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Safeguarding Policy

1 Introduction

1.1 Policy statement

The purpose of this document is to set out the requirements for Beeches Medical Practice to take the appropriate actions for safeguarding children, young people and adults at risk of harm or abuse. This organisation adopts a zero-tolerance approach to abuse, ensuring that there are robust procedures in place for the effective management of any safeguarding matters raised.

This policy should be read in conjunction with the following GP Mythbusters:

- GP Mythbuster 25: Safeguarding adults at risk
- GP Mythbuster 33: Safeguarding children
- GP Mythbuster 80: Female genital mutilation (FGM)

1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

All administrators and Admin should be trained in both children and adult safeguarding to level 2

All clinicians should be trained in both children and adult safeguarding to level 3

2 Scope

2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[1]

[1] Network DES Contract specification 2022/23

2.2 Why and how it applies to them

This document details the requirements of staff, both individually and collectively, to comply with extant legislation and it is to be read in conjunction with associated NHS England safeguarding documentation and guidance.

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

The organisation is required to satisfy the Care Quality Commission that it meets the necessary standards for safeguarding vulnerable adults and children and when attending practices, CQC inspectors will follow the CQC Inspector's Handbook – Safeguarding (2018).

Full consideration and guidance to this handbook is at Chapter 5.

2.3 Merits of a joint safeguarding policy for both adults and children

This document has been purposefully compiled as a joint safeguarding policy for adults and children. Feedback from the CQC, CCG, safeguarding leads and organisations has been varied and some have stated that they require a separate policy whilst others prefer a joint policy.

As this feedback has been so contradictory, for ease, throughout the document, in the heading for the section it clearly states whether this refers to a child or an adult. Where there is no such indication, this means it is generic and refers to both.

Having sections labelled thus will ensure that it will be easier to segregate as required.

3 Definition of terms

3.1 Safeguarding

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.[2]

3.2 Physical abuse (children)

Physical abuse can involve any of the following: burning or scalding, drowning, suffocating, hitting, shaking, throwing, poisoning or other means of causing physical harm to a child.

3.3 Emotional abuse (children)

Emotional abuse is the constant emotional mistreatment of a child, the intention of which is to cause significant adverse effects on the emotional development of the child. Emotional abuse also includes overprotection and the restriction of a child learning or partaking in normal social interaction.

[2] Safeguarding People CQC Definition

3.4 Sexual abuse (children)

Sexual abuse is the enticement or forcing of a child/young person to participate in sexual activities. This involves penetration or non-penetrative acts, physical contact or non-contact activities such as the encouraging of a child or young person to watch sexually inappropriate content.

3.5 Sexual exploitation (children)

Child sexual exploitation (CSE) occurs when an individual takes sexual advantage of a child or young person (anyone under the age of 18) for his or her own benefit.

Power is developed over the child or young person through threats, bribes, violence and humiliation or by telling the child or young person that he or she is loved by the exploiter. This power is then used to induce the child or young person to take part in sexual activity.[3]

3.6 Neglect (children)

Neglect is the continued failure to ensure that a child's physical and psychological needs are met, resulting in significant impairment of the development of the child.

Examples of neglect include failing to provide adequate supervision, failing to respond to emotional needs, a lack of protection (from emotional or physical harm), failing to provide clothing, accommodation and food. Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases.

3.7 Child criminal exploitation (children)

Child criminal exploitation (CCE) occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears to be consensual. CCE does not always involve physical contact; it can also occur through the use of technology.[4]

3.8 County lines

County lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or 'deal lines'. It involves exploiting children and vulnerable adults to move drugs and money to and from the urban area and to store the drugs in local markets. It involves intimidation, violence and the use of weapons including knives, corrosives and firearms.

[3] NHS E Child Sexual Exploitation

[4] Protecting children from criminal exploitation, human trafficking and modern slavery

3.9 Physical abuse (adult)

Physical abuse can involve any of the following: burning, scalding or exposure to extreme temperatures (hot and cold), shaking, hitting, pushing, pinching, inappropriate restraint, inappropriate use of medication, female genital mutilation and deprivation of liberty.

3.10 Emotional abuse (adult)

Emotional abuse is behaviour that has a detrimental effect on the individual's emotional wellbeing and may result in distress, e.g., bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual's human and/or civil rights.

3.11 Sexual abuse (adult)

Sexual abuse includes sexual exploitation, including the involvement of an adult in a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

3.12 Neglect (adult)

Neglect has two forms; it can be intentional or unintentional and it results in the needs of the individual not being met. Examples of intentional neglect include failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education and other support services.

Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g., the carer) fails to understand the needs of the individual.

3.13 Self-neglect (adult)

Self-neglect includes a lack of self-care, a lack of care of one's environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

3.14 Discriminatory abuse (adult)

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power, causing denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

3.15 Institutional abuse (adult)

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk and violate the individual's dignity and human rights.

3.16 Financial abuse (adult)

Financial abuse is the use of an individual's funds, property, assets, income or other resources without their informed consent or authorisation. This is a crime. Financial abuse includes theft, fraud, exploitation, misuse of benefits or the misappropriation of property, inheritance or financial transactions.

3.17 Modern slavery (adult)

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived and forced into a life of abusive and inhumane treatment.

Further information and guidance can be found in the Modern Slavery and Human Trafficking Guidance document.

3.18 Forced marriage (adult or child)

A forced marriage became illegal in June 2014 under the Anti-social Behaviour Crime and Policing Act 2014 and it is a form of domestic abuse. It is primarily against women, although not exclusively, and most cases involve females aged between 13 and 30.

Forced marriage is a marriage conducted without the consent of one or both parties or where consent is obtained under duress and is markedly different from an arranged marriage in which the individuals retain free will and have the choice to accept the arrangement.

In forced marriage, perpetrators use physical, sexual, psychological or financial abuse to pressurise people to marry against their will.

Rubie's story can be heard in this YouTube video clip by the University of Derby.

3.19 Honour-based violence (adult or child)

This term is used to describe violent or threatening behaviour which is committed to protect or defend perceived cultural beliefs or the honour of the family.

Honour-based violence is not acceptable behaviour and is illegal. Some of those that commit this crime mistakenly believe someone has brought shame on their family or community that compromises their traditional beliefs or culture.

Further advice can be found in this YouTube video clip by the charity Karma Nirvana.

3.20 Female genital mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.[5]

Refer to the Clinical guidance document – FGM.& separate policy

[5] WHO FGM

4 Policy

4.1 Overview

The safeguarding of children, young people and adults at risk is crucial for healthcare professionals working at Beeches Medical Practice. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure a high-quality service, including the appropriate sharing of information.

