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Ageing Safely

Protecting an Ageing Population
from the Risk of Fire in the Home

Foreword



Welcome to CFOA's first national strategy aimed at protecting older people from deaths and injuries caused by fire in the home.

The aim of this strategy is to ensure that responding to the challenges of age and ageing in our communities is part of the DNA of every Fire and Rescue Service. Placing older people at the heart of our activities means that increasingly we will be in a position to talk to them, and not just about them, and their needs.

Living longer is a major achievement which should be celebrated. However, supporting our ageing population will inevitably require greater resources and greater collective action between the public, private and voluntary sectors if we are to truly meet the challenges presented to us. Partnerships such as the Age Action Alliance are evidence that moves towards this more integrated approach are taking shape.

The main focus of this strategy is laying down a challenge to Fire and Rescue Services to think and plan far beyond their traditional role as an emergency response service. We want Fire and Rescue Services to lead the way in considering how more collaborative engagement with partners and communities, along with pro-active early intervention, can help reduce or remove factors such as ill-health, isolation and poverty. These are factors that can ultimately play a major contributory role in increasing vulnerability to fires, which we all know very often lead to death or serious injury in older people.

Accompanying this strategy is a series of guides, available through the CFOA website, that we hope will form the foundation of a growing body of knowledge and information available to Fire and Rescue Services and our partners to help them deliver the aims and objectives set out in this document.

A handwritten signature in black ink, appearing to read 'PDH', with a stylized flourish at the end.

Peter Dartford
CFOA Lead Officer for Prevention



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Contents

04	Introduction
07	The Challenge – Four Main Aims of the Strategy
09	Our Objectives
18	Appendix: Background
24	Appendix: References and Statistics





Introduction

This document is the United Kingdom's Fire & Rescue Services' (FRS) Strategy for meeting the challenge of protecting an ageing population.

It has been produced by the Chief Fire Officer's Association (CFOA). CFOA provides independent advice to the Government on fire prevention, protection, intervention and a wide range of community safety and rescue matters.

The Fire and Rescue Services Act 2004 ⁽¹⁾ created a statutory duty on Fire and Rescue Authorities to promote fire safety, placing the prevention of fires at the heart of their activity.

Fire and Rescue Authorities should now carefully consider fire safety for older people and how to fulfil this duty when preparing strategic plans and deciding the balance and prioritisation of funding and resources.

Deaths and injuries from fire will rise in proportion to the increases in numbers of older people. Almost twice as many people over the age of 50 now die in dwelling fires in the UK each year compared to those under 50. ⁽²⁾

The Fire and Rescue National Framework 2008-11 ⁽³⁾ which provided strategic direction to Fire and Rescue Authorities, stated that "the Fire and Rescue Service needs to continue to improve its ability to work with other public services and tackle local issues in partnership." The Framework for the next 3 years is expected to endorse local solutions to local needs. The needs of older people are often complex and care solutions may need to span several agencies.

A 'Whole System Approach' works on the concept of working across individual agency boundaries by using joined up processes for the local assessment, commissioning and delivering of services to vulnerable groups and by placing vulnerable individuals and their families at the centre of the process.

Adult and Community Services, Health and Social Care Services (including General Practitioners) share a common objective in caring for vulnerable older people. These services are well positioned to work in partnership with FRS. It is however extremely important that FRS recognise where roles and responsibilities for care services lie. The authority with the primary responsibility to deliver that service to an older person should continue to do so.



It can be difficult for the public to distinguish between the roles and responsibilities of different services when there are a number of different agencies involved. The appointment of a lead agency as a single point of contact can greatly assist in these complex interventions.

There are financial consequences of fire, such as property damage, lost business, and the loss to the economy from injuries and deaths of the victims of fire. If a relative has to take time off work as a result of a fire to care for a vulnerable older person there will also be a resulting loss of productivity.

In 2004 the Office of the Deputy Prime Minister estimated the economic cost to society of fire to be **£2.8 billion** per annum, as of 2010. The average cost of a domestic fire was estimated at £27,000. In addition to the property costs the cost to society of each fire fatality was over **£1.4 m.**⁽⁴⁾

Fire prevention advice can only be effective if it is communicated to the target audience in a way that can be understood and acted upon. It is important that advice is tailored to individual needs and provided in such a way that assists individuals to remain as independent as possible.

To provide this support the Fire and Rescue Service should first seek out the most vulnerable and identify their needs. The challenge will then be to ensure that they direct their prevention services to the people who need them, at a time when they are needed.



The challenge facing Fire and Rescue Services – and the positive outcomes that can be achieved – are encapsulated in these stories from Staffordshire. The Service often talks about their ‘Journey from Olive to Catharina’ to describe how much they have learned about the impact of active early engagement with partners and older people to identify and support vulnerable members of the local community.

Olive’s story

Olive was fiercely independent, did not suffer fools gladly and was well-respected in her village.

Olive lived in rented accommodation. Her landlord was concerned about Olive’s welfare but was repeatedly refused access to conduct maintenance work. A noticeable decline in the property’s upkeep and Olive’s health led to a request for support from Social Care and Health.

