

# **GRANGE CLINIC PRACTICE CHILD SAFEGUARDING POLICY**

**Review Date: 8<sup>th</sup> August 2023**

## **Policy Statement**

Grange Clinic Practice is committed to safeguarding the well-being of all children and young people with whom our staff come into contact. Our policy on child safeguarding is in accordance with "Children First Act 2015, Children First: National Guidance for the Protection and Welfare of Children (2017) and "Our Duty to Care" and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice.

We are committed to promoting the rights of the child to be protected, be listened to and have their own views taken into consideration.

## **Principle**

This policy is underpinned by the "Children First", National Guidance for the Protection and Welfare of Children and "Our Duty to Care".

## **Purpose**

This policy applies to all employees / volunteers / students who have contact with children and young people on the premises of Grange Clinic Practice or through their work on behalf of Grange Clinic Practice.

It is of high importance to ensure all employees / volunteers / students have an ability to recognise abuse as it can be defined in many ways. Please see Definitions of Abuse as outlined in Appendix 1 of this document.

## **Risk Assessment**

Grange Clinic Practice has carried out an assessment of any potential for harm to a child while availing of our services. Please see full Risk Assessment as outlined in Appendix 2 of this document.

## **Dealing with Child Safeguarding and Welfare Concerns**

All employees / volunteers / students of Grange Clinic Practice, will be made aware of and be familiar with Grange Clinic Practice Child Safeguarding Policy through an in-house induction and on-going training.

All staff and students will sign up to the overall child safeguarding policy of Grange Clinic Practice. The Designated Liaison Person acts as a liaison with outside agencies and a resource person to any staff member or student who has child safeguarding concerns. The Designated Liaison Person is responsible for reporting allegations or suspicions to the Child and Family Agency Tusla or An Garda Siochana. (See Children First 3.3)

Grange Clinic Practice has put in place a standard reporting procedure for dealing with disclosures, concerns or

allegations of child abuse. The medical centre has appointed a Designated Liaison Person who will be Dr Clifford for the Clifford/Maguire/Casey practice and Dr Cahill for the O'Neill/Cahill/Callaghan practice.

### **Reporting procedure for dealing with disclosures, concerns or allegations of child abuse.**

1. The employee or student who has received a disclosure of child abuse or who has concerns about a child should bring them to the attention of the Designated Liaison Person immediately.

2. Under no circumstances should a child be left in a situation that exposes him or her to harm or of risk to harm pending Tusla intervention. In the event of an emergency where you think a child is in immediate danger and you cannot get in contact with Tusla, you should contact the Gardaí. This may be done through any Garda station.

3. Where the Designated Liaison Person considers that a child safeguarding or welfare concern meets the reasonable grounds for concern criteria outlined below, then the Designated Liaison Person can refer to Tusla. A guide for reporting Child Protection Welfare and Concerns can be viewed at the network on the Tusla website <http://www.tusla.ie/children-first/publications-and-forms/>

#### **Examples of reasonable grounds for concern are:**

- \* specific indication from the child that he/she was abused;
  - \* an account by the person who saw the child being abused;
  - \* evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused in another way;
  - \* an injury or behaviour which is consistent with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;
  - \* Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- See Appendix 1 or also visit <http://www.tusla.ie/children-first/publications-and-forms/>

4. Where the Designated Liaison Person remains uncertain he/she should contact the Child and Family Agency Tusla for informal advice relating to the allegation, concern or disclosure.

5. The Designated Liaison Person will ensure that the parents/ carers are informed that a report/referral had been made to Tusla. The Designated Liaison Person will make an appointment with parents to inform them that the report has been made to Tusla unless to do so would be likely to endanger the child.

6. After consultation with the Duty Social Worker, the Designated Liaison Person will then take one of two options:

a) Report the allegation, concern or disclosure to the relevant authority (e.g. Tusla, An Garda Síochána, etc.) using the standard reporting form from Children First and in the case of out of hours or immediate danger contact An Garda Síochána.

b) In those cases where Grange Clinic Practice decides not to report concerns to Tusla or An Garda Síochána, the individual employee or student who raised the concern should be given a clear written statement of the reasons why Grange Clinic Practice is not taking such action. The employee or student should be advised that if they remain concerned about the situation, they are free as individuals to consult with, or report to, Tusla or An Garda Síochána. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 apply once they communicate reasonably and in good faith' (see Paragraph 3.10.1 of Children First National Guidance

for the Protection and Welfare of Children).

