



# **Safer Maidstone Partnership**

## **Community Safety Partnership Plan 2013–2018**

### **'Delivering Safer Communities'**

**Refreshed March 2018**

#### **1. INTRODUCTION**

Welcome to the annual refresh of the Safer Maidstone Partnership (SMP) Community Safety Partnership Plan for 2018. This document outlines how we are going to collectively tackle community safety issues in the Maidstone borough, how we have achieved against the targets set in the previous year and what we will prioritise this year.

#### **2. BACKGROUND**

The Maidstone Community Safety Plan 2013-18 was a five year rolling document, which highlighted how the SMP planned to tackle local community safety issues that were of the highest threat, risk and harm to the local community. We now need to develop a new plan which can be revised annually through reviewing information set out in the Strategic Assessment to ensure that current issues can be taken into account and used to direct the SMP's strategy. An away day to discuss and start to formulate the action plans for the Community Safety Plan for 2018/19 took place in late February 2018.

#### **3. PRIORITIES**

Our aim is to keep Maidstone an attractive place for all and provide a clean and safe environment for those who live, work and visit the borough. Data analysis identifies that we continue to face challenges across our district and as such the SMP has agreed to focus on five key issues for **2018-19**:

- **Organised Crime Groups (including modern slavery);**
- **Gangs and Child Sexual Exploitation (CSE);**
- **Substance Misuse;**
- **Domestic Abuse;**
- **Mental Health.**

This year, no new emerging themes or trends occurred through the year that were not already named priorities. However, it was suggested and agreed at the Safer Maidstone Partnership meeting that 'Other Violent Crime' be removed as a priority in name.

This was due to the fact that a substantial proportion of violent crime incidents were Domestic Abuse related. Any non-related serious violent crime is already dealt with robustly by the police and a degree of cases have a cross-over into other areas such as Gangs, OCG's and Substance Misuse. It is not therefore necessary to be included as a specific priority alongside Domestic Abuse.

These priorities have again been identified by applying the “MoRiLE” scoring matrix which is a technique for the Management of Risk in Law Enforcement. It ranks crime and disorder issues based on threat risk and harm to individuals, communities and organisations and which also takes into consideration vulnerability and the capacity and capability of the Safer Maidstone Partnership.

Work around the Government’s Prevent duty and Reducing Reoffending continue to be cross cutting themes rather than named priorities along with Anti-Social Behaviour. All the priorities will require a robust multi-agency response, but because they are important for residents and communities, achieving them will have a positive impact on people’s quality of life.

The SMP will endeavour to make their approach to these priorities victim focused, also emphasising this in the associated action plans. This is most important now that vulnerabilities, threat, risk and harm are becoming embedded in different agencies’ priorities and approaches to investigation and enforcement.

#### **4. BACKGROUND AND CONTEXT**

The Crime and Disorder Act 1998 changed the way crime and anti-social behaviour were to be tackled. It recognised that in order to be effective, agencies needed to work together to address the issues collectively. Each local area formed a Crime and Disorder Reduction Partnership (CDRP) which are now called Community Safety Partnerships.

The Safer Maidstone Partnership is made up of Responsible Authorities (those bodies for whom membership of the CSP is a statutory obligation) and voluntary members. Our statutory partners are: Maidstone Borough Council, Kent County Council, Kent Police, Kent Fire and Rescue Service, National Probation Service, Kent Surrey and Sussex Community Rehabilitation Company and the West Kent Clinical Commissioning Group (which has the responsibility for local health services).

In addition to our statutory partners we also work with a large number of voluntary and private sector partners as well as community groups to collectively implement and deliver initiatives that will help keep the Maidstone borough a safe place to live, work and visit.

The SMP has co-chairs Alison Broom, Chief Executive of Maidstone Borough Council and Chief Inspector Mick Gardner of Kent Police.

Under the Crime and Disorder (Overview and Scrutiny) Regulations 2009, every local authority is required to have in place a Crime and Disorder Committee with power to review and scrutinise, and make reports and recommendations, regarding the discharge by the responsible authorities of their crime and disorder functions; the Committee must also ensure:

- Crime and Disorder Committees must meet at least once a year;
- Responsible authorities or co-operating bodies (non-statutory CSP members) must provide such information requested by the Crime and Disorder Committee within the timescales identified in the request;
- Crime and Disorder Committees can request the attendance of a representative of a responsible authority or co-operating body in order to answer questions;
- Responsible authorities or co-operating bodies must respond to any recommendations made by the Crime and Disorder Committee within 28 days.

#### **5. ORGANISATIONAL CHANGE**

##### **Community Safety Unit**

The way in which the Maidstone Community Safety Unit (CSU) operates continues to evolve. The weekly meeting of the CSU Vulnerabilities Group has a broader range of partners now engaged, a wider range of people and incidents are discussed with a particular focus on threat, risk and harm for the most vulnerable people. This has re-energised the meetings and improved information sharing and joint working.

As well as Borough Council officers and Kent Police, partners include Kent Community Wardens, local housing Registered Providers including Golding Homes, KCC children's specialist social services, Substance Misuse services, Mental Health, Domestic Abuse support and Mediation services. Increasing the range of partners working as part of the CSU is key to ensure community safety related issues are tackled holistically.

### Community Protection Team

In July 2017, the council's Community Safety Officers joined with the Environmental Enforcement Officers to create the Community Protection Team. A team of specialists bringing together various elements of enforcement into one team.

Historically, there had been a degree of input on the same case from both teams. This new team now takes a broader approach to case working, making the service more efficient and proactive when dealing with threat, risk, harm and vulnerabilities. Training has taken place by all staff in the areas that they were not so experienced in, resulting in greater resilience.

They also take a closer interest in unauthorised development cases where 'matrix' sites or sites of significant interest require a multi-agency approach. This could be where planning breaches may have occurred or co-ordinated targeting to disrupt an organised crime group is required.

The team is built around the following delivery model that challenges them to be intelligence driven to protect those that are most vulnerable and to build realistic solutions to the issues they face:



### Kent Police

The Kent Police mission is to provide a first class service protecting and serving the people of Kent. The vision of the Chief Constable and PCC is 'for Kent to be a safe place for people to live, work and visit. By protecting the public from harm, we will allow our communities to flourish and by working with the public and partners, we will provide a first class policing service that is both visible and accessible. We will retain neighbourhood policing as the bedrock of policing in Kent. We will be there when the public need us and we will act with integrity in all that we do'.

Kent Police have also had an organisational restructure. 'New Horizon' structural changes have been specifically designed to enhance the quality of service to vulnerable victims by ensuring crime is allocated based on the victim's needs, not the motivation of the offender or the seriousness of the offence. There are now designated PCSOs in different areas including: Missing Child Exploitation Team Officers, Vulnerable Adult Intervention Officer, Youth Engagement Officer and Domestic Abuse Support Officers.

### Kent Police and Crime Commissioner (PCC)

PCCs are responsible for the appointment of Chief Constables, holding them to account for the running of the force, setting out a Police and Crime Plan based on local priorities, setting the local precept and force budget and making grants to external organisations. The current PCC for Kent, Matthew Scott, was elected in May 2016 and will remain in office for a period of four years.

The PCC has pledged to continue to support a number of agencies through the main policing grant and has announced his commitment to his wider duties around crime and community safety. Funding for Community Safety Partnerships was confirmed for 2017/18 and will be used to address our local priorities.

The Kent Police & Crime Plan is a four year plan and was reviewed in February 2017. The plan sets out the Commissioner's vision and priorities for policing in the county which includes placing victims first, focusing on reducing crime and anti-social behaviour and protecting the public from harm. To achieve the aims in the plan the following strategic priorities are set out:

- Hold the Chief Constable to account for the delivery of Kent Police's priorities
- Support all victims of crime and abuse
- Commission services that reduce pressure on policing due to mental health
- Invest in schemes that make people safer and reduce re-offending
- Make offenders pay for the harm that they have caused
- Actively engage with residents in Kent and Medway

### **West Kent Clinical Commissioning Group**

Since 1 April 2013, Clinical Commissioning Groups (CCGs) have become 'responsible authorities' on CSPs. This means that the CCGs now have a statutory duty to work in partnership to tackle crime and disorder. The act places a duty on CCGs to:

- Participate in a strategic assessment of crime and disorder, anti-social behaviour, and drug and alcohol misuse for the CSP area or areas in which they fall.
- Contribute to the development of local strategies that effectively deal with the issues where they are identified.

