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# **Adverse childhood experiences and social work: relationship-based practice responses**

*John Frederick, Trevor Spratt and John Devaney*

## **Abstract**

Individuals with higher numbers of Adverse Childhood Experiences (ACEs) have been found to be overrepresented among users of social services. This poses challenges for service providers in seeking ways to incorporate knowledge about ACEs in the calibration of service provision, and for social workers as to how they might use such knowledge in their day to day practice. The key contribution of this article is as a position piece which aims to map out a possible response to the ACEs evidence from social work. Short term interventions based on proximal causes has resulted in a fundamental misunderstanding as to the aetiology of the problems experienced and to the types of interventions required to facilitate their amelioration. ACEs research offers a new understanding of how connecting trajectories are formed and maintained in ways which integrate biological, psychological and sociological concepts. In this paper, we have made selective use of key texts and studies in the social work literature to illustrate how relationship based social work may be appropriated and repurposed to align with interventions to mitigate the effects of ACEs. Our wider argument is that social work has a tradition in relational work and now a renewed mandate for it.

## **Keywords**

Adverse childhood experiences; Relationship-based social work; Social work practice

## **Introduction**

The history and development of research on Adverse Childhood Experiences (ACEs) has been reiterated in a number of recent articles in the social work press (Authors own, 2019). It is, however, important to rehearse this history, for while there is growing awareness with respect to ACEs within social work, this is not always based on a systematic knowledge as to

either its epidemiological provenance nor indeed the implications for social work practice. This is to be regretted, as in many ways the widespread interest in ACEs amongst researchers representing a range of disciplines achieves two vital steps forward for social work. Firstly, it demonstrates that the challenges many service users experience are overwhelmingly the later expressed products of early underlying causes, providing a vital corrective to the occluding narrative of proximal cause and effect beloved by an amalgam of politicians, press and public, especially in the aftermath of tragic case outcomes (Shoesmith, 2016). Secondly, it supports the widely held view by social workers that interventions need to be sensitive to the genealogy of underlying causes. Being appreciative of the sometimes considerable distance between adverse experiences in childhood and their later effects provides a rationale for the recalibration of therapeutic interventions. In this paper we return to a concept at the foundational core of social work, the idea that *relationship* is central to the achievement of positive outcomes for service users, arguing that the generation of new knowledge to help us better understand the connections between cause and effect is returning us to old familiar places with regard to what is involved in an effective helping alliance.

## **The Adverse Childhood Experiences Study**

While the original ACEs study (Felitti *et al.*, 1998) was not the first or the only such study to seek to look at the consequences of children's experience of adversity in the immediate and longer term (see, for example, Rutter, 1980; Finkelhor, 1995; Colleague and Authors own, 2010), the ACEs study has gained significant professional and lay awareness and interest. The study was undertaken by clinicians at the Kaiser Permanente Medical Center in San Diego, California (Felitti *et al.*, 1998). A 10-item questionnaire was developed which combined five items indicating child abuse (physical, sexual and psychological) and neglect (physical and emotional) and five concerned with familial problems (the loss of a parent for any reason, parental incarceration, violence directed against the mother, parental mental illness and parental alcohol/substance abuse). The sum of affirmative answers to each question provides an individual's ACEs score, ranging from nought to ten. The questionnaire is used

retrospectively with adults who are asked about experiences taking place up until their 18<sup>th</sup> birthday. The central finding is that the higher the ACEs score the greater the probability that an individual will experience a range of poor outcomes over their life-course. Such outcomes are to be found in a number of domains, including physical and mental health and social and economic circumstances (Kelly-Irving *et al.*, 2013). This so-called *dose effect* also holds true for a number of behaviours which act as translation mechanisms between experience of adversity and later outcomes, particularly with respect to health outcomes, including smoking, excessive drinking and drug taking (Felitti *et al.*, 1998). Individuals with higher ACEs scores have been found to be over represented in clinical populations and in users of social services (Colleague and Authors own, 2014). This poses challenges for service providers in seeking ways to incorporate knowledge about ACEs in the calibration of service provision. The central issues being, does ACEs screening have a role in assessment processes and, if it does, how does this influence the type of service being offered? While these questions may be central to all human services, there are concerns expressed in the literature with regard to the potential negative effects of labelling on service users (White *et al.*, 2019), and the ethical grounds for screening where there are a lack of services aligned to needs (Finkelhor, 2018).

