



# CHILD PROTECTION POLICY AND PROCEDURES

## Policy Statement

The school fully accepts its duty to assist the Social Services Department acting on behalf of children in need or enquiring into allegations of child abuse. Besides this statutory duty, the school also has a pastoral duty towards all its pupils and will place their care firmly at the centre of its work.

The school recognises that "... because of their day to day contact with individual children, teachers and other staff are particularly well placed to observe outward signs of abuse, changes in behaviour or failure to develop" (DFEE Circular 10/95 and Working together under the Children Act 1989). It is therefore aware of the responsibilities which the school and its staff have with regard to the protection of children from abuse and from inappropriate and inadequate care and is committed to responding in all cases where there is concern - in accordance with the Derbyshire Area Child Protection Committee's Child Protection Procedures.

## Internal Procedures

In accordance with the Circular 10/95 the school has designated a child protection liaison teacher, to be known as Child Protection Co-ordinator. The Child Protection Co-ordinator is....., Headteacher, Bolsover Infants and Nursery School. All staff have been made aware of the CPC's role, the responsibilities of which are listed in Appendix A, alongside those of the Governing Body.

## Responsibilities of all staff

In the event of a member of staff (teaching and non-teaching) having a child protection concern about a pupil, he/she will immediately inform the Child Protection Co-ordinator and record accurately the event(s) giving rise to concern.

The action to be taken subsequently is detailed in the Education Guidance section of the ACPC Child Protection Procedures part 8. 111, and this guidance will be followed scrupulously.

## **Listening to staff**

The school recognises the importance of staff listening attentively to children at all times. It is particularly concerned to ensure that any child wishing to disclose abuse should be assisted in doing so.

Some staff will have a particular contribution to make in listening to children who have been through the experience of abuse.

Staff should be made aware that the way in which they talk to a child can have an effect on the evidence which is put forward if there are subsequent criminal proceedings. Therefore, any early discussions with the child in which school staff are likely to be involved should be so far as possible, adhere to the following guidance.

(Memorandum of Good Practice - Criminal Justice Act 1999):-

- a) listen to the child rather than directly question him/her
- b) never stop a child who is freely recalling significant events
- c) make a note of the discussion - taking care to record the timing, setting and personnel present as well as what was said
- d) record all subsequent events up to the time of any later interview.

It is important that this work should not be undertaken at a time when it may impact on any legal proceedings in which the child may be involved.

The school recognises that some pupils may wish to access telephone helplines. If a pupil asks to make such a call s/he will be enabled to do so in private (Circular 10/95 Para 12).

The school recognises that children who are distressed through experience outside the classroom will be less able to achieve their potential. Whilst it is clear that such children need firm boundaries, staff will take into account their distress in managing their behaviour.

## **Information and Records**

As provided for under the Schools Records Regulations, all records and witness statements relating to child protection concerns and cases will be kept:-

- in a separate folder with any case conference notes
- case conference notes are kept in a file marked "Child Protection" in the filing cabinet in the Headteacher's Office.

Staff will be given as much information as necessary in order for them to help the child concerned. In general this will mean that where a child is on the Child Protection Register, or where there are concerns about a child, the CPC, the class teacher, any relevant ECO and any member of staff specifically chosen by the child to provide support will be kept informed. In some cases it may be appropriate to inform other staff but without details necessarily being given. Wherever information is given, care will be taken to indicate its sensitivity and the confidentiality required. However all staff will bear in mind that children who are not known to be the subject of concerns may be experiencing ill treatment, neglect or abuse. They should be aware of the need for sensitivity in dealing with students at all times.

When a pupil leaves, the school will immediately pass on to the receiving school the full contents of the record including any ongoing concerns. If the receiving school is not known the Educational Welfare Service (ESWS) will be informed at once so that appropriate enquiries can be made.

## Parents

All parents of prospective pupils are informed of the schools policy towards child protection through the following statement in the school prospectus:-

"the school must take any reasonable action to ensure the safety of the children. In cases where the school has reason to be concerned that a child may be subject to ill treatment, neglect or other forms of abuse, the Headteacher is obliged to follow the Child Protection Procedures established by the Derbyshire Area Child Protection Committee and inform Social Services of the concern.