Joining their local CSPs gives CCGs more influence in shaping local action to tackle crime and the causes of crime, for example the delivery of services which have an impact on crime and disorder, including mental health services.

### **Health and Wellbeing Board**

The West Kent Health and Wellbeing Board brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of West Kent.

It has been set up in West Kent as part of the recent national health and social care reforms. Kent Public Health, the four West Kent authorities (Maidstone, Sevenoaks, Tunbridge Wells and Tonbridge & Malling Borough Councils), West Kent Clinical Commissioning Group, (who are responsible for commissioning health services locally) and patient and public representatives are all part of this Board.

The key themes for health and wellbeing are drawn from the West Kent Joint Strategic Needs Assessment (JSNA).

### **Probation Services**

The Probation services are organised in two parts - the National Probation Service (NPS) and the Community Rehabilitation Company (CRC). The NPS is a statutory criminal justice service whose supervision and support includes not only Service users who have never been in custody and have only solely been in the community, but also high risk offenders who are released into the community; this service is provided nationally by the government.

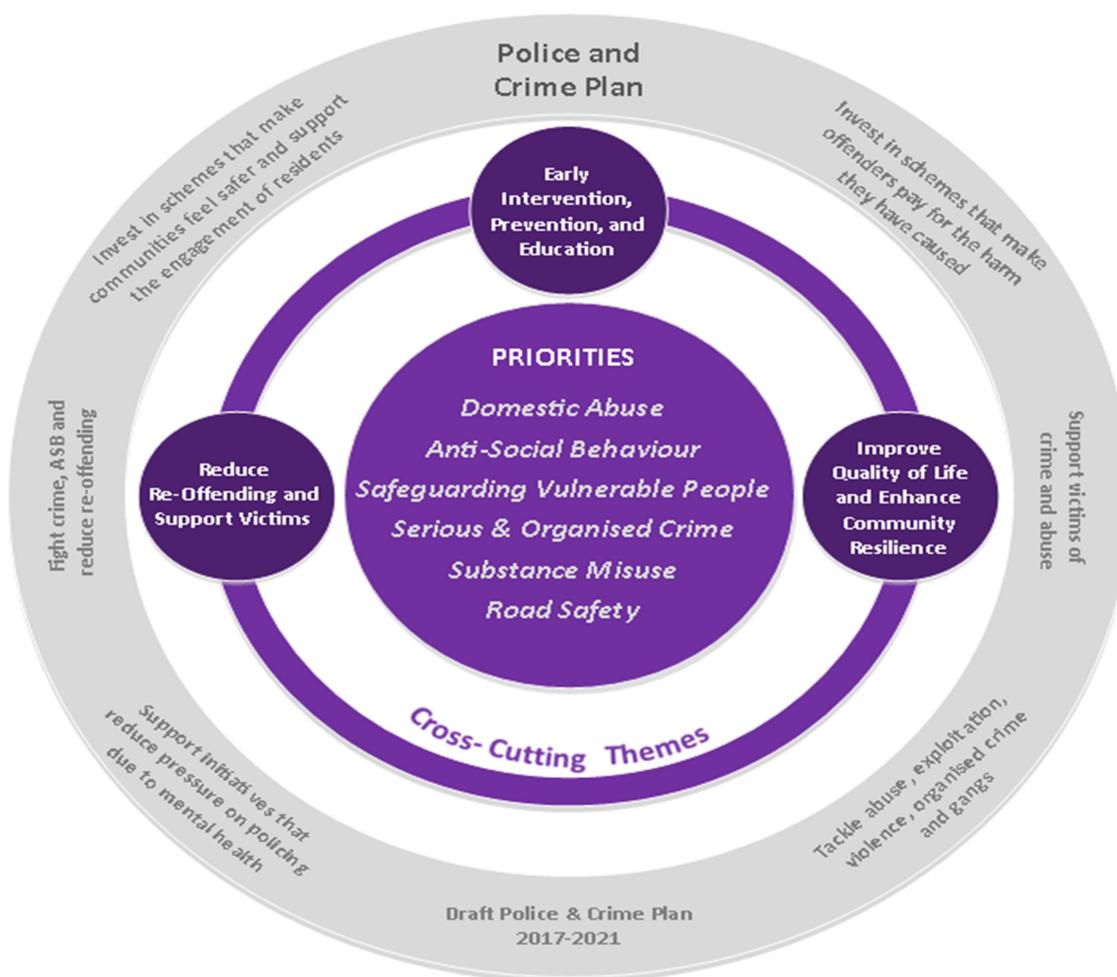
The CRC supports the rehabilitation of low to medium risk offenders and is commissioned out to private companies. Kent is covered by the Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) who alongside the NPS play an active part in the SMP's partnership.

### **The Kent County Perspective**

The Draft Kent Community Safety Agreement (CSA) for 2017 outlines the key community safety priorities for Kent and replaces the previous agreement which expired on 31<sup>st</sup> March 2017. The common issues and priorities from the District-level strategic assessments have been identified and key stakeholders consulted to identify any potential gaps and cross-cutting themes for inclusion in the agreement.

The diagram below not only includes the priorities and cross-cutting themes for the CSA, but also shows the strategic priorities set out in the Police and Crime Plan, illustrating the importance of integrating the work of all partners.

### **2017 Priorities & cross cutting themes for the CSA and the PCC**



## 6. STRATEGIC ASSESSMENT SUMMARY

Each year the Safer Maidstone Partnership undertakes a Strategic Assessment of the district to identify any crime and disorder trends, which can then be used to inform the priority planning for the coming year. This ensures we are focusing our efforts collectively on the areas that are most in need. This is done by analysing data and intelligence reports from the previous year to produce recommended priority areas the data is telling us are a concern or that residents have highlighted.

It should be noted that part of the reason for increases in certain offences is because of changes in the recording of incidents from April 2017. For example, a single offence of affray involving 6 people will now be counted as 6 incidents instead of being collated together as one.

Included in Appendix 4 is a summary of the 2017 Maidstone Residents Survey Community Safety questions. This illustrates how at risk residents feel in relation to: Safety in the home, safety walking during the day-time, night-time and other crime specific concerns. Ward level comparisons are displayed in both the Strategic Assessment.

They show some interesting contradictions when resident's perceptions of being a victim of crime are compared to the reality of the crime data in their area. This tells us that the borough would benefit from greater awareness raising and promotion of 'good news' stories of recently convicted offenders or other successful partnership operations through a wide variety of different media.

This year's methodology again includes the use of the risk scoring matrix 'MoRiLE' (Management of Risk in Law Enforcement). It differs in that it ranks priorities/themes based on threat risk and harm as opposed to relying mainly on volume of crime figures. Further information on this and other methodology used in this year's Strategic Assessment can be found in Appendix 1.

The priorities are then ranked against a number of factors, including volume, trend over time, residents' perceptions and how much it is felt that the partnership can influence. This is then reviewed by our stakeholders and finally the highest ranked priorities are analysed in depth, to help guide practitioners in formulating actions that they feel will have an impact on each priority.

The following areas were **2017-18's** identified priorities and the completed actions for each priority are listed below:

### **Organised Crime Groups (including modern slavery)**

Organised Crime Groups including modern slavery is a new priority which was removed from 'Community Resilience' to form one separate theme for 2017-18. This priority relates to Serious Organised Crimes being committed in the borough by well organised and often complex criminal organisations. Some of whom will have exploited vulnerable individuals through modern slavery/human trafficking.

The purpose of the associated sub-group is to build an intelligence picture of the Organised Crime Groups (OCGs) with the help of information sharing from a number of different agencies. An 'outcome based accountability' type action plan is then populated with ways to disrupt or respond to the OCGs activities, looking at the areas of Prevent, Prepare, Pursue and Protect.

