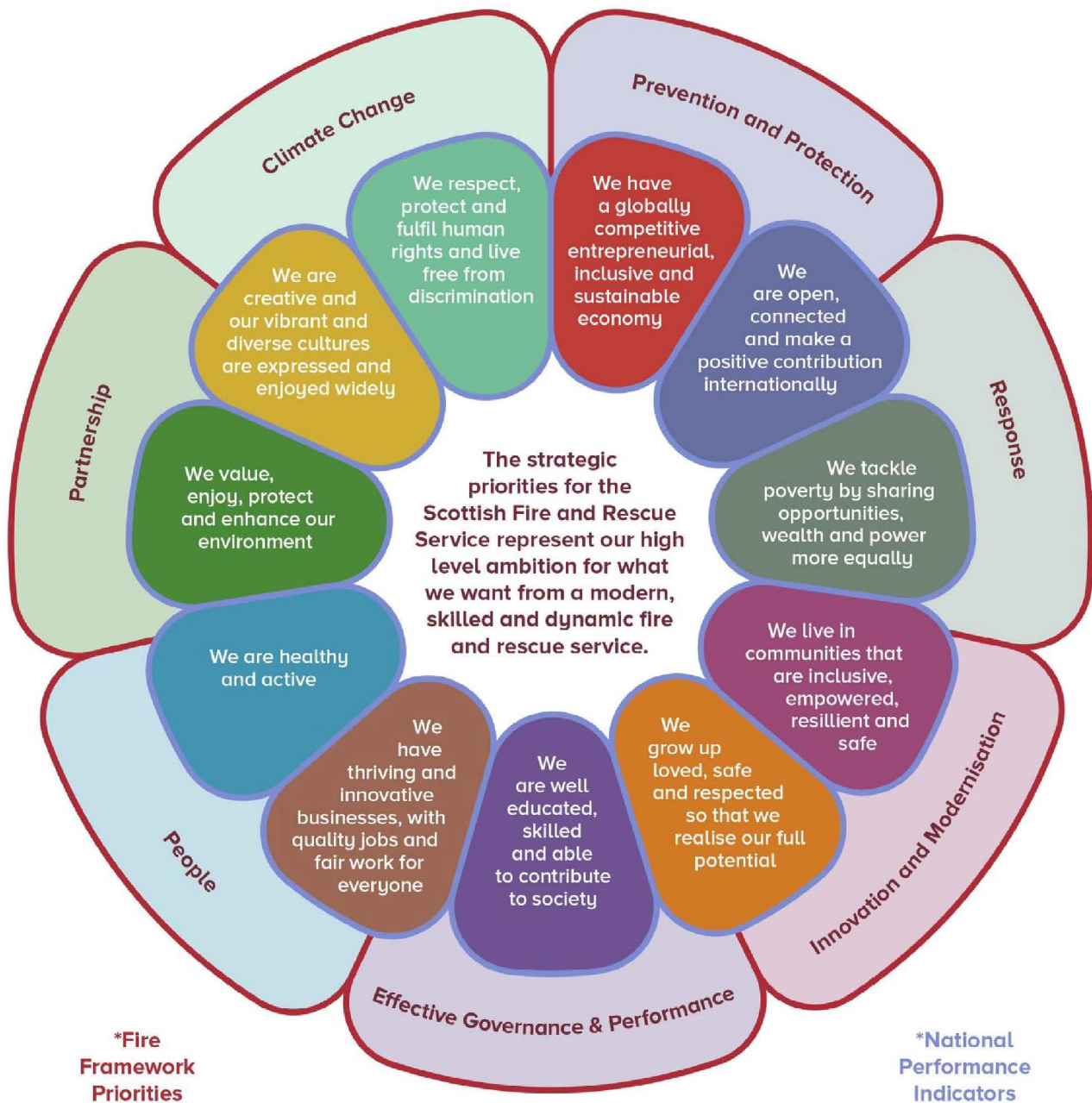
Research identifies a direct correlation between poor health, accidents in the home and overall wellbeing with deprivation and social inequality. Those living in the least affluent areas will experience significant social inequalities. In support of the National and Strategic Outcomes we will work with local communities and deploy our resources to engage with those individuals living in these areas, offering opportunities to access services and support. We will also support the principles of the Community Empowerment (Scotland) Act, 2015 and challenge communities to help make places safer by considering how individuals can lower their risk from fire. Improving our engagement with key community organisations and the Third Sector will also play a significant role in building strong and resilient communities.

## Service Drivers and Support

The national drivers and priorities are captured in our key SFRS strategies. These complement the Strategic Aims as set out in the [\*Fire and Rescue Framework, Scotland 2022\*](#) and [\*SFRS Strategic Plan, 2022-2025\*](#). (figure 2)



## Fire and Rescue Framework for Scotland 2022



The National Outcomes will help to achieve

**Our Purpose:**

To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.

Figure 2: Fire and Rescue Framework for Scotland 2022

The delivery of the framework, and the objectives contained within, will be achieved through both national and local activity.

At a national level, Prevention, Protection and Preparedness (PP&P) directorate staff will develop policy, guidance and good practice to support and aid local implementation. Staff will also liaise with relevant national partners to influence policy and establish collaborative working arrangements which can be disseminated to local colleagues.

Local Senior Officers (LSOs) are responsible for local service delivery, details of which are outlined in their respective [Local Fire Plans](#). They have a duty to contribute to local community planning arrangements and support the priorities contained within Local Outcome Improvement Plans (LOIPs) and contribute to Locality Plans. Work focused on those aged 60 and over should therefore be reflected in these key documents and local partnership arrangements fostered to support delivery.

Local delivery engagement will be delivered by Operational Crews and Community Action Teams (CATs). CATs comprise of Local Area Liaison Officers (LALOs), Community Firefighters (CFFs) and Community Safety Advocates (CSAs), who will be instrumental in understanding local issues and provide a direct method of engagement with partners and those individuals most at risk.



## Background and Influencing Factors

Over recent decades there has been a general improvement in people's health and as a result, a growing number of people over 65 are expected to remain fit and active, continuing to play a full role in society. In Scotland, there are more than two million people over the age of 50 making up 40% of the total population. This age group is expected to continue to rise and by mid-2045 this will be an estimated 50% of the population. This is further emphasised by the increased number of those in the 75 and over age group which will see an increase to 86%. Along with the changes in demographics, we will also see an increase in the number of single occupancy households managed by those 60 and over.