In making a report on suspected or actual child abuse, the Designated Liaison Person must ensure that the first priority is always for the safety and welfare of the child/young person and that no child/young person is ever left in a situation that could place a child/young person in immediate danger.

### **How to Make a Report**

If the report is in relation to the safety and welfare of children / young people, the report should be made to the Designated Liaison Person in Grange Clinic Practice.

### **Guiding principles to reporting child abuse:**

- \* The safety and well-being of the child or young person must take priority;
- \* Reports should be made without delay to the Child and Family Agency Tusla, Local Health Office area where child resides.
- \* A suspicion, which is not supported by an objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern.

However, these suspicions should be recorded or noted internally by the Designated Liaison Person as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for the statutory child protection agency or An Garda Siochana.

### **Who can make a report to Grange Clinic Practice**

Reports can be made by:

- \* Children / young people;
- \* Parents / guardians;
- \* Employees / volunteers / students of Grange Clinic Practice;
- \* Other advocates on behalf of children / young people.

### **How to Handle a Report of Abuse by a Child / Young Person**

- \* In the event of a child / young person disclosing an incident of abuse it is essential that this is dealt with sensitively and professionally by the employee / student involved. In such circumstances, the employee / student should:
  - \* React calmly;
  - \* Listen carefully and attentively; take the young person seriously;
  - \* Reassure the young person that they have taken the right action in talking to you;
  - \* Do NOT promise to keep anything secret;
  - \* Ask questions for clarification only. Do not ask leading questions, this is not an interview, but rather receiving a disclosure from a child;
  - \* Check back with the child/young person that what you have heard is correct and understood;
  - \* Do not express any opinions about the alleged abuser;
  - \* Record the conversation as soon as possible, in as much detail as possible. Sign and date the record;
  - \* Ensure that the child/young person understands the procedures which will follow;
  - \* Pass the information to the Designated Liaison Person, do not attempt to deal with the problem alone;
  - \* Treat the information confidentially.

### **Retrospective Disclosures by Adults**

Parents and staff who are working with children and young adults or who attend child safeguarding training may disclose abuse which took place during their childhood. A disclosure of abuse by an adult which took place during their childhood must be noted or recorded.

In these cases, it is essential that consideration is given to the current risk to any child who may be in contact. If any risk is deemed to exist to any child who may be in contact with the alleged abuser, a report of the allegation

should be made to the Child and Family Agency Tusla without delay.

Investigation of disclosures by adult victims of past abuse frequently uncovers current incidents of abuse and is therefore an effective means of stopping the cycle of abuse.

An increasing number of adults are disclosing abuse that took place during their childhoods. Such disclosures often come to light when adults attend counselling. It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures.

If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the Designated Liaison Person should report the allegation to the Child and Family Agency Tusla without delay.

**The National Counselling Service** is in place to listen to, value and understand those who have been abused in childhood. The service is a professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country, see ([http://www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/National\\_Counselling\\_Service/](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/National_Counselling_Service/)).

The service can be accessed either through healthcare professionals or by way of self-referral.

#### **Protections for Persons Reporting Child Abuse Act, 1998**

Grange Clinic Practice wish to draw the attention of the staff and students to the Act "Protection for Persons Reporting Child Abuse Act", 1998 provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to Tusla or An Garda Síochána. Section 3(1) of the Act states: "A person who, apart from this section, would be so liable shall not be liable in damages in respect of the communication, whether in writing or otherwise, by him or her to an appropriate person of his or her opinion that-

- \* a child has been or is being assaulted, ill-treated, neglected or sexually abused, or
- \* a child's health, development or welfare has been or is being avoidably impaired or neglected, unless it is proved that he or she has not acted reasonably and in good faith in forming that opinion and communicating it to the appropriate person"

This protection applies to Grange Clinic Practice and to individuals.

## **Designated Liaison Person**

#### **Identity of Designated Liaison Person**

Grange Clinic Practice nominated Designated Liaison Person is Dr Clifford for the Clifford/Maguire/Casey practice and Dr Cahill for the O'Neill/Cahill/Callaghan practice. Grange Clinic Practice Deputy Designated Liaison Person will be Dr Helen Casey for the Clifford/Maguire/Casey Practice and Dr Sarah Callaghan for the O'Neill/Cahill/Callaghan practice.

#### **Role of the Designated Liaison Person**

The Designated Liaison Person has the ultimate responsibility for ensuring that the child safeguarding and welfare policy is promoted and implemented.

