



# PREVENTION & PROTECTION

## AGEING SAFELY - LIVING WELL A Framework for Older People



SCOTTISH  
FIRE AND RESCUE SERVICE

Working together for a safer Scotland



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## **Foreword**



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As Director of Prevention and Protection for the Scottish Fire and Rescue Service (SFRS), it gives me great pleasure to introduce this 'Ageing Safely' framework.

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 keep people living safely and independently into later life. In recent years the 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 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 sharing resources to support individuals in a multi-agency manner.

**Assistant Chief Officer Robert Scott**  
Director, Prevention and Protection

## Executive Summary

### Purpose

This framework outlines the Scottish Fire and Rescue Service (SFRS) intentions to support, engage and protect Scotland's ageing population for the period 2016 – 2019. It details the challenges faced by SFRS and key partners in sustaining a healthy and independent ageing population.

### Background

Scotland has an ageing population, with the number of those aged 75 and over expected to rise by 84% between 2008 - 2033<sup>1</sup>. This increase creates social and economic challenges for a range of organisations including the 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 a homely setting, safe from fire and other dangers.

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

### Scope and Scale

SFRS want 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 also want to work with carers and care providers 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 explore the use of assistive technology and training to support those providing care. This assistance has the potential to reduce any negative impact on the health and wellbeing of those providing care through the early identification of risk in the home; not solely restricted to the subject of fire.

Although this framework focusses on those most at risk amongst our older population, SFRS recognise 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 want to 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 in their future. This supports the aims under Reshaping Care for Older People (2011-2021) programme for change 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<sup>2</sup>”**.

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<sup>1</sup> Scottish Government (2010) *Wider Planning for an Ageing Population: Housing And Communities: An Analysis Of Consultation Responses 02 Dec 2010*  
[Internet] Available from <<http://www.scotland.gov.uk/Publications/2010/12/02134605/3>>

<sup>2</sup> Joint Improvement Team (2011) *Reshaping Care For Older People. A Programme For Change, 2011-2021 PG 7, Section 2.1*  
[Internet] Available from <<http://www.scotland.gov.uk/resource/0039/00398295.pdf>>

## Key Drivers / Delivery

As Scotland’s ageing population creates challenges for a range of service providers this framework has been designed taking into account a number of national strategies and policies as illustrated.

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 service directly to community members.