4.2 Organisation statement

Beeches Medical Practice recognises that all children, young people and adults at risk have a right to protection from abuse and neglect and the organisation accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

We will respond quickly and appropriately where information requests are made, abuse is suspected or allegations are made in relation to children, young people or adults at risk. Furthermore, we will give children, young people, their parents and adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating and reviewing concerns.

The organisation will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training. New members of staff will receive safeguarding training as part of their induction programme.

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads for safeguarding adults and children. The safeguarding lead for Beeches Medical Practice is Dr Melanie Walsh

4.3 Principles of safeguarding

It is possible that the GP may be the individual who identifies a child, young person or adult as being at risk.

It is therefore essential that clinicians act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:[6]

The six principles of safeguarding		
1	Empowerment	People being supported and encouraged to make their own decisions and informed consent
2	Prevention	It is better to take action before harm occurs
3	Proportionality	The least intrusive response appropriate to the risk presented

[6] Care Act 2014 Six safeguarding principles

4	Protection	Support and representation for those in greatest need
5	Partnership	Local solutions through services working collaboratively
6	Accountability	Accountability and transparency in safeguarding practice

The organisation supports the safeguarding principles by ensuring that:

- There is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS)
- Clear lines of accountability exist within the organisation for safeguarding
- All staff are aware of the safe whistleblowing process
- All staff understand the requirement to work in an open and transparent way
- All patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion or sexuality
- All staff adhere to the guidance in this policy and that given in the referenced texts
- All staff effectively interact with the relevant agencies, sharing information appropriately
- All staff who work with children, young people and adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions

4.4 Mental capacity

The Mental Capacity Act (MCA) 2005 offers a framework that details the rights of individuals should capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding.

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence and are acutely aware of the risks they may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

NICE have published guidance to assessing mental capacity together with an interactive decision making toolkit. The pathway covers a wide breadth of scenarios for practitioners to utilise including executive decisions in cases such as traumatic brain injury when capacity is more difficult to establish.

4.5 Deprivation of liberty

In addition to the MCA 2005, the organisation will determine if a person is deemed to have been deprived of their liberty as detailed in the MCA 2005 Deprivation of Liberty Safeguards, published in 2009.[7]

Where it is suspected that the deprivation is unlawful, the organisation will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a Deprivation of Liberty Safeguard Order should it be deemed necessary to restrict the freedom of an individual if it is in their best interest.

[7] Deprivation of Liberty Safeguards

4.6 CONTEST and PREVENT

In 2011, the government introduced the PREVENT strategy[8] as part of the counter-terrorism strategy, CONTEST. The purpose of PREVENT is to stop individuals becoming involved in terrorism. This includes violent and non-violent extremism which can create an atmosphere conducive to terrorism.
Channel is a support programme that helps those individuals who are at risk of being drawn into terrorism. Further guidance can be found at the Gov.uk webpage titled Channel and Prevent Multi-Agency Panel (PMAP) guidance.

It is possible that staff will meet and treat people who are at risk of being drawn into terrorism, including supporting violent or non-violent extremism or being susceptible to radicalisation. If a member of staff suspects that an individual is at risk, they should speak to the organisation's clinical safeguarding lead or, in his/her absence, to the deputy clinical safeguarding lead.

It may be necessary to contact the regional PREVENT coordinator (RPC) for further guidance.

4.7 Responsibilities

Dr Melanie Walsh is the clinical safeguarding lead within the organisation.

Rachael Stokes is the administrative safeguarding lead.

4.8 Female genital mutilation (FGM)

FGM has been illegal in the UK since 1985. The Serious Crime Act 2015 strengthened legislation by adding extra requirements for health care professionals to report FGM.

The Act details that:

- It grants lifelong anonymity to alleged FGM victims
- It is an offence for parents to fail to protect their child from FGM
- FGM Protection Orders can be introduced to prevent potential victims from travelling abroad
- It is a mandatory reporting duty for nurses, midwives, doctors, social workers and teachers to report to the police whenever they observe physical signs of FGM on a person under the age of 18 or where a girl tells them it has been carried out on her
- It is an offence for FGM to be committed abroad against UK residents.

In addition to the requirements of the Serious Crime Act, it is now mandatory for all GP practices and Acute and Mental Health Trusts to submit FGM data to NHS Digital. Under 18s who may be at risk of FGM should be referred using standard existing safeguarding procedures, usually to children's services.

The following SNOMED CT[9] codes should be used for FGM:

[8] Prevent Duty Guidance
[9] SNOMED CT Codes

Heading	Code
Female genital cutting	429744008
Discussion about female genital mutilation	713255007
Family history of female genital mutilation	902961000000107
Discussion about female genital mutilation with carer	932301000000101

Further detailed information can be sought in the Clinical guidance document – FGM and GP Mythbuster 80: Female genital mutilation (FGM).

4.9 Regional and national support information

Contact information	
Named GP for safeguarding (Children & Adults)	Dr Ella Baines ellabaines@nhs.net
CCG Safeguarding Contact (Adult)	Paul Cooper paulcooper@nhs.net
Adult Safeguarding – Single Point of Contact	Tel: 0345 678 9044 AdultSafeguardingTeam@shropshire.gov.uk
Childrens Safeguarding Lead – Shropshire & Telford and Wrekin	Audrey Scott-Ryan a.scott-ryan@nhs.net
Designated Nurse for Looked After Children – Shropshire	Maggie Braun maggie.braun@nhs.net
Child Safeguarding – Single Point of Contact	Tel: 0345 678 9021
Emergency Social Work Team	Tel: 0345 678 9040 option 1
NSPCC	0800 800 5000
ChildLine	0800 1111
Protecting Vulnerable People (West Mercia Police)	0300 333 3000

5 Adults' indicators of abuse

The following are indicators of abuse in adults at risk:

5.1 Physical abuse (adult)

Possible indicators for physical abuse may include:

- Unexplained injuries or injuries inconsistent with the person's lifestyle
- Inconsistent history or a changing history
- Bruising, burns, marks, regular injuries
- Unexplained falls
- Changes in behaviour or low self-esteem
- A delay or failure in seeking medical support
- Signs of malnutrition

5.2 Emotional abuse (adult)

Possible indicators of emotional abuse:

- Low self-esteem
- Uncooperative and/or aggressive behaviour
- Resentment, anger, distress
- Insomnia
- False claims to attract unnecessary treatment
- Behavioural changes when in the presence of a particular person