The role of the Designated Liaison Person involves the following duties:

- \* To be familiar with "Children First", National Guidance for the Protection and Welfare of Children and "Our Duty to Care", the principles of good practice for the protection of children & young people and to have responsibility for the implementation and monitoring of the child safeguarding and welfare policy;
- \* Grange Clinic Practice Designated Liaison Person provides support to staff members who are dealing with/have dealt with a child safeguarding concern or disclosure;
- \* To receive reports of alleged / suspected or actual child abuse and act on these in accordance with the

guidelines;

- \* To ensure that training is provided for all new and existing staff on the child safeguarding policy;
- \* To build a working relationship with the Child and family Agency Tusla, An Garda Siochana and other agencies, as appropriate;
- \* To ensure that supports are put in place for the young person, employees / volunteer / student in cases of allegations being made:
- \* To keep up to date and undertake relevant training on child safeguarding policy and practice, in order to ensure the relevance and appropriateness of Grange Clinic Practice policy and procedures in this area;
- \* To review Grange Clinic Practice policy and procedures on child safeguarding on an annual basis and amend as appropriate;
- \* To ensure that systems are in place for recording and retaining all relevant documentation in relation to child safeguarding issues.

## **Confidentiality**

In matters of child abuse, an employee / student should never promise to keep secret any information which is divulged. It should be explained to the child/young person that this information cannot be kept secret but only those who need to know in order to safeguard the child, will be told.

It is essential in reporting any case of alleged / suspected abuse that the principle of confidentiality applies. The information should only be shared on a 'need to know' basis which means sharing information with persons who have a need to know in order to safeguard a child/young person and is not a breach of confidentiality and the number of people that need to be informed should be kept to a minimum.

If an employee has any doubt as to whether a report should be made, he / she should consult with Grange Clinic Practice Designated Liaison Person.

## **Record Keeping**

Under the Data Protection Act every person has a right to establish the existence of personal data, to have access to any such data relating to him and to have inaccurate data rectified or erased. Grange Clinic Practice Data Controller will ensure that data that is collected fairly, is accurate and up to-date, is kept for lawful purposes and is not used or disclosed in any manner incompatible with those purposes. All data in relation to child protection records collected must be stored in a safe and confidential manner in a secure locked cabinet. This will be kept in the office of the Designated Liaison Person. Only the Designated Liaison Person and the Deputy Designated Liaison Person will have access to this information.

## **Recruitment and Child Safeguarding**

All advertisements, screening and recruitment for vacant posts within Grange Clinic Practice will reflect the practice commitment to equality. We will ensure that interviewers conduct interviews in a non-discriminatory way. Interviews will be undertaken by a minimum of two representatives of Grange Clinic Practice using an agreed set of questions. All assessments and workplace tests, including psychometric testing for job applicants and performance assessments for employees, will be conducted in a fair and non-discriminatory way, bearing in mind the principles of equality of opportunity. Advertisements will be posted on The Grange Clinic Practice website, recruitment websites and newspapers where applicable (national or local). All applicants will be provided with:

- \* Details of Grange Clinic Practice
- \* A Job Description and Person Specification

A minimum of two references (one from the most recent employer) will be taken up followed by a telephone reference check using Grange Clinic Practice Telephone Reference Check for same.

References should be in writing and no references from family or relatives will be accepted.

Successful candidates will be offered a Contract of Employment in accordance with Employment legislation requirements and each contract will include a probationary period. All employees' contracts will include signing up to Grange Clinic Practice Child Safeguarding Policy.

These guidelines will apply both to the recruitment of new employees and to the selection of internal candidates for promotion or job change.

Grange Clinic Practice will not employ or involve a student or any person to work with children or young adults who has a criminal conviction for violent crime, sexual crime, drugs related offences, or any other offences deemed inappropriate in relation to work with children.

All workers employed, contracted to work, or on placement, to work with children through Grange Clinic Practice will be required to sign a declaration form outlining any previous criminal convictions and granting permission for vetting from An Garda Síochána to be sought. Garda Vetting will be undertaken for all staff in Grange Clinic Practice who have interaction with children / vulnerable persons

## **Guidelines for Management of Staff**

Grange Clinic Practice hold regular meetings where Child Safeguarding is a constant on the agenda. Formal Support & Supervision meetings take place more frequently if the workload requires it. Informal support & supervision is available to staff members as requested or as required. Full Team Meetings will take place at a minimum of twice per year. Individual teams meet as work demands require.

