

## Clinical Guidelines for Staff Acting as Chaperones

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## Guidelines for Chaperones

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### **1. Introduction**

- 1.1 The purpose of this guideline is to ensure good practice during patient consultation, physical examination, and treatment. These guidelines have been adapted from South Essex Partnership Trust (SEPT) with the aim to protect patients, staff, and the trust against possible abuse and misinterpretation of words, actions and omissions during such times. It follows the principles contained in the Model Chaperone Framework (2005), Maintaining Boundaries (General Medical Council 2007), and the Nursing and Midwifery professional standards and Behaviours for Nurse and Midwives (NMC 2015).
- 1.2 People, who use our services, whether because of mental health, physical health and or learning disabilities needs, may find consultations, examinations, or procedures threatening and/or confusing. A Chaperone may help the service users through the process with the minimum of distress.
- 1.3 For most service user's respect, explanation, consent, and privacy take precedence over the need for a Chaperone.
- 1.4 These guidelines will be stored on ELFT intranet.

### **2. Scope**

- 2.1 These Clinical Guidelines apply to all Trust employees who have a legitimate cause to consult, examine, treat, or provide care to service users and does not detract from any Professional Guidance , standards, or Codes of Practice.
- 2.2 A Chaperone within the Trust is someone who the service user wants as long at the person has capacity to make that decision. It could be a registered or non-registered staff such as a Nurse, Doctor, Psychologist, Social Worker or Support Worker. A Chaperone is present as a safeguard for all parties (patient and practitioner) and is a witness to continuing consent of the procedure.
- 2.3 A specifically trained non-clinical staff member or a recognised Chaperone for another organisation such as MIND or the local authority, are also permitted to act as Chaperones within the Trust. If a service user has requested a chaperone and none is available at the time, an intimate examination must not be undertaken until a chaperone is available.
- 2.4 It is the view of both the Medical Protection Society and the Trust that a family member does not fulfil the criteria for a Chaperone (with the exception of Children, see section 5). A Chaperone is defined as 'someone with nothing to gain by misrepresenting that facts'. It may be inappropriate to expect a family member to be chaperone. Where that patient does not have capacity, the next of kin/carer should be consulted. Children and young persons are not appropriate chaperones for a procedure or intimate examination.

### 3. Definitions

3.1 There is no common definition of a Chaperone and the role varies considerably depending on the needs of the service user, the healthcare professional and the procedure being carried out.

3.2 In principal, Chaperones:

- act as safeguards against humiliation, pain or distress; this includes protection against verbal, physical, sexual or other abuse
- use or access resources for those who communicate in a language other than English to understand the procedure such as Braille or Sign Language amongst others
- provide physical and emotional comfort and reassurance during sensitive and intimate consultations, examinations or treatment
- provide protection to healthcare professionals against
  - unfounded allegations of improper behaviour
  - potentially abusive patients
- offer practical support to service users
- identify unusual or unacceptable behaviour by a healthcare professional or service users

3.3 All consultations, examinations and procedures are potentially distressing; those involving the breasts, genitalia, rectum or those requiring dimmed lights or the need to undress, the disclosure or discussion of abuse may make service users feel particularly vulnerable.

3.4 The phrase “consultation, examination or procedure” should be interpreted in the sense of covering physical, emotional and psychological matters. A consultation or examination can be sensitive or intimate without being physically so, e.g. when discussing issues of abuse or other traumatic events.

3.5 The administration of intra-muscular injections, suppositories, pessaries and personal physical care are all considered to be intimate procedures.

### 4. Implementation

4.1 All clinical directorates are responsible for implementing these clinical guidelines.

4.2 It is good practice to offer service users a Chaperone for consultations, examinations or procedures, including the administration of medication, where the service user feels a Chaperone is required. This offer can be made through a number of routes including prominently placed posters, leaflets and verbal information prior to and during an actual consultation.

## Guidelines for Chaperones

4.3 In a community domiciliary setting the referral to the service may not specify a patient's wish to have a chaperone present. In the main, community health clinicians operate as lone workers. Where a patient requests a chaperone, every effort should be made to ensure one is present. However, where this is not possible, that patient must be advised when someone will be available and the risks of delay in treatment discussed and documented.

