

Scottish Telecare Review

A Nation in Transition



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1. Telecare Service Review

1.1 Background

In 2017 Openreach, a part of BT Group announced its intention to retire the analogue landline network (also known as the public switched telephone network or PSTN) and replace it with a digital landline network (also known as Voice over Internet Protocol or VoIP). Although this decision was made by BT Group it affects most landline Communication Providers as they lease lines from Openreach. VM02 have the only other entirely separate network in the UK operating in Scotland and announced that they would also move to a digital network during the same timeline.

The transition is essential due to the ageing analogue landline network, which has been in operation for decades and is experiencing higher failure rates as its infrastructure deteriorates. Maintenance of the analogue network will soon become unfeasible, as certain critical components are no longer produced, resulting in limited availability of spare parts in the event of hardware failure. Like-for-like replacement of telecare devices will maintain the safety of users, but technology is continuously evolving and there are new TEC solutions available that could equal and expand on the benefits provided by telecare. The final deadline for the digital telephony migration for landlines is 31st January 2027.



1.2 Introduction

The Digital Telecare Team was created following the announcement in 2017 of the national move to digital telephony.

Initial trial deployments of digital telecare equipment commenced in early 2019. Later that year the Digital Telecare Playbook was launched to help guide Telecare Service Providers (TSPs) through their digital migration.

Since then, national progress has been monitored through regular data collection and periodic Landscape Review reports. With less than one year to go until the final migration deadline, this report serves as a measure of the progress to date and a baseline to enable the benefits of digital telecare to be quantified. Migration from analogue to digital telecare has continued across Scotland, and since 2022, the National Shared Alarm Receiving Centre Platform has been in use. As the Public Switched Telephone Network (PSTN) is phased out, analogue telecare services become obsolete by 31st January 2027.

The deployment of digital telecare across Scotland has matured in 2026 with all Telecare Service Providers having adopted a Digital Alarm Receiving Centre (ARC) at the time of this document's publication. Local authorities and HSCPs have either completed their rollout of digitally capable Dispersed Alarm Units (DAUs) or that work is nearing completion in most areas. Work is currently underway to determine the deployment of digital telecare in

Housing within Scotland as most services sought to move this towards the end of the transition projects.

The Digital Telecare programme has been successful in supporting digital adoption through regular stakeholder engagement and provision of guidance and templates (published in the Digital Telecare Playbook) It has also managed funding for initial deployments, tests of change, and resourcing of the analogue to digital migration. The Digital Telecare programme-led activity has resulted in all 31 HSCPs in Scotland progressing their analogue to digital transformation and consensus amongst all engaged housing providers operating across the country.



1.3 Methodology

Ahead of the final year of migration, the Digital Telecare team undertook a National Telecare Service Review to establish an accurate, up-to-date picture of national rollout progress and current service management arrangements.

Data on service users, connections and housing connections was collected via questionnaires issued to all Telecare Service Providers and validated through the 22 Alarm Receiving Centres (ARCs) in Scotland, recognising ARCs as the single source of truth for registered activity. Service management questions were gathered directly from telecare services. The review focused on current state; future service design and emerging technologies were out of scope.

The review was launched via Smart Survey in December 2025 and closed in January 2026. Responses were received from 28 of 31 HSCPs and six housing services, with any missing service user, connection and alarm figures obtained through follow-up activity.



1.4 Terminology

The terminology used in this report is consistent with the Digital Telecare glossary and Digital Telecare Delivery board reporting conventions, supporting clarity, and comparability across national telecare data. The glossary can be found here - [Digital Telecare Playbook Glossary](#).

Alarm Receiving Centre (ARC) – An alarm receiving centre is a specialised facility that monitors and manages response to alarm signals, in line with agreed protocols they ensure timely response to its service users. In Scotland, the Shared ARC provides a cloud based national platform that supports multiple telecare services, improving resilience, capacity sharing and consistency delivery. Call operators follow predefined protocols to initiate the most appropriate response.

Analogue connection – An analogue telecare connection is a traditional telecare setup where alarms and devices communicate with an ARC using the analogue public switched telephone network (PSTN). Analogue telecare connections are being phased out as the PSTN is withdrawn and are being replaced by digital telecare connections that use mobile or IP-based networks to communicate with fully digital ARCs.

Digital Connection – An end-to-end data based single active link, between a telecare device or system and an ARC which may include individual service user alarms, grouped scheme systems or other monitored infrastructure that uses digital protocols to send

alerts from a digital alarm to a fully digital enabled ARC. Digital connections may use mobile or fixed networks that replace traditional analogue telephone connectivity. A connection is counted independently of service user figures.

End-to-End Connection – an end-to-end connection means the complete working link from the alarm/device at the Service user location all the way through to the ARC so that an alert can be generated, transmitted, received and acted upon. It is treated as one live, monitored connection.

Dispersed Alarm Unit (DAU) – A telecare device/alarm/hub used by one or more service users.

Housing – A telecare system that supports several people living in grouped shared accommodation in their own homes within one housing scheme. This includes warden call systems and communal telecare infrastructure. Grouped Housing scheme alarms will provide telecare services to all users in the facility. A **Registered Social Landlord (RSL)** is a company or authority that supplies housing and can offer supported living and sheltered housing.

Public Switched Telephone Network (PSTN) – is the 'traditional' analogue telephone network which is being replaced with digital telephony. The technology used to deliver these lines is now old and becoming increasingly difficult for telecom providers to support. Telecom providers are upgrading these legacy PSTN lines with digital phone lines that use Voice over Internet Protocol (VoIP) technology to provide telephone services. This means that homes

have a single, future-proofed, digital connection providing both Internet and voice services.

Service User – A service user is a person who receives telecare support, whether on a short-term or long-term basis. This includes individuals living at home, in supported or grouped housing, or in other community settings who rely on telecare to help maintain safety, independence and wellbeing.

Each **service user** is **counted once**, regardless of:

- The number of telecare devices or alarms they use
- The number of connections associated with those devices
- Individual alarms or part of a grouped or communal system

The term refers specifically to **people**, not devices, alarms, or connections, and should be distinguished from technical measures such as **connections** or **alarm units**.

Telecare – services, and technology that monitor and assist information and communication technology. Such as warden call, community alarm, care call or independent living service.

Telecare Service Provider – An organisation that delivers a telecare service to a service user, either directly or through another organisation.



2. Results

Findings were gathered between December 2025 and March 2026, with strong engagement from Telecare Service Providers through the initial survey and follow-up interviews. The review highlights the complexity of telecare provision across Scotland and the range of local approaches to connections and call volumes.

The Digital Telecare Team thanks Telecare Leads and ARC Managers for their support in providing and validating data. Findings reflect a blended approach to data collection and insight review, supported by data quality checks and standardisation where possible. However, consistent reporting remains challenging given differences in service models across urban, rural and island communities, and ongoing variation in suppliers, systems and data practices. Wider adoption of digital frameworks, including the Telecare Information Framework, is expected to improve consistency over time.

This section summarises national figures for connections (including all monitored links), service users, telecare alarm units and call volumes, highlighting reporting complexities across the telecare landscape. It also outlines current service processes and charging models, delivery arrangements (including call handling, referrals, reviews and decommissioning), the status of alarm migration, and ARC provision and implementation awards for HSCPs and housing.



2.1 Number of Connections

Total Number of Telecare Connections Nationally: 157,267 This figure represents the total number of active connections into ARCs in Scotland, including individual service user alarms and non-person connections such as communal housing systems, lifts, fire panels, key-safes, and door entry systems. As a result, the number of connections is higher than the number of telecare service users and should be interpreted separately.

“Number of Connections” refers to the **total number of live, monitored links** connected to ARCs across Scotland — **not the number of people**.

2.2 Number of Service Users

Total Number of Telecare Service Users Nationally: 137,524 This figure represents the total number of people currently receiving telecare support across Scotland. Each service user is counted once regardless of how many devices alarms or connections they may have. Understanding **‘the Number of Service Users’** provides a clear picture of **the people relying directly on telecare support** across Scotland. The figure underpins strategic decisions on service capacity, workforce planning, funding allocation and policy assurance and should be used when assessing population impact and equity of provision.



157,267

Telecare connections in Scotland

Why this matters: This figure is used to understand technical scale, resilience and cost (for example, cloud platforms may charge per connection). Connections tell you what the system is supporting, service users tell you who is being supported.

137,524

Telecare service users in Scotland



118,116 LA/HSCP

19,411 Housing

Around half of providers define a service user as an individual, the others as a household. Most providers include grouped scheme communal areas in this total.

Why this matters: Distinguishing between service users and connections is essential for accurate strategic decision-making, ensuring that population impact, service demand, infrastructure costs and charging models are correctly understood and not conflated.

2.3 Number of Telecare Alarms

Total Number of Telecare Alarm's Nationally: 105,935. This number reflects the total number of telecare alarm units currently in use across Scotland. This refers specifically to telecare devices deployed in individual homes and does not cover any grouped housing or shared scheme equipment, as a result, this figure is lower than the national total of service users and connections.

2.4 Number of Calls

Based on returns from telecare service providers, ARCs across Scotland reported an average 454,000 incoming telecare calls per month. We estimate this to scale to a national average of around 500,000 calls per month, equating to around six million telecare calls handled each year across Scotland. The calls include a wide range of activity from emergency alerts, wellbeing checks, equipment issues, routine service user contact to false alarms, test calls and fault reporting.

Call volumes vary significantly by area, and reflect various population size, service configuration and responder availability. Call data should be an indicator of system demand and operational scale rather than a direct proxy for service quality or population need. The volume highlights the critical role of ARCs and call handlers in maintaining a safe, responsive 24/7 telecare system.



105,935

Telecare alarms in Scotland

Why this matters: This figure informs equipment and migration planning and should not be used to estimate service demand or population impact.



6,000,000

Incoming calls handled during
FY 2025/2026.

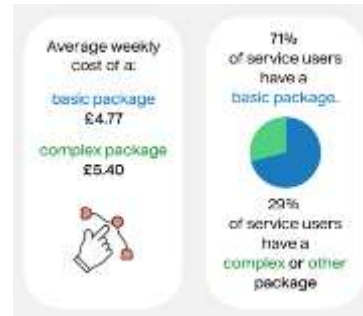
Why this matters: Call volumes demonstrate the scale and resilience required to operate Scotland's 24/7 telecare system. Understanding demand supports ARC capacity planning, workforce decision, and continued investment and highlights the role of telecare in reducing pressure on wider emergency and care services.

2.5 Current Charging Models

Across Scotland, charging models vary considerably between Telecare Service Providers, resulting in a notable degree of variation in what service users pay and what they receive in return.

Average charges per week:

- Basic package is £4.77
- Complex package is £5.40.

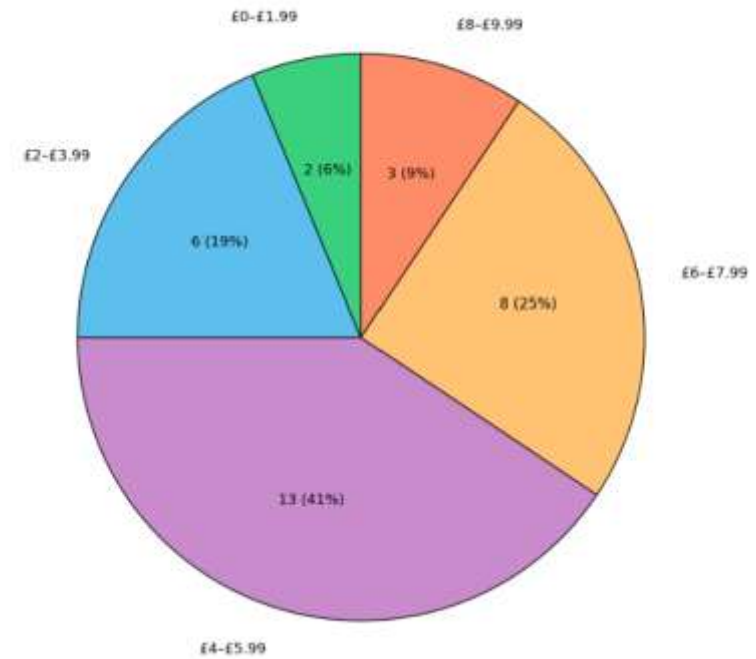


Charges have increased by an average of around £2 since 2023/24.

Around 71% of service users are on a basic package (alarm and pendant only), with the remainder on complex or higher packages (where a range of sensors and peripherals are included based on assessed need). Most services apply a single or flat-rate charge, while some island authorities offer reduced charges. Where split charging models are used, higher costs are often applied to complex packages.

Across the 32 local authorities, weekly charges range from £2.00 to £9.72.

Weekly Telecare Charge Bands
(32 organisations)



Why this matters: A clear understanding of charging models is essential for ensuring fair, transparent and equitable telecare provision across Scotland. A consistent view of charging helps support policy assurance, benchmarking and future planning, ensuring that telecare remains accessible, sustainable and aligned with national expectations.

3. Telecare Delivery

3.1 Number of Call Handlers

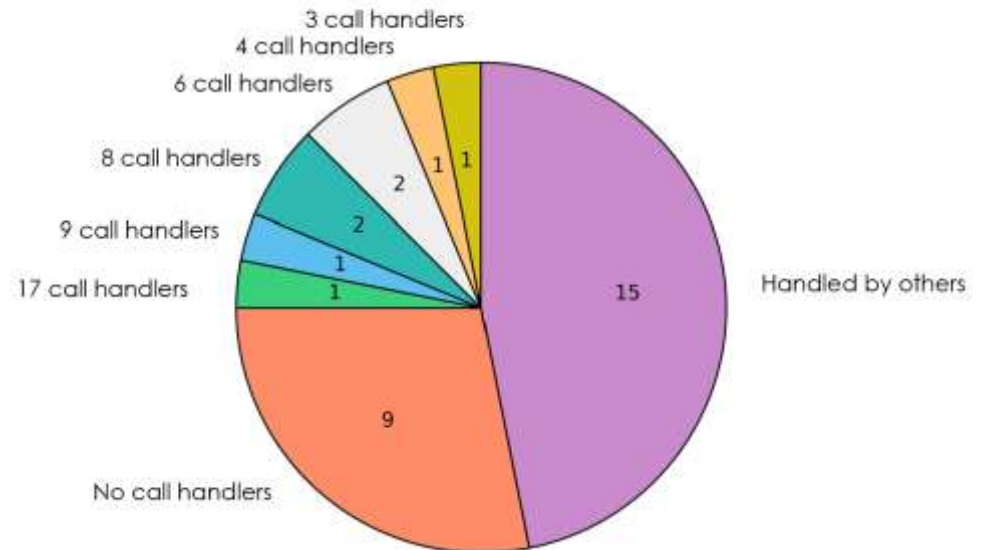
We asked each Telecare service provider to report the average number of call handlers who are actively responsible for answering telecare calls over a typical 24-hour period. The purpose is to build a national picture of how ARC's staff their service, recognising that telecare demand runs continuously and that staffing models vary across Scotland.

Different ARCs operate at different scales:

- Smaller ARCs may have as few as *three* call handlers on duty across a full day.
- Larger, high-volume ARCs may require up to *seventeen* call handlers to manage call traffic safely and consistently.

Understanding this variation supports national benchmarking, helps illustrate the operational capacity behind telecare delivery and highlights the workforce implications of handling approximately **six million incoming telecare calls per year**. It also contextualises the link between ARC size, service-user volume, and the resilience required to maintain safe 24/7 operations, particularly as providers transition to fully digital platforms.

Number of call handlers by organisation
(32 organisations)



Why this matters: Understanding call-handler capacity is crucial for assessing the resilience of Scotland's 24/7 telecare system. It shows whether ARCs have the staffing needed to manage high call volumes safely, benchmarking service models nationally, and plan workforce needs as digital migration increases demand for consistent, reliable responses.

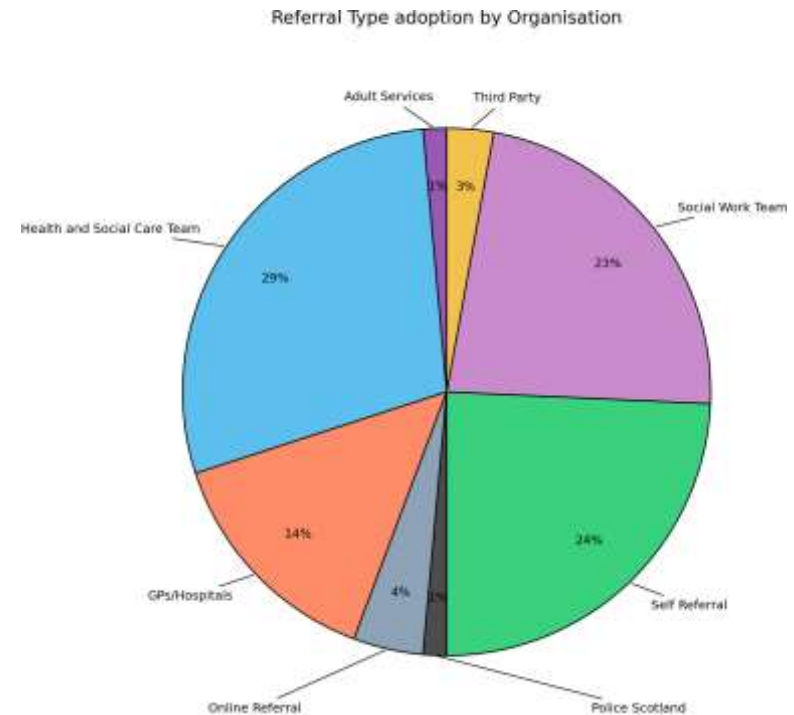
3.2 Referral

We asked TSPs to provide a detail of their organisation's telecare referral procedure. The information gathered has helped to understand there are distinct referral routes per organisation. Most referrals originate through Health and Social Care teams closely followed by social work Teams and then Self Referrals.

Referral routes vary from self-referral (sometimes via family/carers) to professional-only routes, with some accepting referrals from any source and all from different systems.

- **Submission channels differ** including online forms, telephone, email inboxes, paper forms and portals, with many favouring digital while retaining offline options.
- **Systems used are inconsistent:** referrals may be recorded in case management systems, telecare/asset systems, or across both, sometimes requiring re-keying.
- **Workflows vary:** some referrals are screened or triaged before action, while others move directly to installation scheduling.
- **Information requirements differ** minimum datasets are not standardised, with variable expectations around clinical, contextual and connectivity information.
- **Roles and responsibilities vary:** some teams do not manage referrals directly, while housing-led models often focus on tenancy-related provision rather than formal referral pathways.

- **Assessment expectations differ:** some models require trained assessors and integration with wider care or telecare assessments.



Why this matters: a clear lack of standardisation between services, procurement of different systems and operational procedures means that referral timeframes will vary and experience for service users will differ in service provision.

3.3 Telecare Service User Review

We asked TSPs if they currently have a review process in place for service users. Services that responded to the national review described the following common elements:

- Safety and wellbeing check confirms the person is safe, supported and still benefits from telecare.
- Equipment and connectivity check ensures that all alarms, peripherals and connections are functioning correctly and triggering appropriately
- Review the persons needs and risk, including mobility, lifestyle and new medical conditions
- Check keyholder information, access codes and emergency arrangements are accurate and up to date.

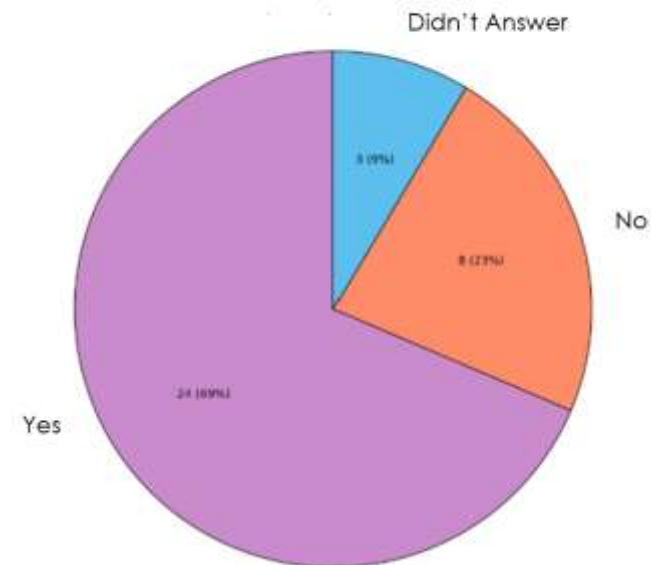
Many services conduct scheduled reviews, e.g. annually or every 18-24 months or event-based reviews for frequent callers or post-incident follow up.

Service user reviews are an expected and common part of telecare delivery, with 24 TSPs confirming they have a review process in place. The findings show:

- Assessment expectations differ across councils.
- Review processes vary, all doing structured summaries.
- Keyholder and access arrangements must be checked and updated as part of the review process.



Review process in place for Service Users
(31 Health and Social Care Partnerships)



Why this matters: Telecare reviews ensure that equipment works properly, details are accurate, and support remains aligned to Service User's needs. Reduces risks and issues and helps to maintain consistent person-centred care.

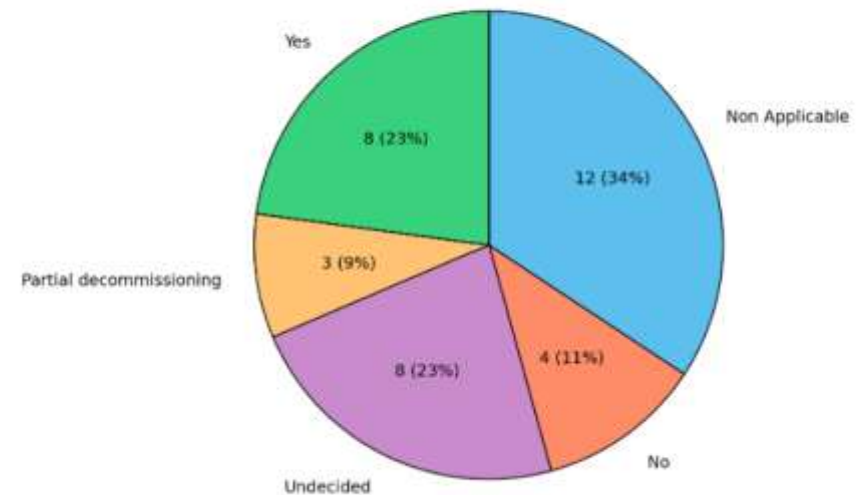
3.4 Telecare Decommissioning

We asked organisations if they intend to decommission grouped housing/warden call schemes in favour of installing dispersed alarm units in future. Following the revised Playbook guidance and options appraisal template, several Housing Providers have transitioned their housing developments from analogue to digital using dispersed alarm units. This has been due to several reasons:

- **Technical and infrastructure challenges:** Councils are moving from analogue to digital telecare systems, requiring significant infrastructure changes and facing connectivity issues, especially in rural or older housing. Pilot testing of new technologies like the IP Connect signal converter is underway to ensure compatibility.
- **Strategic and operational complexity:** The transition demands coordinated strategic planning across departments, including developing housing-specific guidance and considering mixed telecare offerings.
- **Financial, governance, and inclusion barriers:** Budget constraints, procurement inefficiencies, and siloed governance structures hinder progress. Efforts focus on resident-centred design with targeted telecare support and digital inclusion for vulnerable populations.
- **Supplier immaturity challenges and ongoing delays:** Telecare Service Providers have moved to dispersed alarm units that were already integrated with their monitoring platforms. Thereby, proactively accelerating their migration journey and avoiding further delays. Those undertaking decommissioning

are eight organisations, three are partial decommissioning, 8 are undecided, 4 are not undertaking decommissioning and 12 are not applicable.

Decommissioning Grouped Housing / Warden Call Schemes



Why this matters: The move to digital has highlighted the cost of grouped/housing/warden call schemes as being increasingly costly to replace. The move to dispersed alarm units can reduce the cost and move to a more targeted approach with service users based on need.

4. Telecare Migration

4.1 Current Status of Local Authority/HSCPs

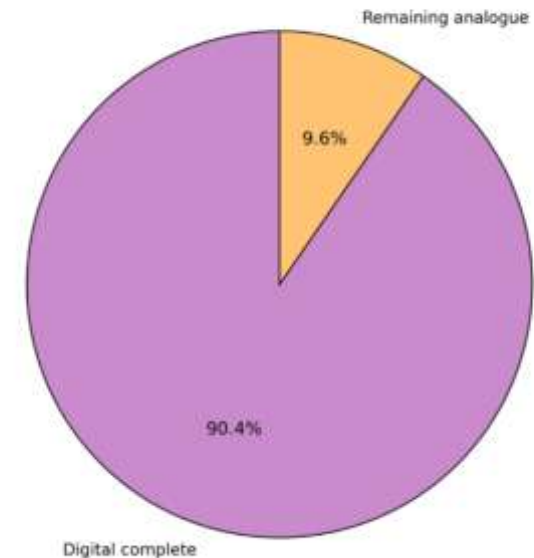
The work undertaken to transition from analogue to digital has been a monumental task requiring all Local Authority/HSCPs in Scotland to engage, collaborate, complete procurement and installation of dispersed alarm units. As the chart over 90% of analogue alarms have been switched out. TSPs are moving at pace collecting their implementation awards and connecting digitally, with the remainder on track to complete their dispersed alarm unit rollouts this year (**Figure One – Digital Alarm Migration – page 16**).

The programme has been incredibly successful and rewarding cross sector, with the ability to gather and share lessons learned and to operate business as usual alongside the digital transformation has truly achieved far greater and long-lasting benefits within services and for future large-scale programmes of work in local and national government digital space.

Due to the nature of the rollout and the fast-approaching deadline, most services took the decision to prioritise the dispersed alarm units first and then concentrate on housing towards the end of their projects. Therefore, while the digital alarm migration is nearly complete the migration of housing schemes is generally regarded

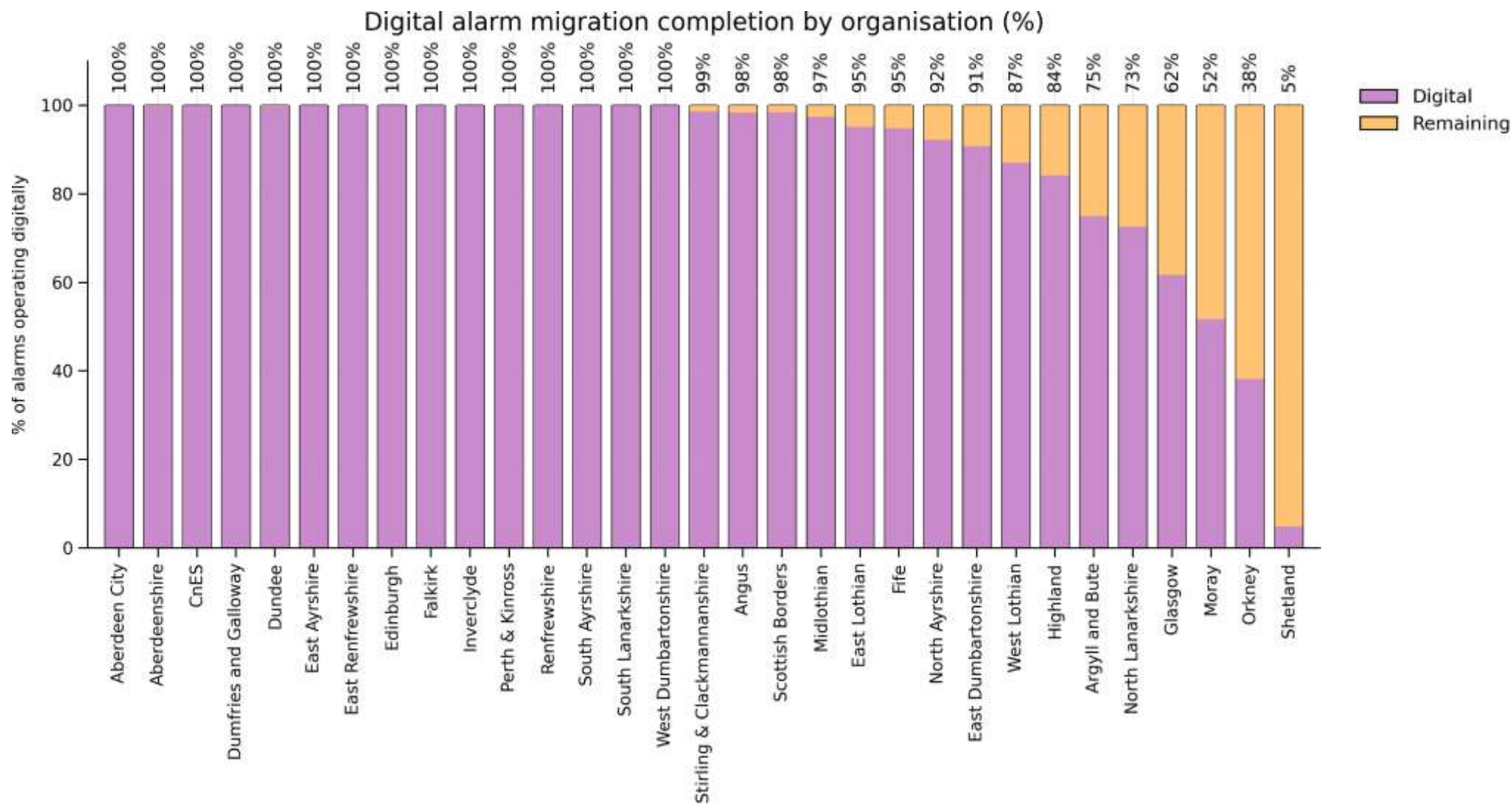
across the UK as significantly challenging and less certain to complete ahead of the January 2027 deadline.

Overall Digital Alarm Completion



Why this matters: The majority of HSCPs are nearing completion of the analogue to digital transition with only two below 50% on Figure One and 90.4% digital alarm completion overall. All HSCPs have operational digital ARCs to connect digitally capable devices in time for the switchover.

Figure One – Digital Alarm Migration



4.2 ARCs – Current ARC Service Provision

There are 23 Arcs' used by Scottish Authorities, with 22 of these being based in Scotland, with one Council contracting their call handling services from an ARC in England.

All of these centres are now upgraded to use digital platforms and 22 of these ARCs use a cloud-based software solution to manage their operations.

The **map of Current Scottish ARC Suppliers (Figure Two – page 18)** provides a visual representation of the ARC Platform suppliers across Scotland, highlighting the platform relied on by each council area including those who contract to other ARCs.

This shows the spread of each of the six products currently in use, an increase from 4 analogue products 3 years ago, and highlights the number of ARC suppliers has increased from four during the analogue period to six during the digital period.

The information shown in **Table One (Digital ARC Suppliers – page 19)**, provides the same breakdown of digital ARC platforms while identifying which councils contract out their call handling and to which ARC.



Why this matters: There has been a notable change in service procurement to the cloud-based national shared ARC platform when going digital, rather than procuring in-house solutions. This has enabled group design, the beginning of standardisation through the Telecare Information Framework and the foundational capabilities for enhanced reporting and reciprocal call handling.

Figure Two – Current Scottish ARC Suppliers

Scottish ARC Suppliers, Current State

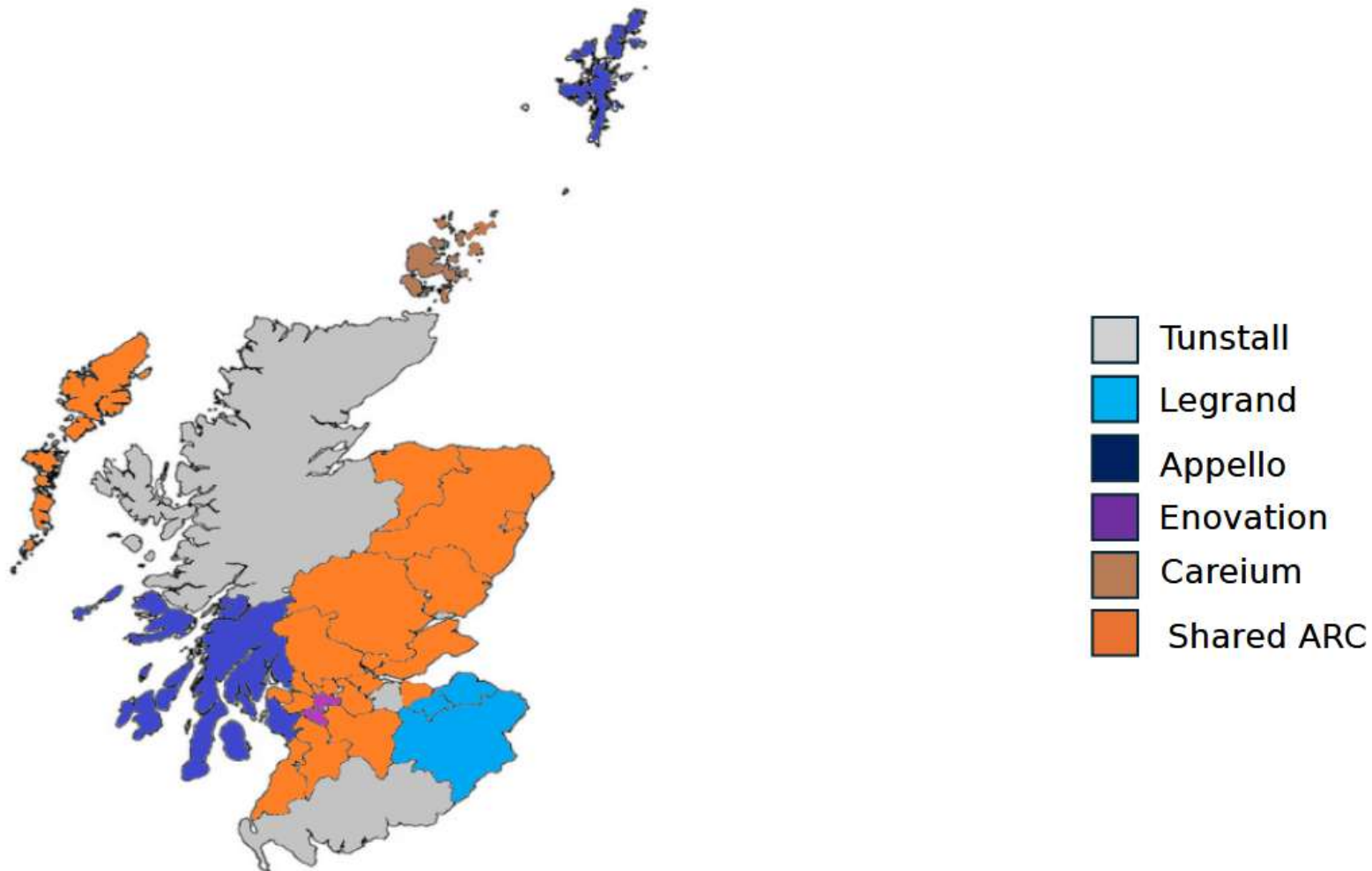


Table One – Digital ARC Suppliers

Digital ARC Suppliers

There are 23 ARCs in Scotland, some of the Telecare Service Providers are grouped and are highlighted

Key:

✓ – Obtained

Digital ARC Suppliers	Aberdeen City (Info RCC)	Aberdeenshire (Info RCC)	Angus	Argyll and Bute (Info Hanover)	Comhairle Nan Eilean Siar	Dumfries and Galloway	Dundee	East Ayrshire	East Dunbartonshire (Info EDC)	East Lothian (Info ELC)	East Renfrewshire	Edinburgh	Falkirk	Fife	Glasgow City	Inverclyde (Info Bield)	Midlothian (Info ELC)	Moray (Info RCC)	NHS Highland	North Ayrshire (Info Hanover)	North Lanarkshire	Orkney Islands	Perth & Kinross	Renfrewshire (Info Bield)	Scottish Borders (Info ELC)	Shetland Islands (Info Hanover)	South Ayrshire	South Lanarkshire	Stirling & Clackmannanshire	West Dunbartonshire (Info EDC)	West Lothian
Appello				✓																✓						✓					
Careium																						✓									
Shared ARC Chubb - Skyresponse	✓	✓	✓		✓			✓	✓			✓	✓	✓		✓		✓			✓		✓	✓			✓	✓	✓	✓	
Legrand										✓							✓								✓						
Enovation											✓				✓																
Tunstall						✓	✓												✓												✓

4.3 HSCP Implementation Awards

The Digital Telecare Implementation Award Scheme recognises progress in moving from analogue to digital telecare, setting out award criteria and requirements for each level. All 31 HSCPs are eligible for Bronze Award due to connecting to digital ARCs. Two housing authorities have opted to progress via the HSCP awards and are included in the totals meaning 33 providers are eligible per level of award.

Award scheme overview: Five milestone awards: Bronze, Silver, Gold Level One, Gold Level Two and Platinum.

- **Bronze Award criteria:** Digital capability in place via a digital ARC (in-house or third-party) and/or digital-ready alarms deployed to at least 50% of users.
- **Silver Award criteria:** Internal acceptance testing completed (minimum one alarm device), disaster recovery plan tested, and a contracted rollout plan.
- **Gold Level One Award criteria:** User acceptance testing with low-risk users, 20% of users migrated, and 4+ weeks of stable operation (no serious issues).
- **Gold Level Two Award criteria:** High-risk user testing completed, full rollout plan approved, 50% of users migrated, and 6+ weeks of stable operation.
- **Platinum Award criteria:** 100% of users migrated, 8+ weeks of stable operation, and project closure documentation submitted (including lessons learned).

Application process and evidence: Submit signed checklists by email with supporting evidence (e.g., test summaries, rollout plans, fault reports).

	Bronze	Silver	Gold Level 1	Gold Level 2	Platinum
Awarded to date:	30	24	23	21	12
Eligible for award pending application:	03	09	09	09	05

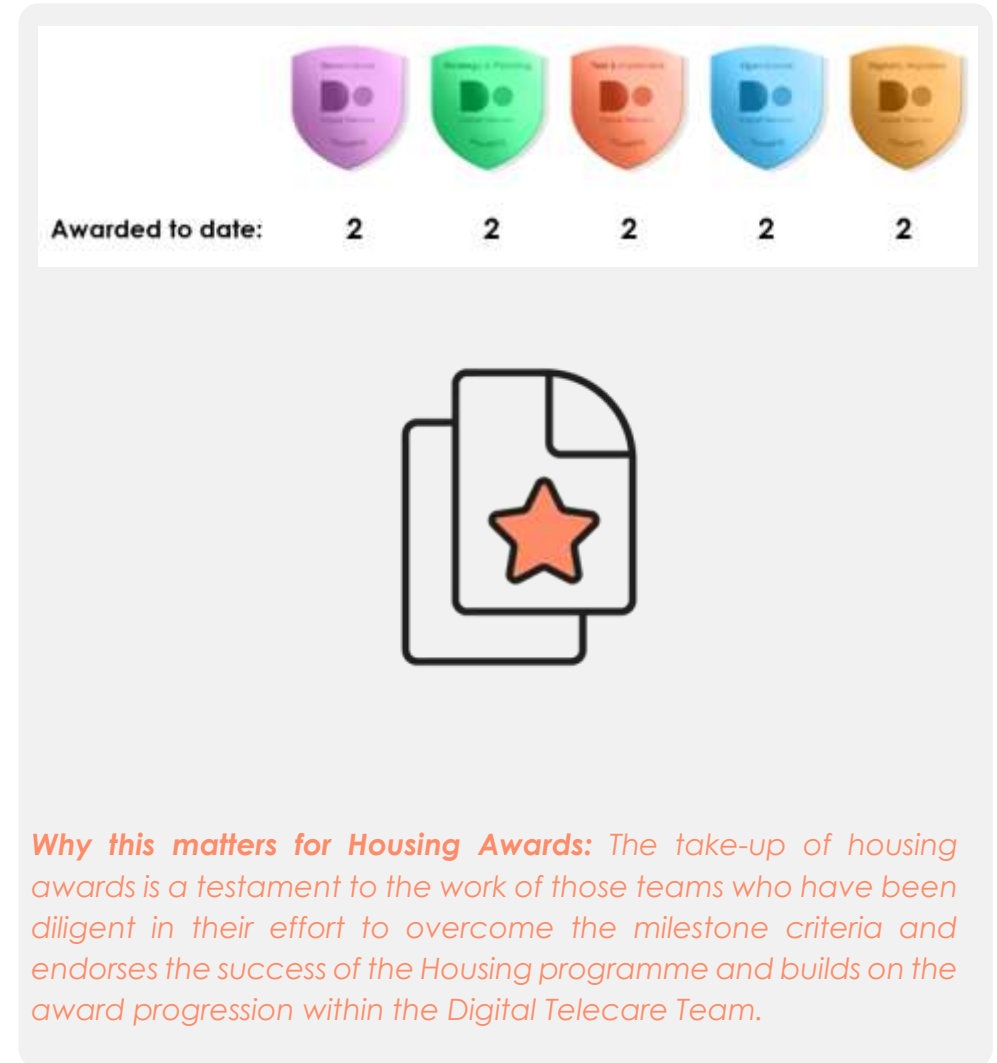


Why this matters for HSCP Awards: Most Telecare Service Provider Health and Social Care Partnerships have been awarded a Digital Telecare Implementation Award, and the key focus now is on their rollout. Approximately one third have been awarded Platinum which entails project handover to business as usual, freeing up resource to progress housing and explore innovation.

4.4 Housing Implementation Awards

The Housing Implementation Award Scheme recognises progress in the transition from analogue to digital telecare through a structured set of milestones. It supports housing partners and factoring services by evidencing achievement across five stages: Governance, Strategy/Planning, Test and Implement, Operational, and Digitally Migrated - reflecting progressive stages of digital transition.

- **Governance Milestone:** Focuses on preparing an asset register of telecare equipment, reviewing contracts, and engaging with housing, property, and IT services.
- **Strategy Planning Milestone:** Involves strategic evaluation of housing needs, telecare usage, financial implications, and options appraisal.
- **Test and Implement Milestone:** Requires selecting digital solutions, testing them thoroughly through Initial and User Acceptance Testing, and deploying at least 25% digital or digitally ready devices.
- **Operational Milestone:** Recognizes achieving 50% deployment of digital or digitally ready solutions with established business-as-usual (BAU) processes for fault management and ARC monitoring.
- **Digitally Migrated Milestone:** Marks full migration to 100% digital telecare connected to a digital ARC, with all testing complete and a post-project review conducted.



5. Conclusion

This report demonstrates that Scotland has reached a pivotal point in its transition from analogue to digital telecare. With the withdrawal of the Public Switched Telephone Network (PSTN) scheduled for January 2027, the evidence presented provides strong assurance that the sector is largely prepared for this change. Digital telecare is now firmly established as the national operating model, with all Telecare Service Providers connected to digital ARC's, and the majority of Health and Social Care Partnerships nearing completion of dispersed alarm unit migration.

The review confirms the national scale and critical importance of telecare, supporting over 137,000 people through more than 157,000 live monitored connections and handling approximately six million calls each year. By clearly distinguishing between service users, connections and alarm units, the report addresses long-standing inconsistencies in reporting and establishes a robust baseline for future planning. This clarity is increasingly important as services operate within cloud-based platforms where cost, capacity and resilience are often managed on a per-connection basis rather than per person.

While progress has been significant, the findings also highlight continued variation in service delivery across Scotland. Differences in charging models, referral routes, review processes, workforce configuration and housing provision reflect local context and historic service design. As digital telecare matures, these variations reinforce the importance of shared platforms, common definitions and nationally aligned data standards to support equity, transparency

and comparability across the system. The growing adoption of the national Shared ARC and the Telecare Information Framework represents a critical step toward this consistency, improving resilience, enabling reciprocal call handling and strengthening the sector's ability to use data as a strategic asset.

The transition has also revealed structural challenges, particularly within housing and grouped schemes, where migration is more complex, costly and dependent on legacy infrastructure. The shift toward dispersed alarm units reflects a broader move toward more targeted, person-centred provision, but also underscores the need for continued support, clear governance and realistic planning as the final stages of migration are completed. The Implementation Award Schemes for both HSCPs and housing partners provide a valuable mechanism for assurance, recognising progress while maintaining momentum through clearly defined milestones.

Looking ahead, challenges still remain as the migration is still in progress, especially in the housing sector which is struggling to move forward due to delays in digital warden call systems being brought to market and the expense of installing those that have been developed. The Scottish telecare sector is moving from large-scale migration into a new phase focused on optimisation, benefits realisation and innovation. Digital telecare now provides a foundation for improved service resilience, more consistent data, enhanced responder coordination and the potential for integration with wider health and care systems. To fully realise these benefits, the report highlights the importance of sustained national leadership, continued collaboration across sectors, and a renewed focus on data quality, standardisation and outcome measurement.

To help drive this new phase separate, but complimentary, reports have been developed by the Digital Telecare team examining the benefits of telecare as a whole and of having a professional responder service.

5.1 Benefits Report

The [benefits report](#), created with economists from FarrPoint, highlights the substantial and measurable advantages of Technology Enabled Care (TEC) services in Scotland, such as financial savings, operational efficiencies, improved service user outcomes and environmental gains. Scotland's strategic move from analogue to digital telecare supports over 137,000 people and is central to its vision for integrated, proactive care. Using a Theory of Change approach, the report strengthens understanding of telecare's realised and anticipated impacts, including cost reductions, enhanced efficiency, and better workforce performance, while also noting that some benefits remain to be quantified as more data emerges. The Telecare Benefits Framework further demonstrates the wide-reaching value of these services across health, social, and public domains, with future analysis planned as additional evidence becomes available.



5.2 Responder Service Report

Responder services are essential to Scotland's telecare system, delivering on-the-ground support when alarms are triggered and a physical response is needed. Although their overall aim is consistent—providing prompt assistance to those at risk—their structure and operations differ across regions. As telecare moves towards digital solutions, responder teams play an increasingly vital role in ensuring safe, person-centred outcomes, with digital alarm systems offering quicker and more reliable information that helps responders accurately assess incidents, identify recurring activations, prioritise and efficiently route responses, and adhere to standardised definitions and alarm categories.

Overall, Scotland A Nation in Transition provides confidence that Scotland is well positioned for the PSTN switch-off and the future of digital telecare. It marks not an endpoint, but a transition to business as usual in a digital environment—one that places people, safety and resilience at its core, while creating the conditions for innovation and continuous improvement across Scotland's telecare landscape.



6 Appendices

6.1 Appendix One - Strategies

Digital telecare in Scotland is not delivered in isolation. It is shaped and enabled by a set of national digital, health, data and telecare specific strategies, each of which influence different aspects of service delivery, governance, assurance and service design.

Each of Scotland's key digital and care strategies provides specific support or mandates for different aspects of the telecare transformation. Each strategy influences four operational areas of digital telecare – Shared ARC (Alarm Receiving platform), Data (standards and usage), Migration (analogue to digital transition) and Awards (Digital telecare maturity levels).

1. [A Changing Nation: How Scotland will thrive in a Digital World \(Digital Strategy for Scotland, 2021\)](#) drives digital infrastructure, promotes cloud-based ARC platforms, supports data-driven services and underpins the awards through its innovation agenda.
2. [Scotland's Digital Health and Care Strategy](#) endorses secure, integrated digital care; supports data standards and ethical use; accelerates migration for safe, preventative care, aligns with award criteria on testing and governance.

3. [Telecare National Action Plan: protecting telecare users through the digital phone switchover](#) sets migration deadlines and safety requirements; drives Shared ARC and data coordination; defines award milestones (Bronze to Platinum) as proof of compliance.
4. [Care in the Digital Age Delivery](#) plan sets out Scotland's national approach to building a digitally enabled, person-centred, care service. The plan emphasises moving to secure, scalable cloud-based platforms and the Shared ARC directly contribute to this. The Digital telecare team work to these aims through adopting structured data models such as the TIF (Telecare Information Framework) and consistent definitions and using ARC data as a single source of truth for connections, service users, alarms and activity.
5. [Health and social care: data strategy](#) sets out how the public sector will work together in transforming the way that people access their own data to improve health and wellbeing; and how care is delivered through improvements to systems.



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