Assessments revealed that Olive was receiving no outside support, had only cold running water and a single open fire as heating.

Empty food containers and alcohol bottles littered the floor of the room that Olive lived in. Her clothing had cigarette burns and the settee Olive used was very close to the open fireplace.

Eventually Olive was offered a room at a residential home just a few miles away. She accepted the offer and went about getting her personal possessions together to start life in her new home.

Tragically, one week before her move Olive lost her life in a severe fire at her cottage some three months after being classed as homeless.

Catharina’s Story

Catharina is 83 and lives alone in Lichfield. Her sight has deteriorated leaving her almost blind. During a fire safety talk at her local community centre she met a Risk Reduction Officer from Staffordshire Fire and Rescue Service. It was obvious that Catharina’s visual impairment left her particularly vulnerable. It was equally clear to Catharina that help and support was available to her.

Catharina agreed to a Home Fire Risk Check which revealed a host of issues. Catharina was using her hand to gauge the heat on her cooker, operating her microwave by guessing the timings and continuing to use a chip pan. All this whilst unwittingly living in a home with faulty electrics.

Unlike Olive, Catharina’s story has a happy ending. The Fire and Rescue Service have worked to tackle the fire safety concerns and involved partner organisations to address the social care and health aspects of Catharina’s needs.

Catharina can now be seen enjoying visits to the shops with her support worker and is looking forward to the installation of a walk in shower and busy mastering her talking pen.



The Challenge

Fire statistics indicate that FRS have been least successful in reducing fire deaths in the over 50 age category, the same section of our population that is set to increase dramatically. Deaths and injuries from fire will rise in proportion to the increases in numbers of older people.

Whilst older people may survive a fire, the experience can lead to a downward spiral in their quality of life. The impact of even a small fire should not be underestimated. The experience can result in a loss of confidence in an individual's ability to remain safe whilst continuing to live independently.

The Four Main Aims of the Strategy

- 1. Stabilise the number of fatalities in the rising population aged 50+ over the next 6 years**
- 2. Stabilise the number of serious injuries resulting from fire to the over 50s, over the next 6 years**
- 3. Improve access and take up of services provided to those people who experience trauma as a result of being involved in a fire to match the rate of increase in the population aged 50+**
- 4. Ensure that engagement with older people is an integral element of the process of evaluating the impact of the strategy**

To support the achievement of these aims we have set out 10 objectives and accompanying FRS commitments. They are a guide, and a challenge, for Fire and Rescue Services to use in delivering their own localised strategies for tackling the challenge of keeping an ageing population safer from the risk of death and injury in a fire in the home.





Our Objectives

Setting out clear objectives for FRS means they can be incorporated into local strategic plans & policies and evaluated.

1. Assist in the prevention of accidental fires through the provision of interventions specifically targeted at those aged 50+

Making contact with people from the age of 50 may have considerable advantages as intervention early on may prevent the person falling into the category of vulnerable older person. People can make decisions and changes to their current lifestyle which will have a great impact in later life. Educating this group about the increased risk in old age of falling victim to accidental fire should therefore be a priority.

The FRS Commitment

- 1.1 Ensure that accident prevention is considered during any interventions for the vulnerable member of the community.
- 1.2 Promote intergenerational activities to strengthen understanding and respect between younger and older people.

2. Prevent accidental fires by working in partnerships to provide help and guidance where it is most needed

When engaging with partners, FRS should ensure that through common purpose and shared endeavours they align strategies, plans, objectives, targets and evaluation processes to avoid duplication of effort and ensure that they are working towards shared outcomes that improve the quality of life of vulnerable older people.

Establishing a partnership with carers can provide first hand contact with vulnerable older people. This can improve the take up of Home Fire Risk Checks. Unpaid carers are committed advocates for older people, but often they have little respite. Help from FRS would improve the lives of both unpaid carers and those in their care.

The FRS Commitment

- 2.1 Maintain strong links with those who commission care services to ensure that their staff are kept up to date about the increased fire risk to older people and how these risks can be negated. This might take the form of an accredited training scheme.
- 2.2 Develop local information sharing protocols. For example, with FRS support combine existing organisational risk or need assessments to include fire risk, creating a single assessment process. At the heart of this process, information on the needs of an older person would be collected only once by practitioners from one of the agencies that may be involved. Organise

transmission of completed assessments to FRS to deliver a risk based response. Enhance training of assessors in both FRS and partner organisations to be able to identify the most serious risks across the entire spectrum of assessments.