### **5. Family, Carers, Friends and Under 18's**

5.1 The involvement of a family member, carer or friend does not constitute Chaperone for any formal or legal purpose and it is inappropriate for them to take an active part in an examination or procedure, or to witness them directly.

5.2 Children over 16 years can consent to clinical examination, consultation or treatment themselves without their decision about a chaperone being referred to their parents or guardians. However, it is good practice to involve the parents in this decision if the young person agrees.

5.3 A person with parental responsibility can consent for a child under 16 years unless the child is considered 'Frazer competent'. In the case of children, a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. In this event, the healthcare professional must clearly explain the role of the parent, carer or other trusted adult. If they are not available then their consent should be sought in advance, for a member of staff to chaperone. Children can be accompanied by a parent, guardian or friend for support but this does not negate the need for a properly trained chaperone to be present in accordance with the policy.

5.4 The healthcare professional should be aware however, that that very occasionally there may be issues around coercion/grooming/abuse involving a "trusted adult". General Medical Council guidance (2007) also states that practitioners should "avoid giving the impression that young people cannot access services without a parent. They advise practitioners to think carefully about the effect a chaperone can have as their presence can deter young people from being frank and asking for help".

5.5 Healthcare professionals must:

- Explain information to the child in age appropriate language
- Record in the health record where parents, carers, other trusted adults or a member of staff has acted as Chaperone.
- Record in health records where the offer of chaperone has been declined

5.6 A service user may request a family member, carer or friend to be present during a consultation, examination or procedure and, in general, this should be respected. Where the staff member has concerns regarding the relationship between the service user and the other person this should be discussed with the service user prior to the consultation, examination or procedure.

## Guidelines for Chaperones

- 5.7 The involvement of a family member, carer or friend does not restrict staff from requesting a Chaperone if the staff feel it is inappropriate.
- 5.8 A child or young person under the age of 18 years cannot act as a Chaperone, nor should they be present during a procedure or examination. However, if the child is providing support to a parent or other family member, and will not be exposed to unpleasant experiences, it may be acceptable for them to be present.

## 6. Role of the Chaperone

- 6.1 A Chaperone is present as a safeguard for all parties and is a witness to continuing consent for the procedure or examination. A Chaperone has the following specific responsibilities:
- 6.2 If possible, try to gain an understanding of the purpose of the consultation, examination or procedure and how it will affect the practitioners decision making and if required assist in explaining it to the service user
- 6.3 Be confident that the practitioner has given a comprehensive explanation of the consultation, examination or procedure in such a way that the service user can understand, including any possible level of discomfort etc. the service user may expect.
- 6.4 Explain to the service user that their role as a Chaperone is there to support them, to give them the opportunity to ask questions and to express concerns and act as their advocate during the consultation, examination or procedure.
- 6.5 As a Chaperone, ensuring the environment supports privacy and dignity.
- 6.6 Ensure that the intimate consultation, examination or procedure is part of the service user's Care Plan and be certain that the service user agrees to the consultation, examination or procedure before the process begins.
- 6.7 Healthcare Practitioners who are acting as a Chaperone may, if appropriate, assist in the consultation or examination, or within their level of competence, such as undressing/dressing patients, provide emotional comfort and reassurance to patients.
- 6.8 The identity of the Chaperone and their role during the consultation, examination or procedure, must be documented in the service user's paper or electronic record.
- 6.9 The Chaperone must not leave the room whilst and intimate consultation, examination or procedure is taking place and must remain in a position as to be able to witness the consultation, examination or procedure directly.
- 6.10 In the event that the Chaperone must leave the room the consultation, examination or procedure must be halted until the Chaperone returns. During this time the service user's privacy and dignity must be maintained.