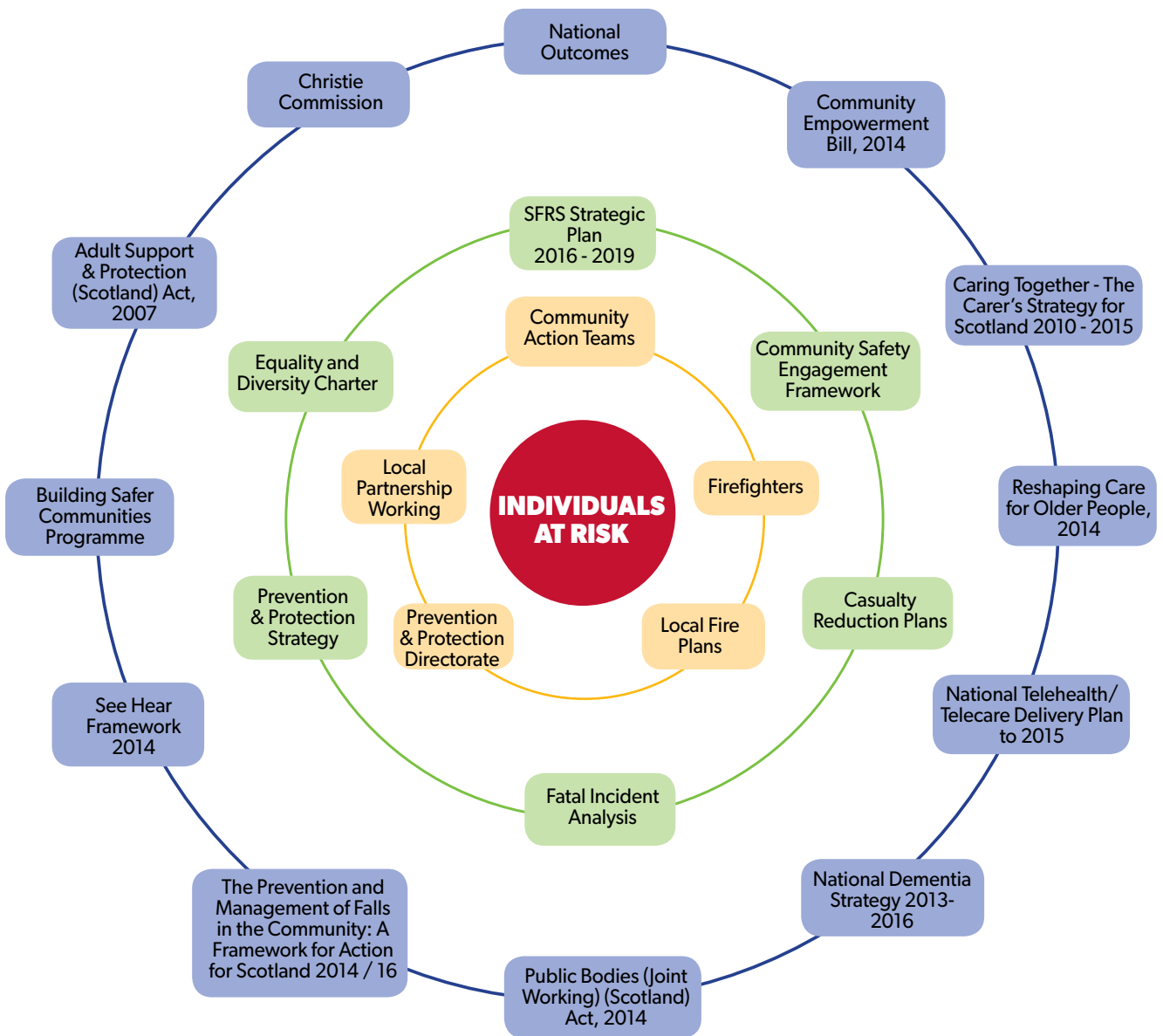


Figure 1: Influencing policy and drivers

## 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.

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 the SFRS, along with a range of agencies, are regularly in homes across communities there will also be opportunities to redesign our services. This may include the development of a wider "Home Safety Visit" which could incorporate a range of safety issues within the home including fire, crime prevention, falls prevention and signposting to support agencies for financial advice and assistance.

Running alongside health and social integration there are a number of age related national strategic agendas which SFRS can actively contribute 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 inequalities. In support of the National and Justice 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 Bill and challenge communities to help make places safer by considering how individuals can lower their risk from fire. Engagement with key community members and Third Sector organisations will 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. This framework supports each of these, clearly complementing the four Strategic Aims as set out in the SFRS Strategic Plan, 2016 – 2019:

- Improved safety of our communities and staff
- More equitable access to fire and rescue services
- Improved outcomes through partnership
- Develop a culture of continuous improvement.

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

At a national level, Community Safety Engagement personnel will develop policy, guidance and good practice to support and aid local implementation. Directorate 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 Plan. They have a duty to contribute to local community planning arrangements and support the priorities contained within Single Outcome Agreements (SOAs). Intentions relating to work focussed on those aged 60 and over should therefore be reflected in these key documents and local partnership arrangements fostered to support delivery.

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



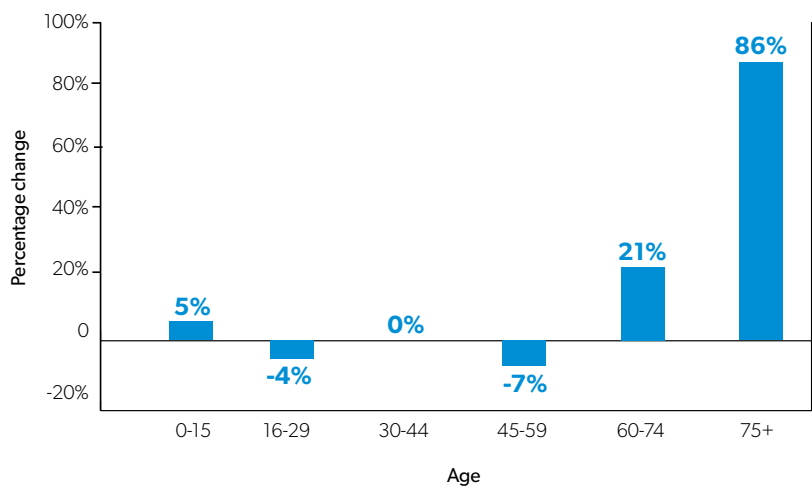


## Background and Influencing Factors

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 in excess of 900,000 people aged 65 years and over, which equates to 18% of Scotland’s population. By 2037 this will rise to 1.47 million, an increase of 59% for this age group<sup>3</sup>. This shift is further emphasised by the increased number of those in the 75 and over age group which will see an increase of 86% (figure 2). 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 2: The projected percentage change in Scotland’s population by age group, 2012-2037<sup>4</sup>