5.3 Sexual abuse (adult)

Possible indicators of sexual abuse include:

- Bruising to thighs, buttocks, upper arms and marks on the neck
- Torn, soiled or bloodied undergarments
- Genital pain, itching or bleeding
- Difficulty in walking or sitting
- Presence of foreign bodies
- Sexually transmitted diseases
- Pregnancy in women who are unable to consent to sexual intercourse
- Fear of help with personal care
- Reluctance to be alone with a particular person

5.4 Neglect (adult)

Possible indicators of neglect:

- Dirty, unhygienic living space
- Poor personal hygiene
- Pressure sores, ulcers
- Insufficient or inadequate clothing
- Untreated injuries

- Malnutrition
- Failure to engage with social groups
- Failure to bring to booked appointments

5.5 Self-neglect (adult)

Possible indicators of self-neglect:

- Unkempt appearance
- Unable or unwilling to take medication
- Extremely poor personal hygiene
- Lack of essentials (food and/or clothing)
- Hoarding
- Living in unacceptable conditions
- Malnutrition and dehydration

5.6 Discriminatory abuse (adult)

Possible indicators of discriminatory abuse:

- Withdrawn appearance
- Expressions of anger, frustration, anxiety or fear
- Poor support that does not meet the needs of the individual

5.7 Institutional abuse (adult)

Possible indicators of institutional abuse:

- Poor record-keeping and standards of care
- Lack of flexibility, procedures, management and support
- Inadequate staffing levels, recreational and educational activities
- Lack of choice
- Dehydration, hunger, lack of personal clothing and possessions
- Unnecessary exposure during bathing or when using the lavatory
- Lack of confidentiality
- Lack of visitors

5.8 Financial abuse (adult)

Possible indicators of financial abuse:

- Unexplained withdrawals from accounts
- Lack of available funds
- Missing personal possessions
- Rent arrears and/or eviction notice
- Unnecessary maintenance
- Lack of receipts for financial transactions
- Persons showing an unusual interest in an individual's assets
- Lack of food etc.

5.9 Modern slavery (adult)

Possible indicators of modern slavery:

- Isolation
- Malnutrition
- Unkempt appearance
- Always wearing the same clothes
- Lack of personal possessions
- Unable to prove identity, i.e., lack of documentation
- Signs of physical or emotional abuse

5.10 Forced marriage (adult or child)

This crime remains largely under-reported as many victims are too frightened to come forward for fear of the repercussions on their families. There are many indicators of forced marriage and these can be sought here.

A dedicated Governmental Forced Marriage Unit (FMU) is available and can be emailed at fmu@fcdo.gov.uk.

If telephoning, it is 020 7008 0151, although this is Monday to Friday between 0900 – 1700 only. Outside of these hours it is 020 7008 5000 or, if calling from overseas, dial +44 (0)20 7008 0151.

For further information on forced marriage see here including how to raise Form FL401A: Application for a Forced Marriage Protection Order.

5.11 Honour based violence (adult or child)[10]

Possible indicators of honour-based violence may include:

- Lengthy or repeated absence from school, a decline in their academic performance
- Depression, anxiety, self-harm, substance misuse, suicidal thoughts
- Poor attendance at work or a drop in performance
- Non-attendance at events outside of the normal working environment
- Restrictions on friends
- Disapproval of adopting a different style (or 'western') type of clothing and/or the wearing of make-up

Honour-based violence encompasses a range of offences including murder, rape, assault, abduction and domestic abuse. Both men and women are at risk

5.12 County lines (adult)[11]

Possible indicators of county lines involvement include:

- Becoming more secretive, aggressive or violent
- Meeting with unfamiliar people

[10] www.core-derbyshire.com

[11] Devon Safeguarding Adults Partnership – County Lines

- Persistently going missing from their home or local area
- Leaving home without an explanation or staying out unusually late
- Loss of interest in work and a decline in performance
- Suspicion of physical assault or unexplained injuries
- Using language relating to drug dealing, violence or gangs
- Carrying a weapon
- Association with a gang
- Becoming isolated from peers and social networks
- Having a friendship or relationship with someone who appears controlling
- Using drugs, especially if their drug use has increased
- Unexplained acquisition of money, drugs or mobile phones

6 Children's indicators of abuse

The following are common presentations in which abuse may be suspected in a child or young person:

6.1 Physical abuse (child)

Possible indicators of physical abuse:

- Bruises, burns, scalds, bite marks, fractures and other injuries
- Admission by the child or young person
- Unwillingness to change into PE kit at school
- Physical signs and symptoms that could be attributed to any category of abuse and/or are inconsistent with the history given
- An inconsistent history or one that changes over a period of time
- A delay in seeking medical support
- Extreme or worrying behaviour
- Self-harm
- An accumulation of minor incidents, including repeated attendance at A&E
- Repeated attendance of a baby under 12 months of age
- Bruising or injury to a child under 24 months of age

6.2 Emotional abuse (child)

Possible indicators of emotional abuse:

- Overly affectionate towards strangers
- Anxious or showing a lack of confidence or appears clingy
- Inappropriate language or subjects for their age
- Extreme outbursts or very strong emotions
- Showing isolation from parents or carers
- Lack of social skills or have very few friends
- Bed-wetting
- Poor attendance at school
- Insomnia

6.3 Sexual abuse (child)

Possible indicators of sexual abuse:

- Avoidance of spending time alone with certain individuals
- Fear or unwillingness to socialise with certain persons
- Use of sexual language or knowing information that would not usually be expected
- Vaginal or anal soreness and/or discharge
- Sexually transmitted infections
- Young girls or girls with learning difficulties or a disability requesting contraception, especially emergency contraception
- Girls under 16 presenting with pregnancy and/or sexually transmitted infections, especially those with learning difficulties, long-term illness or complex needs or disability
- Promiscuity
- Having unexplained physical injuries
- Association with groups of older people or antisocial groups

6.4 Neglect (child)

Possible indicators of neglect:

- Poor appearance and hygiene
- Inadequate clothing
- Hunger or lack of money for school meals
- Untreated nappy rash in infants
- Untreated injuries, conditions and dental cases
- Recurring illness or infection
- Tiredness
- Evidence of skin sores, rashes, flea bites, scabies or ringworm
- Left alone at home for prolonged periods
- Living in unsuitable environments, e.g., no heating or hot water
- Caring for others in the home, e.g., siblings
- Failure to bring to appointments (WNB)

6.5 County lines[12]

Possible indicators of county lines involvement include:

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts/phone calls
- Relationships with controlling/older individuals or groups
- Leaving home/care without explanation
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional wellbeing

6.6 Unborn child

[12] County Lines – Child Criminal Exploitation

Pregnancy can create circumstances and influences for both parents which need to be understood by all professionals who come into contact with these families.

