NFCC
National Fire
Chiefs Council

Technology Enabled Care Policy Position Statement

1. Issue Identification

Technology Enabled Care (TEC) devices, including telecare, enable people to live independently and with fewer restrictions on their personal liberty in their homes and communities, for example by facilitating remote support from health and social care support staff or for self-help. An estimated two million people in the UK currently use telecare in private homes or in sheltered, supported, or retirement living schemes.[1] This number is expected to grow as the population ages and the Government encourages more care at home and in communities. NFCC recognises the value of TEC for health and social care partners. However, people who use TEC are some of the most vulnerable members of communities and are often at a greater risk of death or injury from fire.

When commissioned, installed, maintained, and operated in accordance with the relevant British Standards, TEC can improve people's likelihood of surviving a fire. TEC systems also offer fire risk mitigation opportunities for individuals within Residential Personal Emergency Evacuation Plans (R-PEEPs) as they can assist vulnerable people in blocks of flats to become aware of an incident in their building through connection to an Evacuation Alert System (BS 8629) and notify fire and rescue services (FRSs) of their location and situation. However, FRSs have longstanding concerns with inadequate person-centred fire risk assessments, poorly designed TEC systems, the incorrect installation of equipment, and TEC alarm receiving centre (ARC) call operators providing insufficient or inaccurate information to emergency services during incidents. These issues span equipment, standards, and the responsibilities of different agencies within the system and, as coroner inquiries have found, have contributed to people's deaths in fires in multiple incidents across the last twenty years.

The TEC sector is highly fragmented and in parts unregulated or subject to a voluntary system of accreditation. The TEC Services Association (TSA), an independent membership and advisory body, promotes quality assurance, continuous improvement, and sector oversight. However, less than two thirds of TEC alarm receiving centres (ARCs) are currently certified through the Quality Standards Framework operated by TEC Quality.[1] As certification is voluntary and has a cost, many TEC monitoring centres, providers, and suppliers continue to operate without oversight, placing vulnerable people at unnecessary risk.

2. NFCC Position

Fire safety must be integral to care assessment and management practices. NFCC supports the push to improve standards in the TEC sector alongside key industry stakeholders in order to reduce fire deaths and injuries. NFCC urges the Government to protect vulnerable people who use TEC through better regulation of the sector. TEC providers in the public and private sectors must follow best practice standards around assessment, equipment installation and maintenance, accreditation, and call handling.

[1] There are currently 155 TEC alarm receiving centres, but TEC companies are reducing this number by merging the centres, raising issues around greater demand being placed on a smaller number of alarm receiving centres. TEC Quality operates independently and impartially to manage the UKAS-accredited Quality Standards Framework auditing and certification process, including the delivery of the Quality Standards Framework.

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3. Recommendations

- The UK and devolved governments should review current regulations surrounding TEC with the aim of improving industry practice on installation, governance, scrutiny, quality assurance, and accreditation. TEC providers in the public and private sectors should immediately improve their service provision by adopting these recommendations as best practice:
    - TEC providers must have third-party accreditation from a body accredited by the UK Accreditation Service (UKAS).
    - TEC providers must ensure that call operators at alarm receiving centres receive accredited training (with specified competencies) to ensure that they provide the correct information to FRSs and other emergency services during incidents.
    - TEC providers must demonstrate compliance with the relevant British Standards, provide continuous professional development, and practise a person-centred approach.
    - Fire safety prevention and mitigation measures must be key components of health-based risk assessments for vulnerable people, including those that need TEC. Installed TEC systems should have linked and monitored smoke detection and carbon monoxide detection if the person-centred fire risk assessment identifies fire risks, especially where a resident lacks the physical or cognitive ability to react appropriately and evacuate the building without assistance during a fire. In Scotland, TEC systems should be linked to multiple interlinked alarms and detectors in accordance with regulations.
    - Local authorities should commission and procure TEC equipment from certified suppliers to ensure alignment with relevant British Standards (e.g., by becoming accredited) and include person-centred fire risk assessments and fire safety training within provider contracts.
- National governments must ensure continuous and adequate funding to support local authorities with TEC provision.
- The Government should fund independent academic research on TEC and patient safety, including fire risk, to support the shift to care in the community.