In recent times the widespread influence of Adverse Childhood Experiences research has manifest itself in a number of ways. These include the creation of a policy *lens* which connects the past with the present with respect to life course determinants, with associated stimuli to co-join the forces of agencies in an endeavour to focus interventions through a singular prism (Hetherington, 2020; Scottish Government, 2018). However, as ACEs research is primarily about better understanding the relationships between the experience of adversities in childhood and later life outcomes, the *fit* between how, what is essentially epidemiologically derived knowledge, might be applied at an individual client level is problematic. The most widely adopted solution to this has witnessed an adaptation of the *toxic stress* model, originally developed by the *Harvard Centre on the Developing Child* (Shonkoff, 2012). Briefly stated, this model postulates that stresses caused by adverse experiences in childhood may interfere with normal development, so as to cause changes that are embedded in physiology and brain architecture. The psychologically expressed sequelae being an instinctive recourse to *fight or flight* in reaction to perceived threats in the environment, with subsequent adoption of risk laden behaviours (for example recourse to

alcohol or drug use) which have the temporary effect of ameliorating the effects of stress. The widespread adoption of this model has witnessed the reinvigorated uptake of two older concepts, namely *trauma* and *resilience* in the context of therapeutic interventions (Authors own and colleague, 2020). Services are increasingly describing themselves as *trauma informed* (Knight, 2015). Essentially this refers to an understanding of presenting problems as having their antecedents in early adverse experiences, which have created stress levels that are so toxic they manifest in traumatic presentation. This supports a position that only by dealing with the underlying causes may present troubles be successfully addressed. Whilst there is a considerable science on the understanding of trauma, knowledge as to what might constitute successful intervention is still in the developmental phase, especially as not all adversity is necessarily not traumatic, but may be problematic. However, there is also concern that the enthusiasm to embrace the knowledge generated by ACEs and associated research may lead some services and practitioners to engage in practice which is actually counter-productive, such as counting service users ACEs and framing professional responses based on a false understanding of what the evidence both says and means (Dube, 2018).

Therefore, how do take forward the considerable interest in building service user resilience as a bulwark against the impact of adversity; and how do we achieve this in an appropriate way? With current evidence pointing to the need to build resilience amongst supportive family members, friends and community as a resource (Gartland *et al.*, 2019), questions arise as to how social workers, aware of such developments, might use such knowledge in their day to day practice?

## **Social Work and Relationships**

Since the beginning of the profession, the relationships between social workers and service users have been seen to be at the centre of good social work practice (Trevithick, 2003). The relationship component of social work has been described by seminal figures as the 'soul' (Biestek, 1957), the 'heart' (Perlman (1979), and the 'major determinant' (Hollis, 1970) of practice (Coady, 1993, p. 291), with contemporary authors also noting its key underlying role (Bryan *et al.*, 2016; Colleagues and Authors own, 2019; Hood *et al.*, 2019;

Mitchell, 2020). Social work relationships are in fact both multifaceted and multiple 'with individuals, between individuals, with individuals in groups, with individuals and organisations, and between organisations' (O'Leary *et al.*, 2013, p. 136).

Despite the centrality of relationships, however, some social work practice settings appear unreceptive to the types of relationship that service users require (Hood *et al.*, 2019). For example, in a scoping review of 40 articles on engagement practices with families in child protection, Toros and colleagues (2018, p. 598) found they featured 'authority-based, coercive, and bureaucratized methods of engaging clients; children's participation as perfunctory rather than an important aspect of the process; limited information from the workers to children and families; and processes that are stigmatizing, focusing on families' deficits rather than strengths.' This is amplified for families from minority ethnic backgrounds (Bernard and Harris, 2016). Nevertheless, many positive experiences of social work practice have also been identified, where the relationship is perceived as the crucial element for parents. For example, in one study examining the social worker's ability to make and sustain relationships both with parents and with their children it was observed that: '... it was their relationship with their particular social worker that parents were to return to again and again during the course of interviews' (Author's own and colleague (2004, p. 217). Research has identified the core qualities that service users value in social workers that assist positive relationship development; these include, reliability, honesty, respect, effective communication and recognition of their innate worth and position (Devaney and Dolan, 2017; Drake, 1994; Mitchell, 2020; Platt, 2012; Toros *et al.*, 2018; Trevithick, 2003). The ability to treat the service user as an individual person in their own right (Turney, 2012), as 'unique' rather than as a case or a number (Drake, 1994, p. 601), or than simply as a member of a category (Dybicz, 2012), also being regarded as essential.

## **Relationship-based model**

In discussing strategies to address the high prevalence and associated harmful effects of adverse childhood experiences, Bethell and colleagues (2017, p. S36) conclude that: 'relationship-centred methods [are central] to engage individuals, families and communities in self-care related to ACEs, stress, trauma [so as to build] the resilience and nurturing

relationships that science has revealed to be at the root of well-being.’ How then can social workers practice in such a way that they respond effectively to the problems engendered by ACEs among the service users with whom they work, and how can relationship-based approaches be of assistance?