- 2.3 Develop effective working relationships with partners such as the Department for Work and Pensions, NHS, local councils, community health providers, carers, and civil society organisations. These organisations offer valuable information, advice and expertise that can be utilised to raise awareness of the dangers that fire poses to their clients.
- 2.4 Provide advice, information and training for the carers of vulnerable older people through the use of paid and unpaid advocates or peer support workers, appropriately trained in fire prevention with a particular awareness of issues of older age. FRS should seek opportunities to joint fund these posts. There is great benefit to be gained from developing training packages for emergency service personnel and a range of care practitioners to raise awareness of each other's responsibilities within the homes of the vulnerable in our society. Combined knowledge will ensure that appropriate referrals to the responsible or appropriate agency can be made during home visits, with a combined objective of accident prevention within the home.⁽⁵⁾
- 2.5 FRS should establish their own peer support groups by approaching the full range of organisations that cater to the needs of older people (see 2.2). FRS can then ensure that they are highly visible and accessible to their local communities and be in a position to exert influence.
- 2.6 To ensure that engagement becomes universal, FRS should try to make contact with individuals that become disengaged from mainstream providers. Many of the more vulnerable and less socially engaged older people do not always choose to attend and engage with community activities, forums or even with support services. FRS should try to forge links and train partners to discover vulnerable older people in need of help.
- 2.7 FRS should ensure they remain engaged with the right partners at appropriate levels, especially when partner services or organisations are reconfigured.

3. Prevent fire through the provision and dissemination of information, advice and guidance

The provision of information will help FRS engage with vulnerable older people and those who care for them. The information will increase and maintain awareness of the dangers of fire and preventative action to reduce risk.

Statistical analysis shows that vulnerable older people are at significantly higher risk from death and injury from many different types of accidents in the home ranging from fires to falls.⁽⁶⁾ A fall can be the event that initiates a fire. By becoming involved in the wider accident prevention arena FRS will reduce the instances and consequences of fire to older people.

The FRS Commitment

- 3.1 FRS should consider ways to disseminate information relating to the increased risk of fire in later life, precautions that can be taken to reduce these risks, the availability of and access to assistive technologies (**Objective 5**) and getting help after being involved in a fire (**Objective 9**).
- 3.2 FRS should consider providing information in line with diverse individual needs that include culture, religious beliefs and language among others (**Objective 7**).
- 3.3 FRS should consider producing specifically tailored local fire safety campaigns as well as national publicity campaigns and literature aimed at older people, their carers, families and specific neighbourhood (See 4.2).

4. Continue to build meaningful and productive relationships with the local community

FRS should consider adopting a multi-agency, multi-person, approach to assist them in achieving the main aims of their strategy. This approach relies on the effective sharing of information and resources. It is of overwhelming importance when compiling a local strategy to take account of the opinions of older people, their friends and families, paid and unpaid carers. These groups should be engaged and involved in any planning and decision making processes and in the delivery, wherever possible.

The FRS Commitment

- 4.1 FRS may wish to identify a named person who will co-ordinate and facilitate the actions outlined in the strategy. It is important that there is one person who is easily identifiable, who has a strategic oversight and is accountable for the roll out of the strategy.
- 4.2 It is fundamental to the process that a community mapping exercise is undertaken to establish all local statutory and non-statutory bodies that engage, on any level, with the older community including intergenerational activities. This will identify those providers who engage with the age group 50+ so that FRS can deliver early interventions. Providers may include local councils, social services, NHS Trusts, voluntary and private sector organisations, carer groups, colleges, universities, WRVS, hobby clubs and organisations.
- 4.3 Good working relationships with partner agencies can give opportunities for FRS to go in and work with older people and/or their carers, give advice, guidance and provide information.

Good working relationships between FRS and specific neighbourhoods to provide solutions and opportunities to local communities. The interaction here will hopefully encourage local responsibility, community conscience and raised awareness of the increased risk of fire to the older people in their community and how they might help in reducing these risks through:

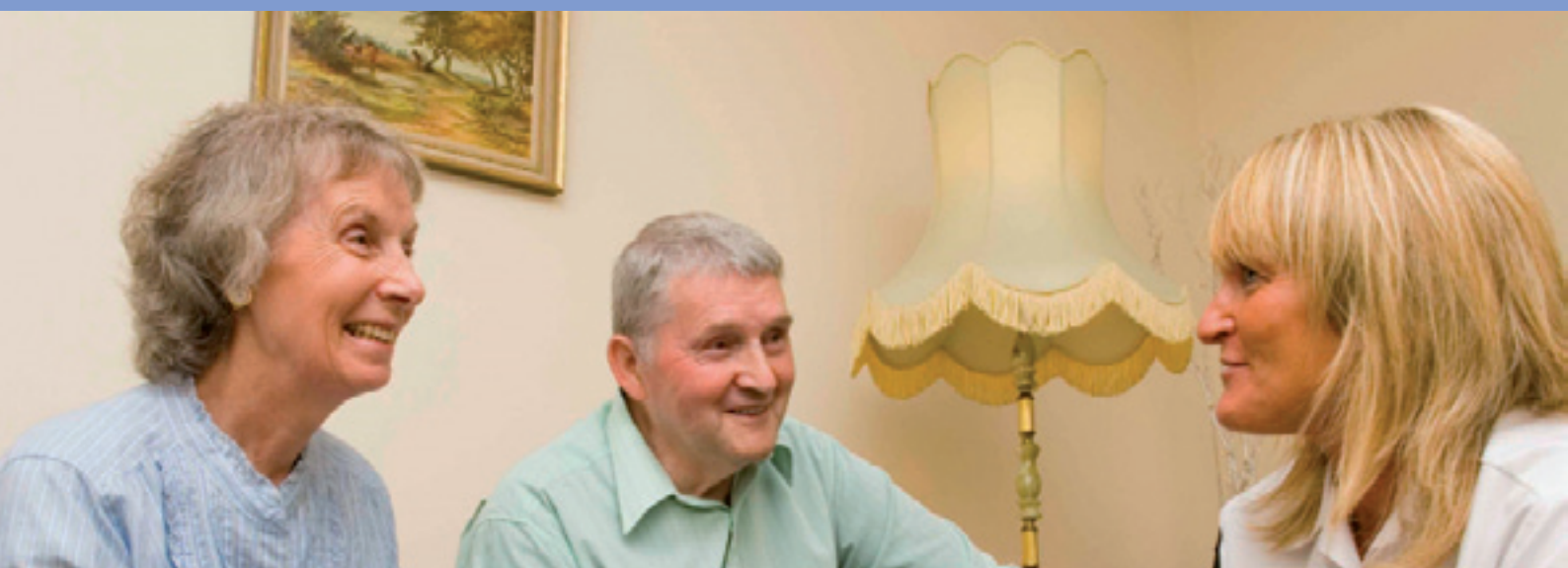
- 4.3.1 Identifying and working directly with employers in the local area.
- 4.3.2 Identifying and creating good working relationships with General Practitioners and their surgeries.
- 4.3.3 Advertising and using local FRS stations and headquarters as community resources. For example, making premises available to partners and community and voluntary groups for activities such as meetings, training and service delivery.
- 4.3.4 Utilising the more able members of the target group to play a peer support role in the dissemination of advice and guidance through, for example, volunteering opportunities.
- 4.3.5 Networking with churches and other faith organisations.
- 4.3.6 Networking with local political parties, MPs, Councillors, and civic leaders.
- 4.3.7 Infiltrating established systems such as Neighbourhood Watch.
- 4.3.8 Continuing support for outreach services - FRS should support organisations which deliver outreach services to the vulnerable.
- 4.3.9 Continuing to promote healthier lifestyles in conjunction with other organisations.

5. Protect older people from accidental fires by ensuring they have access to the most appropriate assistive technology

Assistive technology is defined as any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. This includes equipment and devices to help people who have problems with speaking, hearing, eyesight, mobility, memory and understanding.^(7/8)

CFOA recognises the benefits that this technology can bring for some older people. It can help to increase their independence and choice, reducing the risk of fire and accidents in, and around, their homes and may result in reducing admission into residential or hospital care. This technology can reduce stress on both carers and those they are caring for, helping to improve their quality of life.

The type of equipment provided needs to be tailored to the individual, particularly when impairments such as hearing loss are involved. In recent years FRS have gifted a wide variety of equipment to vulnerable individuals including smoke alarms, thermostatically controlled deep fat fryers, fireguards, spark-proof guards, electric blankets, fused extension leads, power-down equipment, smoker's blankets and fire retardant bedding, in an effort to reduce the risk of fire in the home.



The FRS Commitment

- 5.1 FRS should consider a mechanism for collating up to date information relating to currently available and developing assistive technology. This information will be held in a manner that is easily accessible and understandable to the general public.
- 5.2 FRS should consider a mechanism for signposting older people for this type of support if required. In certain cases the provision of total care packages, which have involved signposting technology such as Telecare ⁽⁹⁾ and the fitting of domestic sprinklers need to be considered as an option.
- 5.3 Match increased use of IT based solutions to the rate of growth of IT literacy in older people.
- 5.4 Utilise assistive technology to ensure FRS communication reaches all older people in a way where they can respond interactively.⁽¹⁰⁾

6. Protect older people who live in residential care homes, care homes with nursing, and sheltered accommodation, through advising on, and enforcing fire safety measures

The majority of older people live in their own homes. Only 4% of people aged 65 and over live in communal settings which include residential and nursing care homes, sheltered housing and extra care housing.⁽¹¹⁾

FRS advises on and enforces fire safety law in workplaces and public buildings including sheltered accommodation and care homes. The Regulatory Reform (Fire Safety) Order 2005 ⁽¹²⁾ heralded a move to self-regulation of fire safety.

Despite the shift to self-regulation, it is still important for FRS to play an active role through partnership for the provision of fire safety advice with the service providers.

The FRS Commitment

- 6.1 FRS will need to work in partnership with private and social landlords, local authorities, Department for Work and Pensions, and other community services so that they can secure ways to improve fire safety for vulnerable older people who are tenants.
- 6.2 FRS should ensure that the appropriate fire detection systems are present in the homes of our most vulnerable and hard to reach older people and that these systems are operational at all times.
- 6.3 FRS should have sufficient resources to provide effective enforcement of the fire safety order during the design stage and subsequent use of premises used by vulnerable older people. FRS should expand their working relationship with building control bodies to improve safety and champion fire suppression and assistive technologies which can provide greater flexibility in the design of the premises.
- 6.4 Risk profiling of premises should be a priority and an inspection of those with a high risk profile carried out.
- 6.5 Premises such as care homes should feature strongly in risk based inspection programmes to ensure standards are maintained.
- 6.6 Effective communication and working practices between operational crews and Fire Safety Officers could further reduce the risk from fire.
- 6.7 The identification, use and provision of fire suppression/assistive technology equipment is often missed, yet the use of such devices could vitally improve the independence, safety and wellbeing of an older person.
- 6.8 FRS should consider collecting information about older people's care and residential premises and individual dwellings. For example, this could include information about those who have a limited ability to escape from fire as well as risk information such as the storage of oxygen cylinders in the home. Information from partners about vulnerable older people would give a fuller picture of the fire risk each person lives with.