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Analysis indicates that as we age, health and mobility declines and consequently, the risk from fire increases. It is important to note however, that not all people over the age of 65 will age in the same manner.

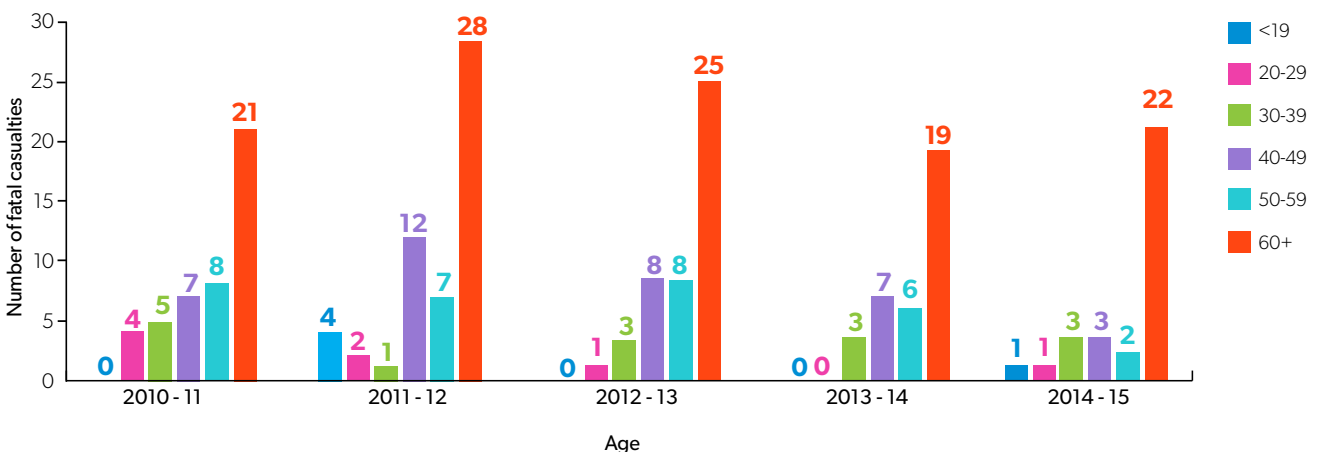


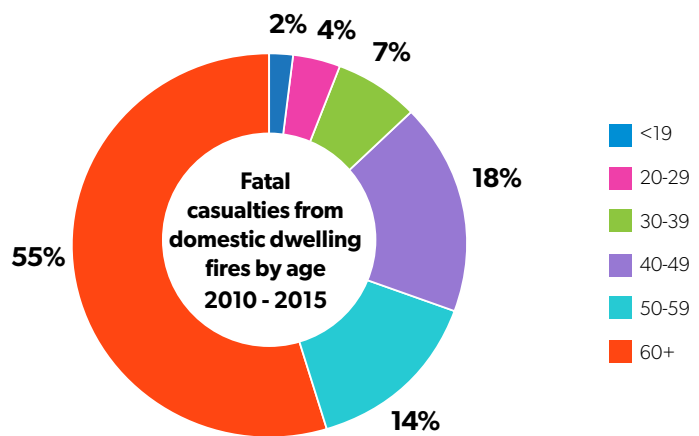
Chart 1: Fatal casualties from domestic dwelling fires by age 2010-11 to 2014-15. SFRS IRS Statistics, Scotland 2014-15

<sup>3</sup>Scottish Government (2013) The Registrar General’s Annual Review of Demographic Trends [Internet] Available from <<http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid/Age/AgePopMig>>

<sup>4</sup>National Records of Scotland (2015) The projected percentage change in Scotland’s population by age group, 2012-2037 [Internet] Available from <<http://www.nrscotland.gov.uk/files/statistics/population-projections/2012-based/pp12-fig5.pdf>>

Chart 1 clearly illustrates that over the five year period from 2010 to 2015 those aged 60 and over have accounted the highest number of fire deaths across the various age groups. Across the five year period this has equated to over 50% of the total number of fire deaths in Scotland (Chart 2).