These include where:

- Previous children in the family have been removed because they have suffered harm
- Concerns exist regarding the mother's ability to protect
- There are concerns regarding domestic violence and abuse
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children
- A child in the household is the subject of a Child Protection Plan
- A sibling has previously been removed from the household either temporarily or by court order
- Either parent is a Looked After Child or are known to children's social care
- Any other concerns exist that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child
- A child aged under 16 and found to be pregnant
- Either or both parents have mental health problems
- Either or both parents have a learning disability
- Either or both parents are under 18 years
- Either or both parents abuse substances, alcohol or drugs
- If the pregnancy is denied or concealed

Greater Manchester Safeguarding Board has developed a toolkit for assessing the safety of the unborn child and this can be found within their procedures manual.

7 Actions to be taken if staff have concerns

7.1 General

Should any member of staff have cause for concern, they are to report these to the following and in this order:

1. Dr Melanie Walsh (safeguarding lead)

2. In his/her absence, any member of the Partnership should be appraised

3. In the absence of one or both leads, the senior clinician present must raise the matter with the local safeguarding team. In emergency cases, a decision is to be made about contacting the police or social services

7.2 Adult at risk – action to be taken

When it is suspected that an adult at risk is suffering from abuse, staff are to:

- Remain focused
- Act in a non-judgemental manner
- Offer support, empathy and remain engaged with the individual
- Reassure the individual throughout the consultation
- Ensure that all information is recorded accurately
- Secure any evidence where possible
- Ensure that they do not give the adult at risk any promises or press them for further information

7.3 Child at risk – action to be taken

When it is suspected that a child or young person is suffering from abuse, staff are to:

- Remain focused
- Reassure the child, explaining to them that they have done the right thing and they are not to blame
- Offer support, empathy and remain engaged with the child/young person
- Explain what you need to do next
- Ensure that all information is recorded accurately, paying particular attention to dates and times of events
- Do not ask leading questions or promise confidentiality

7.4 Risks to the child following parents separating

Occasionally, there may be a request from a single parent that suggests that the other parent must not be allowed to access the child's medical records, or even not have any involvement in the medical care of that child(ren)

Should this organisation receive any such requests from estranged parents, then the following advice from MDU titled Children whose parents are separated offers sound guidance. This can be further endorsed by contacting a practioner medical defence union to obtain their thoughts on this matter.

In all situations this organisation will do what is in the best interest of the child and this may involve discussing any concerns with the safeguarding lead should any staff member believe that the parents do not have best interests of the child(ren) in mind.

7.5 Other matters to be considered

Staff must ensure that they stay calm and liaise with the clinical safeguarding lead or nominated deputy to make certain the child, young person or adult at risk is offered the most appropriate level of care. Concerns must be discussed immediately, and an action plan devised.

Staff must understand that there are circumstances where a safeguarding alert may be made without consent, e.g., circumstances involving other at-risk groups or where a crime may have been committed. Disclosing this information is referred to as a public interest disclosure to share information

7.6 Raising an alert

When it is necessary to raise an alert, a risk assessment should be undertaken to prevent further risk of harm to the child, young person, or adult at risk. The initial assessment should consider:

- Whether the individual is still at risk if they return to the place where the abuse is alleged or suspected to have taken place

- The extent of harm that is likely to occur if the child, young person or adult at risk encounters the person who is alleged to have caused harm

- Whether the alleged person still has access to the child, young person or adult at risk

Once raised, the alert will be managed by the safeguarding process which may involve liaising with additional support services to ensure the needs of the individual are met and that the risk of further harm is significantly reduced.

The process will detail the actions to be taken to safeguard the individual at risk, ensuring that those involved are aware of the options available and how they can support the individual throughout the process.

7.7 Record-keeping

It is essential that all concerns, discussions, and decisions are recorded in the individual's healthcare record and that the appropriate SNOMED codes for abuse are used. All correspondence relating to any safeguarding matters for a child, young person or adult at risk is to be scanned into the individual's electronic healthcare record.

Staff are to ensure that, prior to sharing information; any sensitive third-party information is redacted if necessary.

Child protection reports are also to be scanned into the healthcare record and the appropriate coding used. In such circumstances, the SNOMED code used to illustrate that the child is on a child protection plan should be entered into the notes of all individuals living at the same address.

The administration safeguarding lead will be able to advise staff accordingly if they have any queries or concerns.

Please refer to attached protocol for how to record and process information.

7.8 Sharing of information

The sharing of information is essential in establishing early intervention and the protection of children, young people, and adults at risk. Clinicians must understand the need to share information, when it should be shared and how they share the information.

Where possible, consent is to be obtained. However, the safety of the individual is paramount and where concern exists or individuals are deemed to be at risk from significant harm, then this is to be considered as the determining factor and information should be shared. Where doubt exists, the organisation's safeguarding lead or nominated deputy should be approached for advice.

There are seven golden rules to sharing information.[13] They are:

1. Remember that the Data Protection Act 2018, Chapter 2 of this Act, the UK General Data Protection Regulation (UK GDPR) and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared and seek their agreement, unless it is unsafe or inappropriate to do so.

[13] Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers 2018

3. Seek advice from other practitioners or your information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Whenever possible, share information with consent and, if possible, respect the wishes of those who do not consent to share confidential information. Under Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further information in relation to sharing information can be sought from the following:

- UK General Data Protection Regulation (UK GDPR) Policy
- Consent Policy

7.9 Parental responsibility

It should be noted that each parent has parental responsibility and, as such, anyone with parental responsibility for a child has a right to seek access to that child's medical records. Parents do not lose parental responsibility if they divorce. However, this can be restricted by the court.

Parental responsibility is defined in the Children Act 1989 as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to Childcare Act 2006' and is as follows:

- Birth mothers automatically have parental responsibility, as do married fathers. However, in both cases, this can be removed by the court

- When the father is not married to the child's mother, his parental responsibility will depend on when the child was born and those that are named upon on the birth certificate.

  These named fathers automatically have parental responsibility if the child was born on or after:

  - 1 December 2003 in England and Wales
  - 4 May 2006 in Scotland
  - 15 April 2002 in Northern Ireland

- Unmarried fathers who are not named on the birth certificate do not have automatic parental responsibility. However, they can acquire parental responsibility if they obtain a Parental Responsibility Agreement from the child's mother, or a Parental Responsibility Order from the court

- Step-parents and civil partners can acquire parental responsibility in the same way as unmarried fathers

- If a child is adopted, the birth parents will lose parental responsibility for their child, and with any child in care, the representatives of the local authority will have parental responsibility for that child

The MDU provides further guidance on both parental responsibility and disputes between parents here.

External support for victims

There are several organisations that provide specific support. Some of the main national charities include:

- Action for Children
- Citizens Advice
- Crimestoppers
- Justice and Care
- Karma Nirvana
- Mind
- NSPCC
- Rape Crisis
- Refuge
- The Salvation Army
- The Survivors Trust
- Women's Aid

8 Other safeguarding related matters

8.1 Confidentiality

There may be, on occasion, a requirement to restrict access to an individual's healthcare record to only certain members of the clinical team. Care must be taken to ensure that the child, young person or adult at risk does not suffer embarrassment or humiliation.

Staff are reminded that they must not promise to "keep secrets" as there will be a requirement to share the information given by the individual. The Data Protection Act 2018 does not prevent the sharing of safeguarding information.

8.2 Requests for information

At Beeches Medical Practice all requests for information which relate to any safeguarding matters are to be directed to the administration safeguarding lead who will discuss the request with the organisation's safeguarding lead or nominated deputy.

Requests are to be processed within 48 hours and, if this is not possible, the requesting authority is to be contacted and advised why and when they can expect the response.

NHS England has released a YouTube video to detail how information is shared between health and social care.

9 Training

9.1 Training overview

This organisation is committed to having arrangements in place to ensure that all staff are trained effectively and to the level required commensurate with their role.

Level of training	Staff requirements
1	All staff including non-clinical managers and staff working in healthcare services
2	Minimum level required for non-clinical and clinical staff who, within their role, have contact with children and young people, parents/carers or adults who may pose a risk to children
3	All clinical staff working with children, young people, their parents or carers and any adult who could pose a risk to children, who could potentially contribute to the assessing of, planning, intervening in and evaluating the needs of a child or young person and parenting capacity Note: This includes practice nurses
4	Named professionals
5	Designated professionals

9.2 Minimum training requirements

Minimum training times have been provided by RCGP and can be found in the document titled RCGP supplementary guide to safeguarding training requirements for all primary care staff. This details all levels and all practice staff.

Further reading from intercollegiate guidance includes:

- Adult Safeguarding: Roles and Competencies for Health Care Staff
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

9.3 Further training

Detailed information regarding the required levels of safeguarding training for healthcare professionals is given in the intercollegiate document entitled Safeguarding Children and Young People, Roles and Competencies for Healthcare Staff, 2019.

Further NHS training is available and includes:

- Domestic violence
- Child sexual abuse
- Child abuse
- Child protection
- Adult safeguarding

9.4 Safer recruitment

Beeches Medical Practice will ensure that the appropriate pre-employment checks are carried out prior to any individual commencing work at the organisation and that these will mirror the six NHS Employment Check Standards which are:

1. Identity Checks
2. Employment history and reference checks
3. Work health assessments
4. Professional registration and qualification checks
5. Right to work checks
6. Criminal record checks

Applicants will be required to undergo either an enhanced or standard DBS check depending on the position applied for.

It is acknowledged that the management team at Beeches Medical Practice has a legal duty to refer information to the DBS if any employee has harmed, or is deemed to be a risk of harm, to children, young people or adults at risk.

9.5 Whistleblowing

All staff can raise any concerns they may have about a colleague's behaviour in confidence.

Refer to the Whistleblowing Policy and Procedure

9.6 Allegations against a member of staff

All alleged allegations will be investigated thoroughly. The organisation safeguarding lead is to be informed and he/she will consult with the local authority's safeguarding team (child or adult) and, if necessary, the local police.

The safeguarding lead will advise the individual concerned that an allegation has been made against them but will not disclose any information at this stage.

Such is the seriousness of any alleged allegation, the individual concerned must be managed appropriately in accordance with the organisation's HR procedures. Allegations do not necessarily merit immediate suspension. This will depend on the person's role within the organisation and the nature of the allegation.

Allegations are distressing for all concerned, the individual, the organisation's staff and the alleged person. It is imperative that appropriate advice is sought from the outset. The local authority's safeguarding lead for managing allegations will be able to provide guidance to ensure that the correct process is followed.

9.7 Chaperoning

It may be appropriate to offer a chaperone for a variety of reasons. Clinicians should consider the use of chaperones for some consultations and not solely for the purpose of intimate examinations or procedures.

A chaperone can be defined as "an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship".[14]

9.8 Professional challenge

Professional challenge is an encouraging action taken in the best interests of the child, young person or adult at risk. It enables the challenging of decisions or actions by a member of staff if they consider the stated decisions or actions not to be effective enough for those deemed to be at risk.

Should a member of staff disagree with any element of care offered to an at risk individual, they are encouraged to discuss their concerns with the organisation's safeguarding lead, their nominated deputy or the local authority safeguarding lead who will provide independent guidance. It is envisaged that most professional challenges will be resolved informally and at a local level.

10 Failure to attend an appointment

10.1 Did not attend (DNA)

Whilst it is acknowledged that there are many reasons for a child, young person or adult at risk to miss an appointment, there may be occasions when failure to attend appointments is a cause for concern.

Appropriate actions can be pivotal in safeguarding the child, young person or adult at risk and, where appropriate, can trigger early interventions to reduce risk.

In known cases where safeguarding is a concern, if a child, young person or adult at risk fails to attend an appointment, it is the responsibility of the clinician to try to establish contact with the relatives or carer of the patient to discover the reasons why the patient failed to attend their appointment. The child, young person or adult at risk is then to be offered another appointment based on clinical need.

[14] Definition of a Chaperone

To ensure those at risk are offered the most appropriate level of support, the clinician with whom the patient failed to attend is to ensure that the organisation's clinical safeguarding lead is informed and that any advice given is acted upon accordingly as detailed at Section 8 of this policy. Record keeping of DNAs is important and the appropriate use of the relevant SNOMED code is required to track any trends. Staff must ensure that they understand their individual responsibilities which are given below in Section 12.