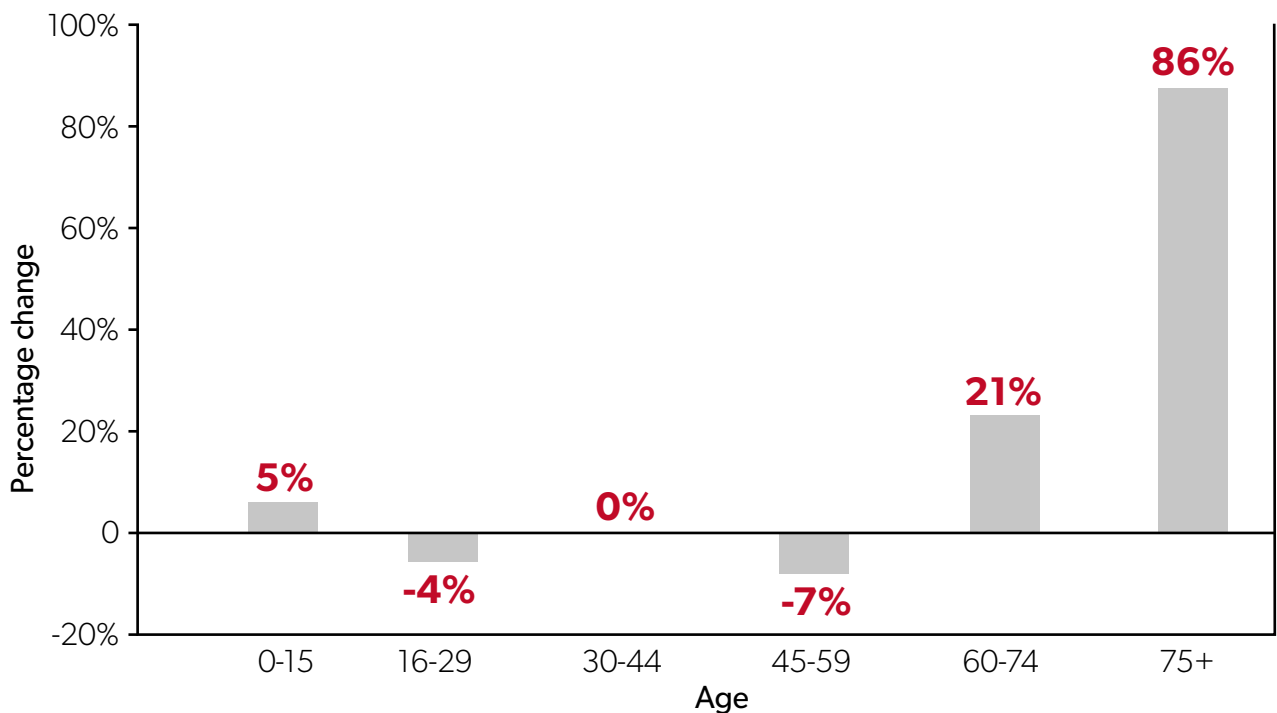


Figure 3: The projected percentage change in Scotland's population by age group, 2012-2037<sup>4</sup>

Analysis indicates that as we age, health and mobility often decline and consequently, the risk from fire increases. It is important to note, however, that not all people over the age of 60 will age in the same manner.

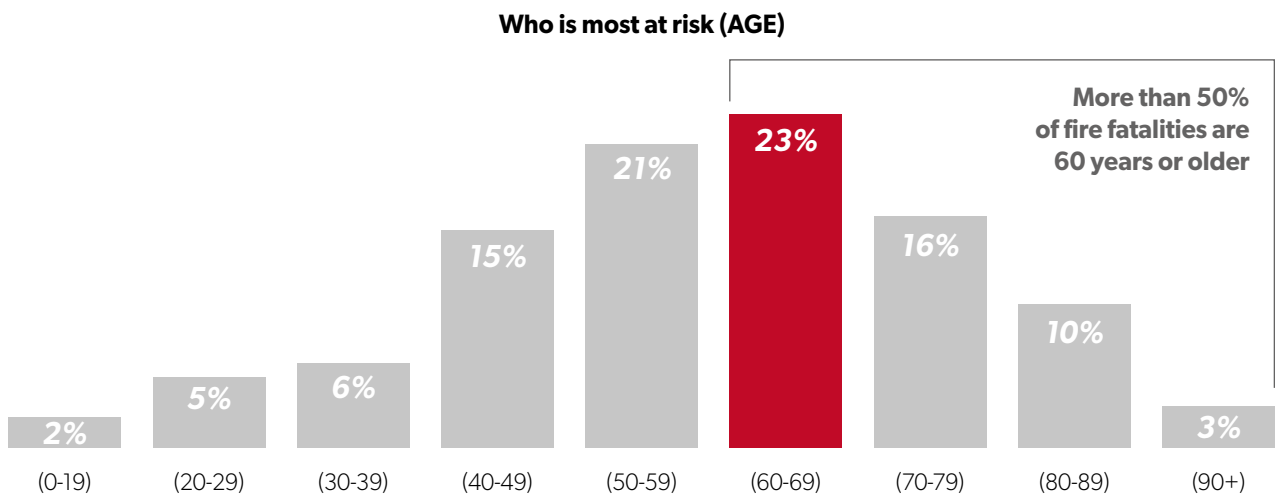


Figure 4: Fire fatalities analysis report 2017 – 2022 by age, SFRS IRS Data, Scotland 2023.

Fatal fire analysis highlights that there are often multiple contributory factors when investigating fire deaths. Evidence provided by SFRS Fire Investigation Department shows many contributory factors e.g., living alone, health issues including dementia and mobility problems, medication, and alcohol.