7. Work in ways that respond to diverse individual needs which may include culture, religion and language and in ways that ensure equality of opportunity

The key to success in social marketing is not to ask; "What is wrong with older people, why don't they understand?" but to consider; "What are we doing wrong? What don't we understand about our target audience?"

FRS could identify the ways in which older people prefer to receive information and advice. Information, advice and guidance, if it is to be effective, needs to be designed to be flexible enough to meet the needs of the audience. The more diverse the communication methods the greater the chances are of getting the message across. FRS systems also need to be dynamic enough to evolve as the needs of the ageing population change.

It is important to note that perceptions of ageing are culturally dependent. The stigma and associations of ageing that may be found within the UK do not necessarily cross cultural boundaries. Different cultures interact with their older population in different ways and FRS need to identify what these are so they can understand how to design and deliver a comprehensive service to this group.

FRS should support the right of the individual to lead an independent life based on self-determination and personal choice wherever possible.

The FRS Commitment

- 7.1 Educate and train all employees who have direct contact with the public to value and respect older people
- 7.2 FRS should listen to the needs and desires of their target audience, using this information to construct its communication programme. This can be achieved by canvassing opinion in forums such as those outlined in [Objective 4](#).
- 7.3 All communication regardless of its form should take into account any sensory impairment an individual may have and issues such as their age, gender, disability, racial or ethnic origin, religious beliefs, sexual orientation and language.
- 7.4 FRS should continue to consult with black and minority ethnic groups, as strategies need to be flexible enough to allow for specific targeting of information to these groups ([See Objective 4 for community mapping](#)).
- 7.5 Education and skills development for FRS staff should be provided to enable them to identify vulnerabilities amongst older people and signpost them appropriately for assistance/support.
- 7.6 FRS should monitor equality data as it becomes available so that it can influence strategies.
- 7.7 FRS should carry out local risk profiling based on projected increases in the ageing population and make an evolving risk-based response to ensure the correct level of emergency response is maintained for changing demographics.
- 7.8 The protection and safety of vulnerable older people is everyone's responsibility. To safeguard them it may be necessary to develop policies, procedures and education to establish the roles and responsibilities of FRS personnel who engage with them.

- 7.9 FRS must also comply with current data protection legislation when collecting, storing and transmitting information they collect. Data sharing protocols need to be established where appropriate.⁽¹³⁾
- 7.10 Where individuals are unable to comprehend the risk and take the appropriate action it is important that FRS engage with carers and care organisations to ensure appropriate levels of protection are provided where required.

8. Respond to the incidents of fires and extinguish them quickly, effectively and efficiently

Since the introduction of Integrated Risk Management Planning (IRMP) FRS have developed new standards which take into account the risk of injury from fire and other demographic data bespoke to local needs. These standards aim to enhance the safety of all UK residents, including older people.

The FRS Commitment

- 8.1 FRS should regularly review IRMP standards to take account of the changing age demographics and other relevant information such as migration of older people in retirement.
- 8.2 FRS should regularly review response strategies and monitor emergency call patterns to inform future planning and ensure its effectiveness

9. Be responsive to and assist people to recover from their experience of fire

A house fire can be devastating for anyone, but vulnerable older people with no immediate assistance available to them from relatives or trusted neighbours may find a fire so devastating that it costs them their independence. This is especially true for the most vulnerable in our society who may lack the traditional family support network that operates in time of need. They are also the least likely to be able to afford buildings and/or contents insurance and may be left without the ability to restore their previous lifestyle without assistance.

The FRS Commitment

- 9.1 FRS should seek to form partnerships with civil society organisations, organising and maintaining networks of volunteers for example, to develop protocols to provide assistance after a fire to vulnerable older people.
- 9.2 FRS should put into place people and systems that can be utilised to activate processes and procedures immediately after a fire to help return the victims back to their usual way of life wherever consistent with maintaining safety from fire.

10. Learn from each occasion FRS are called upon in an emergency, to further refine this strategy and to define robust quality improvement systems

On-going and structured evaluation is critical to the long term success of this strategy to ensure that the work undertaken stays focused, accurate and valid, and that it delivers the right services to individuals.

The analysis of information gathered or received is vital to ensure that approaches taken can evolve and increase in effectiveness over time.

FRS should evaluate their individual older person's strategy and performance against all objectives to ensure quality and continually seek to improve service delivery as directed by customer needs and adapt to meet the needs of a constantly changing society.