The Child Protection Co-ordinator is Miss F Cowan

## Training

The school recognises the importance of regular training for all staff. Therefore in accordance with the Derbyshire ACPC Procedures:-

1. The Child Protection Co-ordinator will attend one day's relevant training at least every other year.
2. All staff, both teaching and non-teaching who come into contact with children will be updated on their Child Protection responsibilities at least every two years and more frequently if changes of procedure require it.
3. Anyone joining the staff including supply staff will be briefed fully concerning their responsibilities within Child Protection Procedures before beginning their duties.

## **Procedures Handbook**

The ACPC Child Protection Procedures Handbook will be kept in the Headteacher's Office. Each member of staff has a copy of the Education Guidance section.

## **Child Protection Conferences**

As required in ACP Procedures the school will ensure that all Child Protection Conferences are attended by a member of staff who is properly informed about the immediate concerns as well as about the child and her/his history. Full reports to Conference in accordance with the formats in the Procedures Handbook (8.111. 23-26) will be sent to the Child Protection Office in advance (where possible) or multiple copies taken to the Conference where time is limited.

## **Child Protection in the Curriculum**

The delivery of the curriculum in general will take into account the needs of all children. However, the curriculum will include materials and activities mainly within Personal, Social and Health Education which are designed where possible to help children be less vulnerable to abuse, without in any way implying that the responsibility for Child Protection lies with the child itself.

## **Staff Support**

The stress on staff involved in any aspect of child protection is considerable and the school will ensure that such staff are properly supported. The Headteacher and Child Protection Co-ordinator will be responsible for ensuring that appropriate support from outside the school is sought when necessary.

## **Safer Recruitment Procedures**

Please see Safer Recruitment Policy.

## **Anti Bullying**

Please see Anti Bullying Policy.

## **Appendix A**

### **Responsibilities of the Child Protection Co-ordinator**

1. To ensure that the effective communication and liaison with Social Services and other agencies takes place as appropriate in the event of staff having child protection concerns about a pupil/student.
2. To ensure that all staff (including teaching and non-teaching staff) have an undertaking of child abuse and its main indicators and are aware of the school's and their own protection responsibilities within ACPC Procedures.
3. To support and advise staff in their child protection work.
4. To provide specialist input into the planning of the content and delivery of the PSE curriculum with respect to child protection issues.
5. To maintain his/her own knowledge and awareness of the issues, policy and practice of child protection through regular attendance at appropriate training courses.
6. To inform the Social Services Child Protection Manager if a pupil on the Child Protection Register leaves for another school/authority.


### **Responsibilities of the Headteacher**

1. To give a lead to all staff in emphasising the importance of their child protection role.
2. To ensure that the school is represented appropriately at Child Protection Case Conferences.
3. To ensure that child protection issues are reflected appropriately in the school curriculum.
4. To ensure that the commitments to child protection training are discharged.
5. To deal with any allegation of abuse against a member of staff on accordance with the ACPC Procedures.
6. To ensure that school policy and procedures on Child Protection are regularly reviewed and evaluated.

## **Responsibilities of the Governing Body**

1. To approve the school policy and procedures on Child Protection.
2. To monitor and evaluate annually the School Child Protection Policy.
3. *Governing Bodies* may wish to consider appointing a "nominated" Governor (who might normally be the Chair of Governors) to be responsible for liaising with the Headteacher/CPC over all matters concerning child protection issues.

This role could involve:

- a) ensuring that an annual item is placed on the *Governor's Meeting Agenda* to report on changes affecting child protection policy/procedures, training undertaken by the senior designated teacher and other staff, the number of incidents/cases (without details or names) and the place of child protection issues in the school curriculum.
  - b) Responsibility for the oversight of procedures relating to liaison with the Education Department, Social Services Departments and the Police in relation to any allegations of child abuse made against the Headteacher (as recommended by the six National Teacher's Organisations).
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## CHILDREN AND YOUNG PEOPLE WHO SHOW SEXUALLY INAPPROPRIATE OR HARMFUL BEHAVIOUR ARE CHILDREN IN NEED

Children and young people are responsible for a significant number of sexual offences every year and engage in a range of sexually inappropriate and /or harmful behaviour. There are multiple pathways into this type of behaviour, including experiences of all types of abuse and neglect, loss and trauma. Children and young people who exhibit sexually harmful behaviours (SHB) are therefore likely to also be children in need, and a holistic view should be taken of their needs.