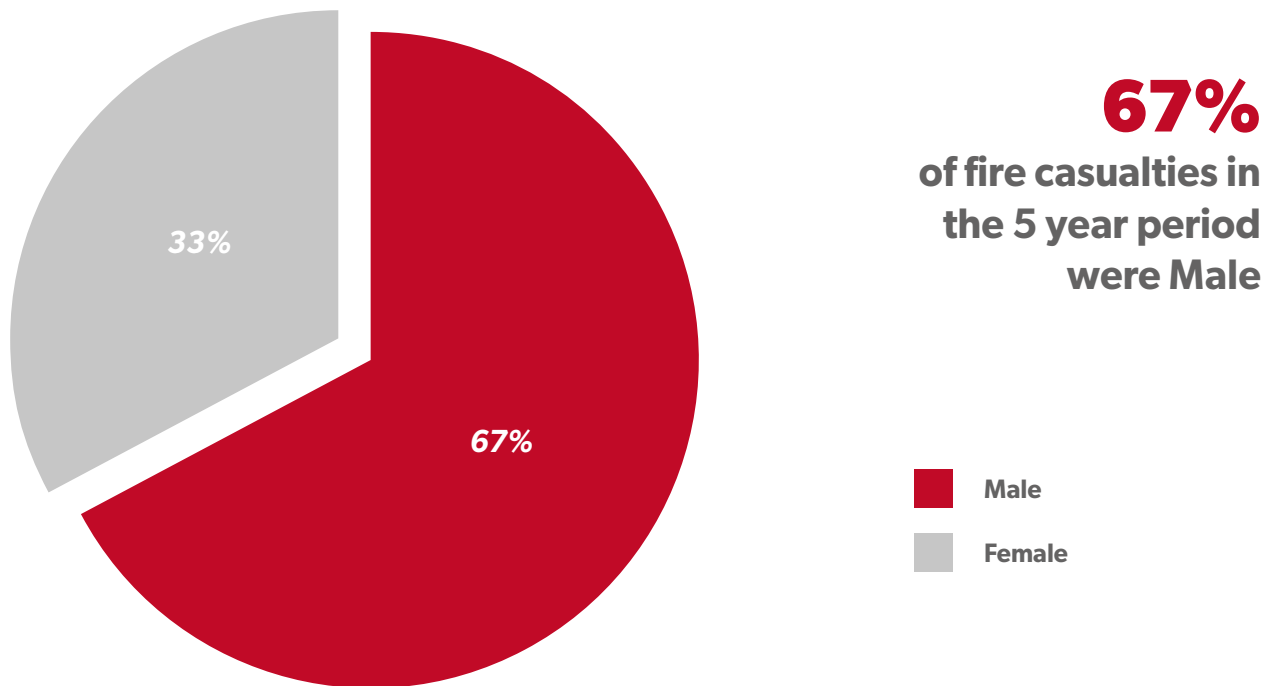


Figure 5: 67% of fire fatalities in the 5-year period (2017 – 22), were Male, SFRS IRS Data, Scotland 2023.

Figures 6 and 7 below use a 10-year average as a more robust way of showing comparisons. Figure 6 shows the strong relationship between age and rates of fatal casualties. The rates for those over 40 are all above the Scotland average.

They continue to rise with age and after 79 the rate is considerably higher, with those aged 80-89 having a rate more than triple the Scotland average and those over 90 years of age being six times higher.

### Fatal Casualties per million population – 10 year average

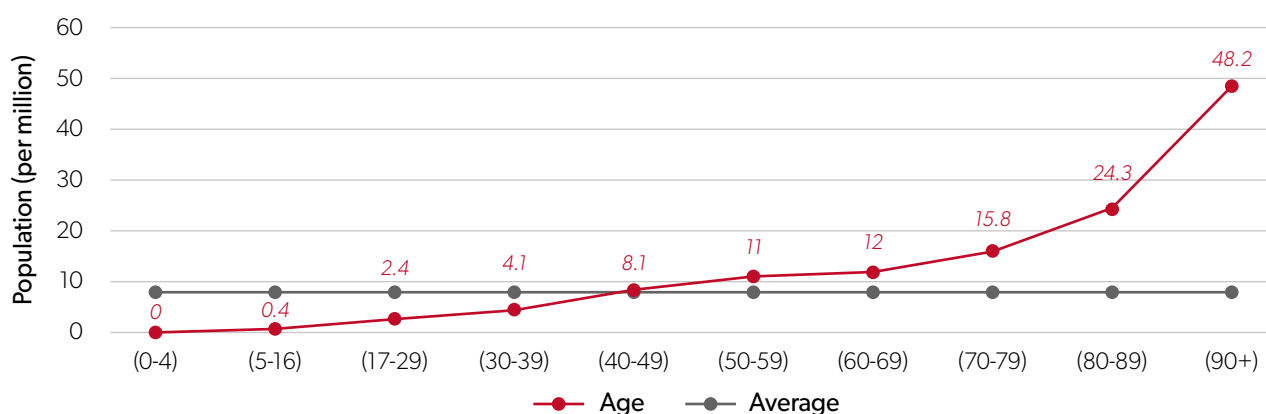


Figure 6: Ten-year average rate per million population of fatal casualties by age band. The red line represents the average figure of 7.6 (Fire and Rescue Incident Statistics (Scotland) 2022-23)

Fatal accidental dwelling fires occur predominantly in the living room, usually the main habitable room, and there are clear links to lifestyle issues including the use of alcohol and smokers' materials. Early detection is of vital importance when any fire occurs and placement of fire detection in principle habitable rooms, as well as circulation spaces, should be in accordance with the Housing (Scotland) Act 1987 (Tolerable Standard) (Extension of Criteria) Order 2019 and Fire and Smoke Alarms: changes to the Law 2022.

### Non-Fatal Casualties per million population – 10 year average

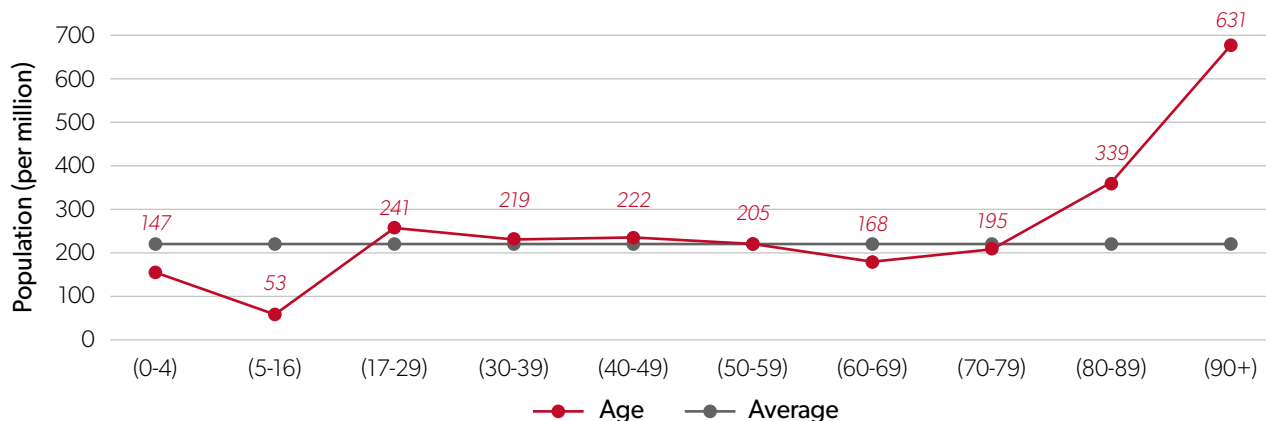


Figure 7: Ten-year average rate per million population of non-fatal casualties by age band. The red line represents the average figure of 205.1 (Fire and Rescue Incident Statistics (Scotland) 2022-23)