#### **Priority completed and future actions:**

- Partners and Police have established a District based forum to share information and formulate actions around OCGs.
- These have been used to target a local carwash based OCG and disrupt the criminal activity linked to it.
- A number of brothels have been closed down with a significant eastern European OCG dismantled and brought to justice; this investigation has also led to arrests in both Lithuania and Poland.

As a local authority, we are also seeking to create a Modern Slavery & Human Trafficking (MSHT) corporate statement. One of the purposes is to work in partnership with our suppliers to ensure that there is no modern slavery or human trafficking in the supply chain.

We would encourage our suppliers to achieve high ethical standards and practices including fair and right working conditions across the supply chain. This is a statement that Kent Police already has in place and it supports the responsibilities on large co-operations under the Modern Slavery Act 2015.

The Kent & Essex Serious Crime Directorate have heralded the Maidstone district's multi-agency case management of OCGs as a text book example of how agencies can join together and share information to successfully disrupt and prosecute OCGs. Kent was not one of the pilot areas for this way of working but is now leading the way in this field.

### **Gangs and Child Sexual Exploitation (CSE)**

Similar to OCGs, 'Gangs and CSE' was a new priority in name last year as a result of previously being within the 'Community Resilience' priority. It was created as a standalone priority based on the high risk of harm associated with the two themes.

Within the borough there appears to be a two tier Gang issue, ranging from local associated groups of youth's causing anti-social behavior and low level crime to higher, more organised criminal gangs often originating from London and dealing class A drugs along 'County Lines'.

'County Lines' can be described as when a group (not exclusively affiliated as a gang) establishes a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied. A branded mobile phone line is established in the market, to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market.

Both tiers tend to recruit and/or exploit those most vulnerable in society. This can be by way of material goods and the feeling of inclusion within the 'family' or through taking over a vulnerable person's property to be used as a base for criminal activity (known as 'cuckooing').

Once indebted to the gang for whatever reason, the victims are then exploited further to carry out criminal activities or sexually exploited by the gang for financial gain.

#### **Priority completed and future actions:**

- The Maidstone Gangs meeting discusses intelligence relating to local gangs and forms action plans to disrupt their behaviour. As well as lower level local gangs, a number of London street gangs are associated with the area and their drug networks, exploiting vulnerable people.
- A number of targeted multi-agency operations have taken place which had the positive outcome of disrupting gang activities in the borough including bringing charges and restrictions against some members.
- Support is being delivered in secondary schools and young people's supported accommodation to help educate young people on the risks of becoming a gang member, gang culture and their vulnerability.
- Exit strategies, debriefs and intensive support are also avenues open to those already involved in a gang.
- A multi-agency street outreach scheme is being piloted to help take these services to areas where these individuals are known to congregate and operate.

Gangs & CSE awareness raising and training ensures that both practitioners and young people are best placed to challenge and become more resilient when confronted with these issues. A continued multi-agency approach to information sharing and joint operations will assist in the disruption and prosecution of these criminal groups whilst also providing the much needed aforementioned support.

Our Multi-Agency Gangs Group (MAG) Action Plan, included with this document, describes how we will work with in conjunction with the Kent and Medway Gangs Strategy 2018 -2020 and sets out our joint clear vision:

#### **To protect and prevent young people from becoming involved with gangs; to tackle gang-related harm and youth violence; and to pursue effective enforcement action to deal with those embroiled in gang activities**

We will achieve this by working together across our local agency partnership to deliver the key objectives. These are:

1. Create a shared understanding of local gangs across our local partnership and a common language and approach to our work with gangs and groups.
2. Strengthen local early intervention and preventative work to stop young people becoming involved with gangs, and to dissuade those on the cusp of becoming drawn into gang activity.
3. Protect vulnerable individuals targeted by gangs and who are vulnerable to criminal behaviour.
4. Develop support pathways to help young people out of gangs and violent behaviours.
5. By utilising effective enforcement and offender management to deal with those individuals involved in gangs who refuse to reform.

Within our local gang strategy we have also included the objective to increase partnership awareness in Child Sexual exploitation including the identification, safeguarding and signposting these vulnerable victims appropriately.

We will deliver these objectives through adopting the nationally recognised 4P Plan approach to tackling gangs and organised crime; Prevent, Protect, Pursue and Prepare.

## Substance Misuse

Substance misuse relates to the use of drugs, alcohol and includes New Psychoactive Substances (NPS) previously known as 'legal highs'. Neither alcohol nor NPS were included in the recorded drug offences as they were both legal. Since the Psychoactive Substances Act 2016 became law in May 2016, NPS supply would be included in drug offence figures but not possession. It is however important to mention alcohol and NPS as there is a clear connection between criminal activity and the excessive use of these substances.

Kent police recorded drug offences includes both offences of drug supply and possession. Under this category of crime Maidstone has seen an overall 1% decrease in drug offences from November 16 – October 17 when compared to the previous year's data (this included a -13% reduction in possession and a 60% increase in trafficking). This is a decrease from 345 offences to 342 offences; or 3 less crimes this year. The force as a whole saw a reduction of 4.8% and only Gravesham (+43.1%) and Canterbury (+6.4%) saw a rise.

With regards to outcomes of drug related offences the last 12 months, Maidstone has seen a drop in adult and youth cautions (-43% and -40% respectively). Also a 20% drop in penalty notices and cannabis warnings. There was an increase of 21% in those charged or summonsed.

Data from the Kent and Medway Public Health Observatory suggests a slightly higher number of individuals admitted to hospital for mental and behavioural disorders relating to psychoactive substances than in the past. 583 admissions from September 16 – August 17, compared to 504 from September 15 – August 16 (an increase of 15%). With 4000 of these admissions across the county, the highest proportion of these (1090) were males aged between 45 – 64.

These figures *will* include alcohol, narcotics and other substances; not just what were previously known as 'legal highs'. Maidstone did however have more 'head' shops than any other area in Kent selling NPS before the Psychoactive Substances Act came into being. As such, there may be a higher proportion of regular NPS users in the borough and/or more prevalence of its use in the large night time economy.

There has also been a 12% rise in alcohol related hospital admissions in the borough over the past year. It is difficult to ascertain whether they had been received into hospital as a result of drinking excessively in the night time economy of Maidstone as a visitor, or as a resident of the borough with a history of substance misuse. Kent wide saw 755 alcohol related admissions with the highest proportion of these (187) being females aged 25 – 44.

Substance misuse charity Change, Grow, Live (CGL) saw a 13% increase in needle exchange use and a 29% increase in clients in treatment. This is a good sign that an increasing majority of those using the syringe exchanges are accessing treatment. Those that aren't, are in the main known to CGL and are serial presenters to treatment. They are also seeing fewer new clients accessing services.

Needle finds in the borough continue to show a steady decline, with the strategically placed needle bins remaining well used. Between 15 – 60% of recorded needle finds originated from these bins. Swift removal of needles, the promotion of the bins to service users and the increased use of the needle exchanges have helped reduce the numbers of syringes being found in publicly accessible places.

Addaction's Young Peoples Service was awarded a new 5 year contract for supplying substance misuse services to young people in Kent. This will provide a consistent service and build on the successful work that they have already delivered. They have stated that one worrying trend on the rise is that of Steroid use among young people (some as young as 13). This is very much an under-reported drug and Addaction have received no referrals into treatment regarding steroids as a primary or secondary substance for young people.

Those using do not access treatment groups (often affluent, high achieving young people) and often do not associate their use with a drug service, more with peers within the gym setting. It also raises the question of young people's perceptions of their own body image and the associated psychological issues

that they may be experiencing.

Long term steroid use can be dangerous and have life changing repercussions. These are more worrying when a young person's body and mind are still in the development stage both physically and psychologically. We need to generate awareness, work with local gyms and schools and promote conversation and resources to these otherwise hidden cohorts.