4. Supporting Evidence

Technology Enabled Care and Demographic Change

Some TEC systems provide monitored health and care assistance to older individuals and people with disabilities, long-term health conditions, comorbidities, or cognitive impairments to enable independent living in their homes and communities. TEC encompasses personal alarm pendants, social alarms with peripheral devices such as falls sensors and linked smoke detection, and proactive preventive solutions like daily living monitoring and video support calls. TEC devices can bring a range of benefits, including greater independence, improved connections with other people, access to advice and support, and the ability to monitor and manage health and well-being.[2] The most commonly deployed TEC is telecare.

An estimated two million people in the UK currently use telecare – around 500,000 of these in care homes, supported housing schemes, and sheltered living arrangements. These individuals are often elderly people and/or people with disabilities or frailties who generally meet FRS criteria for high fire risk, as people with restricted mobility due to old age and/or long-term health conditions are more likely to be injured or killed in fires.[3]

Demographic change, the policy shift to neighbourhood care, and the digital switchover make the safety of TEC users a growing issue. The population of England and Wales recorded as having a disability

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increased from 10.1 million in 2011 to 10.5 million in 2021 (17.6% of the total population).[4] Projections suggest that 9.1 million people in England will be living with a major illness by 2040, 2.5 million more than in 2019.[5] The number of people aged over 65 in England and Wales increased from 9.2 million in 2011 to 11.1 million in 2021 (18.6% of the total population).[6] It is projected that 26% of the population will be aged 65 and over by 2065.[7] Increasing pensioner poverty is a further concern, given the links between social deprivation, poor quality housing, and heightened fire risk.[8] The number of people aged 75 and over and living alone is also projected to increase by 461,000 by 2028, increasing fire risk.[9] Over the last decade, 37% of fire fatalities in England were people aged over 65 living in single occupancy dwellings, with 102 fatalities on average each year (73% of fire fatalities of all ages occurred in single occupancy dwellings). From 2015–25, the average fire fatality rate per million of the population for people over 65 was 25.6, compared to 4.4 for the population as a whole.[10] An ageing population and the growing prevalence of complex health conditions means that demand for TEC will rise, as will the associated fire risks.[2]

TEC devices such as telecare are integral to local councils' social care offer. Research by the TSA suggests that councils see TEC as a way to respond to the increasing demand and complexity of local social care needs. Many councils also plan to expand its use, although a lack of central Government funding is likely to continue to delay greater scaling given overstretched budgets and limited resources in local government.[11] If funded appropriately, TEC can be a crucial strategic preventative measure that enables local authorities to support people to live good, independent lives while also meeting the Government's national priorities around adult social care and relieving pressure on health services.[12]

TEC provision is highly likely to increase as national health and care policy shifts towards care at home and ageing in place models as part of the wider emphasis on neighbourhood care in the *NHS Ten Year Health Plan*.[13] While these approaches bring significant benefits to people's health, well-being, and quality of life, they can introduce new fire risks in people's homes, which are less regulated spaces than institutional healthcare settings.[14] Most fire fatalities also occur in people's homes.[15] The fire risks around TEC may also not be widely understood across the health and social care sector. Ensuring TEC equipment is installed correctly and that users are given accurate advice around these systems is critical to the safety of a person who draws on care and support. Further, TSA research has found that understanding of TEC among health and social care practitioners is mixed, with low understanding of the role of TEC in social care and how to make referrals. The TSA recognises the need to improve TEC skills, knowledge, and understanding among the care workforce.[16] Fire safety must be a core part of the provision of TEC services and efforts to upskill the wider health and social care workforce.