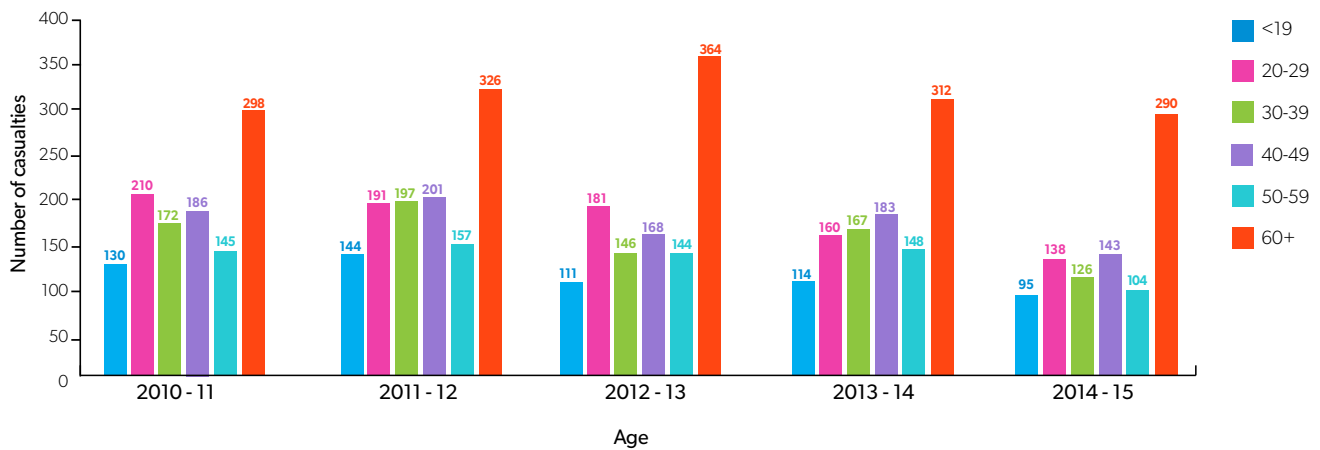
**Chart 2: Fatal casualties from domestic dwelling fire by age 2010 – 2015.**  
*SFRS IRS Statistics, 2014- 15*



Fatal fire analysis highlights that there are often multiple contributory factors when investigating fire deaths. Evidence provided by SFRS Fire Investigation for the 2014-15 period indicates there were 28 accidental dwelling fire fatalities recorded in Scotland. Of these, 23 were aged 60 and over (82%). Of the 28, half (14) of the incidents were caused by smokers’ materials. Contributory factors included e.g.; living alone (17), health issues including dementia and mobility problems (13) and alcohol (7).

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 consideration should be given to the placement of fire detection in principle habitable rooms, as well as circulation spaces, as per Scottish Building Standards<sup>5</sup>, which are interlinked to other detectors in the home.

<sup>5</sup>Scottish Government (2013) Technical Handbook - Domestic – Fire Section  
 [Internet] Available from < <http://www.gov.scot/Topics/Built-Environment/Building/Building-standards/publications/pubtech/th2013dom2>>



**Chart 3: Casualties from domestic dwelling fires by age 2010-11 to 2014-15.**

SFRS IRS Statistics, Scotland 2014-15

In addition to fatal fires, Chart 3 illustrates the high number of those aged 60 and over who are casualties as a result of dwelling fires.

In contrast to fatalities, the majority of non-fatal casualties result from fires starting in the kitchen. This is the most common type of fire in Scotland accounting for 3,465 out of just over 4,960 accidental dwelling fires. Across the 2014-15 recording period, cooking appliances caused 516 non-fatal casualties across all age groups (58% of the total, a downward trend on the previous year)<sup>6</sup>.

The provision of heat alarms in every kitchen should be considered to ensure that occupiers are given an early warning of fire in line with Scottish Government advice through the Scottish Building Standards Technical Handbook - Domestic – Section 2 Fire.