### 7. Practice

- 7.1 Any consultation, examination or treatment is subject to consent by the service user.
- 7.2 The service user has the right to object to an individual Chaperone and in this event, another Chaperone must be found. If the service user is offered and does not want a Chaperone, it must be recorded that the offer was made and declined.
- 7.3 The right to have a Chaperone of the same gender must always be respected.
- 7.4 Staff are advised to request a Chaperone, or another member of staff, to be present when carrying out sensitive or intimate consultations, examinations or procedures even when the service user does not request one or decline. Where a member of staff is working in a situation away from other colleagues e.g. home visit, out of hours, the same principles for offering and using a chaperone apply. Staff should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present. Where it is appropriate, family members may take on the role of informal chaperone. In cases where a formal chaperone is appropriate, staff should consider rescheduling the examination where possible. Clinical record keeping should be treated as paramount. Lone working practices should conform to the Trust's Lone Working Policy.
- 7.5 There are some cases where staff may feel unhappy to proceed without an appropriate Chaperone but the service user objects, for example a male Doctor with a female service user. In these situations it may be possible to arrange for another, more appropriate staff member or another appointment in which the consultation, examination or procedure can appropriately take place with a Chaperone acceptable to the service user.
- 7.6 If the service user has requested a Chaperone and none is available the service user must be given the opportunity to reschedule their appointment within a reasonable time frame. If the seriousness of a situation would dictate that a delay is inappropriate then this should be explained to the service user and entered into their record. A decision to continue, or otherwise, should be jointly reached.
- 7.7 Concerns relating to the conduct of a staff member, Chaperone, service user or other person during an intimate consultation, examination or procedure must be reported immediately in accordance with Trust Incident Reporting Policy.
- 7.8 The cultural values and religious observances of service users can make intimate consultations, examinations and procedures difficult and stressful for all. Staff must be sensitive to service users' needs and their specific requirements must be fully understood (through the use of interpreters, if appropriate) and wherever possible be fully complied with prior to and during intimate consultations, examinations or procedures. It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier and/or deafness. Staff to use or access resources for those who communicate in a language other than English to understand the procedure, such as Braille or Sign Language amongst others.

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With the aid of an interpreter, staff should identify who the patient would like as a chaperone. The use of children as interpreter and/or chaperone is inappropriate.

7.9 Under the Mental Capacity Act 2005 there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests and the least restrictive course of action.

7.10 For patients with issues related to diminished Mental Capacity (this includes patients with Learning Disabilities), a familiar individual such as a family member or carer may be the best Chaperone. Best practice would indicate a planned approach to investigate intervention and/or examination for patients with a lack of mental capacity in order to alleviate concerns and distress caused by a lack of understanding and comprehension. In life saving situations, every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

## 8. Chaperone Training

8.1 Registered professionals are responsible for ensuring they remain up to date on all aspects of their role, as specified by their Registrant Body, and should utilise available resources for this within the trust.

8.2 Training on the Safeguarding Adults and Children, Mental Capacity Act/Deprivation of Liberty Safeguards include chaperoning within the course content.

## 9. Responsibility

9.1 The responsibility for the development of these clinical guidelines resides with the Clinical Governance & Quality Team, Risk Management Department and Practice Development Team.

## 10. Monitoring and Review

10.1 The Assurance Department is responsible for the monitoring and review of these clinical guidelines.

10.2 The Assurance Department will monitor any reported incidents and inform the relevant people when a report is received. These people include:

- Trust Safeguarding Children and Adult Leads
- Assurance Manager
- Trust Litigation Officer
- Trust Local Security Management Specialist (LSMS)

## Guidelines for Chaperones

- 10.3 These Clinical Guidelines will be reviewed by the Assurance Department not less than once every three years or sooner if a significant change or incident occurs.
- 10.4 Amendments will be made as a result of, but not limited to, developments in Trust procedures, National Guidance and legislative enactments, amendments, repeals and recessions.
- 10.5 A clinical audit of compliance to these clinical guidelines will be considered as part of the regular review of the Trust Compliance Programme.

## 11. References

- 11.1 This policy should be read and applied in conjunction with all relevant Trust policies, most particularly:
- Complaints Policy
  - Incident Report Policy
  - Record Management Policy
  - Lone Worker Policy
  - Clinical Risk Assessment and Management
  - Care Programme Approach
  - Safeguarding Children Policy
  - Safeguarding Adults Policy
  - Physical Healthcare Procedures
  - Mental Capacity Policy and Procedures
  - DH reference guide to consent for examination or treatment, second edition 2009 ([www.dh.gov.uk/publications](http://www.dh.gov.uk/publications))