In accordance with Grange Clinic Practice staff handbook all staff undergo an induction process including the Child Safeguarding Policy and will confirm in writing that the induction process has taken place.

Grange Clinic Practice Child Safeguarding Policy will be rolled out to existing staff through an in-house training programme. Ongoing training will be provided following annual review or statutory/ guideline changes

## **Allegations Against an Employee/Student**

Upon receipt of an allegation, the Designated Liaison Person will notify the GP Partners. If the allegation relates to a staff member, the Designated Liaison Person will notify the GP Partners of the allegation. If the allegation relates to the Designated Liaison Person, then the Deputy Designated Liaison Person will notify the GP Partners.

If an allegation is made against an employee there are two parts to the process, i.e. dealing with the allegation of abuse and dealing with the employee/student. Where possible these two pieces should be dealt with by two different people.

There are two different procedures to be followed:

## **1. The reporting procedure in respect of the child**

- a) The safety of the child is the first priority of Grange Clinic Practice and all necessary measures will be taken to ensure that the child and other children/young people are safe.
- b) The Designated Liaison Person will deal with the procedure involving the child/young person and the reporting to the Child and Family, Tusla.

## **2. The procedure for dealing with the worker**

- a) The Designated Liaison Person and a nominated GP Partner (Dr Brenda Maguire for the Clifford/Maguire/Casey practice and Dr Tim O'Neill for the O'Neill/Cahill/Callaghan practice) will work in close co-operation with each other and with the HSE and An Garda Siochana.
- b) If a formal report is being made, the nominated GP Partner, will notify the employee that an allegation has been made and what the nature of the allegation is. The employee has a right to respond to this and this response should be documented and retained. Furthermore, Grange Clinic Practice will ensure that the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.
- c) The nominated GP Partner, will suspend the employee / student with pay (where appropriate). In the case where the worker is not suspended the level of supervision of the worker will be increased.
- d) The nominated GP Partner, will liaise closely with the HSE Children and Family Services/An Garda Siochana to ensure that the actions taken by Grange Clinic Practice will not undermine or frustrate any investigations.
- (e) The protective measures which can be taken to ensure the safety of children and young people can include the following:
  - \* suspension of duties of the person accused,
  - \* re-assignment of duties where the accused will not have contact with children / young people,
  - \* working under increased supervision during the period of the investigation,
  - \* or other measures as deemed appropriate.

## **Code of Behaviour**

- \* All employees / volunteers / students of Grange Clinic Practice must make themselves aware of the medical centres' good practice guidelines and must be familiar with the overall child safeguarding policy of Grange Clinic Practice and sign up to it;
- \* Parents of children involved with our work must be informed of our policy and procedures;
- \* Grange Clinic Practice has appointed a Designated Liaison Person to deal with any complaints or issues arising which concern the safety or welfare of any child / young person (see above for identity of the Designated Liaison Person of Grange Clinic Practice). This person is appropriately trained and familiar with the procedures to be followed in the event of an allegation, concern or disclosure of child abuse;
- \* Grange Clinic Practice has put in place an anti-bullying policy. Grange Clinic Practice will not tolerate any bullying behaviour by children/young people or adults and will deal with any incidents immediately in accordance with the CYA anti-bullying policy when working with children and young people. Where bullying amounts to any form of abuse it will be treated as such and be recorded and reported as appropriate;
- \* Grange Clinic Practice staff show respect and understanding for the rights, safety and welfare of the children and young people;
- \* Grange Clinic Practice has put in place a complaints procedure;
- \* Employees / volunteers / students should avoid working in isolation with children and favouritism.
- \* Grange Clinic Practice respects and promotes the principles of equality and diversity and works with all children in a culturally sensitive way within the context of the Irish Constitution and law and the UN Convention on the Rights of the Child i.e. staff should never physically punish or be in anyway verbally abusive to a child,

nor should they ever tell jokes of a sexual nature in the presence of children.

Grange Clinic Practice will review their Child Safeguarding Policy on an annual basis. The next review will take place in April 2023. Notification of our policy and any changes devised will be displayed on Grange Clinic Practice Staff and Patient Noticeboard/website.

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Signature: \_\_\_\_\_

on behalf of the Clifford/Maguire/Casey Practice

Signed by: \_\_\_\_\_

Signature: \_\_\_\_\_

on behalf of the O'Neill/Cahill/Callaghan Practice

This Policy will be reviewed on 01/04/2023 in collaboration with staff.