This information clearly supports the need for focussed education and intervention with this “at risk” group in order to reduce the overall number of fire fatalities and casualties in Scotland. It provides essential evidence to assist SFRS to target its resources and focus demand reduction effort and compels partner organisations to acknowledge the issue and work in a collaborative manner to reduce risk.

<sup>6</sup>Scottish Government (2014) *Fire and Rescue Statistics, Scotland, 2013 -14*  
 [Internet] Available from <<http://www.gov.scot/Publications/2014/12/2384>>

## INFLUENCING FACTORS

### 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>7</sup>. Careless disposal of smokers' materials was attributed to 14 fire deaths in older people in the year 2014–15.

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 individuals' 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.

### 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 sense of smell may result in a smouldering 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 are available, which can include wireless smoke/heat alarms, pagers, strobe lighting and vibrating pads. These devices ensure the early warning of fire for occupants living with a sensory impairment.

**“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>8</sup>**

<sup>7</sup> Department for Communities and Local Government (2015) Fire Statistics: Great Britain April 2013 to March 2014 [Internet] Available from <[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410287/Fire\\_Statistics\\_Great\\_Britain\\_2013-14\\_\\_PDF\\_Version\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410287/Fire_Statistics_Great_Britain_2013-14__PDF_Version_.pdf)>

<sup>8</sup> See Hear [Internet] Available from <<http://www.gov.scot/Resource/0044/00448444.pdf>>

### 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 tranquillising effect, increasing the chance of an accidental dwelling fire. This effect may reduce risk recognition, levels of awareness and delay exit from property.

Failing health decreases an individual's ability to survive an injury or cope with a traumatic experience. This includes trips and falls within the home and SFRS staff will consider falls risks and consider the effects of declining health as part of a wider home safety risk assessment.

### 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>9</sup>.

Currently there are approximately 85,000<sup>10</sup> people over the age of 65 living with dementia in Scotland. By 2031 this is expected rise to around 114,000<sup>11</sup>. Of the total number of people living with dementia in Scotland, 96% are aged 65 and older, 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 now, and providing fire safety awareness in the home, we can protect those living with dementia and educate future generations. Some of these carers fall into the older people group themselves and require positive support. SFRS can signpost them to other support 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.

By the age of 65, nearly two-thirds of people will have developed a long term condition which affects mobility. Older people are also more likely to have more than one long term condition: 27% of people aged 75-84 have two or more. There is a predicted rise of 38% in the number of people who will be over 85 in the population by 2016, and a 144% rise in the over 85s by 2031<sup>12</sup>.

<sup>9</sup> 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 <<http://www.healthscotland.com/documents/2744.aspx>>

<sup>10</sup> Alzheimer Scotland (2014) *Action On Dementia Statistics*

[Internet] Available from <[http://www.alzscot.org/assets/0001/0676/2014\\_stats.pdf](http://www.alzscot.org/assets/0001/0676/2014_stats.pdf)>

<sup>11</sup> Alzheimer Scotland (2010) *The Dementia Epidemic – where Scotland is now and the challenge ahead*

[Internet] Available from <[http://www.alzscot.org/assets/0000/1945/Dementia\\_epidemic\\_web.pdf](http://www.alzscot.org/assets/0000/1945/Dementia_epidemic_web.pdf)>

<sup>12</sup> Scotland Government (2013) *Long Term Conditions*

[Internet] Available from <<http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions>>

## 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 death in older people. Falls 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>13</sup>.

“See Hear”, the Sensory Impairment Strategy for Scotland recognises the increase of impairment with age, noting that it is a major contributory factor in falls and often leading to spells in hospital and care homes. The SFERS have 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, through attendance at incidents and delivery of Home Fire Safety Visits, we can identify potential trip and fall hazards, carry out basic falls assessments and provide referrals to access home safety equipment and professional 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>14</sup>.

Socially isolated people are also harder for public service organisations to reach. They become socially excluded, and may not feel part of society 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 e.g. HFSV. Living in rural areas also 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 risk of accidents and fire in the home. Through utilising this support it 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. The types of AT may include Telecare, smoke/heat alarms, thermostatically controlled deep fat fryers, fireguards, fused extension leads, and fire retardant bedding.