10.2 Was not brought (WNB)

Repeatedly failing to attend appointments for some children or young persons may be an indicator that there is an increased safeguarding risk. At Beeches Medical Practice failure to attend in relation to a child or young person will be referred to as "Was not brought" or WNB. This statement clearly reflects the point that children and young people rely on their parents, carers or guardians to bring them for appointments.

Whilst it is acknowledged that many missed appointments are genuine oversights, instances of repeated cancellations, rescheduling of appointments or WNBs all merit cause for concern.

10.3 Referring a WNB

If a clinician has significant concerns, they are to initiate a child protection referral using the contact numbers detailed below. Any word-of-mouth referral is to be followed up in writing within [24] hours by the referring clinician. Where the clinician believes that harm is imminent, they should call the police immediately.

All staff are to retain accurate records at all times, ensuring that all actions are annotated, outlining any actions taken. Whilst there is no definitive SNOMED code for WNB, several others are available under 'Did Not Attend' for children (see link at 11.1). A "Was Not Brought" letter template that is to be forwarded to the parent or guardian following a WNB can be found at Annex A.

10.4 Actions for a WNB

The flow diagrams below details how we will manage such occurrences. The first flow diagram explains the steps to be taken should a child or young person not attend appointments at this practice.

YES	NO
Clinician to contact parents/carers/ guardians by phone to determine the reasons for non-attendance and arrange an appointment	Clinician to contact parents/carers/ guardians by phone to determine the reasons for non-attendance and arrange an appointment
Accurately record actions taken (SNOMED CT appropriately)	Accurately record actions taken (SNOMED CT appropriately)
Contact relevant team to discuss an appropriate action plan (health visitors/ socials workers etc.)	
If the clinician is concerned that the child or young person is at significant risk, they are to escalate their concerns, making a safeguarding referral	
Contact the Local Authority (LA) Children's Social Care [amend as required].	

This second flowchart applies if a child or young person does not attend appointments following a referral, i.e., hospital appointments.

Child or young person WNB to an appointment following a referral to secondary care

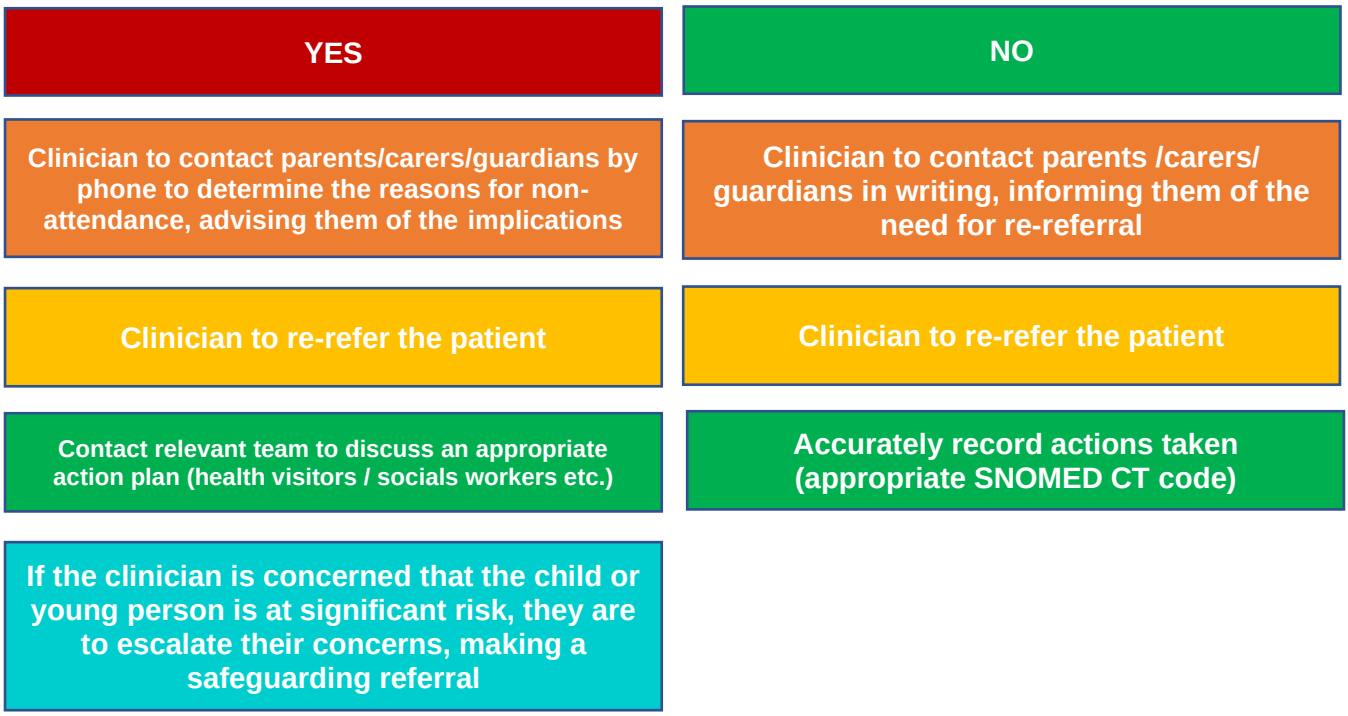
Practice receives notification of WNB

Practice to copy notification and send it to parents / carers / guardians

Practice to determine if health visitor or social workers need to be informed (if applicable)

Does this occurrence have an impact on their well-being or health?

Are there known safeguarding concerns (previous or current)?



11 Safeguarding and responsibilities

The following are the safeguarding responsibilities of staff within Beeches Medical Practice:

11.1 Organisation safeguarding lead

The organisation safeguarding lead is responsible for:

- Ensuring that they are fully au fait with the internal, regional and national policies and procedures that underpin safeguarding
- Acting as the focal point within the organisation for staff who may have concerns, addressing the concerns and taking action as necessary
- Reviewing any information regarding safeguarding concerns, investigating matters further if necessary and taking the appropriate action
- Acting as the liaison between the organisation and the local safeguarding teams, facilitating the sharing of information, attending multi-agency meetings and supporting any local safeguarding investigations where requested
- Processing and sharing information within the organisation in the most effective manner
- Continually reviewing the organisation's safeguarding processes and policy, making recommendations for change as necessary
- In conjunction with the deputy safeguarding lead and organisation manager, ensuring compliance with policy and process by means of audit

- Encouraging training for all staff groups
- Ensuring staff are supported appropriately when dealing with any safeguarding matter

NB: The deputy organisation safeguarding lead will assume the above responsibilities in the absence of the organisation safeguarding lead.

