Question/ Comment	Response
To help with continuity for the family, is there a system of having a specified individual as a backup keyworker in case of the main keyworker's absence (annual leave, sick leave, part-time)? We use this backup system for patients at our GP practice who have a complex history / frequent calls / end of life cases / anyone who would greatly benefit from continuity. I appreciate the pressure on the number of professionals available. Is there a way to ensure we share contact details for all agencies + individual professionals involved? If already in place, I would be grateful for a signposting! (GP)	If the worker is off the children and family are usually covered by workers within that team or duty may assist with visits. If a worker goes on long term absence the family should be re-allocated. Social care workers and managers details should all be recorded on the S-net.
	For Adult Social Care: All our teams have duty arrangements, so there should be someone you can speak to even if the allocated person is absent. And there are always our MASH (for adult safeguarding concerns) and Contact Centre (for anything else) if you don't know who to talk to. There were some experiments a few years back with "cluster" allocations in adult social care services in a number of local authorities, but most or all were quickly abandoned as the disadvantages outweighed the advantages. But it is something we can look at, and I will raise it in our Quality Improvement Group.
How can we develop professional curiosity within the system?	Children' s looking to ensure that Children Social care workers attend training and also, we encourage professional curiosity within supervision.
	For Adult Social Care: One way is to make good use of the Surrey Safeguarding Adults Enquiry Method – see Surrey SAB's policy and procedure. In Adult Social Care the way we use the method is to consider right from the beginning of the adult safeguarding enquiry what the hypotheses are that we should have in mind. When we have gathered information, we analyse it to see which of the hypotheses the information supports and which it rules out. Doing this helps us bring an open-minded approach and engages our professional curiosity.
Are there conversations ongoing about how to include ASC into the Family Safeguarding Model?	**For Adult Social Care**: Yes, there are.
Have we got enough qualified social workers?	Not really, it would be wonderful to have more. We are currently operating with a number of vacancies as there are just not enough social workers out there, many have left the profession post Covid. We are obviously constrained by budgets as well. We would like to see social workers working with fewer number of families in order to undertake more in-depth work, this is a vision within our Family Safeguarding model.
	For Adult Social Care: We know that there are recruitment and retention issues in social work across the country, so even in terms of filling vacancies there is more to be done. The discussion about whether there is enough even if we could fill every vacancy is beyond the scope of this session, I think.
Thank you, Clement for a really good presentation. I know there are online training services. But would there be scope for more personalised workshops for teams via SG advisors or another?	**For Adult Social Care**: Yes, the Safeguarding Advisors in ASC are very happy to do sessions with ASC locality and specialist teams. Talk to your local Advisor.

Question/ Comment	Response
What about the two domains of keeping self-safe and making decisions? They are adding in ASCA's and seem to get missed?	**For Adult Social Care**: Surrey County Council has those extra domains in its assessment process, but they are add-ons to the underlying arrangements from the Care Act and the Eligibility Regulations. In the context of shared, multi-agency approaches we need to stick to the legal framework, which doesn't include those two domains.
Sometimes when a person is drinking for example, unless they address their drinking MH Services are reluctant to see them. If they don't want to stop drinking Alcohol Services won't support. So Adult Social Care try to deal with the client's complex needs as best we can. we need more joined up services?	If the family are open to children's services within Family Safeguarding parents have access to our in-house adult Drug and alcohol practitioners **For Adult Social Care**: It is a very challenging area, and it is often down to finding what is the best way of supporting the particular individual you are working with. There is some good guidance from Alcohol Change that might be of interest.
Improving conversations between ASC and SCS regarding high-risk DA cases.	This absolutely remains on our agenda. Joint working is crucial. We need to ensure that we bring the whole professional network together to best support the family.
Adult social care-sometimes there are disagreements about what team would be best to support a person and ends up sitting with the locality team, when they might not be best placed to do that. Is there any work planned around this?	**For Adult Social Care**: I'm not directly involved in it, but I understand there is some work currently or about to get underway and will share further information when we know.
It would be useful for ASC to be able to access the children's database and for children's to access LAS.	I understand that this is something that is being looked at currently. Contact each other's services to ask would be a short-term solution to this. **For Adult Social Care**: That's on the list for the discussions on improving whole family working.
When clement talked about audits - would this be about looking at those referrals that do not trigger your section 42 duties to see if there's been missed opportunities	**For Adult Social Care**: A sample of these is included in each adult safeguarding audit that we do every quarter
A good understanding of sharing relevant information versus "restrictions" of GDPR, can be confusing	SSAB-Policy-and-Procedure-2018-FINAL-v5-26.04.2021-accessibility.pdf (surreysab.org.uk) (28 Information Sharing)
It mentioned key elements were missed in terms of GP not being included in sharing of information - how might this have helped in this particular case?	If the GP had been involved with sharing for information, they would have understood that Mary was experiencing domestic abuse and other agencies, e.g., police could have build up a complete picture of Mary's life, what she was experiencing and therefore better signposting for support for Mary. In Tandridge and Reigate and Banstead we have the IRIS Project. It is specifically designed to support GP's in asking the right questions around domestic abuse and providing a direct referral route to a specialist DA Advocate hosted within ESDAS. Many local and national Domestic Homicide Reviews have found that IRIS could have helped facilitate information sharing in similar cases