The FRS Commitment

- 10.1 The adoption of a single review process, a post-fire multi-agency case conference, which will identify needs, provision of appropriate services, activities and initiatives aimed at reducing future risk of fire in the more vulnerable older population.
- 10.2 That every fire death or injury of a person over 50 results in a multi-agency case conference.
- 10.3 A self-assessment tool to measure their outcomes against the objectives laid out in their strategy.
- 10.4 A risk-based response to meet a potential increase in operational demands associated with a higher number of people in the later stages of life.
- 10.5 There is a clear need to utilise established forums where older people are present or are represented to consult on the strategy's effectiveness through open dialogue and use of satisfaction surveys and questionnaires. Quality community engagement is a key component to the success of any prevention strategy.
- 10.6 It is important to evaluate the benefits versus the costs of any enterprises ensuring value for money, and be clear as to the actual impact preventative measures have on fire deaths and injuries.
- 10.7 Acknowledge the 4 Main Aims of the strategy with performance based on individual FRS local data. Report performance as universally understood statistics, for example per million of the population.
- 10.8 Communicate success and good practice, locally, nationally and internationally.

Appendix: Background



Information from a broad range of sources has been considered in developing this strategy. This section incorporates a proportion of this background information in an attempt to provide some context to the recommendations made. It is hoped that the bank of knowledge will be expanded by the guides that accompany this strategy, they can be found on the CFOA website.

An Ageing Population

Over the last 25 years there has been a gradual rise in the percentage of the UK population aged over 65. The proportion of people aged 65 and over increased from 15% in 1983 to 16% in 2008, however projections indicate that this trend is accelerating. 23% of the UK population will be aged over 65 by 2033. ⁽¹⁴⁾

Important economic contribution

As consumers, older people boost the economy by £239 billion a year ⁽¹⁵⁾. Workers aged 50 and over contribute £230 billion per year ⁽¹⁶⁾ to national economic output, around a quarter of the total economy. Older people's unpaid contributions as volunteers, carers and grandparents are valued at £24.2 billion per year. ⁽¹⁷⁾

Increased Fire Risk in Later Life

There has been a general improvement in people's health in recent decades 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. However these benefits of good health can slip away without society noticing. The consequent vulnerabilities mean a significant number of older people will be exposed to increased fire risk. ⁽¹⁸⁾

In the process of developing this strategy the absolute benefit to the Fire and Rescue Service was taking the opportunity to work with and listen to the opinions of older people. This taught us that "older people" don't exist; they don't recognise themselves as such. "Older people" is a reflection other people experience. Success in protecting an ageing population from the risks of fire in the home is to treat and think of every one as people.

Thinking this way will allow us to ignore the reflection and spot the vulnerability that increases a person's risk from fire. The longer that you live the more likely it is that vulnerabilities are going to attach to you like barnacles on a ship's hull. FRS job is to supply the anti-fouling paint of prevention and make a regular check to keep the accretions of vulnerability from suddenly causing you to slow or sink.

If we treat people as individuals, although everyone loses eventually in the lottery of health, some people can still blossom with vulnerabilities. Everyone's faltering point is different and unpredictable. This is a problem for judging risk to fire.

The five strands of health, discrimination, participation, relationships and poverty are the environment that all people exist within. Like the weather they have an effect on everyone, they are part of life itself. If FRS can appreciate these following strands they will understand how a person's general environment can amplify the already well documented vulnerabilities to fire that conclude this section.

Health in Later Life

Good physical health is associated with good mental health. Poor physical health is associated with poor mental health. Older people talk about health in a holistic way, combining both mental and physical aspects. Physical health is an important issue for many older people and improving it will improve mental health as well. Mental health problems are neither a normal nor inevitable part of the ageing process. The majority of older people enjoy good mental health and make valuable contributions to society.

Those most at risk from failing health tend to live in socially deprived areas. In these areas they are less likely to receive access to the services required to remain safe and healthy.

Failing health decreases an individual's ability to survive an injury or cope with a traumatic experience.

Promoting mental health and well-being in later life will benefit the whole of society by maintaining older people's social and economic contributions, minimising the costs of care and improving quality of life. Evidence about the factors that affect mental health and well-being has increased. Activity to promote good mental health and well-being in later life could be integrated into current developments in policy and practice, nationally and locally, and add to the existing momentum for change.

"[Older people] must try and keep as active as possible.

Remember, if you don't use it, you lose it!"

Mr W, retired engineer, aged 90

Discrimination

Discrimination on the basis of age is the most common type of prejudice experienced by people aged 55 and over, and has a negative effect on their mental health. The stigma attached to mental illness multiplies the difficulties for older people with mental health problems.

"It is upsetting to feel like a second class citizen because I am above retirement age." *Ms A, retired charity worker, aged 71*

Older people experience age discrimination from many different sources.

"Very little attention is given to our opinion, it's all parents and youngsters in the media and politics." *Mr B, retired manager, aged 79*

Participation in meaningful activity

Participation in meaningful activity, staying active and having a sense of purpose are just as important for the mental health and well-being of older people as they are for younger people. Yet older people face barriers to participation in many areas of public and private life.

“[What makes things worse is] not having a sense of belonging. There needs to be a role for older people in society.”