11.2 Partners/directors

The partners/directors are responsible for:

- Ensuring safeguarding children, young people and adults at risk is central to clinical governance
- Contractual compliance with clinical governance arrangements for effective safeguarding policies and procedures
- Ensuring that all staff are trained and know how to react to concerns raised and recognise potential indicators for abuse

11.3 Practice manager

The practice manager is responsible for:

- Ensuring that safeguarding responsibilities are clearly defined in the job descriptions of all staff
- Adhering to the pre-employment requirements and ensuring that an effective recruitment process is in place
- Reaffirming the significance of safeguarding to all staff within the organisation
- Amending and keeping the safeguarding children, young people and adults leaflet shown at Annex B up to date and freely available to all staff and patients

11.4 GPs

The GPs are to:[15]

- Take prompt action if they think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

In addition, GPs should be afforded the necessary time to effectively contribute to safeguarding meetings, case conferences and external meetings in support of their patients.

11.5 Organisation's senior nurse

The organisation's senior nurse is responsible for ensuring compliance with the NMC Code of Conduct[16] and:

[15] GMC Good Medical Practice 2020

[16] The Code for Nurses and Midwives NMC

- Acting as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care
- Sharing necessary information with other healthcare professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
- Sharing information to identify and reduce risk
- Raising concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection

11.6 All staff

All staff have a responsibility to:

- Know how to act should they recognise potential indicators of abuse or neglect
- Understand the organisations and local safeguarding policies and procedures
- Partake in meetings and case conferences when requested regarding safeguarding matters
- Attend and/or complete regular training commensurate with their role in accordance with their individual terms of reference and practice policy

12 Increases in domestic abuse

12.1 Circumstances when abuse can increase

In times of national crisis such as COVID-19, or even when the England football team loses during a World Cup match, there is significant evidence highlighting that specific events can be the catalyst in domestic violence incidents.[17]

Recent history shows that, during the 2018 World Cup, domestic abuse rose by 38% following England losing a match. Likewise, during COVID-19[18] there has also been an increase due to the anxiety and uncertainties surrounding the pandemic, increased unemployment and the loss of income together with the order to stay at home.

During the lockdown, there are obvious reasons to have more concerns due to the limited options of those affected being able to move to a safe area. However, support is available with the government working with the charity sector and the police to ensure that support services remain open during this challenging time.

12.2 Actions required

Following Home Office advice, greater awareness is required and there is a need for staff to be reminded of the signs which may indicate that abuse is happening to vulnerable adults and children.

[17] www.bbc.co.uk
[18] www.gov.uk

Whilst this is directed towards the COVID-19 lockdown, consideration must be given towards adopting continued vigilance following the easing of lockdown restrictions and/or as otherwise directed by statistical analysis.

To support this awareness and in addition to the Home Office information, posters have been made available to raise awareness.

These can be found at Annex D and Annex E.

14 Summary

Safeguarding is the responsibility of all staff. It is a mechanism for identifying and supporting those children, young people and adults who are at risk from harm and neglect.

Staff must be alert to the potential indicators and fully understand how to act if they suspect abuse or neglect. In doing so, the risk of prolonged harm and neglect will be reduced and the individuals affected will be offered the appropriate level of support and, where applicable, justice will be sought.

Annex A – Was Not Brought (WNB) letter

[Date]

Dear [insert parent or carer name],

At Beeches Medical Practice, we are committed to ensuring that all of our patients receive quality, evidence-based care at all times. Such is our desire to facilitate the effective delivery of care, we have in place policies and protocols which support our aim in achieving this.

Our Safeguarding Policy has been written to ensure that our patient population receives the necessary care and support when it is needed. As young children rely on their parents or carers to bring them for appointments, we monitor and follow up any missed appointments for children, thereby ensuring they receive the care they need, when they need it.

We note from our records that [insert patient name] missed their appointment on [insert date] at [insert time] with [insert GP name].

It is acknowledged that missed appointments can be genuine oversights, but repeated missed appointments give us cause for concern and we use the term “Was Not Brought” to describe this.

We are writing to request that you [contact the organisation and arrange an appointment for [insert patient name] as soon as possible **or** you request that the named clinician calls you to discuss [insert patient name]. The organisation telephone number is [insert telephone number] or alternatively you can arrange an appointment using our online service.

Yours sincerely,

[Insert signature]

for

[Insert named clinician]

Annex C – Safeguarding Audit tool

RAG status indicator:

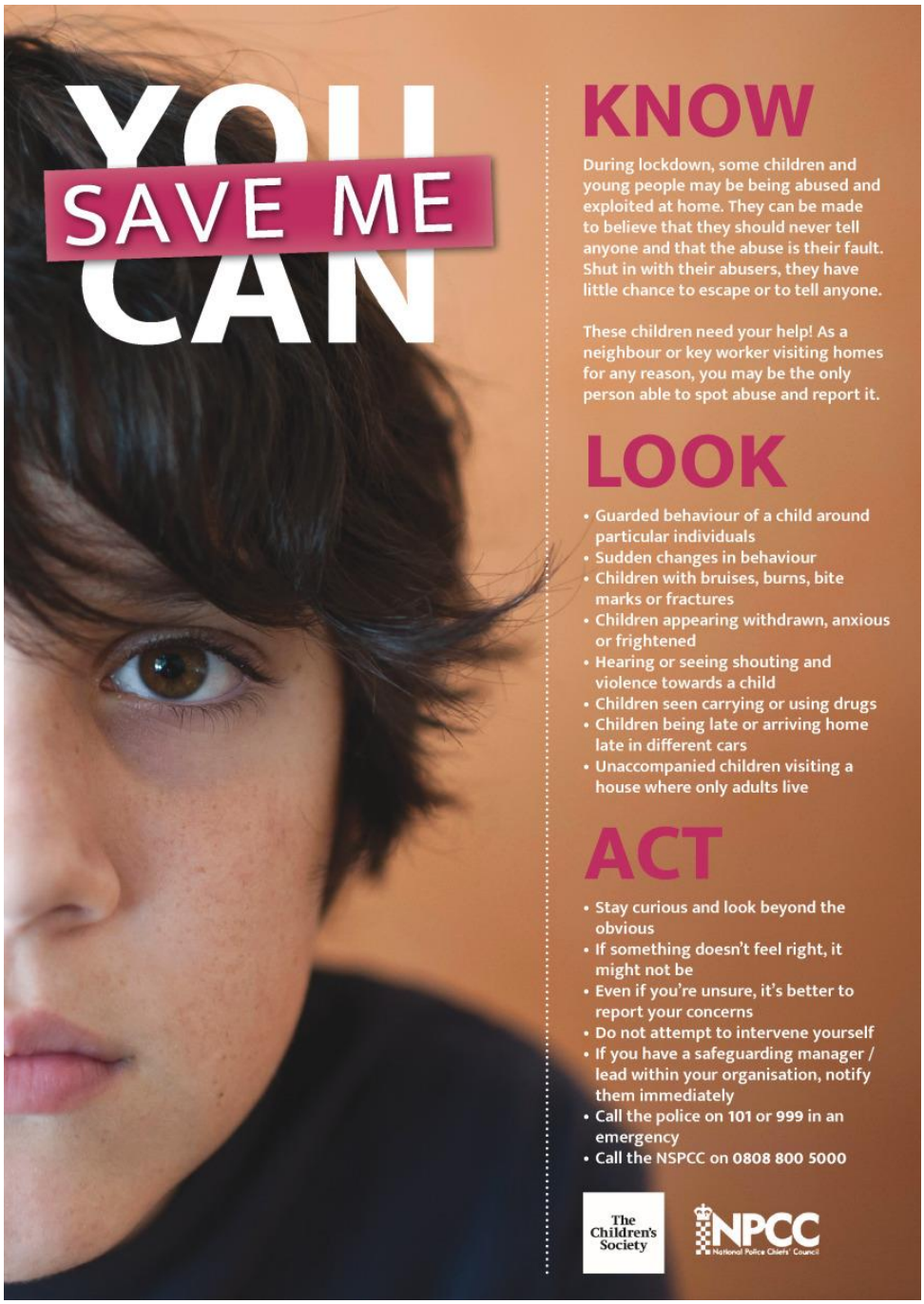
Red  Non-compliant against standards
Amber Partially compliant and an action plan is in place with SMART objectives
Green Fully compliant