**Appendix D: Implementation Plan Template**

**Procedure title:** Guidelines for Chaperones

**Lead Director:**

**Procedure lead:** Eirlys Evans –Deputy Director of Nursing

**Sponsor Group:** Children, Young People and Sexual Health Governance Group

<b>Objective</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress/Outcome</b>
To raise awareness of guidelines	Briefing at Governance group and dissemination through team managers  Appointment invites to Include a statement on access to a chaperone  To raise awareness of guidelines through Trust Communication team	Lead Nurse  Service Manager  DDN	27.04.16	Staff are aware of their responsibilities  Privacy and Dignity and safeguarding of service users maintained
Accessibility of Guidelines	Guidelines to be uploaded on Trust intranet	DDN	27.04.16	Staff can access reference to guidelines

# **EQUALITY ANALYSIS TEMPLATE**

A Template for Undertaking Equality Analysis of New and Existing Policies, Functions,  
Service Redesign, Internal Reorganisations or Restructuring Processes

**July 2012**

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**Equality Analysis Template**

<b>Part 1: Equality Analysis Details</b>	
<b>Title of 'Proposal'</b> (The term proposal covers <i>activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes</i> ).	Clinical guidelines for staff acting as chaperones
<b>Name of directorate</b>	Specialist Services, Community Health Newham
<b>Name of manager undertaking the Equality Analysis</b>	
<b>Consultation date/s with staff</b>	23/3/2016
<b>Consultation date/s with service users</b>	NA
<b>Date Equality Analysis Completed</b>	March 2016
<b>Review date</b> (Review at least once every three years)	March 2019

## Part 2: Proposal Details

### **1) What are the aims of the proposal? Indicate if this is a new proposal or the review of an existing one?**

*(The term 'proposal' covers activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes)*

These guidelines have been adapted from South Essex Partnership Trust (SEPT) with the aim to protect patients, staff, and the trust against possible abuse and misinterpretation of words, actions and omissions during such times. It follows the principles contained in the Model Chaperone Framework (2005), Maintaining Boundaries (General Medical Council 2007), and the Nursing and Midwifery professional standards and Behaviours for Nurse and Midwives (NMC 2015).

### **2) Provide a summary of the current activity to which the proposal relates e.g. policy or service structure and provision and the reasons for the changes being proposed? (State if the proposal involves relocating a service to another site; extended service hours; puts staff at risk or involves significant change)**

These Clinical Guidelines apply to all Trust employees who have a legitimate cause to consult, examine, treat, or provide care to service users and does not detract from any Professional Guidance , standards, or Codes of Practice.

Guidelines for Chaperones

<b>Part 3: Equality Analysis of Staff</b>		
<b>Protected Groups</b> <ul style="list-style-type: none"> <li>▪ Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty).</li> </ul>	<b>Impact Positive or negative? or no impact?</b>	<b>Please describe the process of your analysis with reference to the following:</b> <ul style="list-style-type: none"> <li>▪ Results of consultation</li> <li>▪ Data or research on the protected groups that you have considered</li> <li>▪ Implications for the protected groups</li> </ul>
<b>Age:</b> different age groups	No impact	
<b>Disability:</b> (Consider a range of impairments, including - sensory, mental, physical and learning disability )	No impact	
<b>Sex:</b> men and women	No impact	
<b>Religion or Belief:</b> (including no belief)	No impact	
<b>Sexual Orientation:</b> people who are gay, lesbian, bisexual or heterosexual	No impact	
<b>Race:</b> including ethnicity and nationality	No impact	
<b>Gender Reassignment</b> transgender people	No impact	
<b>Pregnancy and Maternity</b>	No impact	
<b>Marriage and Civil Partnership</b>	No impact	

Guidelines for Chaperones

<b>Part 4: Equality Analysis of Service Users / Patients</b>		
<b>Protected Groups (Equality Strands)</b> <ul style="list-style-type: none"> <li>Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty).</li> </ul>	<b>Impact Positive or negative? or no impact?</b>	<b>Please describe the process of your analysis with reference to the following:</b> <ul style="list-style-type: none"> <li><b>Results of consultation</b></li> <li><b>Data or research on the protected groups that you have considered</b></li> <li><b>Implications for the protected groups</b></li> </ul>
<b>Age:</b> different age groups	No impact	
<b>Disability:</b> (Consider a range of impairments, including - sensory, mental, physical and learning disability )	No impact	
<b>Sex:</b> men and women	No impact	
<b>Religion or Belief:</b> (including no belief)	No impact	
<b>Sexual Orientation:</b> people who are gay, lesbian, bisexual or heterosexual	No impact	
<b>Race:</b> including ethnicity and nationality	No impact	
<b>Gender Reassignment:</b> transgender people	No impact	
<b>Pregnancy and Maternity</b>	No impact	
<b>Marriage and Civil Partnership</b>	No impact	