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<sup>13</sup> 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 <<http://www.gov.scot/Publications/2012/05/6979/3>>

<sup>14</sup> Holyrood Committee (2015) *Loneliness Inquiry*  
[Internet] Available from <<http://www.scottish.parliament.uk/newsandmediacentre/85778.aspx>>

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 mental health issues such as dementia
- Those with learning difficulties
- Those with sensory impairment
- Those with limited mobility
- Those who are frail
- Those who are at risk from falling

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. This joint approach to HFSVs will ensure that our personnel are deployed in a targeted manner. Linked fire detection:

- 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)

## Framework Objectives

The following objectives outline a clear directive to enable SFRS personnel to support, engage and protect Scotland’s ageing population.

Each of the nine objectives will be incorporated into the Prevention & Protection (P&P) Directorate Plans and Local Fire Plans to facilitate the delivery of this framework over the three year period.

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

1. SFRS will establish meaningful relationships with those partner agencies that represent older members of our communities.
2. 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.
3. Fires, fire deaths and fire related injuries involving our older population will be reduced through targeted and co-ordinated media and information campaigns.
4. Older people will be assisted to remain independent and safe in their own homes through ensuring they have access to relevant home protection and assistive technology including consideration as to risk of fire.
5. SFRS will learn from incidents involving older people to improve internal systems, enhance partnership working and influence future strategic planning.
6. 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 with staff and carers.
7. SFRS will be responsive to, and assist people to recover from their experience of fire.
8. 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.
9. SFRS will work with carers to provide help and guidance in order to keep older people in their care, safe.



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

In order 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 the SFRS, partners and older community members.

Partners should be identified and engaged with, in order 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 co-ordinated 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
- Older Mental Health
- Pharmacists
- Podiatry
- Rehabilitation
- Occupational Therapists

- LSOs should continue to support “hub” working (locating SFRS resources and staff at shared locations with partner agencies) and utilise assets of 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 work with national online resources to promote relevant safety messages, using health self-management tools, such as the National Community Care Information Service ‘NHS Inform’, ALISS and Living It Up.
- LSO Areas should consider the use of community fire stations by local community/voluntary groups. Facilities can be utilised 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 Directorate will work with national/regional older people’ 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’s 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
- The Princes Royal Trust for Carers
- Local Voluntary and support groups/charities.
- Minority Ethnic Carers of Older People Project

- National partnership arrangements will also be promoted through the Building Safer Communities Programme (Phase 2), which is dedicated to reducing unintentional harm. This forum will support the co-production and co-delivery of policy and highlight areas of mutual interest to aid more streamlined and co-ordinated delivery to service users. This forum will also investigate the use of data to target local resources.

## 2. | 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.

It is widely recognised that in order to identify those most at risk from fire and other incidents of harm, and facilitate the provision of appropriate information and advice, a partnership approach is required. Successful partnerships should allow for the sharing of information, and refined referral processes to direct individuals to the support they require.

- Partnership agreements and information sharing protocols should be developed in order to generate HFSV referrals and provide support to those most at risk. The HFSV Risk Rating Form will be utilised and partner agencies encouraged to embed this into their risk assessment processes to provide a consistent method of referral to the SFRS. Referrals to partners should also be developed and implemented in line with their working processes.
- Through the delivery of HFSVs, SFRS staff will consider risks within the home in addition to fire, and make onward referrals to relevant partners to improve safety and wellbeing of occupants.
- The Prevention & Protection Directorate will develop a suite of resources, including guidance notes and presentations, to support national and local engagement. This will 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 will be developed with colleagues in Training and Employee Development to embed training and guidance materials within Learning Content Management System (LCMS).
- All partnership initiatives and activities, including the generation of HFSVs, will be monitored and recorded within the Community Safety Engagement Toolkit (CSET).

### 3. Fires, fire deaths and fire related injuries involving our older population will be reduced through targeted and co-ordinated media and information campaigns.

- Scotland wide media campaigns will be utilised to provide a consistent and cost effective approach to engaging with older people. This will be delivered throughout the calendar year under the banner of “Join Scotland’s Fight Against Fire” and will include television, radio, press and social media advertising.
- LSO Area initiatives and activities should be run 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 Department 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. Consideration should be given to the size of text used in publications in line with Royal National Institute of Blind People (RNIB) recommendations.



## 4. Older people will be assisted to remain independent and safe in their own homes by ensuring they have access to relevant home protection and assistive technology.