Where there is a concern that a child or young person is showing sexually harmful behaviour, contact should be made with Social Services, the Police or NSPCC as there are potential child protection concerns.

### REMEMBER:

Children and young people of various ages, abilities, ethnic origins, family circumstances, both sexes and any gender can behave in a sexually harmful way to others.

## SAFEGUARDING CHILDREN IS YOUR RESPONSIBILITY

### Beliefs and Principles

The behaviour is likely to be harmful to victim (s)

Children who show SHB should be considered, as 'children in need' in their own right.

The child or young person may well have experienced abuse or other types of trauma that have played a contributory role in the development of sexually harmful behaviour.

The needs of this group of children and young people are best met by a co-ordinated multi-agency response.

Any work with the child or young person must take a holistic approach of their needs and be set in the context of their family and environment.

Work with a child/young person should treat them as children/young people first, not as abusers who are children.

Terms such as perpetrator, abuser or sex offender should be avoided. It is more appropriate to refer to children and young people with sexually harmful behaviour/inappropriate sexual behaviours or children and young people who sexually harm others.

Children/young people are more amenable to change and less likely to have a set pattern of sexual thoughts and behaviours.

The underlying goal should be to prevent further victims/victimisation.

Sexually harmful behaviour is different from normal sexual development. It is necessary to distinguish between what is normal sexual development and what is sexually harmful behaviour.

### Definitions

There are a number of definitions that have been put forward for sexually harmful/abusive behaviour. For adolescents, the following may be useful:

"Sexually abusive behaviour", has been defined as any sexual interaction with person (s) of any age that is perpetrated:

- 1 Against the victim's will
- 2 Without consent
- 3 In an aggressive, exploitative, manipulative or "threatening manner"

(Ryan, G and Lane, S 1997:3)

For younger children a continuum of sexual behaviours maybe more useful. Cavanagh & Johnson, 1991, suggest:

#### 1 Normal sexual exploration

"Children involved in such exploration are similar age and size, are generally of mixed gender, are friends rather than siblings and participate on a voluntary basis".

#### 2 Sexually reactive

For these children "their focus on sexuality is out of balance in relationship to their peer groups".

#### 3 Extensive mutual sexual behaviour

For these children the behaviour is "far more pervasive and focussed sexual behaviour pattern than sexually reactive children".

#### 4 Children who molest

"These children's sexual behaviours continue and increase over time and are part of a consistent pattern of behaviours rather than isolated". "...There is an impulsive, compulsive and aggressive quality to the behaviours".

### Consent

Under the Sexual Offences Act 2003, consent is defined as 'a person consents if s/he agrees by choice and has the freedom and capacity to make that choice'. Note: a child under 13 years of age cannot give consent to any sexual activity.

### 'Normal' or Expected Sexual Development

The following guidelines (Hanks, 2001; Cavanagh/Johnson, 2002; Carson, 2002) may be helpful in setting a sexual behaviour within the context of expected sexual development.

#### Birth to 2 years

| Sexual Development   | Sexual Behaviour  | Sexual Knowledge                 |
|--|---|----------------------------------|
| Gender established<br>Erect penis/vaginal<br>Lubrication.<br>Physiology for arousal is present.<br>Spontaneous penile<br>Erection. | Erect penis.<br>Recognition/experience of pleasurable feelings when touching genitals. Touches self; sometimes looks at and touches others. | Limited language for body parts. |

#### 2 – 6 years

| Sexual Development  | Sexual Behaviour  | Sexual Knowledge   |
|---|---|--|
| Children grow; boys' testicles descent.<br>Peer exploration. Erections and lubrication for boys and girls | Touch their own and others (peers) genitals. Look and play doctors, nurses, mum/dad games with peers.<br>*Masturbates (stimulates) self.<br>Experience pleasurable feelings.<br>Interest in own faeces, and watches others use the toilet and bathroom.<br>Dis-inhibited and can be at an exhibitionist stage. Pretend to have babies in their tummies. Rubs genitals, masturbates when uncomfortable, unhappy, tense, upset, excited or afraid. Practices kissing. | Language develops. Become inquisitive and verbal about some adult sexual functions without understanding. Limited knowledge about where babies come from.<br>Recognise gender differences as they get older. Child asks about genitals, intercourse. Can name body parts more accurately. Use of slang words for toilet, bathroom, functions, genitals and sex. Little understanding of sex. |