Technology Enabled Care, Fire Risk, and Preventable Deaths

Many people assume that resident safety is passively implicit within TEC technologies like telecare – that the presence of these technologies is enough to keep someone safe. However, the safe use of TEC depends on complex, dynamic processes and interactions between individuals, agencies, and technology within the home, a site with fewer controllables and greater risk for care delivery.[17] The presence of TEC in an individual's home does not necessarily protect that individual from harm. Reviewing and mitigating hazards and risks in the home is also crucial to keeping people safe. Given the limited number of academic studies on what is actively needed for TEC to promote residents' safety in the home, further academic research on this area would be welcome.

When commissioned, installed, maintained and operated in accordance with the relevant British Standards, TEC services can improve a resident's likelihood of surviving a fire. TEC systems provide reassurance in emergencies and can alert on-site care staff to take appropriate actions. Automatic fire

[2] The South West of England, where there is both an older age demographic and a larger proportion of single-person households, is already experiencing this elevated risk.

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alarms reduce the delay in calling the local FRS. The emergency communication line between the resident and the alarm receiving centre – the contact centres where operators accept emergency calls from telecare devices and action appropriate responses – can be used to provide fire survival guidance, providing that call operators have the appropriate training and competence.

However, a number of deaths in accidental dwelling fires have involved people with telecare systems that are not installed, maintained, or operated according to British Standards.

Prevention of Future Deaths Reports issued by coroners reveal a long history of failures with the provision and operation of TEC services, with persistent issues including the insufficient assessment of resident needs, the incorrect installation of TEC equipment, and failures with call handling at alarm receiving centres during emergencies. Issues that have resulted in preventable fire deaths include providers not installing TEC systems with linked smoke detection (this is the primary risk to life); smoke alarms not being connected to TEC monitoring systems to ensure calls are answered as a priority; TEC providers not reviewing the service or equipment supplied, despite agencies identifying a resident's increased fire risk; personal alarms not being replaced after being reported as broken; person-centred risk assessments not being performed frequently enough; and the incorrect placement of smoke detectors (i.e., not in bedrooms). TEC call operators have made critical omissions of information that have led to delays in emergency operational response, including closing the alarm service early during fire incidents, failing to provide FRSs with access codes for buildings, and not revealing underlying medical conditions to ambulance services. Delays in notifying FRS and other emergency services are particularly dangerous, as survivability in dwelling fires where residents have mobility or cognitive impairments is heavily dependent on early detection, immediate signal transmission, rapid escalation to FRS control rooms, and accurate situational information being shared between the TEC alarm receiving centre, FRS control staff, and firefighters. The need to improve the commissioning and installation of TEC and the role of alarm receiving centre staff in incidents have been themes in numerous Prevention of Future Deaths Reports, with little concrete action taken to address these issues.[18] These problems are also likely wider than the small number of cases that receive a coroner's inquest.

These fire deaths reveal long-standing and unaddressed issues around TEC safety. The Government must support a collaborative approach among the TEC industry and the public sector to drive safety improvements and prevent further unnecessary deaths resulting from issues with TEC service provision and operation. Scottish FRS's partnership approach to good practice on fire safety and telecare is an example of effective collaboration to ensure a consistent, integrated approach across referral, assessment, installation, maintenance, and call handling to provide a safer environment for vulnerable people and reduce non-essential blue light journeys.[19] More can also be done to assure quality and safety through accreditation and training, which remain voluntary.

False Alarms

The growing use of TEC is partly driving an increase in false fire alarms. In the year ending March 2025, 35% of false fire alarms due to apparatus in dwellings originated from alarm receiving centres (39,719 incidents). This is 45% higher than five years ago and 85% higher than ten years ago. The greater presence of TEC systems in residential settings – particularly in flats and supported housing – raises the potential for false alarms to be triggered and relayed to FRSs via automatic fire alarm call centres.[20] Faulty TEC systems have led to multiple unwanted signals in sheltered schemes and private domestic dwellings, causing a desensitisation to risk. While these false signals are handled, the alarm receiving centre is unable to communicate with the resident – meaning a real emergency would not be received. Further, FRS attendance at false alarms can divert FRS resources away from genuine emergency incidents, reducing operational capacity and availability. The importance of managing and reducing the burden of false fire alarms is a theme across HMICFRS inspection findings.[21] TEC providers are

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expected to minimise the number of unwanted fire signals, yet FRSs continue to receive significant numbers of false fire alarms due to poor call handling and filtering at TEC alarm receiving centres. TEC providers must be held accountable to their duty to reduce false alarms and act to reduce unnecessary burdens on FRS and other emergency services.

Digital Switchover

Historically, most TEC devices have relied on the analogue landline network (also known as the public switched telephone network or PSTN). UK communications providers are currently in the process of replacing the analogue network with a digital phone network. TEC users have also been identified as being at risk during the digital switchover, with past serious fire incidents underscoring the importance of safeguarding these individuals.[22] Virgin Media has been fined £23.8 million after Ofcom ruled that the company failed to properly identify and protect vulnerable TEC users whose services were disconnected from alarm receiving centres during the digital transition.[23] There have been at least two deaths linked to the failure of personal alarms following digital upgrades.[24] The digital switchover is also contributing to false alarms within the TEC industry – for example, where power or internet connections are unstable or where older analogue fire safety systems are not fully compatible with digital infrastructure – which will continue into 2027. TEC alarm receiving centres must have robust fault monitoring systems in place during the digital transition.

The Government's commitment to transforming telecare provision into a modern, digital, and resilient part of adult social care is welcome, as is the commitment in the Telecare National Action Plan to ensure the continued safety of telecare users during the digital switchover. The Government should take this opportunity to build momentum on the safety of TEC users more broadly by promoting the purchase of TEC equipment that meets British Standards, as well as accreditation and training.

British Standards

NFCC welcomes the Government's commitment to develop new national standards and trusted guidance for technology in social care and the Casey Commission's investigation into how to improve the adult social care model. It is crucial that standards and guidance reflect and mitigate the fire risks facing vulnerable TEC users, and that providers follow these standards.

Research shows that aligning people and technology – ensuring individual users are provided with the correct device for their needs – is crucial in ensuring TEC users' safety.[25] Fire fatalities could have been prevented if the individuals were provided with an advanced TEC package that included a linked smoke detector which, when triggered, automatically sends an urgent signal to the alarm receiving centre where the call operator can filter and action emergencies to the FRS within timebound parameters.[26] Ensuring that TEC equipment meets British Standards, including interlinked smoke detection where residents lack the ability to evacuate the building without assistance, would prevent further fire fatalities and must be a Government priority. TEC systems should be interfaced with other technology such as automatic water suppression systems where this is necessary to keep individuals safe without relying on evacuation, and person-centred fire risk assessments should detail these options. TEC equipment must also have sufficient resilience in the event of extended power outages in according with UK standards. TEC must be commissioned appropriately to mitigate the risks outlined in person-centred fire risk assessments, and not to the minimum standard or cost.

TEC providers' compliance with the British Standards listed below is essential to keep people safe:

- **BS 9518:2021**: Processing of alarm signals by an alarm receiving centre. Code of practice.
- **BS 5839 Series, Part 6 (2019)**: Fire detection and fire alarm systems for buildings.

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- **BS 8604-1:2019**: Social alarm systems – Design, installation and maintenance of social alarm systems in specialised grouped living environments. Code of practice.
- **BS 8684:2024**: Technology enabled care. Assessment of user needs and risks, system design, installation and maintenance. Code of practice.
- **BS EN 50518**: Monitoring and alarm receiving centre:
  - **Part 1**: Monitoring and alarm receiving centre. Location and construction requirements.
  - **Part 2**: Monitoring and alarm receiving centre. Technical requirements.
  - **Part 3**: Monitoring and alarm receiving centre. Procedures and requirements for operation.
- **BS 5446-3:2015**: Detection and alarm devices for dwellings – Specification for fire alarm and carbon monoxide alarm systems for deaf and hard of hearing people.
- **BS EN 14604:2005**: Smoke alarm devices.
- **BS EN 8629**: Design, installation, commissioning and maintenance of evacuation alert systems for use by fire and rescue services in buildings containing flats. Code of practice.

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