- SFRS will keep informed of the latest technology available to assist older people to remain living independently in their own home. Staff will be informed of such relevant technology and establish contacts and supply sources.
- A national project will be supported in partnership with the Joint Improvement Team (JIT) to strengthen links with Telecare/Telehealth/linked alarm providers and responding services to promote the installation of linked smoke alarms as part of the basic Telecare package. This will include developing guidance and training for both Telecare and SFRS staff to promote the installation of linked smoke and heat detection, identify deterioration in health through actuation information, and support call monitoring and handling.
- LSO Areas will work in partnership to identify and supply other relevant home protection equipment; utilising relevant funding streams. This may include fire suppression systems, fire retardant bedding, thermostatic controllers for cookers and motion sensors.
- SFRS will develop an interactive 'safety house' which will be utilised to train both SFRS and partner agency staff on home safety risk recognition. This facility will be utilised to showcase current technological solutions and assistive technology to support independent living.

## 5. | 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 the SFRS Case Study and Conference Policy all incidents involving a fire fatality will require a multi-agency Case Conference to be convened to discuss the circumstances surrounding the incident and lessons learned.
- All incidents involving a fire casualty in a dwelling will be subject to a Case Study; an internal Fire and Rescue Service review of the incident. If personnel have concerns regarding the on-going safety and wellbeing of an individual and additional safety/support measures are required, consideration should be given to elevating to a Case Conference.
- Lessons learned from Case Conferences/Studies should be disseminated amongst LSO, P&P Managers and key partners, where relevant, in order 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 utilised to assess performance and target resources and strategy. This information will be captured within CSET and good practice will be identified and promulgated amongst practitioners.

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

In Scotland, there are currently 560,000<sup>15</sup> units of social sector housing stock (local authority and registered social landlords). In addition, there are 902 care homes for older people providing 38,441 registered places of which 33,187 are long stay residents<sup>16</sup>.

- LSO Areas should work with private and social landlords, local authorities and care home providers to secure ways 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 consider the benefits of such installations and advise partners as appropriate.

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<sup>15</sup> Scottish Government (2014) *Housing Statistics for Scotland – Public Authority Housing Stock* [Internet] Available from <<http://www.scotland.gov.uk/Topics/Statistics/Browse/Housing-Regeneration/HSfS/Stock>>

<sup>16</sup> Information Services Division (2014) *Care Home Census 2014. Statistics on Adults Resident in Care Homes in Scotland.*

## 7.1 SFRS will assist people to recover from their experience of fire.

- SFRS will work closely with relevant partners and volunteer organisations to develop protocols and procedures to provide assistance after a fire for vulnerable older people.
- SFRS and relevant partners should consider the use of systems that can be utilised to activate processes and procedures immediately after a fire to help return the home owner/occupier back to their normal way of life wherever possible.
- Local SFRS personnel will link with local authorities to promote the Scottish Welfare Fund and support individuals to access financial support in times of crisis.





## 8. 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 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 taken into consideration 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 be utilised locally to engage with older people in order to deliver key safety messages, deliver HFSVs and provide advice and onward referrals for additional support. CATs will receive on-going training and support to engage with older people from representative organisations to ensure activities are engaging, effective and relevant.



## 9. | SFRS will work with carers to provide help and guidance in order to keep older people in their care, safe from harm.

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

There are estimated to be over 650,000 carers in Scotland. This is 1 in 8 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>18</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 distilled to those most at risk within our communities.

- Nationally the 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.

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<sup>18</sup> *Caring Together: The Carers Strategy for Scotland 2010 - 2015*  
 [Internet] Available from < <http://www.gov.scot/Publications/2010/07/23153304/0>>

## **Contact**

If you have something you would like to share with us, please do not hesitate to get in touch using any of the lines of communication below:

- Use the feedback form on our website to send an email.
- Contact your local community fire station - details are listed on our website or in your local telephone directory.
- Contact your local Area HQ - details are listed on our website or in your local telephone directory.

Or contact us at:

Scottish Fire and Rescue Service  
Scottish Fire and Rescue Service Headquarters  
Westburn Drive  
Cambuslang  
G72 7NA

Phone: 0141 646 4500/01

Or alternatively visit our website at: [www.firescotland.gov.uk/](http://www.firescotland.gov.uk/)



# SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland