**AYRSHIRE VULNERABLE WOMEN & CHILDREN’S SOCIAL MITIGATION CELL**

This document aims to identify the scale of potential risk and assist with contingency planning for vulnerable women, children and young people as a result of COVID-19 responses.

The COVID-19 outbreak is a rapidly evolving situation. The Scottish Government have announced (and may announce further) a variety of containment and isolation advisories with implications for staff and for people using services.

Women, children and young people are particular risk groups with specific needs. Current guidelines present specific challenges in delivery of service in relation to COVID-19 and subsequent restrictions.

This document will cover the following key themes in relation to women, children and young people:

* Gender Based Violence
* Sexual Health and Blood Borne Viruses (SHBBV)
* Maternity (received)
* Care Experienced Young People
* Early Years and Schools
* Justice Services
* Child Poverty
* Paediatrics
* Alcohol and Drug Partnerships (ADPs)
  + North
  + South (awaited)
  + East (awaited)
* Mental Health

There will be a need to identify learning points from similar situations when there has been intense pressure on service provision and delivery, and also from areas across the country who are experiencing the same measures as a result of the pandemic.

Please note pressures and mitigating actions may change as we move through the phases of the pandemic including peak clinical response, recovery and elimination. This document will respond and be updated during this process.

**Gender Based Violence**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| GBV 1 | NHS Staff working at home more vulnerable due to Domestic Abuse | HIGH  Increased violence against women  Increased mental health issues | Guidance for NHS Managers for staff working at home | Sharon Hardie |
| GBV 2 | Safety risk of NHS Staff required to self isolate | HIGH  Increased violence against women  Increased mental health issues | Resource for staff hub to carry out RE via telephone | Sharon Hardie |
| GBV 3 | NHS Staff unable to identify those at risk of GBV due to remote contact | HIGH  Increased violence against women  Increased mental health issues | NHS guidance for health practitioners  Adapting RE for telephone contact | Sharon Hardie |
| GBV 4 | Vulnerable women e.g. women in justice system have additional risks to violence and CSE | HIGH  Increased violence against women  Increased mental health issues  Increased sexual violence | Liaise with Specialist domestic abuse services and women’s justice service to establish current pathways to specialist services | Sharon Hardie |
| GBV 5 | Victims of abuse may become more hidden with reduce access to face to face services | HIGH  Increase violence against women  Reduce access to support services | Liaise with public protection colleagues to develop resources/communications raise awareness of possibility of abuse with wider public and how to raise concerns. | Sharon Hardie |

**Sexual Health & BBV (SHBBV)**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| SHBBV1 | Reduced contraception access including Emergency Hormonal Contraception (EHC) | HIGH  Increase in STI (inc HIV) transmission and unintended pregnancy | Pharmacy liaison  SH Service liaison  Digital outreach  Community hub | Zoe Kelly |
| SHBBV2 | Restricted TOP Provision | HIGH  Restricted patient access | Temporary measures as per CMO letter issued 31st March 2020 | Anja Guttinger |
| SHBBV3 | Reduced SH and BBV testing capacity | HIGH  Restricted patient access | Secure staff in key areas to deliver prioritised SHBBV services | SH Service  Addictions Service |
| SHBBV4 | Access to condom provision | HIGH  Increase in STI (inc HIV) transmission and unintended pregnancy | Pharmacy liaison  SH Service liaison  Postal service  Third sector input  Digital outreach  Community hub | Zoe Kelly |
| SHBBV5 | Increase risk taking behaviour including alcohol and substance use | HIGH  Increase in STI (inc HIV) transmission and unintended pregnancy  FASD risk | Digital outreach  Community hub | Health Improvement |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| SHBBV6 | Restricted access to Pre Exposure Prophylaxis (PrEP) | HIGH  Increase in HIV infection | Digital outreach  Third sector input | SH Service  Zoe Kelly |
| SHBBV7 | Restricted access to BBV treatment and support | HIGH  Limited treatment initiations  Access to treatment  Treatment adherence | Acute service liaison  Digital outreach | Zoe Kelly |

**Maternity**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MAT1 | Reduction in home visits due to COVID-19.  First visits now being carried out over the phone - Risk assessments may have missing information as a result.  Difficult to assess risk fully over the phone. | Patients are receiving essential antenatal care in a clinic setting, However additional visits not permitted in the home as not classed as essential.  Vulnerable groups not always able to attend clinics due to financial worries, no transport, geographical area. Difficult to assess home environment and have clear open and transparent discussions over the telephone.  Vulnerable groups scared and declining home visits also. | Home visits are being carried out where assessed necessary – assessed on case by case basis.  Staff using PPE for direct contact and patients being called prior to visit to ensure safe to enter home.  Trying to provide additional visits virtually – difficulty getting vulnerable groups to access this due to not having broadband, devices to access this. | Alexa Foster |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MAT2 | Reduction in continuity of carer. | Vulnerable groups require continuity to feel supported, to establish relationships and to improve outcomes for families.  More likely to engage where continuity exists. | High risk groups- an attempt to provide continuity where possible.  As team becomes depleted due to needed in other areas or staff illness other team members need to cover visits etc. | Alexa Foster |
| MAT3 | Team around the child being redeployed to other areas. Children are unseen. Who is escalating change in circumstances, or identifying risk? | Children are unseen, professional involved in the family are redeployed or contacting over the telephone. Child Protection are being prioritised for visits.  Vulnerabilities but not Child Protection are visited less frequently. Who is escalating concerns quickly when it meets a child protection threshold?  Who is working with the family to support them intensively to ensure that it does not escalate to child protection? | Safeguarding team are carrying out care as noted – staying in contact with team around the child virtually. Requesting visits where needed. |  |
| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MAT4 | Escalation of domestic abuse / mental health issues | Lockdown increasing anxieties, women and children are at greater risk of being subject to domestic abuse. | Only aware if reported to police or disclosed at a visit. |  |
| MAT5 | Non attendance at Child Protection Meetings | Currently Child protection meetings are carried out within SW premises. Safeguarding team are being asked to submit assessment and recommendations – not a part of the discussion. Not able to dissent, not a part of the Childs plan. | Requested to join meetings via teleconference. So far only East Ayrshire are allowing this to happen. |  |

**Maternity**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MAT6 | Fear of Covid19 prevents pregnant women seeking advice about concerns for own health | HIGH  Risk of maternal Death  Risk of maternal morbidity | Public Information  Community Midwives highlighting need for prompt contact to be made | Attica Wheeler |
| MAT7 | Fear of Covid19 prevents pregnant women seeking advice about concerns for health of pregnancy | HIGH  Risk of miscarriage or stillbirth | Public Information  Community Midwives highlighting need for prompt contact to be made | Attica Wheeler  Obstetrics Lead |
| MAT8 | Pregnant women not attending routine antenatal appointments so early detection of issues with pregnancy may not be detected | HIGH  Risk of miscarriage or stillbirth or a affected baby |  |  |
| MAT9 | Pregnant women not taking up pregnancy screening appointments so early detection of foetuses affected by rare but significant conditions may not be detected. | HIGH  Some treatable conditions will not be detected.  Women’s reproductive choices will be reduced. | Clear communication of information to parents about antenatal screening and reproductive options | Regina McDevitt  Attica Wheeler |
| MAT10 | A reduction in support services for vulnerable pregnant women will affect the pregnancy and woman’s health | MODERATE  Population of young vulnerable first-time mothers in Ayrshire and Arran may have reduced service. | Maternal Safeguarding Team have action plan to support clients.  Clear messaging for clients about need for service engagement. | Safe guarding Lead |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MAT11 | Restrictions on partners attending births or availability of home births will constrain women’s birth plans. | MODERATE  Women’s psychological health will be negatively impacted | Supportive engagement between community midwives and maternity team to reassure women.  Additional support for parents – parenting, bonding | Attica Wheeler  Alexa Foster |

**Care Experienced Children and Young People**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | | **Lead Contact** |
| LACECYP1 | CYP Looked After at Home less accessible / less visible therefore more at risk especially in light of effects of lockdown on parental actions (poor mental health etc) | Increased risk of injury and illness, Lack of availability of support when required during lockdown | Digital / Telephone outreach? | |  |
| LACECYP2 | Delay in notification / assessment of children being transferred from out of area into Ayrshire care homes | Risk of adverse events affecting children with unknown needs who have been transferred in, especially to private providers (notification process still being finalised pre-lockdown) | Clarify process for urgent out of area placements.  Ensure notifications are being received | |  |
| LACECYP3 | Inequalities in mental and physical health outcomes becoming more pronounced in this vulnerable population whilst services and treatments are postponed | Inequality of health outcomes may heighten post lock-down, this may be difficult to assess and address | Needs Assessment Post-lockdown as part of recovery phase | | ICYPTCPB Project Team – L Dalziel? |
| LACECYP4 | Inequalities in social outcomes becoming more pronounced in this vulnerable population whilst services and treatments are postponed | Improvements in equality of educational and employment outcomes may be affected post lock-down | Needs Assessment Post-lockdown as part of recovery phase | | ICYPTCPB Project Team – L Dalziel |
| LACECYP5 | Absences in staff qualified to carry out health assessments for LACECYP | Reduced capacity to carry out statutory health assessments, immediate and deferred risk and effects on health of LACECYP |  | |  |
| **Risk ID** | **Risk Description** | **Impact** | | **Mitigating Action** | **Lead Contact** |
| LACECYP6 | Mental Health need of young people across care settings increasing | Associated outcomes such as suicide and Coping Strategies such as Self Harm and substance use increasing. | | Digital outreach and support? |  |
| LACECYP7 | Greater need for intervention in families with children “on the edge of care” due to problems coping with lockdown measures on part of parents. | Greater numbers of children requiring to be cared for (Neglect, poverty, CAPSM) | |  |  |

**Early years and Schools**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| EYS 1 | Fewer HVs as some have been redeployed, so there is decreased visibility of the under 5’s, especially children of vulnerable adults | HIGH  Vulnerable children may not become known to services | Ensure good links to Child Protection Team | HV Management structure  Child Protection |
| EYS 2 | Schools are closed and school nurses redeployed, so there is decreased visibility of the over 5’s, especially children of vulnerable adults | HIGH  Vulnerable children may not become known to services | Ensure good links to Child Protection Team | School Nurse Management structure  Child Protection |
| EYS 3 | Impact of decreased socialisation on mental health | HIGH  Mental health issues could persist for many years to come | Link into ongoing work in Mental Health Directorate | Thelma Bowers |
| EYS 4 | More screen time may increase risk of online child abuse | HIGH  Vulnerable children may become ensnared in unsuitable activities if targeted by online paedophiles | Ensure good links to Child Protection Team | Child Protection |
| EYS 5 | Decreased physical activity contributing to obesity, combined with poor dietary choices during lockdown. | MODERATE  Once lockdown is over, ensure that programmes such as Jump Start include children who may have been adversely affected. | Link into ongoing work such as Jump Start | Ruth Campbell/Alan Brown |

**Child Poverty**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| CP1 | Household income reduced due to increased levels of work, furloughed staff, challenges in accessing Universal Credit and other benefits. | HIGH  Exacerbates household poverty levels and full suite of negative poverty outcomes for children | Referral to Money Advice Hubs following telephone/VC appointments | Regina McDevitt |
| CP2 | Children self-isolating at home not able to obtain free school meals at school | HIGH  Negative impact on nutrition and health | Access to “Holiday Club” meals. | RMcD and Education Leads in three LA |
| CP3 | Children self-isolating at home not able to access education if lacking wifi/devices to access education programmes | MODERATE  Attainment levels will be impacted | Provision of education by other means – school hubs or community hubs | RMcD and Education Leads in three LA |
| CP4 | Fewer opportunities for leisure, socialising and cultural occasions will impact on mental health and wellbeing.  Coupled with potential access to and reduction in availability of CAMHS service | HIGH  Children’s mental health will be adversely affected | Schools and Community Hubs may offer on-line or in-house opportunities. Example of Books; Puzzles, DVD, Craft Kits etc... delivered to children at home | CAMHS lead? |
| CP5 | Reduction in face-to-face appointments with a range of professional staff with a remit to refer families to Money Advice Hubs. | MODERATE  Fewer direct referrals will take place |  | Regina McDevitt / Marlene McMIllan |

**Paediatrics**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| PAED1 | Parent’s fear of COVID19 may delay them taking their child to hospital for emergency / acute care and treatment. | HIGH  Possibility of Death | Public Information provision and Education | Clinical Lead |
| PAED2 | Children spending more time in self-isolation with abusing or neglectful parents/carers | HIGH  Possibility of increased abuse and trauma | Close working with all partnerships to monitor at-risk children | Lead for Child Protection |
| PAED3 | Delay in treatment for conditions, such as cancer. | HIGH  Increased morbidity and potential hastening death | Active management of all known and USC cases | Clinical Lead |
| PAED4 | Parental concern and reduced service provision may mean routine appointments are not available or attended | HIGH  Increase in morbidity for chronic or long-term conditions | Effective media messaging | Clinical Lead(s) |
| PAED5 | Restricted access to dental services for routine care will increase need for hospitalisation and GA for tooth extraction.  Reduction in oral health improvement ‘Childsmile’ programme due to schools closure. | MODERATE  Increase in dental caries and increased risk of dental sepsis, with need for extractions | Limited emergency GA session for children in severe pain and/or with dental sepsis. | Director of Dentistry and Specialist in Paediatric Dentistry |