#### **Priority completed and future actions:**

- Targeted multi-agency evening operations have been delivered with Trading Standards, Kent Police and Borough Council teams to tackle underage sales of alcohol and licensed premises.
- Through the substance misuse charity Change, Grow, Live (CGL), needle exchange schemes in Maidstone (2 pharmacies and their service centre) continue to be successful. In 2017 there was a 13% increase in needle exchange use and a 29% increase in clients in treatment.
- Subgroup action plan incorporates the ethos of the 5 strategic themes from the Kent Drug & Alcohol Strategy around: Resilience, Identification, Early help & harm reduction, Recovery and Supply.
- Increased number of street population referred and engaged in CGL support services as a result the Maidstone Assertive Outreach programme.
- A 50% sign up from those retailers approached to participate in the Reduce the Strength scheme for the town centre, removing from sale 'low cost high strength' beer, cider & lager above 6.5% ABV.
- Urban Blue Bus, Street Pastors & Taxi Marshals were part funded through the PCC CSP Grant to help support the customers of the Night Time Economy in Maidstone town centre.
- Part funded 'Theatre ADAD' to deliver the 'WASTED' – drug & alcohol education performances to 29 primary schools in the borough, this highlights to year 6 pupils who are moving up to secondary school, the risks of substance misuse.
- Needle bins including in Brenchley Gardens, continue to reduce needle finds in other open spaces.
- Worked with 'Community Payback' to turn an ASB hotspot in the town centre frequented by street drinkers and drug users into a community garden.
- Enforced the town centre's Public Spaces Protection Order (PSPO) that tackles aggressive begging and anti-social street drinking, and used new powers to disperse problematic individuals.

Education, prevention, enforcement and treatment remain at the forefront of the SMPs response to substance misuse issues in Maidstone. Young Addaction's successful Mind & Body programme regarding young people's substance misuse and mental health issues has highlighted the importance of how substance misuse can be part of the trigger or coping mechanism for mental health.

As a result, the sub-group is exploring a new primary prevention programme looking at assisting those not open to treatment with their coping strategies for stress by way of natural alternative activities instead of resultant substance misuse and petty crime. One aim will be to reduce those open to secondary drug treatment services.

### **Domestic Abuse and other Violent Crime**

#### **Violent Crime (domestic abuse)**

Between the periods November 2016 - October 2017, Maidstone had recorded 3096 incidents of Domestic abuse (25.7% average repeat victims) compared to 2683 incidents (26.4% repeat victims) in the

same period in the previous year. This translates to a 15% increase in cases, though percentages of repeat victim figures are virtually unchanged.

Domestic Abuse One Stop Shops offer free advice, information and support from a range of agencies under one roof to help victims of domestic abuse. Maidstone's one stop shop is currently hosted at the Salvation Army in Union Street and provides advice on housing, legal matters, policing and specialist DA advice. Data shows One Stop Shop visits were down 7% in Maidstone in 2016-17.

Home visits for the 'Sanctuary' scheme that helps keep high risk victims of domestic abuse in their own homes by installing extra security measures, seems to have plateaued to 35 referrals last year. This suggests that more DA victims are receiving an earlier intervention and not escalating to 'high risk' though MARAC and DA figures overall increase.

Multi-Agency Risk Assessment Conference (MARACs) are meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk-focused, co-ordinated safety plan can be drawn together to support the victim. MARACs now cover all persons aged 16 years and over.

Maidstone has had 177 MARAC cases between the periods of October 2016 – September 2017. This compares to 161 cases the previous 12 months, an increase locally of 10% and countywide increase of 4%. 58 of those cases were repeat cases, this equates to 33% of all cases which is up from 18% on last year. This is a mid-range increase over other areas in Kent and the county average is 33.46%. Last year the county repeat case figure was 31.6%.

#### **Priority completed and future actions:**

- Partners have continued to run regular seasonal awareness campaigns aligned with national campaigns.
- Supported the Freedom programme and Independent Domestic Violence Advisor (IDVA) service.
- Referred all High Risk cases to Multi-Agency Risk Assessment Conference (MARAC).
- Provided support to male and female victims of DA through Centra and Choices.
- Provided support for male offenders wishing to rehabilitate.
- Helped facilitate the Sanctuary Scheme and assisted 35 victims to stay in their properties by making home security improvements.
- Part funded theatre projects to secondary schools around healthy relationships.
- Assisted in providing a domestic abuse One Stop Shop in the borough.
- Supported in developing a new DA Forum.
- Supported in developing the new DA vulnerable victims professionals group.
- Running a social media DA questionnaire campaign targeting over 18's in Maidstone.

It is widely recognised that increased recorded incidents of domestic abuse are not necessary indicators of a worsening situation. Domestic abuse is an under-reported crime so reports will continue to increase as the public are reassured that they can be safeguarded if they come forward and report domestic incidents.

Sexual offences (especially rape) is on the increase, but up to 75% of this is historic reporting often by domestic abuse victims who are no longer frightened to come forward and report offences. The new vulnerability police model for investigation is providing an enhanced service to victims and there continues to be more reporting as police and partners increase accessibility to services and safeguarding.

## Violent Crime (other)

'Violent Crime' covers a wide range of offences including murder, manslaughter, GBH, ABH and other assaults without injury, threats to kill, harassment, sexual offences and robbery. Maidstone has seen an increase of 43.7% in violent crime this year compared with the period of November 2015 – October 2016. It is important to mention that this may be partly attributed to a change in police recording. This increase is however below the division and county percentage and the 4th lowest increase out of 13 areas.

Maidstone has a highly active night time economy (NTE) which generates around £60 million each year; this is considered to be a key contributing factor to the heightened levels of violence in High street ward for example. Bearing in mind Maidstone has the largest NTE in the county, it is still considered by agencies and the public as a relatively safe place to visit compared to similar large towns/cities. This was enforced by an overall sense of feeling safe in the town via a public consultation into the town centre and NTE.

The majority of violent crime offences occurring in Maidstone within the 12 months ending 31st October came under the 'Violence Against The Person' (VATP) category. This category covers offences ranging in severity from assault without injury to murder, however does not include robberies or sexual offences.

There were 4833 VATP offences in Maidstone spanning this period of time. This is up from 3390 in 2015-16, an increase of 42%. It should be noted that many VATP offences will be minor assaults and on further investigation some of these will be found to be accidental contact with no malicious intent, rather than situations where force has been used intentionally.

### Priority completed and future actions:

- In conjunction with MaidSafe, excluded violent individuals from the Town Centre premises.
- Shared information proactively from CCTV control room and Kent Police via MaidSafe network radios provided to door staff of key premises.
- Promoting the work of the Taxi Marshals, Street Marshals and the town centre Street Pastors initiatives.
- Used CCTV to protect and prevent crime.

Whilst the partnership delivers these proactive activities, further work needs to be done to ensure a reduction in violent crime in both the town centre wards and other high volume wards in the borough. The continuance of NPS use and rise in practices such as pre loading are all contributing factors that add towards the increase in violent crime.

However, Maidstone has the second largest night time economy in the south and stranger violence in the town centre was the lowest for some time this last festive period. The associated risk of violence against visitors and residents to the town centre especially, remains proportionately low in relation to the amount of visitors Maidstone sees each year.

**As a large proportion of Violent Crime incidents relate to Domestic Abuse, 'Other Violent Crime' is being removed as a named priority. Serious violent offences continue to be dealt with robustly by the police and that work also cuts across the Gangs, OCGs and Substance Misuse priorities.**

## Mental Health

Approximately 75% of all cases discussed in the weekly community safety & vulnerabilities group meeting have a degree of mental health associated with them. This is also true of previous self-neglect & hoarding cases. Figures for Section 136 use in the borough (where an individual is sectioned for their own or others safety) have increased year on year for Maidstone and last year it was used 72 times. This is an increase of 38% over the previous 3 years. 2017/18 figures year to date already show 67 occurrences of Section 136 use, suggesting a forecast increase by April 2018.

Last year in Maidstone, mental health referrals for young adults were down by 10.9% to 1,232 and older adults saw a rise of 8.3% to 756. There is a continued effort taking place to avoid where possible those with mental health issues from being kept in police custody as a 'safe place' when their behaviour is causing concern (Section 136 use).

However, the pilot project that ran in Kent that saw a 30% reduction in the number of people being sectioned by the force by pairing a mental health nurse with a police officer so that immediate triage could be offered, has ceased in its current format. To provide a street triage countywide is very difficult under current operating restrictions, though police are now able to take advantage of a call system where officers at the scene can seek the advice of a mental health expert on a 24/7 basis.