#### 7 – 10 years

| Sexual Development  | Sexual Behaviour  | Sexual Knowledge  |
|---|---|---|
| Children of 8 or 9 may experience pubertal changes.<br><br>Menstruation, wet dreams, develops sexual fantasies. Cannot give informed consent. | Masturbation in private. Shows guilt/embarrassment about sexual activities. Simulates intercourse, kissing, petting with peers. | Language for body parts. Increasing knowledge of sexual behaviour and language (including slang terms).<br>Confused about sexual behaviour and casual effects. Unclear about intercourse and pregnancy. |

#### 10 – 12 years

| Sexual Development  | Sexual Behaviour  | Sexual Knowledge  |
|---|---|---|
| May enter puberty.<br>Hormonal changes lead to a range of physical and emotional sensations.<br>Menstruation, wet dreams, develops sexual fantasies. Cannot give true or informed consent. Some children are capable of childbirth. | Masturbation in private. Shows guilt and embarrassment re sexual activities. May have intercourse without knowing the consequences. Not able to give true and informed consent. Experimenting with sexual behaviours with same and opposite sex. Sharing information and comparing bodies with peers. Kissing and petting with peers. | Likely to have received formal sex education. Increasing understanding of intercourse and consequences of sexual behaviours. Language for body parts, including formal words and slang terms. |

#### Normal Sexual Behaviour in Adolescents includes:

| Consensual activity with age and developmentally appropriate partner   | Individual Activity  |
|--|--|
| Embracing and kissing. Close bodily contact. Consenting mutual fondling and masturbation. Simulated intercourse. | Masturbation. Highly eroticised fantasies. Wet Dreams. Interest in erotic materials and use in masturbation. |



|   |  |
|---|--|
| Consenting Intercourse. Explicit jokes/sexual discussion. |  |
|---|--|

\*It is important to remember that infants and young children lack the cognitive capacity and experience that adults bring to sexual encounters; therefore this early self stimulating behaviour is more appropriately thought of as 'pleasure seeking' (Martinson, 1981).

|   |
|---|
| <b>Guidelines to Distinguish if a Child's Sexual Behaviour is Harmful</b> |
|---|

|                                       | Healthy   | Problematic  | Abusive  |
|---------------------------------------|---|--|--|
| 1. Type of sexual behaviour.          | Age appropriate, mutual and exploratory.  | Not age appropriate or has some adult knowledge of language.   | Adult sexual activity e.g., intercourse, oral sex etc.   |
| 2. Context of behaviour.              | Open, light hearted, spontaneous.   | No secrecy or force, but children involved seem uncomfortable.   | Behaviour is planned, secretive; there are elements of threat, force, and coercion. The children targeted seem anxious, fearful, and uncomfortable.  |
| 3. Response of other children.        |   | Engaging freely, happy.  | Uncomfortable, unhappy, fearful, anxious. Could be physically hurt. Could be trying to avoid the other child.  |
| 4. Relationship between the children. | Similar age and ability would normally play together. There are no factors to suggest a power imbalance.                                    | Children would not normally play together or there may be some factors, which suggest one child is more in control than the other.                 | Children would not normally play together or there are clear power differences e.g. due to age, size, status, ability, strength.   |
| 5. Frequency of the behaviour.        | Behaviour is age appropriate, ad hoc and not the main focus for the child. The child is interested in other things.                         | Some inappropriate sexual behaviour for age, however child also has interest in other things, behaviour is intermittent.                           | Frequent incident and child seems focused on behaviour. It is disproportionate to other aspects of their life. They seem to seek comfort /reassurance or control from the behaviour.   |
| 6. Persistence of the behaviour.      | Behaviour is age appropriate, ad hoc and not the main focus for the child. The Child is interested in other things.                         | Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child however is responsive to some intervention. | Child cannot be distracted from the behaviour easily and returns to the behaviour.<br><br>Focus on the behaviour is disproportionate to other aspects of their life.<br><br>It appears to be the main way they seek comfort/attention and control. |
| 7. Child's emotional response         | Happy, embarrassed, able to take responsibility for their behaviour and its effects on other child (dependent on their age & understanding) | Child unresponsive, ashamed, struggles to take responsibility for their behaviour or to show empathy.  | Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried.<br><br>Cannot take responsibility for their behaviour, nor shows any empathy for others.                                 |

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## What Can You Do?