Mr D, management consultant, aged 62

Relationships

Relationships that are secure and supportive are important for good mental health and well-being. They may be with other people, such as family and friends, or with pets. Spiritual faith and belief can also provide crucial support. Social isolation is a strong risk factor for poor mental health and is experienced by one million older people in the UK. Strengthening positive relationships in later life will help to promote mental health and well-being for all of us.

“The main thing is love. Food, shelter and warmth are important but it’s lack of someone caring that leads to despair.”

Mrs W, retired bank secretary, aged 82

Older people hold conflicting views on the impact that family can have on mental health and well-being in later life. They also stress the importance of intergenerational contact.

“[What is important?] To bring understanding between age groups in all walks of life.” *Mr A, aged 71*

Poverty

Poverty is a risk factor for poor mental health. Nearly two million older people in the UK live in poverty. It is not money per se but the things it can provide that are important to making people feel included in society in later life. Older people want to have enough money to afford decent housing, heating, travel, social activities and occasional “treats” – for themselves and for others – that allow full participation in family and community life.

“[What makes things worse?] Not being able to help my grandchild financially.” *Mr B, retired actor, age unknown*

Feeling confident about financial security in later life will help to promote mental health and well-being for both current and future generations of older people.

“[What makes things worse is] worrying about where money will come from when I stop working.” *Ms H, senior lecturer, aged 57*

Vulnerability to fire

Vulnerability to fire may refer to the person themselves, the situation they find themselves in, or both. This can be a temporary or a permanent state. The factors that may increase an individual's vulnerability to fire are as diverse as the victims and the circumstances they find themselves in.

Although the following vulnerabilities do not apply solely to older people, how personal circumstances change with age may contribute to make an individual more vulnerable to fire. These personal circumstances can be categorised into several broad areas.

Poor Housing & Living Conditions

The vast majority of people remain living in their own home as they grow older.⁽¹⁹⁾ Some older people live in conditions that physically increase the likelihood of a fire occurring and additionally hinder escape. They may live with open fires or ineffective, poor quality, poorly serviced and maintained heating or cooking appliances which increase the risk of fires, carbon monoxide poisoning and hypothermia.

Reduced Mobility

Reduced mobility can increase the likelihood of an individual accidentally causing a fire and additionally hinder escape when one occurs.

Sensory Impairment

The likelihood of sensory impairment increases with age and this may have a detrimental effect on an individual's awareness of the seriousness of a fire situation until it is too late. A conventional smoke alarm may be inaudible to the hearing impaired, fatally 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.

Mental Capacity

Some of the most vulnerable members of our society lack the mental capacity to understand the dangers fire presents to their safety.⁽²⁰⁾

Learning Disabilities

Individual circumstances vary widely and it can be difficult to identify the level of risk fire presents.⁽²¹⁾ These individuals may have difficulty in understanding and applying key fire safety and prevention messages in their day to day activities.

Social Isolation / Exclusion

Frequency of contact with people declines 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 and require additional support to continue to live independently. Socially isolated people are also harder for public service organisations to reach. They become socially excluded, may not feel part of society and often fall through the safety net of social protection. They can find it difficult to access benefits, or be aware of financial help available, which could help lift them out of poverty.

Medication

Failing physical health in older people results in more widespread use of prescription medicines than in the general population.⁽²²⁾ Some prescription drugs have a sedative or tranquillising effect increasing the chance that people may cause an accidental fire. This effect may also reduce their levels of awareness and they may not be able to recognise when a fire is occurring and to escape in time.

Substance Misuse

A number of factors can trigger over-dependence on substances such as alcohol, for example; bereavement, loneliness or social isolation. Many of these factors are increasingly likely to affect us all as we grow older.⁽²³⁾ A particular concern is the likelihood of older people mixing alcohol with prescribed drugs, 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 make them neglectful, increasing the chance of them accidentally causing a fire.

Smoking

Smoking materials account for a third of all fire fatalities. If matches are included as an ignition source the total rises to over half.⁽²⁴⁾

Appendix: References and Statistics

1. The Fire and Rescue Services Act 2004. 22 July 2004
http://www.legislation.gov.uk/ukpga/2004/21/pdfs/ukpga_20040021_en.pdf
2. Fire Statistics, United Kingdom 2008. 26 November 2010
<http://www.communities.gov.uk/publications/corporate/statistics/firestatisticsuk2008>

The total number of fatalities from accidental fires in dwellings in the UK has been driven down from 398 in 1999 to 294 in 2008, a reduction of 26%. However, the majority of this reduction has taken place in the under 50 age category which showed a drop from 140 in 1999 to 77 in 2008, a reduction of 45%. During the same period, deaths in the over 50 category also decreased, but by less than 19%, from 258 deaths in 1999 to 210 in 2008.