**ADP North Ayrshire**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| ADPN1 | Changes to addiction client medication dispensing regimes | Less supervision of prescribed Opiate Replacement Therapy (ORT) | NADARS staff have RAG rated every client and prioritising contact in relation to rating. All staff keeping in touch with this group weekly and asking specifically about children in the household and any additional stress or distress in relation to childcare responsibilities. | A Lee Service Manager |
| ADPN2 | Addiction Clients with childcare responsibilities | Increase stress in the household | All clients recorded to have children identified and reviewed. Where appropriate NAC NADARS will undertake a Child & Parent Impact Report to identify and introduce additional support. | A Lee Service Manager |
| ADPN3 | Safe storage of prescribed medication | Reduced risk of children having access to ORT | All clients prescribed ORT with child care responsibilities are routinely given lock boxes to store medication. | K Montgomery Team Leader |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| ADPN4 | All identified clients with parental responsibility, who are in receipt or ORT, have had their health (CarePartner) and where appropriate, social care (CareFirst) records updated to reflect changes to clinical care and practice. | Increase communication with essential partners and will also be visible to SW OOH and Ayrshire Unscheduled Care Services (AUCS) if client records are accessed in an emergency presentation. | Information recorded on electronic systems to enhance communication for shared care arrangements in place with wider health and social care partners as follows;  Due to exigencies of the COVID-19 pandemic, changes to clinical and care practice have been necessary to balance client care, population risk and the protection of essential services. Exact change will then be documented which may include changes to ORT dispensing and levels of supervision. | A Lee Service Manager |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| ADPN5 | Adult Support & Protection. Where additional risk to female adult and children in the household experiencing harm due to potential adult risk behaviour. | Less face to face contact. | ASP1 Desk top enquiries engaged to assess risk and support action plan.  ASP2 investigations to be carried out and one home visit under safe procedure of social distancing and use of PPE if required.  ASP2 ASPCC or reviews Video conference calls supported by NADARS SC social workers. Orders under ASP act to be in place to protect victims.  Link to Children & Families and Child protection teams to coordinate safety planning.  If children not known, link to Service Access to assess risk.  Link to Women’s Aid to provide addictions advice and support.  Link to Police and court social workers to obtain information and update safety planning | Duty Social Care staff.  Graham Lindsay Team Manager  Anna Brogan SW  Tricia Murray SW  Joyce McEwan SW  Investigating officer. |

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| **Risk ID** | | **Risk Description** | **Impact** | | **Mitigating Action** | **Lead Contact** |
| ADPN6 | Child Protection registered children and parents supported by NADARS Social workers in joint working with children and families staff and child protection team. Female carer separated from perpetrator and carer supported by NADARS due to alcohol / drug problem. | | Limited face to face home visits. | Weekly telephone contact to client.  Contact with children & families team and where agreed , joint home visits with NADARS SW , C&F teams and CP team under same safety processes as with Adult Support & Protection.  Video conference under child protection meetings input by NADARS SC social workers.  Respective Team manager’s from C&F and CP team discussion with Graham Lindsay team manager NADARS, to agree plan of intervention to any investigations planned or pending by NADARS SC Social workers.  CAPSM agenda. Addiction staff support identified services to children who have experienced domestic abuse in the family.  Referral to Named person service. | | Anna Brogan SW  Joyce McEwan SW  Tricia Murray SW  Anna Brogan  Tricia Murray  Joyce McEwan  Graham Lindsay team manager.  Elayne Carrick  Emma Sharp  Dawn Campbell  NADARS |

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| **Risk ID** | | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| ADPN7 | MAPPA | | No face to face meetings. | Social workers to communicate with Justice Service teams through emails telephone calls and contribute assessments and views and participate in any video conference calls.  Keeping safety of victim ( female and children ) priority to care planning as priority | Anna Brogan  Tricia Murray  Joyce McEwan |