## Appendix 1.

### Definition of Child Abuse

Child abuse is complicated and can take different forms, but usually consists of one or more of the following signs and symptoms:

**Neglect** can be defined in terms of an omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and or medical care.

"The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected". "Neglect generally becomes apparent in different ways



over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation"

**Emotional abuse** is normally to be found in the relationship between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning e.g. 'anxious' attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

**Examples may include:**

- \* the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- \* conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- \* emotional unavailability of the Child's parent/carer;
- \* unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- \* unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- \* under- or over-protection of the child;
- \* failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- \* use of unreasonable or over-harsh disciplinary measures;
- \* exposure to domestic violence;
- \* exposure to inappropriate or abusive material through new technology.

**Physical abuse** of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of the parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

**Physical abuse can involve:**

- \* severe physical punishment;
- \* beating, slapping, hitting or kicking;
- \* pushing, shaking or throwing;
- \* pinching, biting, choking or hair pulling
- \* terrorising with threats;
- \* observing violence;
- \* use of excessive force in handling;
- \* deliberate poisoning;
- \* suffocation;
- \* fabricated/induced illness;
- \* allowing or creating a substantial risk of significant harm to a child.

**Sexual abuse** occurs when "a child is used by another person for his or her gratification or sexual arousal or for that of others".

**Examples of child sexual abuse include:**

- \* exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- \* intentional touching or molesting of the body of a child whether by a person or object for the purpose of the sexual arousal or gratification;
- \* masturbation in the presence of the child in an act of masturbation;
- \* sexual intercourse with the child, whether oral, vaginal or anal.
- \* sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts, Sexual exploitation also occurs

when a child

is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;

\* Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse. It should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Siochana will deal with the criminal aspects of the case under the relevant legislation.

**Reckless Endangerment** is when a person having authority or control over a child or an abuser, who intentionally or recklessly endangers a child by:

- a) Causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
- b) Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence'.

The above are some of the examples of abuse for more information see section 2 of Children First, <https://www.dcy.gov.ie/documents/Publications/ChildrengFirst.pdf>

## Appendix 2.

### Child Safeguarding Risk Assessment

Risk Identified	Procedure to Manage Risk
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<p>1. Unaccompanied Minors attending Doctor or Nurse</p>	<p>Patients over the age of 16 are entitled to give their own consent for surgical and medical treatment. Patients over the age of 18 are entitled to give their own consent for psychiatric treatment.</p> <p>Patients under the age of 16 years are encouraged to have parental/guardian consent and knowledge of their visit here.</p> <p>If a patient under the age of 16 wants to make a healthcare decision without the knowledge of their parent/guardian, we try and encourage the patient to involve their parent/guardian in that decision.</p> <p>If a young person under the age of 16 refuses to involve a parent/guardian, we consider the young person's rights and best interests taking into account the following:</p> <ul style="list-style-type: none"> <li>• the young person's maturity and ability to understand the information relevant to the decision and to appreciate its potential consequences</li> <li>• whether the young person's views are stable and reflect their core values and beliefs</li> <li>• whether the young person's physical or mental health, or any other factors are affecting their ability to exercise independent judgement</li> <li>• the nature, purpose and usefulness of the treatment or social care intervention</li> <li>• the risks and benefits involved in the treatment or social care intervention</li> </ul> <p>This assessment of maturity is undertaken for all young people under the age of 16 including those with intellectual disabilities.</p>
<p>2. Unaccompanied children in waiting room</p>	<p>Where possible children should accompany their parent to the Doctor/Nurse room but if this is impractical e.g., due to lack of space or privacy, then another family member should be present, if possible, in the waiting room. The reception staff cannot be responsible for such children.</p>
<p>3. Physical risk in the waiting room or clinical room</p>	<p>A risk assessment has been carried out and hazards identified and minimised as far as possible but again the parent/guardian are primarily responsible for maintaining the child's safety on the premises.</p>
<p>4. Unaccompanied physical examination of minors</p>	<p>Physical examinations of minors will only take place with parent or guardian present and aware of reason for examination.</p>
<p>5. Exposure to aggressive patients whilst in the waiting room</p>	<p>Staff are trained in the management of aggressive patients. Refer to practice policy on same.</p>
<p>6. Other risks as brought to our attention by the public</p>	<p>We will endeavour to assess and manage any other risks as far as possible.</p>