



Questions posed at SSP Conference:

Q - If one of the parents was no longer living at home, how did you know if the parent had PR? I'm asking that in relation to the work you got Iprovefit to do. PR is often hard to establish.

A - It was the person who the child/family identified as the father and had still had contact with the child so was not an issue.

Q - Can you clarify about Youth Engagement also being part of this? Can you clarify Youth Engagement Service and Integrated Adolescence Service - We were due to join the service last year and then at the last minute we were told we would be part of it?

A - It is a level of co-location not being managed within the service. So present management structures will remain. It is having all of the agencies in one place to build up relationships, space to explore how we can think and work more creatively with this group of children. What this looks like has only just being discussed with Steve and needs further discussions between Mandeep and Jane.

Q- Could local lines be explained as supposed to county lines.

A - Local lines are where we have a drug line being run within Swindon usually by our Swindon residents.

See also [Definitions for SSP conference - November 2022 - Swindon Safeguarding Partnership](#)

Q - Any current research on the effects of cannabis on the developing brain?

A - This is a good website to read about cannabis/drugs on the developing brain: [Drug Effects on Developing Brains - Teens | Sandstone Care](#) It is an American but it includes some videos which might be useful.

This is also a useful website about cannabis: [Cannabis - drugscience.org.uk](#)

Q - Can dexamphetamine be changed into methamphetamine for misuse?

A – Sorry, we have spoken to our guest speakers but unfortunately we are unable to provide an answer to this question.

Q - How quickly can referrals be followed up and cases assessed

A - Screening and triage is undertaken by the Screening Hub of the SBC Adult Safeguarding Team following the safeguarding referral being received. Initial screening of the concern takes place within 24 hours.

The aim is for the SBC Adult Safeguarding team to then make a decision within 5 days whether the case should progress to a Section 42 Enquiry. During this time, the referrer or other involved parties may be contacted for further information.

Q - The mental Health Act says that someone making a bad decision does not mean that they do not have the capacity to make that decision. Where is this boundary within Safeguarding? Viz Alison SAR

A - Consideration given to fluctuating capacity, risk assessment of that individual, multi-agency approach and consider how to work through this based on the individual

Q. I have a chap who we have suspected mate crime/manipulation many times of his money and medications. We have referred him several times to adult safeguarding and been closed down. What should we do now?

A. The professional was provided with contact details to facilitate further discussion regarding this particular case outside of the conference.

Reminder of some useful resources:

[Adults Escalation Policy - Swindon Safeguarding Partnership](#)

[Multi agency meeting guidance working with adults - Swindon Safeguarding Partnership](#)

Q - What is the rationale for only choosing certain of the protected characteristics to record?

A. We may record other ones, but the only ones we are required to do so and report back on are those 5. That's what the Government have decreed.