Standard	Guidance	Evidence	RAG status adult	RAG status child
Accountability: There are safeguarding adults and children polices in place.	• There are named safeguarding leads for safeguarding children and adults at risk • The policy states who staff should discuss any safeguarding concerns with • There is a process of continuous improvement in place regarding policy review and update • The policy refers to extant legislation	*Insert hyperlink to organisation policy here* *Named staff are annotated in the policy* *Audit is detailed in the policy* ***Examples include**:* *Mental Capacity Act (2005)* *Deprivation of Liberty Safeguards (2009)* *Care Act (2014)* *Prevent Duty Guidance (2015)* *Information Sharing (2015)*		
Governance & assurance: The organisation is registered with the Care Quality Commission (CQC).	• The organisation is compliant with Regulation 13 Safeguarding service users from abuse and improper treatment • The organisation demonstrates compliance with Key Lines of Enquiry (KLOE)			
Policy & procedure: There is an effective whistle-blowing policy in place which details the process for raising concerns, suspicions and	• A comprehensive whistleblowing policy is to be in place which encourages staff to raise concerns and confirms that they will not be penalised or jeopardise their own position	*Hyperlink to relevant policies such as:* *Complaints Policy* *Whistleblowing Policy*		

allegations of abuse by a staff member.	• Staff are aware of how to raise suspicions, concerns or allegations of abuse about a member of the team • Staff are aware of PREVENT and how to escalate concerns	*Safeguarding Policy*		
Information sharing: There are systems in place for the appropriate, effective sharing of information. The organisation promotes a culture of openness, honesty and transparency.	• Staff are aware of the procedures to be followed and how information is to be shared if they suspect a child, young person or adult is at risk of harm, abuse or neglect • All staff are aware of the guidance available to them by their representative professional bodies • There is a Duty of Candour within the organisation in accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	*Hyperlink to relevant policies such as:* • *Safeguarding Policy: this policy should include a section on information sharing and link to Information-sharing advice for practitioners providing safeguarding services to children, young people, parents and carers* • *Staff are aware of and use the safeguarding templates on the clinical system* • *Staff have access and the authority to share information where appropriate and smartcards are enabled to facilitate this* • *There is evidence of regular multi-disciplinary meetings to discuss and share information. Link minutes*		
Inter-agency working: The organisation effectively liaises with external agencies to protect those at risk.	• Staff are aware of their individual responsibilities to share information and to engage with external agencies when requested. • Staff are aware of the alert process and the requirement for action plans to be produced and acted upon in a timely manner • Clinicians invited to multi-agency meetings regarding safeguarding matters are allocated the time to do so and contribute effectively to the meeting, completing any administrative tasks, i.e., submitting reports efficiently.	*Hyperlink evidence of participation:* • *Minutes from meetings* • *Contributions to processes and conferences* • *Clinical system shares*		

Safer recruitment: There are robust recruitment processes in place to prevent those people who pose a risk from working with children, young persons and adults at risk.	• The organisation's recruitment policy is in place which details the requirement and arrangements for Disclosure and Barring Service (DBS) checks	*Hyperlink to relevant policies:* *Recruitment Policy* *Safeguarding Policy* *Evidence of DBS checks for staff*		
Training: All staff have completed the requisite training commensurate with their role. Staff are aware of their responsibility and how to act if they have any concerns.	• Staff complete the appropriate level of training depending on their roles and responsibilities. Training is undertaken over a three • year period and recorded by the training coordinator • Staff responsibilities are detailed in the Safeguarding Policy for all staff groups	*Hyperlink training record here.* *https://www.rcn.org.uk/professional-development/publications/pub-007366* *Link to Safeguarding Policy if necessary*		
Accessing support: All staff have access to the appropriate level of support and supervision in line with their roles and responsibilities.	• It is clearly defined within the Safeguarding Policy who staff (at all levels) can contact for support for safeguarding matters for children, young people and adults at risk	*Support is detailed in the organisation's Safeguarding Policy* *Arrangements are in place for the safeguarding lead to attend local authority meetings* *There is evidence of effective communication within the organisation's multidisciplinary team regarding the sharing of safeguarding information*		

Annex D – Children's Society poster



Annex E – Domestic abuse awareness poster

Declaration

In law, the responsibility for ensuring that this Safeguarding Children and Young Persons Policy is reviewed and implemented belongs to the Practice Partners: **Dr R Laycock, Dr E Jutsum, Dr M Walsh, Dr Brocklebank.**

This Policy has been reviewed and accepted.

Signed by: _____

Date: _____

Signed: _____

on behalf of The Beeches Medical Practice

The Practice team have been consulted on how we implement this policy

Signed by: _____

Date: _____

Signed: _____