There is a standard operating procedure (SOP) published to provide operational police officers with clear guidance when considering detaining people under Section 136, Mental Health Act 1983. The Force Mental Health Liaison officer will monitor this standard operating procedure and conduct an annual review to ensure it is fit for purpose, reflecting changes in legislation, national police practice, the NICE Guidelines and developments in local partner practice.

#### **Priority completed and future actions:**

- The SMP held a sub-group meeting for the Mental Health priority which conducted a 'horizon scanning' exercise on the provision, trends and risks around mental health in the borough.
- It was noted that there were already other forums where mental health is discussed at a strategic level such as the Mental Health Action Group and the Kent & Medway Mental Health Crisis Care Concordat. We have decided to link in with those groups rather than introduce a specific sub-group for this priority.
- We seek to raise the profile and lower the stigma of mental health through the promotion of awareness campaigns and the inclusion of mental health considerations in organisations operating procedures and policies where possible.
- A pilot project offering Cognitive Behaviour Therapy (CBT) to assist those who are presenting signs of hoarding that require a multi-agency approach is being launched in the borough.

#### **Anti-Social Behaviour in Maidstone**

Section 17 of the Crime and Disorder Act 1998, requires responsible authorities to consider crime and disorder (including antisocial behaviour and other behaviour adversely affecting the local environment). ASB was removed as a priority in name last year as it was seen as 'business as usual' with strong partnership working and information sharing continuing to resolve issues.

Figures have shown this year that there has been a decrease in ASB of 12% in Maidstone from November 2016 – October 2017 with 3243 cases compared to 3697 in the previous year. County wide saw a decrease of 11% in cases over the same period.

The further reduction in ASB cases supports our decision to remove ASB as a priority in name, which allows us to explore more emerging issues. The weekly Community Safety Vulnerabilities Group focuses on repeat locations as well as individuals. Many of those on the case list have a degree of mental health issues which benefit from wider partnership involvement.

## 2018-19 SMP Priorities

As a result of the above summaries for each of the current priorities, the table below outlines the **2018-19** priorities and cross-cutting themes.

Data analysis acknowledged that the priorities are often inter-related and has identified three distinct cross cutting themes that run through all of the priority focus areas. Actions contained within this plan are therefore built around the five identified priorities and three cross cutting themes:

Priorities & cross cutting themes				
<b>Organised Crime Groups (including Modern Slavery)</b>	<b>Gangs &amp; Child Sexual Exploitation (CSE)</b>	<b>Substance Misuse</b>	<b>Domestic Abuse</b>	<b>Mental Health</b>
ASB & Reducing Reoffending				
Identifying Vulnerabilities				
'Prevent' and Radicalisation				

### How we are going to tackle these issues

The SMP will create action plans detailing how each priority will be addressed, which is shown in section 6. Though these plans will evolve, the activities will range from revising current processes to ensuring that services are delivered as effectively as possible, creating value for money and also commissioning new services and projects in areas of need. The SMP is committed to achieving these priorities and will set targets against what we are planning to achieve.

### Priority leads

Lead officers for each of the new priorities will be identified and have the responsibility for developing and delivering, with partners, the action plans to deliver the Maidstone borough priorities.

The leads will also act as a champion for the designated priority and provide regular progress updates for the Safer Maidstone Partnership and the borough council's Community, Housing and Environment Committee as required.

Priority sub-groups	Lead Officer/Agency
<b>OCGs including Modern Slavery</b>	Insp Mark Hedges & Sgt Nick Hatcher, Kent Police
<b>Gangs &amp; Child Sexual Exploitation (CSE)</b>	Insp Mark Hedges, Kent Police
<b>Substance Misuse</b>	Nic Rathbone, Maidstone Borough Council
<b>Domestic Abuse</b>	Paul Kennedy, Kent County Council & Stacey Stewart, Golding Homes
<b>Mental Health</b>	Martyn Jeynes, Maidstone Borough Council

## 7. ACTION PLANS

The Action Plan sets out a series of actions and performance targets through which the five priorities supporting the CSP Plan will be delivered for the period 2013–2018. The Action Plan makes clear arguments for building stronger and safer communities in Maidstone, with the actions identified against

each priority supporting the overarching aim to reduce crime and disorder and its impacts. This year, the format for the plans will be created using 'outcome based accountability' and be reviewed regularly by the priority subgroups to allow for new projects, emerging trends and priorities to be added. These have begun to be populated after the SMP away day in late February.

## 8. CONSULTATION ON PRIORITIES AND PARTNERSHIP PLAN

Maidstone has some clearly defined urban as well as rural areas, often with competing demands on resources and emphasis on what local priorities should be. Through the annual Strategic Assessment and future consultation events, stakeholders will be informed of progress against the Partnership Plan to ensure there are no other compelling issues that should be included in the Plan.

## 9. FURTHER INFORMATION

Maidstone Community Safety Unit  
Tel: 01622 602000

Young Addaction  
Tel: 01795 500881

Maidstone Borough Council Community  
Protection Team  
Tel: 01622 602658

Anti-Terrorist Hotline  
Tel: In confidence on 0800 789321

Maidstone Police Station  
Non-emergency Tel: 101  
Emergency Tel: 999

Mental Health  
Kent and Medway NHS and Social Care  
Partnership Trust  
Tel: 01622 724100  
[www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

Kent Fire and Rescue Service  
Tel: 01622 692121

Restorative Justice  
Maidstone Mediation  
Tel: 01622 692843

One-Stop Shop  
The Salvation Army, 74-80 Union St, Maidstone,  
Kent ME14 1ED  
Tel: 01622 761146

Project Salus  
Tel: 01303 817470

Domestic Abuse Hotline Domestic Abuse  
Support and Services in Kent  
Tel: 0808 2000247  
[www.domesticabuseservices.org.uk](http://www.domesticabuseservices.org.uk)

Action Fraud  
Tel: 0300 123 2040

Change, Grow, Live (CGL)  
Tel: 01622 690944

Citizens Advice  
Tel: 03454 04 05 06

Text service for the deaf or speech-impaired If you're deaf or speech-impaired, you can text Kent Police. Start the message with the word 'police' then leave a space and write your message including what and where the problem is. Send your text to 60066 (the Kent Police communications centre) and they will reply with a message.

## APPENDIX 1

### Methodology Notes:

#### SPC Charts Explained

Statistical Process Control (SPC) Charts are a tool used by Kent Police to help identify whether there has been any significant improvements or deteriorations in a particular crime type.

When a category is stable and in control, the data will appear within a set of predicted limits based on past knowledge and experience. Although there will be some natural variation around the average (*also known as common cause variation*) as long as the figures remain within the control limits there has been no significant changes to what was anticipated.

If the category was unstable and displayed uncontrolled variation (*also known as special cause variation*), the data would not follow a predicted pattern and would indicate that something had changed and action might be required.

*Natural variation indicates that any change from month-to-month is expected, e.g. the time you come to work every day varies by a few minutes around an average, however if there was an accident on the road then the time taken to come to work would be significantly longer, this would be unnatural variation indicating that something has gone awry.*

SPC charts are generated based on historical data to produce the following:

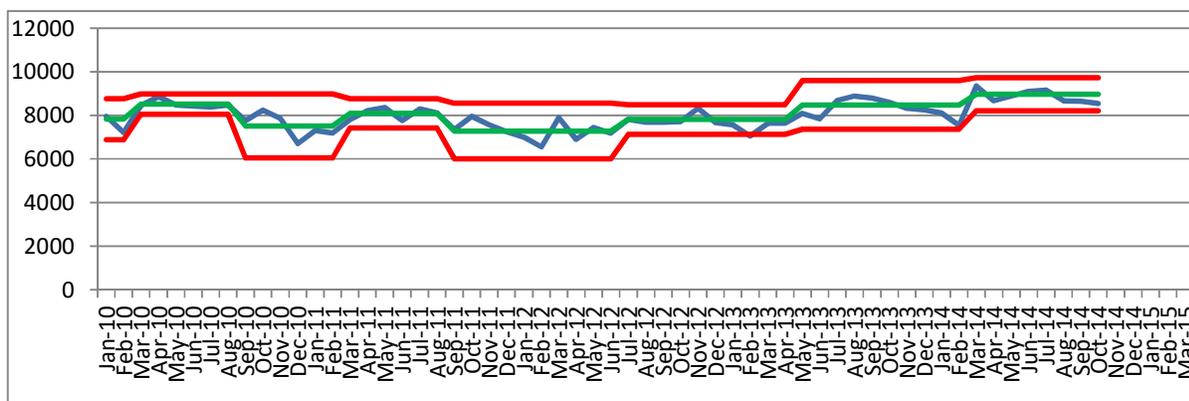
- The Centre Line (CL) which is the average no. of recorded crimes / incidents
- The Upper (UCL) and Lower Control Limits (LCL) which are the limits of natural variation

Any result above the UCL suggests that there may be a problem. In addition, other indications that a category is out of statistical control includes when several results in a row are above the CL or when several results in a row show an increasing trend.

If the figures are consistently below the CL this indicates an improvement and will result in the centre line and the control limits being lowered, often referred to as a 'step change'. Similarly if the figures for a specific category rise due possibly to an increase in activity; a revision to the data (i.e. back-record conversion); or possibly a change in what is recorded within each category then the CL and control limits may need to be raised.

NB. If the control limits are closer together this indicates a low level of variation around the average and shows that the category is in control, a wider gap between the limits indicates greater variation and less control.

Example of a Kent Police SPC Chart:



### **MoRiLE:**

The Kent Community Safety Unit has explored the use of the MoRiLE (Management of Risk in Law Enforcement) scoring matrix to look at ranking offences based on threat, risk and harm. Maidstone Borough Council and others in Kent have incorporated this methodology within this year's Strategic Assessment.

The ideology behind MoRiLE is that it targets resources at offences that would have the biggest impact on individuals and organisations/areas. This is in contrast to concentrating solely on crime figure tables which can sometimes provide a skewed view on threats and risk based only on the frequency/volume of crimes.

Each thematic crime area is scored individually against various criteria. There is then a formula that calculates a final score. These are then ranked high to low, listing priorities based on threat, risk & harm which can then contribute to the SMP's final recommendation of priorities.

### **Serious Organised Crime Local Profiles:**

Aims:

- To develop a common understanding among local partners of the threats, vulnerabilities and risks relating to serious and organised crime.
- To provide information on which to base local programmes and action plans.
- To support the mainstreaming of serious and organised crime activity into day-to-day policing, local government and partnership work.
- To allow a targeted and proportionate use of resources.

Purpose:

- Local Profiles should inform local multi-agency partnerships, in particular police and crime commissioners, policing teams, local authorities and other relevant partners (such as education, health and social care and Immigration Enforcement); of the threat from serious and organised crime and the impact it is having on local communities.

What do we do with the Local Profile?

- The profile outlines key serious and organised crime issues within your district and provides information on what the offences are, what to look for, recognised serious and organised crime within your community and what to do if you see or suspect anything. This allows us all to PREVENT young people and vulnerable adults from becoming involved in crime and helping to protect and safeguard those that may already be involved through identifying and working together.

## **APPENDIX 2**

### **Acronym Glossary:**

ASB = Anti-Social Behaviour

BOTD = Burglary Other Than Dwelling

CCG = Clinical Commissioning Group

CDAP = Community Domestic Abuse Programme

CDRP = Crime and Disorder Reduction Partnership

CGL = Change, Grow, Live

CPT = Community Protection Team

CSA = Community Safety Agreement

CSE = Child Sexual Exploitation

CSP = Community Safety Partnership

CSU = Community Safety Unit

DA = Domestic Abuse

HMIC = Her Majesties Inspectorate of Constabulary

IDVA = Independent Domestic Violence Advisor

IOM = Integrated Offender Management

JSNA = Joint Strategic Needs Assessment

KCC = Kent County Council

KFRS = Kent Fire & Rescue Service

KSSCRC = Kent Surrey & Sussex Community Rehabilitation Company

MARAC = Multi Agency Risk Assessment Conference

MBC = Maidstone Borough Council

MOJ = Ministry Of Justice

MoRiLE = Management of Risk in Law Enforcement

MSG = Most Similar Groups

NPS = National Probation Service or New Psychoactive Substances depending on context

NTE = Night Time Economy

OCG = Organised Crime Group

PCC = Police & Crime Commissioner

PS = Psychoactive Substances

SMP = Safer Maidstone Partnership

SOC = Serious Organised Crime

SPC = Statistical Process Charts

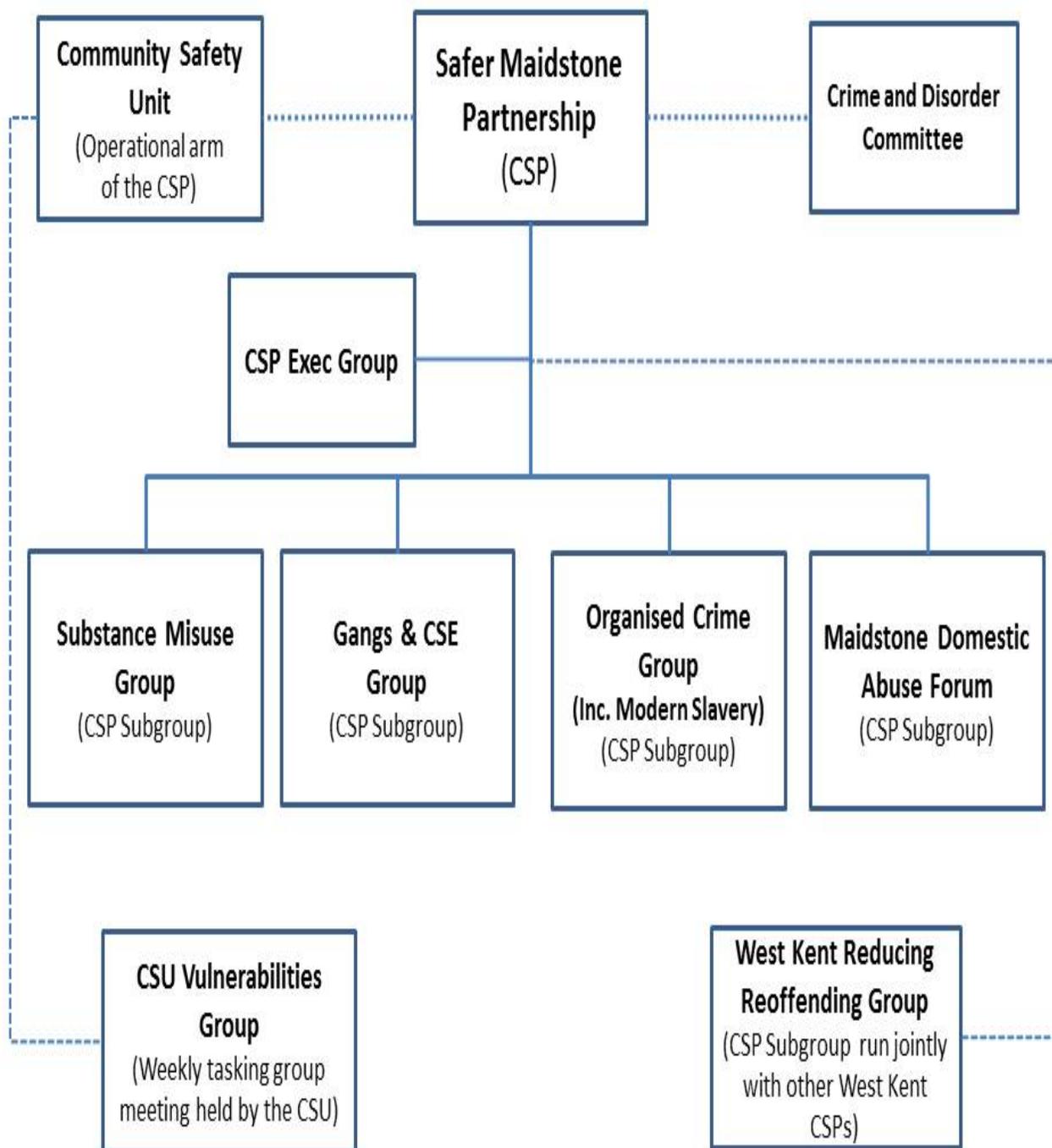
UE = Unlawful Encampments

VATP = Violence Against The Person

VCS = Voluntary & Community Services

### **APPENDIX 3**

#### **CSP Organisational Chart**



#### APPENDIX 4

#### Maidstone Crime Survey 2017 – Community Safety Questions

In 2017 the Council carried out its biennial Resident Survey which included questions on Community Safety. A summary of what the data from these questions tells us is outlined below. More information on the resident survey results is available on our [website](#).

### **About the survey**

The consultation was undertaken between the 21<sup>st</sup> June and 20<sup>th</sup> August 2017 and involved a direct mailing to 6,100 randomly selected households, a direct email to the consultation mailing list as well as being promoted online, through social media and at roadshows around the borough. A total of 2,350 people responded.

The survey was open to all Maidstone Borough residents aged 18 years and over. Data has been weighted according to the known population profile to counteract non-response bias (weighting was applied to 2008 responses where both questions on gender and age were answered). It should also be noted that respondents from BME backgrounds are slightly under-represented at 4.1% compared 5.9%1 in the local area. Residents aged 18 to 24 years were also under-represented but to a greater extent therefore the results for this group are not discussed.

The overall results in this report are accurate to  $\pm 2.0\%$  at the 95% confidence level. This means that we can be 95% certain that the results are between  $\pm 2.0\%$  of the calculated response, so the 'true' response could be 2.0% above or below the figures reported (i.e. a 50% agreement rate could in reality lie within the range of 48% to 52%). Therefore this section only looks at variation greater than 8%.

The Council uses the customer segmentation tool Acorn to create customer profiles. This allows us to classify households using postcode data into categories and gain greater understanding about the behaviours, attitudes and characteristics of our communities.

### **Safety in the Home**

The survey showed that 93% of residents feel safe in their own home, when we assessed the different demographic groups the data showed respondents from BME backgrounds were more likely to feel unsafe in their own homes than respondents from white backgrounds. Respondents with a disability had greatest proportion that has no strong views either way with 9.2% (29 respondents) selecting this answer.

#### **Safety walking during the day-time**

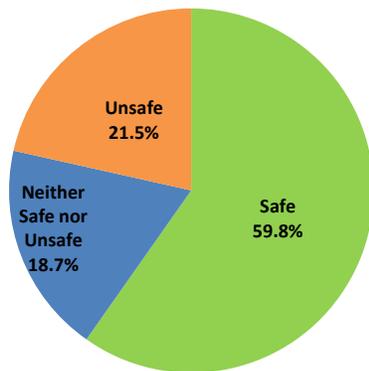
Respondents were also asked how safe they feel walking in their local area during day-time and night time. Overall, 94% said they feel safe walking in their local area in the daylight, within this figure; 53% responded that they feel very safe.

There is a 10.6% difference in the number of Very and Fairly Safe responses from respondents from white backgrounds and those from BME backgrounds. While the proportion answering negatively are not significantly different, respondents from BME backgrounds were three time more likely to have no strong opinion either way.

In terms of age, the 35 to 49 years group had the greatest proportion responding negatively (Unsafe and Very unsafe) at 4.4% (14 respondents), interestingly this is only made up of respondents answering unsafe as there were no respondents in this group who said they were very unsafe.

#### **Safety walking during the night time**

How safe do you feel walking in your local area during night time?



Overall, 59.8% of respondents said they feel very or fairly safe walking in their local area in the night time, just over one in five (21.5%) respondents said they feel unsafe or very unsafe. Across the different demographic groups there were some significant variations.

Male respondents had the greatest proportion responding that they feel very or fairly safe at 68.6% and significantly greater than women by 17.5%.

Respondents with a disability had the greatest proportion responding unsafe and very unsafe with one in three (33.3%) in the group selecting these answers. There was also a difference of 19.1% of the proportion responding that they feel safe between those with a disability and those without a disability, those with a

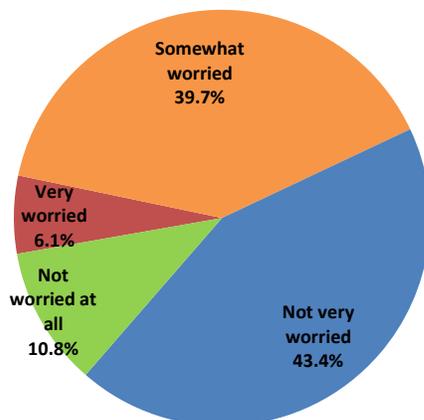
disability were more likely to feel unsafe.

There was also a 22.1% difference between respondents from BME backgrounds when compared to respondents from white backgrounds, with those from BME backgrounds more likely to feel unsafe than those from white backgrounds.

Customer profile shows that the residents who feel unsafe are more likely than average Maidstone resident to live in small flats or terraced properties that are privately rented and have a household income of less than £40,000. Single person households were also over-represented in this group which could contribute to lower feeling of safety at night.

The customer profile for people that responded safe or very safe to this questions shows they are more likely than average to live in detached properties with three or more bedrooms, either owned outright or with a mortgage. Households with three or more people are over-represented in this group as are those with household incomes in excess of £60,000.

How worried are you about someone breaking into your home?



### Crime specific concerns

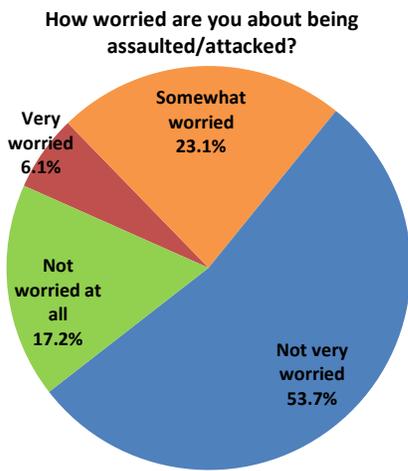
The resident survey also asked people how worried they were about particular crimes affecting them.

45.8% of respondents say they are very or somewhat worried about someone breaking into their home. There was only one significant difference in response levels across the different demographic groups: respondents with a disability were 12% more likely than those without a disability to say they feel very or somewhat worried about somebody breaking into their home.

Customer profiling shows that those who responded they are worried about someone breaking into their home are more likely than the average Maidstone resident to own their own home either outright or with a mortgage, they tend to have household incomes in excess of £40,000 and are likely to have continued their education after 16 years. The self-employed were over-represented in this group.

Those who responded that they are not very worried or not worried at all about having their house broken into had a similar customer profile to those that responded very or somewhat worried. However, this

group were slightly more likely to have children in the household and slightly less likely to be self-employed.



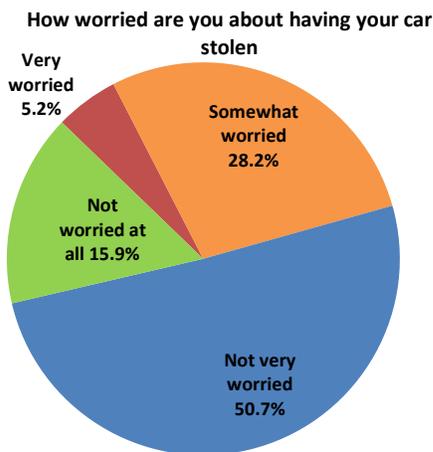
When asked about how worried they were about being attacked or assaulted 29.2% of respondents said they were very or somewhat worried about being assaulted or attacked, and 70.8% said they were not very worried or not worried at all.

Across the different demographic groups there was a significant difference in the response levels of those with a disability and those without a disability. Those with a disability were more likely to respond very worried or somewhat worried, with more than two in five responding this way compared to just under one in four for those without a disability.

There was also a 12.4% difference between men and women responding very or somewhat worried, with women

being more likely to be worried than men.

The customer profile for residents who responded very or somewhat worried shows people in this group are more likely than the average Maidstone resident to live in a flat or terraced property that is privately rented. Students and single person (non-pensioner) households are over-represented and people aged over 50 years are under-represented. This group is more likely than average to have a household income of less than £60,000 and may have had difficulty accessing credit in the past.



The profile for those that responded not very worried or not worried at all shows people in this group are more likely than average to have a household income in excess of £40,000, reside in a detached property that is owned outright or with a mortgage. Those that undertook higher education are slightly over-represented.

In the Resident Survey one in three respondents (33.4%) are worried about their car being stolen.

Respondents with a disability had the greatest proportion saying they are very or somewhat worried about having their car stolen at 50.0%. There is a difference of 20.9% between this group and those without a disability.

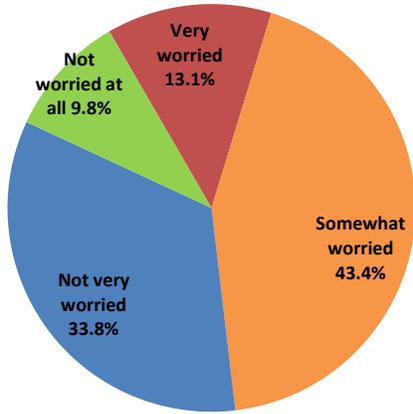
There was also a difference of 8% in the proportion of people who were worried about have their car stolen between those that were economically active and those that were economically inactive, the economically inactive were more worried than the economically active counterparts.

The customer profile for the people that responded very or somewhat worried shows that 82% of this group have at least one car in the household with 35% having two or more cars in the household. The majority of this group this group are in employment with slightly higher levels of employment in public sector and professional roles and self-employment. 70% own their home outright or with a mortgage.

Those that said they were not very worried or not worried at all as a group has a similar level of car ownership at 84%, with 38% having two or more cars in the household. However, this group are 20% more likely to own a luxury or executive car than the average Maidstone resident. Both profiles show that

these groups have an marginally higher than average likelihood of driving to work but those that said they were not worried about car theft were more likely to take the train or work from home than those who said they were worried about having their car stolen.

**How worried are you about being the victim of fraud or identity theft**



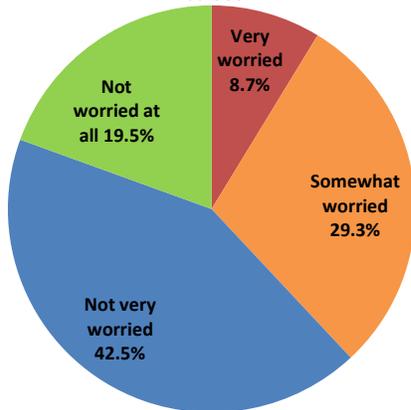
Overall, 56.4% of respondents are very or somewhat worried about being the victim of fraud or identity theft.

There is a significant difference between the levels of worry between the economically active and the economically inactive, with a gap of 11%. Those who are economically inactive have a greater proportion of people saying they are very or somewhat worried.

There is also a significant difference in the worry levels of those with a disability and those without, an 18.2% gap, a greater proportion of those with a disability were worried about being the victim of fraud or identity theft than those without a disability.

There were no significant differences in the customer profiles about being the victim of fraud or identity theft and who responded not very worried and not worried at all.

**How worried are you about being pestered or insulted while in a public place or on the street**



Overall, 38.0% of respondents are very or somewhat worried about being pestered or insulted while in a public place or in the street.

The data shows a significant difference in the response levels between respondents from white backgrounds and those from BME backgrounds. Those from BME backgrounds had a greater proportion responding that they are worried about being pestered or insulted while in a public place, by 14.2%, when compared to the response level of people from white backgrounds.

The data also suggests that women are more worried about being pestered or insulted in public than men.

The customer profiles for those worried about being pestered or insulted while in public and those who were not worried about this show those that said they were worried are likely to be younger (35 to 49 years) than those who said they were not worried (50 to 64 years). Those that were worried are more likely than average to live in privately rented accommodation and those that were not worried are more likely than average to own their property outright or with a mortgage. Those who were not worried were also more likely than average to be educated to degree level.

## **KCC Community Warden case studies:**

### **Case 1:**

I received a call from the manager of a local club concerning a resident they were worried about. He had fallen at the club several weeks ago and hit his head on the floor. An ambulance was called and he received treatment but declined to go to hospital. Since then he has collapsed in Maidstone and was taken to hospital. He has also attended the local doctor's surgery.

While in hospital the resident missed his signing on appointment and his benefits were stopped. This has triggered a number of financial problems for him. A fellow club member has been assisting him but his memory has been affected which has caused further delays in rectifying the issues.

I attended the resident's home and with his permission liaised with his doctor's practice manager to ensure they were aware of people's concerns. Further medical referrals are under way.

I also liaised with CROP (Citizens Rights for Older People) on his behalf to arrange an advocate to support him with completing several forms related to housing benefit and banking and also in discussions with his Housing Association about rent arrears.

Concerns were also expressed about his ability to drive safely. When I spoke to him he had already decided to stop driving and stated that he wished to sell his car. I liaised with another club member who organised the purchase of his car.

I will continue to visit the resident and liaise with his friends at the club to ensure that he continues to receive the necessary support.

### **Case 2:**

Mr A is in his early 90's and attends the Age UK Tea and Exercise club every Tuesday, and is a very fit gentleman. However on this occasion at the club he was doing the normal exercises and started feeling unwell. I was concerned for him so assisted him with First Aid at the club, he did start to feel better, but something told me that this situation wasn't right; I then suggested to him that I would like to visit him in his home. He agreed to this.

I did a visit to Mr & Mrs A; they live alone and have no children or family. The visit did in fact flag up a lot of concerns, it turns out that he is his wife's carer and his wife is his carer, (they are both in their 90's) however that week they both had, had a fall at home at the same time so neither of them could help each other and they couldn't get immediate help of Ambulance could neither of them could get to the phone, so it was a good few hours before the ambulance arrived.

Mrs A is registered partially blind due to Glaucoma.

After a lengthy chat with them both, I was able to establish that Social Services have been out to the property and fitted grab rails, hand grips and a stair rail, however they don't have lifeline services installed, I did explain about this service and how it would of helped them both following the fall earlier that week, he did confirm that he had arranged for this to be fitted in the week.

I also noticed that no smoke alarm was fitted in the chalet part of the bungalow, which I wasn't happy with – he said that he took it out as every time he showered the old smoke alarm would go off, I asked him if I could get Kent Fire and Rescue around to access the bungalow for Fire Safety – he agreed. KFR have been contacted to attend this property.

There will now be ongoing visits to the house, due to concerns for both of the couple's welfare.

### **Case 3:**

I was contacted by a neighbour re Mr H (70+). On my visit I noticed how thin he was. I sat and chatted and advised Mr H to see a doctor. I spoke to the neighbour and was informed his has a daughter but she doesn't visit much and gave me her details to contact. I called the doctors and was told to get him there and they would put him at the front of the queue. I called and left a message for the daughter with these details.

I later received another call from the neighbour and did a joint visit with another warden. Once again I noticed his weight loss and offered to make him something to eat. We sat and chatted and informed Mr H we had a duty of care and informed him of the next action. I contact the doctors and requested a home visit and later that day done a joint visit with the doctor and straight away called an ambulance. I again left a message for the daughter to contact the hospital regarding her father.

When I returned from annual leave I contacted the hospital to see how Mr H was doing and this wasn't good news. They asked me if he had any next of kin and I was surprised to find that no contact on the past 10 days to the hospital had been made. I said I would again contact the daughter and inform her. I again spoke to the neighbour and was given information regarding her work place.

I made contact and was able to inform her regarding her father. She said she didn't know and hadn't received any messages because she doesn't use the house phone. Detail were given and a direct number to the hospital. I later received a call thanking me for the help and advice. Mr H has cancer and was very ill. He is now in hospital and the family are aware. I informed Golding Homes regarding this matter.

Priority Target Achieved:  
Working in partnership,  
Housing Association.  
Doctors  
Golding Homes  
NHS