# Influencing Factors

## Adult Safeguarding

Safeguarding is a term used in Scotland to protect the health, well-being, and human rights of individuals, which allows people to live free from harm, abuse, and neglect. People can become vulnerable and be at risk of harm during different periods of their lives, which can include the later years, and may be due to factors such as a disability, mental disorder, illness or physical or mental infirmity.

“Harm” includes all harmful conduct and conduct which causes self-harm. The prevalence of self-harm/self-neglect and hoarding can increase with age as people may become less able to look after themselves, their home or others. Other types of harm can include physical, emotional/psychological, neglect, financial/material and sexual. This list is not exhaustive and what constitutes serious harm differs for everyone considering the circumstances for each person.

Adult Support and Protection (ASP) is everyone’s responsibility and SFRS contributes to the protection of ‘Adults at Risk’ of harm, this is supported by The Adult Support and Protection (Scotland) Act 2007 (The Act). SFRS will report, refer and co-operate with key partner agencies as multi-agency working is at the heart of an effective approach. SFRS [Safeguarding Policy and Procedure for the Protection of Adults](#) supports this process, the aim is to make an important contribution to the lives of adults at risk of harm, offering support as well as protection; preventing or reducing current or future harm.

## Smoking

In Scotland, smokers’ materials are a common cause of accidental dwelling fires with smoking materials attributed to around 8% of all domestic incidents. However, in relation to fatal fires, around 68% of fatalities are attributed to the probable cause of smokers’ materials. In Scotland this is higher than the average in the UK which sits at 37%.<sup>1</sup>

In many cases, smoking is not the only contributory factor, with alcohol use and/or prescribed medication also evident. These can often make individuals drowsy and result in accidentally discarded cigarettes or matches or failing to fully extinguish smokers’ materials effectively.

## Substance Misuse

A number of factors can trigger an over-dependence on substances such as alcohol, for example, bereavement or social isolation. Many of these factors are increasingly likely to affect us all as we grow older. A particular concern is the likelihood of older people mixing alcohol with medication, increasing their sedative effects. Substance misuse decreases the awareness of the individual and hampers their ability to recognise and react to danger. It can also lead to distraction/forgetfulness, increasing the chance of an accidental fire occurring.

Substance misuse can also affect the individual’s response to fire detection (alarms) and as a result, they may fail to exit the building safely. A combination of alcohol, drugs and/or prescribed medication can also lead to an increased risk from fire, burns and scalds where cooking is involved.

## Polypharmacy

Polypharmacy is the use of many medications. It usually applies to those using at least 4 or 5 different medications. Polypharmacy can worsen frailty, a term which refers to the collection of health problems an older adult may face. This includes delirium and cognitive impairment, falls and decreased functional ability. Again, this can impact the individual’s response and ability to react to dangers around them.

## Sensory Impairment

Sensory impairment increases with age and can affect a person’s ability to notice, assess and respond to a fire until it is too late. A conventional smoke alarm may be inaudible to the hearing impaired, delaying their escape. A decreased

<sup>1</sup> <[https://assets.publishing.service.gov.uk/media/5a81a427e5274a2e87dbeb91/Fire\\_Statistics\\_Great\\_Britain\\_2013-14\\_-\\_PDF\\_Version\\_.pdf](https://assets.publishing.service.gov.uk/media/5a81a427e5274a2e87dbeb91/Fire_Statistics_Great_Britain_2013-14_-_PDF_Version_.pdf)>

sense of smell may result in a smoldering fire going undetected, and loss of touch reduces the ability to detect heat changes or to carry out everyday functions such as turning off an appliance.

It is therefore essential to consider sensory adapted fire detection which could be provided for those who are unable to respond to traditional alarms. Sensory impairment fire detection packs including, pagers, strobe lighting and vibrating pads are some of the options available. These devices ensure the early warning of fire for occupants living with a sensory impairment. SFRS will continue to work with partner organisations such as Local Authorities to ensure advice and guidance is given when required.

[“See Hear” the Sensory Impairment Strategy for Scotland](#) emphasises,

***“the increasing incidence of those illnesses and disabilities that increase with age. This strongly applies to hearing and sight loss. The impact on an older person who may already be finding it less easy to continue with previous lifestyles can be very significant.”***<sup>2</sup>

### Poor Physical Health

Failing physical health in older people results in more widespread use of prescription medicines than in the general population. Some prescription drugs have a sedative or tranquillizing effect (as mentioned above), increasing the chance of an accidental dwelling fire. This effect may reduce risk recognition, levels of awareness and delay exit from property.

Failing health can make it harder to survive an injury or cope with a traumatic experience. This includes slips, trips and falls within the home. SFRS staff will consider the effects of declining health as part of a wider home safety risk assessment for example, the use of oxygen in the home and air mattresses to ensure that the older person/carer is aware of additional risks of fire. As

these mattresses contain pressurised air, they can be a fire risk if not handled safely. If punctured by a heat source, the escaping airflow could cause a fire which would spread rapidly. The emergency battery backup may continue to pump air which can cause a fire to burn longer.

[SFRS Guide to Your Safety](#)

### Mental Health

The capacity to understand the risk from fire and take the appropriate course of action to avoid harm may also reduce with age. Mental health is an increasing concern in relation to Scotland’s ageing population. One in four people aged 65 or over will have depression, while one in seven will have severe and persistent depression that disrupts their day-to-day functioning.<sup>3</sup>

Currently there are approximately 90,000<sup>4</sup> people living with dementia in Scotland, with around 3,000 of these being under 65 years of age. This number is expected to increase by up to 50% over the next few decades, which increases their risk from fire.

It is key for SFRS personnel to establish contact with individuals or organisations in a position of trust who have access to older people with mental health problems in order to deliver community fire safety education and support. These can often be their carers, who may also be family members. By engaging with these carers and providing fire safety awareness in the home, we can help to protect those living with dementia and educate future generations. Some carers fall into the older people group themselves and require positive support.