**Mental Health**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MH1 | Risk to mental wellbeing | HIGH | Public Health |  |
| MH2 | Risk of increased stress and distress | HIGH | Public Health |  |
|  |  |  | Voluntary organisations; Samaritans, Breathing Space etc  3rd sector; Penumbra etc.  Community Hubs  Primary Care:   * Community Link Workers/ Connectors * Mental Health Practitioners   NHS 24 – Mental health triage |  |
|  |  |  | Young People in Distress Pathway to be reconvened | Thelma Bowers |
|  |  |  | Distress Brief Intervention – aiming to commence end May 2020. | Linda Surgenor/ Sharon Hackney/ Julie Barrett |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | | **Lead Contact** |
|  |  |  | CAMHS Intensive Support Team will be coordinating care & response with Adult colleagues providing unscheduled care (CRT & Liaison). A member of IST will be available from 9am – 1om specifically for liaison with Paediatric Services. | | Stuart McKenzie &  Eileen Bray |
| MH3 | Risk of isolation, entrapment, loneliness and bereavement` | HIGH | Public Health  Community Spirit (Families, Carers, Neighbour support)  Community Hubs  Bereavement services - CRUISE | |  |
|  |  |  | A ‘Duty’ response is available Monday to Friday 9am – 5pm for CAMHS. All professions are using ‘Attend Anywhere’ to allow face to face contact via computer to young people and their families, the same is also on offer from Community Eating Disorders | | Eileen Bray |
|  |  |  | Support services providing packages of care, continue to support patients within their own homes. | | Support Provider, defaulted from Responsible Local Authority |
| **Risk ID** | **Risk Description** | **Impact** | | **Mitigating Action** | **Lead Contact** |
|  |  |  | | A Duty response is available 9am-7pm Monday-Friday from adult mental health services. Adult mental health services also continue to provide services, albeit through social distancing measures where possible, 5 days a week. | Gillian Clowes, Mhairi McCandless/ Ashley Davidson/ Frank Hughes |
|  |  |  | | Out with core hours, emergency mental health support is available via unscheduled care mental health services (CRT through NHS 24 and Police Pathway, and Liaison/ ANP through acute hospitals (however please note that unless face to face contact is necessary, all unscheduled care staff will redirect contact via telephone and/ or Near Me. | Mairi Gribben |
|  |  |  | | Phone outreach on 7 days a week basis from Day Activity team to Trainees.  RAG rating for engagement/support for Community Forensic Team | Lorraine McKenzie |

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
| MH4 | Risk of self harm and suicidality | HIGH | Public Health |  |
|  |  |  | Recommence pan Ayrshire suicide prevention group | Linda Surgenor/ Sharon Hackney/ Julie Barrett |
|  |  |  | Recommence young people’s distress pathway | Thelma Bowers |
|  |  |  | CAMHS will monitor ‘Urgent’ referrals & where such circumstances exist undertake community based visits to assess. ‘Duty Service’ available as outlined above. All patients active on the case load are being contacted by phone. | Eileen Bray |
|  |  |  | Mental Health Practitioners offer triage and assessment at primary care level, providing referral onto secondary mental health services as required. | Kevin Milton/ Stephanie Gilfedder/ |
|  |  |  | Community mental health services continue to provide urgent mental health triage and assessment. | Gillian Clowes/ Mhairi McCandless, Ashley Davidson, Frank Hughes |
| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
|  |  |  | Unscheduled care mental health services continue to provide urgent mental health triage and assessment out of hours. | Hamilton Russell, Helen Norris, Joanne Davidson, Brian Lennon |
|  |  |  | Phone outreach on 7 days a week basis from Day Activity team to Trainees. | Lorraine McKenzie |
| MH5 | Risk to mental ill health/ illness | HIGH | CAMHS & CEDS continue to offer services albeit by telephone or ‘Attend Anywhere’ but where there is indication that face to face is required this will be undertaken on a needs basis. | Stuart McKenzie |
|  |  |  | Adult community mental health services continue to offer services on a hierarchy of needs basis. | Kevin Milton/ Ashley Davidson/ Frank Hughes |
|  |  |  | Unscheduled care mental health services remain in place to provide emergency mental health care. | Mairi Gribben |
|  |  |  | Ongoing provision of Court Liaison service via Community Forensic Team | Lorraine McKenzie |
|  |  |  | Mental Health NHS App being constructed | Mark Fleming |

**Suicide Prevention (to be completed by LMcN**

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| **Risk ID** | **Risk Description** | **Impact** | **Mitigating Action** | **Lead Contact** |
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<<<ANY DISCUSSION POINTS HERE>>>