If you are concerned about a child's or young person's sexual behaviour, you should refer your concerns to Social Services or the Police. They may commence an initial assessment under 'Children in need' S.17 (Children Act 1989), or depending on the circumstances, may undertake enquires to assess if a child is suffering or likely to suffer from significant harm S.47 (Children Act 1989).

It is important to convey to the child/young person that whilst the behaviour is not OK, you are not condemning them as a person. You will also need to show respect and empathy, and offer hope that that change is possible. Denial and embarrassment should be expected. Let the child or young person know that you won't be shocked or offended, and avoid confrontation.

**If in doubt, always seek advice from your local service.**

## Sources of Help and Advice

### **Social Services Departments:**

|                                    |              |
|------------------------------------|--------------|
| Rose Hill Street Derby (Duty Team) | 01332 717118 |
| Derby Care Line (Out of Hours)     | 01332 256066 |
| Call Derbyshire (Out of Hours)     | 01773 728200 |
| Amber Valley                       | 01773 728000 |
| Bolsover                           | 01246 348400 |
| Chesterfield                       | 01246 347777 |
| Derbyshire Dales                   | 01629 772323 |
| Erewash                            | 0115 9098585 |
| High Peak                          | 01457 728888 |
| North East Derbyshire              | 01246 348888 |
| South Derbyshire                   | 01283 238000 |

### **Police Child Abuse Units:**

|                                       |              |
|---------------------------------------|--------------|
| Chesterfield (North Unit)             | 01246 522026 |
| Derby City (South Unit)               | 01332 613049 |
| Central Referral Unit (9am-5pm )      | 01773 572058 |
| Police Out of Hours (ask for Duty DS) | 01773 570100 |

NSPCC Derbyshire 01773 744877

Stop It Now FREEPHONE HELPLINE 0808 1000 90

## **What is abuse and neglect? Key definitions and concepts**

2.18 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. An adult or adults, child or children may cause the abuse.

2.19 Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

### **Physical Abuse**

2.20 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

### **The Impact of Physical Abuse**

2.21 Physical abuse can lead directly to neurological damage, physical injuries, pain, disability or death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently co exists with domestic violence.

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Review Due March

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Section Amended Section 2

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2.22 Changes to the law have clarified the term “reasonable chastisement”. Smacking and other forms of corporal punishment that leave marks or injuries should be considered as physical abuse.

### **Emotional abuse**

2.23 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being

imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **The Impact of Emotional Abuse**

2.24 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying and racism. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. In families where the child experiences a low level of emotional warmth and a high level of criticism, negative incidents may have a more damaging impact on the child.

2.25 Underlying emotional abuse may be as significant as other forms of abuse in terms of its impact on the child. Where there is domestic violence, the emotional impact on the child should always be carefully assessed. Adult mental health problems and parental substance misuse may be features in families where children are exposed to emotional abuse.

### **Sexual Abuse**

2.26 Sexual abuse involves forcing a child or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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### **The Impact of Sexual Abuse**

2.27 Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and a loss of self-esteem, have all been linked to sexual abuse. The adverse effects of sexual abuse may

endure into adulthood.

2.28 The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent or premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer(s) who believes the child, helps the child understand the abuse, and is able to offer help and protection.

2.29 A significant proportion of sex offences are committed by teenagers and, on occasion, such offences are committed by younger children. Parents, carers and practitioners need to identify the difference between consenting and abusive, appropriate or exploitative peer relationships. Staff should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action.

2.30 A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are abused will inevitably go on to become abusers themselves.

2.31 There is an increasing use of new technologies to involve or expose children to sexual abuse. Children may or may not be aware of their vulnerability to exploitation through this medium. The use of new technologies across the world and throughout the UK may necessitate complex and specialist investigations. Further guidance should always be sought if this is suspected. See [The Child Exploitation and Online Protection Centre](#) for more information.

## **Neglect**

2.32 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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### **The Impact of Neglect**

2.33 Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result in death.

2.34 Neglected children may also experience low self esteem, feelings of being unloved and isolated. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicities of neglectful behaviours children have been experiencing.

2.35 Childhood obesity is a significant problem for many children. It can have short and long term effects on the physical and emotional well being of the child. In many cases parents will work with practitioners to enable their child to reduce the risks. In circumstances where obesity is seriously impairing the health and development of a child, consideration should be given to the capacity of the parent(s) to meet the needs of the child.