Part 5: Findings from the Equality Analysis	
<b>Use this space provided below to elaborate on your decision based on the findings of the equality analysis</b>	
1. <b>Accept the proposal</b> - no evidence of discrimination and appropriate opportunities have been taken to advance equality and foster good relations	No evidence
2. <b>Adjust the proposal</b> - take steps to remove barriers to advance equality. It may involve introducing actions to mitigate the potential effect or to look at how to deliver the proposal in a different way. It <i>is</i> lawful under Equality Law to treat people differently in some circumstances, for instance developing single sex provision where required	No evidence
3. <b>Continue the proposal</b> - despite adverse effects or taking opportunities to advance equality provided the proposals do not unlawfully discriminate and can be objectively justified. <b><i>(To identify whether a proposal may unlawfully discriminate due regard should be given to discrimination on the basis of the protected characteristics)</i></b>	No evidence
4. <b>Stop the proposal</b> – the policy shows unlawful discrimination and adverse effects that cannot be mitigated	No evidence

<b>Part 6: Equality Analysis Action Plan</b>	
<b>Adverse Impact – Staff</b>	Please describe the actions that will be taken to mitigate this impact
	NA

<b>Adverse Impact – Service Users</b>	Please describe the actions that will be taken to mitigate this impact
	NA

**What Happens Next?**

Once a plan has been put in place to mitigate against adverse impacts, the Equality Analysis should then be signed off by the Director/ Head of Service. Following this, the proposal can then be implemented. It is important to remember that Equality Analysis is not a one off process. It is important therefore, to be alert to emergent equality impacts throughout implementation.

**This analysis has been checked and approved by:**

**Name:**

**Title:**  
**(Director/ Head of Service)**

**Date:**

Once completed the document should be sent to the Trust’s Equality & Diversity Lead to quality check, who will also arrange publication on the Trust’s website: [Clementine.femiola@eastlondon.nhs.uk](mailto:Clementine.femiola@eastlondon.nhs.uk). Updated versions of a completed Equality Analysis for major proposals may be subsequently published.

## Guidelines for Chaperones

### References

[http://www.eastlondon.nhs.uk/about\\_us/equality\\_and\\_diversity.asp](http://www.eastlondon.nhs.uk/about_us/equality_and_diversity.asp) Equality Information including examples of Equality Analysis, East London Foundation Trust

[www.equalityhumanrights.com](http://www.equalityhumanrights.com) Equality and Human Rights Commission

[www.stonewall.org.uk](http://www.stonewall.org.uk) Lesbian, Gay & Bisexual Information and Research, Stonewall

[www.ndti.org.uk](http://www.ndti.org.uk); Achieving Age Equality in Local Mental Health Services, National Mental Health Development Unit

## Guidelines for Chaperones

### Procedure Checklist

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title: Clinical guidelines for staff acting as chaperones</b>		
	Is the title clear and unambiguous?	Yes	
<b>2.</b>	<b>Purpose</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?		
<b>4.</b>	<b>Style/format</b>		
	Is the document clear and concise?	Yes	
	Are key terms defined?	Yes	
<b>5.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>6.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
<b>7.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side	NA	

## Guidelines for Chaperones

	Title of document being reviewed:	Yes/No/Unsure	Comments
	committee (or equivalent) reviewed the document?		
<b>8.</b>	<b>Implementation Plan</b>		
	Is there an Implementation Plan?	Yes	
	Does the plan clearly state how the procedure will be disseminated?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>9.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	NA	
<b>10.</b>	<b>Impact Assessment</b>		
	Is the Impact Assessment completed?	Yes	
<b>11.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>12.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the document?	Yes	

### Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group it will receive final approval.

Name	Sarah Rolfe	Date	23/3/2016
Signature			

### Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining organisation's database of approved documents.

Name		Date	
Signature			

## Guidelines for Chaperones