SFRS recognises the impact of mental health both at work and in the communities we serve. The subject of mental health, the stigma attached to mental ill health, the devastating effects it can

2 See Hear [Internet] Available from <<https://www.gov.scot/Resource/0044/00448444.pdf>>

3 NHS (2006) Process evaluation of phase one of the mental health and well-being in later life integrated health improvement development programme RE024 (07/08) [Internet] Available from <<https://www.healthscotland.com/documents/2744.aspx>>

4 Age Scotland Strategy 2022 – 2025, no time to lose, Age Scotland, Causewayside House, 160 Causewayside, Edinburgh EH9 1PR. Registered number 153343. Charity number SC010100.

have and the support required to reduce and mitigate the associated impacts, has grown in prominence over the last number of years. This has led to SFRS to be proactive by developing a Mental Health Strategy (2020-2023) that seeks to support and develop staff throughout their careers for the benefit of the individual, the Service and the community. By utilising this knowledge and skill, SFRS staff can signpost individuals to other organisations at both local and national level.

### Disability/Mobility

The ageing process may mean that older people are at increased risk of living with a disability or having reduced mobility. This can increase the likelihood of an individual accidentally causing a fire and, if a fire were to start, it may affect their ability to react in an emergency and safely escape. There is a clear relationship between long-term health conditions or disability and increasing age. In 2020, the Scottish Health Survey found that the prevalence of any long-term condition increased with age, from 32% among those aged 16-44, to 68% among those aged 75 and over.<sup>5</sup>

### Falls

With an ageing population, falls and the consequences of falls are a major and growing concern for older people and health and social care providers. Recurrent falls are associated with increased mortality, increased rates of hospitalisation, curtailment of daily living activities and higher rates of institutionalisation. Falls are the leading cause of accident related deaths in older people and are a common problem amongst older people with long term conditions, including dementia.

In addition, in the over 65 population, falls cases are the largest single presentation to the Scottish

Ambulance Service (over 35,000 presentations each year), with falls and fractures in people aged 65 and over, accounting for over 18,000 unscheduled hospital admissions and 395,500 bed days each year in Scotland.<sup>6</sup>

“See Hear”, the Sensory Impairment Strategy for Scotland recognises that increased impairment with age, is a major contributory factor in falls, often leading to spells in hospital and care homes. SFRS has a valuable part to play in keeping individuals safer in their own homes, not solely from fire, but also supporting their independence into later life. Through access to homes, attendance at incidents and delivery of Home Fire Safety Visits, as well as building partnerships with other organisations such as the Scottish Ambulance Service, we can identify potential trip and fall hazards, to determine if someone has fallen in the past or is at risk of a fall provide referrals to other organisations who can provide home safety equipment, additional professional support and resources.

### Social Isolation

Regular contact with people can decline with age. Some people spend days without seeing anyone and do not have support networks available to them when in need. Anyone living alone, for whatever reason, may become more vulnerable from fire and require additional support to continue to live independently. Recent studies by the Scottish Government have shown that extreme loneliness can increase an older person’s chances of premature death by 14%, and

**“59% of adults over 52 who report poor health also say they feel lonely some of the time or often.”<sup>7</sup>**

Socially isolated people are also harder for public

5 Scotland Government (2020) Long Term Conditions, Adult Social Care in Scotland - Equality Evidence Review. [Internet] Available from <<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/01/scottish-health-survey-telephone-survey-august-september-2020-main-report/documents/scottish-health-survey-2020-edition-telephone-survey-volume-1-main-report/scottish-health-survey-2020-edition-telephone-survey-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2020-edition-telephone-survey-volume-1-main-report.pdf>>

6 Scottish Government (2012) Up and About or Falling Short? - A Report of the Findings of a Mapping of Services for Falls Prevention in Older People [Internet] Available from <<https://www.gov.scot/Publications/2012/05/6979/3>>

7 Holyrood Committee (2015) Loneliness Inquiry [Internet] Available from <<https://www.scottish.parliament.uk/newsandmediacentre/85778.aspx>>



service organisations to reach. They become socially excluded and may not feel part of society and so often fall through the safety net of social protection. Older people can find it difficult to access services or are unaware of support available in their community for example a Home Fire Safety Visit (HFSV). If a referral pathway is in place this will be offered by SFRS personnel during a visit, if not, signposting is an option and there is information to support in a Safe and Well booklet which can be provided. Living in rural areas particularly impacts upon social isolation, with services and opportunities for engagement limited in comparison to towns and cities. Social isolation, however, can also be an issue in our towns and cities.

### **Assistive Technology**

Assistive Technology (AT) is any product or service designed to enable independence. This technology can provide a range of benefits for older people through increasing their independence and reducing the risk of accidents and fires in the home and allows people to remain in their own homes, reducing the possibility of admission to residential and medical care. The type of AT required needs to be tailored to the individual and the vulnerability involved. Examples include Telecare - linked, smoke/heat alarms, thermostatically controlled deep fat fryers, fireguards, fused extension leads, and fire-retardant bedding, more details can be found in [Introduction - Fire safety - existing specialised housing and similar premises: practical guidance - gov.scot \(www.gov.scot\)](#).

(London Fire Brigade have also produced a useful catalogue of products and services which can help support the independence, wellbeing, and safety of individuals by allowing them to perform tasks that they would otherwise be unable to do. [Assisted Living Technology Catalogue \(london-fire.gov.uk\)](#))

In 2022 SFRS together with the Scottish Government's Technology Enabled Care (TEC) Online published [A Partnership Approach to Fire Safety Good Practice Guide - Improving the safety,](#)

### **experience and outcomes for people in receipt of telecare services in Scotland.**

Telecare is a home safety and security system that allows vulnerable residents to live independently and provides the means of summoning assistance in times of need. The basic equipment consists of a small unit that connects via a telephone line and a personal trigger alarm which can be worn or attached to clothing. Other monitoring sensors can then be linked wirelessly. These include linked smoke and heat detectors, fall and flood detectors and a wide range of movement sensors. The system is monitored 24 hours a day by an Alarm Receiving Centre (ARC) and if a sensor is activated, or the personal trigger is activated, then a trained call handler will take the most appropriate action, be it calling the emergency services or contacting a carer or family member.