3. The Fire and Rescue National Framework 2008-11.
Office of the Department for Communities and Local Government. May 2008.
<http://www.communities.gov.uk/documents/fire/doc/nationalframework200811.doc>
4. Economic cost of fire 2004. Office of the Deputy Prime Minister 7 April 2006.
<http://www.communities.gov.uk/documents/fire/pdf/144524.pdf>
5. Key facts about carers.
Princess Royal Trust for Carers
<http://www.carers.org/key-facts-about-carers>
6. Preventing Accidental Injury – Priorities for Action. Department of Health. October 2002
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4064950.pdf

Following publication of the White Paper, “Saving Lives, Our Healthier Nation”, Preventing Accidental Injury – Priorities for Action

Report to the Chief Medical Officer supported by DCMS, DfT, DTI, DWP and ODPM, an Accidental Injury Task Force was set up to provide advice on how the targets within the white paper should be achieved. A report to the Chief Medical Officer, “Preventing Accidental Injury – Priorities for Action”, was published in October 2002 (DH 2002). It was endorsed by five Government Departments in addition to the Department of Health, reflecting the spread of responsibilities across Government for preventing accidental injury and the need for co-ordinated action with partners.

7. At Home with Assistive Technology
Introducing Assistive Technology into the Existing Homes of Older People: Feasibility, Acceptability, Costs and Outcomes
Kings College, London. April 2004
<http://www.kcl.ac.uk/content/1/c6/02/96/45>
[KCLandReading2004IntroducingAssistiveTechnologyREKI.pdf](http://www.kcl.ac.uk/content/1/c6/02/96/45/KCLandReading2004IntroducingAssistiveTechnologyREKI.pdf)

8. Research and development work relating to assistive technology 2008-09.

Department of Health. July 2009.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102240.pdf

Outlines the role of assistive technology in making independent living easier for older and disabled people. Describes the wide range of government-funded projects supporting the development, introduction and evaluation of assistive technology. Relevant projects funded by the EU have also been included.

9. Telecare is a technology-based system that can help provide peace of mind and independence for the most vulnerable in our society. It consists of a range of sensors positioned throughout the home, which alert the carer, or a monitoring centre, if there is a problem in the home, such as a gas leak or fire, or if the person they are caring for has a problem and needs assistance.

10. What is Web 2.0?

Ideas, technologies and implications for education

JISC Technology and Standards Watch, Feb. 2007

<http://www.jisc.ac.uk/media/documents/techwatch/tsw0701b.pdf>

What is Web 2.0?

Design Patterns and Business Models for the Next Generation of Software.

Tim O'reilly. 22 August 2007

http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1008839

11. Age Agenda 2008. Age Concern England 2008

12. Regulatory Reform (Fire Safety) Order 2005. June 2005

http://www.legislation.gov.uk/ukxi/2005/1541/pdfs/ukxi_20051541_en.pdf

13. Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29>

14. National Projections: UK population to exceed 65m by 2018. Office for National Statistics. 21 October 2009

http://www.ons.gov.uk/ons/dcp171780_229187.pdf

The increase in size of the older population is exacerbated by the fact that the “baby boomer” generation are now starting to retire. Around 650,000 people will turn 65 in 2011 followed by 800,000 in 2012. By 2028 the biggest increase will be seen in the number of people aged 80 and over; this group is set to grow by 85%. The numbers of those aged 65-80 will have increased by 53% and those aged 50-65 by 33%.

15. Age Concern England (forthcoming in 2006) *The ageing workforce*.

16. Meadows, P. and Volterra Consulting (2004) *The economic contribution of older people*. London: Age Concern England.
17. Office for National Statistics (2005) *Family spending: A report on the Expenditure and Food Survey*. 2004/05 online edition. Available from: <<http://www.statistics.gov.uk>> [Accessed 23 May 2006]. Based on household expenditure by age of household reference person.
18. Centre for Analysis of Social Exclusion: *An Anatomy of Economic Equality in the UK: Report of the National Equality Panel*, Government Equalities Office. January 2010
<http://sticerd.lse.ac.uk/dps/case/cr/CASereport60.pdf>
19. Only 8% ever enter the formal care system and move away from independent living. Just 1% of people aged 65-74 years, 4% of people aged 75-84 years and 18% of people aged 85+ ever live in a care home or long-stay hospital.
20. The Department of Health currently estimates there to be over 750,000 people in the UK with dementia. They expect numbers to double in the next thirty years. Dementia describes a group of symptoms associated with a progressive decline of brain functions, such as memory, understanding, judgement, language and thinking. The most common form of dementia is Alzheimer's disease. People with dementia are at an increased risk of physical health problems and become dependent on health and social care services and on other people. Memory impairment can also affect basic reasoning and short term memory, greatly increasing the risk of fire, for example; failing to remember to turn a cooker off or carry out basic household routines at bedtime.
21. Learning disability is a diagnosis not a disease, nor is it a physical or mental illness.
22. Around 8 out of 10 people aged 65 and over regularly take prescribed medicine, with around a third of those in private households taking four or more prescribed medicines at one time.
23. Over 65s accounted for 357,000 alcohol-related hospital admissions in England in 2007-8, a rise of 75% in 5 years. This compares to 20,336 admissions for under 18s in the same year (Hospital Episode Statistics, HES).
24. Although on average only 14% of over 60s smoke there is increased prevalence of smoking amongst the more vulnerable; those who live alone or who are from lower socio-economic groups such as manual workers.
Office for National Statistics: *General Lifestyle Survey - Smoking tables 2009*
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-198839>



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