The Telecare package that each householder receives is customised to ensure that they benefit fully from the available sensors, regardless of their disability or vulnerability. The list below is not exhaustive but does give examples of some of the groups of people who would benefit from having a Telecare system in place:

- Those who live alone
- Those with disabilities, including cognitive and brain health issues
- Those with learning difficulties
- Those with sensory impairment
- Those with limited mobility
- Those who are frail or at risk from falling
- Those with mental health issues

To improve fire safety within the home, linked fire detection within a property, backed up by an SFRS HFSV ensures our most vulnerable residents are afforded added protection.

- Ensures the early detection of fire
- Provides a safe environment for vulnerable residents
- Reassures families and carers
- Protects housing stock, including neighbouring properties
- Reduces Unwanted Fire Alarm Signals (UFAS)

### Chargers, Batteries and Fire Safety

Lithium-ion batteries can now be found in almost all everyday items such as toothbrushes, power tools, mobile phones and laptops. Lithium batteries are the perfect green alternative to lead-acid batteries, are longer lasting, and charge faster. Less weight also means an extended travel range and less mechanical wear and tear.

SFRS staff will continue to work with external stakeholders and other internal functions to deliver risk recognition training to SFRS personnel and partners, highlighting Lithium-Ion Batteries' potential dangers and how to reduce this risk. A recent quote from the Fire Industry Association confirms, "new figures show that the number of fires caused by exploding lithium-ion batteries in e-scooters and e-bikes soared by almost 150% in 2021. The number of such fires to the end of September 2022 shows a further increase of 28% on the previous year's monthly average figure"

[SFRS Your Safety: Guide to Lithium Ion Batteries](#)

### Mobility Equipment – Scooters/stairlifts/wheelchairs

People with mobility issues have found new freedom thanks to rechargeable lithium-ion batteries. They can be used in a variety of ways to make lives easier. Millions of people around the world now depend on stairlifts, electric wheelchairs, and mobility scooters.

The reliability of a Lithium-Ion battery and the mobility technology it powers allows individuals

to live a more independent life. A rechargeable lithium-ion-powered personal mobility scooter's range can be as much as twelve miles. One of the main benefits of using lithium-ion batteries is that they are lightweight. Users can easily carry the battery indoors for recharging. However, mobility scooters involved in a fire can release large volumes of smoke and generate significant heat outputs in a very short period of time. If mobility scooters are stored on escape routes and are involved in a fire, there is a likelihood that escape routes will become impassable due to smoke and heat, placing occupants at significant risk. Therefore, appropriate measures must be considered within the building fire safety risk assessment to address the risks posed by the storage and charging of mobility scooters.

### Emollients

*Emollients* are used by many people daily to help manage chronic dry skin conditions. Evidence has been growing in recent years about the fire risk caused when emollients are transferred to and dry on fabric, creating a highly flammable combination that can lead to serious injury or death. Emollients are used for skin conditions such as eczema, psoriasis, and ichthyosis. Emollient cream rubs off on clothing, bedding, bandages, furniture fabric, towels, etc., giving an increased risk of serious injury and death if fabric containing emollient residue catches fire. The dried-in residue acts as an accelerant, increasing the speed of ignition and intensity of a fire, and reducing the time available to extinguish it before serious or fatal burns are sustained. Older people who may have health and mobility issues may be particularly at risk.

### Road Safety

Older drivers have been identified as being at a greater risk of being involved in a serious road accident. This can be due to mobility issues as well as a lack of familiarity with the modern roads' environment. Other factors include a lack of ability to anticipate potential hazards quickly and the ability to judge another vehicle's speed when

maneuvering from junctions. Risk often increases with age, medication use, mobility and other factors associated with the aging process.

- Ageing is most likely accompanied by the slowing down of observation, decision making, and movement processes, and a decreased capacity to carry out more than one task simultaneously.
- Ageing also manifests in a decline or slowing down of movements, a decline in muscle strength, a decline in the finely tuned coordination, and a particularly strong decline in the ability to adapt to sudden changes in bodily position.

- In traffic where there is the pressure of time and the necessity of dividing one's attention, this can have negative road safety consequences.
- There is a high demand for motor functions and sensory, perceptual and cognitive actions in activities such as walking and cycling.
- Sudden movements can cause loss of balance and falling among the elderly.

SFRS will continue to work with partners as part of the wider [Scotland's Road Safety Framework to 2030](#) to make our roads safer for Scotland's older drivers and pedestrians. [Older drivers - Road Safety Scotland](#)



## Framework Objectives

The following objectives outline a clear directive to enable SFRS personnel to support, engage and protect Scotland's ageing population. SFRS acknowledges that these objectives are ambitious, however, these highlight our intentions to provide the best possible service to our elderly communities.

Within LSO Areas, PP&P personnel should identify relevant and capable local partners, working together with older people to deliver these objectives. To support this, it is essential for local Areas to understand the ageing population dynamic and composition of their communities, using the skills and expertise of local Operational Personnel and CATs to support and develop effective service delivery.

01

### **SFRS will establish meaningful relationships with partner agencies that represent older members of our communities.**

To target community safety activities and resources for older people, it is vital that individuals and relevant partners are fully engaged and consulted. This will assist to refine delivery methods ensuring that their relevance and purpose meets the aims of SFRS, partners and older community members.

Partners should be identified and engaged with, to highlight those most at risk and to allow a joint approach to shared objectives. This will include the exchange and sharing of information. We will also work in partnership to develop and deliver a more coordinated approach towards community and home safety issues.

- LSOs should undertake a mapping exercise to establish capable partners and anchor organisations operating within their respective Areas. This may include, but not be restricted to the following:

- Local Authority departments and services
- Local community groups
- NHS/Health Services
- Third Sector
- Faith groups
- Carers' groups
- The Princes Royal Trust for Carers
- Housing providers
- Representative organisations (operating locally).

- The NHS and its associated services have regular access and engagement with older people. Where relevant, health services should be consulted and partnership working established in order to disseminate information and generate HFSV referrals for the most vulnerable older people. Potential partner services may include:

- GPs
- Physiotherapy
- Older Person Services
- District Nurses
- Pharmacists
- Older Mental Health
- Podiatry
- Rehabilitation
- Occupational Therapists

- LSOs should continue to support multi-agency working to share information and resources and work within communities to support the design and delivery of initiatives. This will help to ensure a multi-agency and community perspective is considered when developing services for older people.

- SFRS will promote the use of national online services such as NHS Inform and ALISS.
- LSO Areas should consider the use of community fire stations by local community/voluntary groups. Facilities can be used to host meetings, training, and small events. This will help to strengthen relationships with the local community, allow for the delivery of fire safety messages directly to the target group and facilitate opportunities for direct engagement.
- The Prevention, Protection & Preparedness Directorate will work with national/regional older peoples' anchor organisations to promote the safety agenda. This will allow the dissemination of information and advice via a co-ordinated and centralised source. Engagement should be considered with the following:

- *AGE Scotland*
- *Royal Society for the Prevention of Accidents (RoSPA)*
- *Alzheimer Scotland*
- *Scottish Association for Mental Health*
- *Scottish Community Safety Network*
- *Association of Scottish Neighbourhood Watches*
- *Headway*
- *Penumbra*
- *Contact the Elderly*
- *Elderly Accommodation Counsel*
- *Carers Scotland*
- *Care Inspectorate*
- *The Princes Royal Trust for Carers*
- *Local Voluntary and support groups/charities*
- *Minority Ethnic Carers of Older People Project*

## 02

### **Where available, access to existing multi-agency referral pathways will be explored. Where none exist, referral systems and intelligence sharing should be established with partner agencies to identify those older people who would benefit most from home safety advice and guidance.**

- It is widely recognised that a partnership approach is required in order to identify those most at risk from fire and other incidents of harm and facilitate the provision of appropriate information and advice.
- Successful partnerships should allow for the sharing of information, and through the delivery of HFSVs, SFRS staff will consider risks within the home and make onward referrals to relevant partners to improve safety and wellbeing of occupants.
- A Data Sharing Framework has been developed for the revised HFSV process to enable partner organisations to refer individuals who are most at risk. Partner agencies should be encouraged to embed this into their risk assessment processes to provide a consistent method of referral to SFRS.
- The Prevention, Protection & Preparedness Directorate has a suite of resources, including guidance notes and presentations (within the [Community Safety Engagement Shared Site](#)), to support national and local engagement. This information will include how we can support partners to identify fire risks within the home and outline the referral process, as well as detailing SFRS structures and relevant local personnel.
- Locally, opportunities for reciprocal training should be explored to enhance SFRS personnel's knowledge of other social/health problems which may generate referrals back to appropriate partner agencies.
- Internal learning and development tools have been, and will continue to be, developed with colleagues in Training, Safety and Assurance Directorate to embed training and guidance materials within Learning Content Management System (LCMS) and LearnPRO Communities – a Training System which new partners will be encouraged to sign up to.
- All partnership initiatives and activities, including the generation of HFSVs, will be monitored and recorded.

## 03

### **SFRS will support targeted information and media campaigns that look to reduce fires, fire deaths and fire related injuries involving our older population.**

- Scotland wide media campaigns will be promoted to provide a consistent and cost-effective approach to engaging with older people. This will be delivered throughout the calendar year. Previously this has included campaigns such as Make the Call which is a hard-hitting appeal to carers, family, friends, and those who are at risk of serious injury or even death because of an accidental fire in their home.
- LSO Area initiatives and activities should be organised to target local issues and engage with specific local communities. In addition to direct engagement, campaigns should also target carers, family members and other community groups. Local activity will form part of the seasonal Thematic Action Plans (TAPs) and reflect priorities of local community planning partnerships and Local Fire Plans.
- The Prevention, Protection and Preparedness Directorate will produce supporting materials to aid local engagement, and co-ordinated events in line with the Seasonal Community Safety Calendar/TAPs.
- SFRS will produce information in-line with the diverse needs of our communities, taking account of local needs relating to language and culture. Personnel should seek guidance from Comms. If developing any external information.

## 04

## Older people will be assisted to remain independent and safe in their own homes by providing relevant information and guidance on home protection and assistive technology.

- SFRS staff will keep informed of the latest technology available within their LSO Area available to assist older people to remain living independently in their own home.
- Assistive Technology (AT) is any product or service designed to enable independence (see page 16 Assistive Technology). The Technology Enabled Care Programme has collaborated with SFRS and a range of partners, to develop a good practice guide ([GPG](#)), with the aims of:
  1. Growing and further developing a partnership approach between telecare service providers (TSPs) in Scotland and SFRS, to enable people to live safely and well within their communities.
  2. Promoting [GPG](#) with local providers to establish joint working arrangements, utilising the identified Good Practice.
- LSO Areas will work in partnership to identify and supply other relevant home protection equipment, using relevant funding streams. This may include fire suppression systems, fire retardant bedding, thermostatic controllers for cookers and motion sensors, while also promoting the use of initiatives such as the free connection of locking cooker valves by [Scottish Gas Network](#).
- SFRS will continue to develop the interactive 'safety house' which will be used to train both SFRS and partner organisations on home safety risk recognition. This facility will also showcase current technological solutions and assistive technology to support independent living. It will also focus on current risk issues such as hoarding, lithium batteries, disability scooters, emollients and oxygen use in the home.

## 05

## SFRS will learn from incidents involving older people to improve internal systems, enhance partnership working and influence future strategic planning.



- Statistical analysis, evaluation and information sharing with partners is key to ensuring our work with older people is robust and effective. All activity should be recorded and reviewed to continually improve service delivery and the quality of outcomes that meet the needs of older people, their carers and key partners.
- In line with SFRS Serious and Fatal Fire Learning Review Policy incidents involving a fire fatality will require a Learning Review to be convened to discuss the circumstances surrounding the incident and lessons learned.
- Outcomes from Learning Reviews should be disseminated amongst LSO, PP&P Managers, and key partners, where relevant, to refine systems and strategy to prevent similar events from occurring.
- Robust evaluation of community safety campaigns and activities, along with incident statistics, should be collated to assess performance and target resources and strategy.

## Older people who live in Residential Care Homes, Care Homes with Nursing and Sheltered Accommodation will be protected through advice, and where appropriate, through enforcement of fire safety measures and engagement through partnership working.

In Scotland, there are currently 611,320<sup>8</sup> units of social sector housing stock (local authority and registered social landlords). In addition, there are 1,069 care homes for adults providing 40,632 registered places of which 33,187 are long stay residents.<sup>9</sup>

- LSO Areas will work with private and social landlords, local authorities, and care home providers to improve fire safety for vulnerable older people.
- Residential care homes will be subject to an annual fire safety enforcement audit and risk-based inspection programme to ensure standards are maintained.
- Retirement/sheltered housing will be considered within programmes designed to gather risk information and operational intelligence.
- Effective communication and working practices between operational crews and Fire Safety Enforcement Officers will further reduce the risk from fire.
- The use and provision of fire suppression/assistive technology equipment can improve the independence, safety and well-being of an older person. SFRS should continue to keep abreast of the development of such systems and advise partners as appropriate.

## SFRS will support people to recover from their experience of fire and other incidents.

- SFRS will work closely with partners and volunteer organisations to develop local procedures to refer to or signpost to relevant agencies after a fire or other incident involving vulnerable older people.
- SFRS personnel will provide support and guidance on site depending on the nature of the incident. This may take the form of calling family members/support, linking with local authorities or signposting to local organisations who can provide support, for example, local churches, social services etc.



8 Scottish Government (2014) Housing Statistics for Scotland – Public Authority Housing Stock [Internet] Available from <https://www.gov.scot/publications/housing-statistics-2022-2023-key-trends-summary/pages/social-housing-stock/>

9 National Carers Strategy Information Services Division (2014) Care Home Census 2014. Statistics on Adults Resident in Care Homes in Scotland. Published by The, Scottish Government, December 2022. Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA. PPDAS1162402 (12/22)



## SFRS will assist in the prevention of accidental dwelling fires and incidents of unintentional harm through the provision of community safety activities specifically targeted at older people.

- SFRS will engage directly with organisations and representatives of this target group to ensure community safety activities aimed at older people are relevant and achieve their desired outcomes.
- Statistical information relating to incidents, gender and age should be considered when targeting and planning community safety activities (e.g., Census, Scottish Index of Multiple Deprivation and Scottish Neighbourhood Statistics and NHS Prevalence rates).
- CAT personnel will work locally to engage with older people to deliver key safety messages, deliver HFSVs and provide advice and onward referrals for additional support. Personnel will investigate training which is available from representative organisations on how to engage with older people to ensure activities are engaging, effective and relevant.

## SFRS will work with partners to provide support and guidance to keep older people safe.

Where individuals are unable to comprehend the risk and take the appropriate action, it is essential SFRS engage with carers and care organisations to ensure appropriate levels of protection are provided where required.

There are estimated to be over 696,000 carers in Scotland. This is one in eight of the Scottish population who are involved in providing care and support to a family member, friend or neighbour, to enable that person to continue to live in their own home.<sup>10</sup>

It should be recognised that, whilst the population of older people increases, so too will the number of older carers. There are over 110,000 older carers in Scotland i.e., carers aged 60 or over. There are over 2,500 carers aged 85 and over. This will increase and it is likely that individuals - as well as retiring later - will also be caring much longer into older age.

Carers and care workers are in an ideal position to deliver home and fire safety advice. It is therefore important that SFRS effectively engage and provide support to those involved in the delivery of care to ensure effective messages are directed to those

most at risk within our communities.

Nationally SFRS will establish and maintain links with those who provide care services and support those who provide care. Links may include:

- Coalition of Care and Support providers
- Scottish Council for Voluntary Organisations (SCVO)
- Carers net (coalition of carers in Scotland)
- Alzheimer Scotland
- Age Scotland
- Care for Carers
- Care Co-ordination Network UK.
- *ALISS*
- *Act Against Harm*
- *IRISS*
- Police Scotland: [\*Herbert Protocol\*](#)

<sup>10</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/03/fire-rescue-framework-scotland-2022/documents/fire-rescue-framework-scotland-2022/fire-rescue-framework-scotland-2022/govscot%3Adocument/fire-rescue-framework-scotland-2022.pdf>

# 10 Training Resources will be put into place to support SFRS personnel and partners.

Engagement with Partner Agencies is key to ensuring SFRS receive referrals for HFSVs, which will assist with targeting those most at risk from fire across our diverse communities. SFRS will provide Community Safety Engagement (CSE) training to operational personnel and Community Action Teams. A series of E-learning modules will be made available to support this training. The training will include risk recognition, signposting/pathway referrals and safeguarding.

Resources are available for partners which will support them with their understanding of HFSVs and how to make referrals. Partners should also be encouraged to sign up to SFRS [LearnPro Partner Risk Recognition Training](#) which will provide them with online training resources including risk recognition within the Home.

[SFRS Mental Health Strategy 2020-2023](#) says “We will train and Support all staff in relation to Mental Health throughout their careers.” One of the ways SFRS does this is by offering staff the opportunity to engage with a variety of mental health training which will remove stigma and improve mental health literacy. [Lifelines Scotland \(Fire\)](#) provides training for staff to recognise the factors that protect, or threaten, wellbeing, how to recognise the warning signs of mental ill health and what people can do to best look after their own physical and mental health.

A full list of hyperlinks is included at the end of the document for quick access to organisations and resources.



## List of Hyperlinks

[National Care Service](#)

[Fire and Rescue Framework, Scotland 2022](#)

[SFRS Strategic Plan, 2022-2025](#)

[Local Fire Plan](#)

[Fire and Smoke Alarms: changes to the Law](#)

[Safeguarding Policy and Procedure for the Protection of Adults](#)

[“See Hear” the Sensory Impairment Strategy for Scotland](#)

[SFRS: Home guide and safety tips](#)

[TELECARE & SFRS: A Partnership Approach to Fire Safety Good Practice Guide](#)

[SFRS: Lithium-ion Batteries](#)

[SFRS: Emollients](#)

[Scotland’s Road Safety Framework to 2030](#)

[Older drivers - Road Safety Scotland](#)

[AGE Scotland](#)

[Royal Society for the Prevention of Accidents \(RoSPA\)](#)

[Alzheimer Scotland](#)

[Scottish Association for Mental Health](#)

[Scottish Community Safety Network](#)

[Neighbourhood Watch Scotland](#)

[Headway](#)

[Penumbra](#)

[Contact the Elderly](#)

[Elderly Accommodation Counsel](#)

[Carers UK](#)

[Care Inspectorate](#)

[The Princes Royal Trust for Carers](#)

[Local Voluntary and support groups/charities](#)

[Minority Ethnic Carers of Older People Project](#)

[Community Safety Engagement Shared Site](#)

[Scottish Gas Network](#)

[ALISS](#)

[NHS Inform](#)

[Act Against Harm](#)

[IRISS](#)

[Herbert Protocol](#)

[LearnPro Partner Risk Recognition Training](#)

[Assisted Living Technology Catalogue](#)



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Ageing Safely – Living Well: A Support Framework For Older People

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