Frameworks for practice approaches to such problems tend to have common elements ~~(which)~~ in providing emphasis on relationship building as fundamental. The model designed by Gilgun and Hirschey (2017) is particularly apposite as for a number of reasons; it is designed specifically for families where children have experienced complex trauma, it emanates from the discipline of social work, and, it is compatible with the person-environment perspectives central to social work (Larkin *et al.*, 2014). Their ‘four-factor outcome model’ (Gilgun and Hirschey, 2017, p. 537) identifies four areas for consideration in practice. The model is essentially a ‘road map’ as opposed to a type of ‘manualized treatment’ with specific techniques, the aim being to enable practitioners to draw practice guidelines from factors considered significant to outcomes in working with traumatized children and families (Gilgun and Hirschey, 2017, p. 542).

The first factor – *building relationships* - is a vital foundation, with practitioners needing to be especially aware of this core process in their work with children and families.

The second factor - *personal characteristics* - includes characteristics relevant to service users such as acknowledgement of problems, readiness to try to make changes, genuine attempts to engage, and hopefulness that change can occur. Characteristics relevant to practitioners include genuineness, persistence, consistency, firmness, trustworthiness, and dependability.

The third factor - *social service system influences* – encompasses environmental influences and the availability of resources that can assist in coping with adversities and traumatic experiences, including the use of strengths-based perspectives such as identifying previous circumstances when families have functioned well; the development of relationships between service users and agencies; promoting collaboration among different providers; and, identifying helpful resources among individuals, families, and communities.

The fourth factor - *external influences* - are events that shape processes and outcomes external to social system influences and practitioner relationships with service users. These can be contemporary or historical and can have both positive and negative effects. Historical external influences involve combinations of family members' individual experiences, such as personal losses, with culture-wide events, such as historical prejudice and discrimination, as well as economic changes that have either promoted or undercut economic opportunities. Contemporary external influences can include issues such as the links between residential segregation based on race, quality of education, access to employment, and health outcomes. (Gilgun and Hirschey, 2017).

Models such as this are designed to help practitioners understand the range of influences in relation to practice and can provide guidance and direction for case planning. For example, when practitioners realise the importance of relationships to outcomes (Mitchell, 2020), it may heighten their incentive to pursue relationship building as a key component of their work with children and families (Gilgun and Hirschey, 2017). This adds an important corrective to the more managerial and bureaucratised practices which have influenced practice in recent times (Kamali and Jönsson, 2018; Munro, 2011). Whilst relationship building is a fundamental aspect of this model, it also enables social work practitioners to take account of the many environmental influences that they need to be aware of in their interactions with clients. They can also see relationship-based practice as being multi-faceted as they need to develop relationships with other professionals, services and organisations, in addition to relationships with service users.

### **Moving beyond ACEs as a research concept to ACEs as a practice concept**

Building upon the above theoretical framework, there are a number of approaches to practice which provide social workers with positive relationship-based methods to address the challenges which many individuals, families and communities face. We have chosen a selection based on their geographical spread, contrasting foci and evidence of impact to exemplify the issues in this paper.



Levenson (2017) comments that because social workers often meet service users with a history of trauma in their lives, practice needs to be informed by an ethic of care which is rooted in how we understand the causes and consequences of trauma in the lives of individuals and groups. Trauma Informed Care (TIC) is a practice approach in which account is taken of early adversity, offering professionals an understanding as to how such experiences influence clients' psychosocial functioning along their life course. Trauma-informed social work practice not only aims to promote development of supportive relationships with children and families, but to enhance consistent practices and improved communication among organisations to reduce practices that may unintentionally aggravate already adverse circumstances (Bunting *et al.*, 2019). For example, in the field of child and family social work, *Building Better Futures* provides social workers with a 'conceptual framework to actively engage parents', underpinned by the TIC principles of communication, trust, empowerment and personal growth (Bunting *et al.*, 2019). It is relationship-based, offering particular skills and strategies to help professionals build working partnerships with parents, taking into account the effects of ACEs in their assessment of parental capacity by considering strengths, as well as matters of concern (Bunting *et al.*, 2019).

Another example of a relationship-based strategy for social workers is in regard to strengthening the relationships individuals and communities already have, in the context of the multiple challenges facing families living in highly disadvantaged urban areas. Gray (2009) in a study in Tower Hamlets in London found that appropriate and successful responses that led to effective engagement and the development of trust were those that were locally focused and specific, were not stigmatising or intrusive, and were conscious of the feelings, culture, and perspectives of the families. In turn, regular supervision was a key component of the support provided to the workers to enable them to carry out their complex and demanding roles.

Recent research by Authors own and colleague (2020) on ACES and trauma and resilience focussed interventions in Irish family centres, utilised a range of validated instruments to chart progress in the mental health and improved familial relationships for parents and children as a result of relationship-based therapeutic interventions. Whilst the researchers were blind to the nature of the interventions, it became clear during the research that the staff viewed the therapeutic relationship with their clients as the active agent in

achieving the positive outcomes as measured by the researchers. This echoes Webb and colleagues' findings in their meta-analysis of *Therapist adherence/competence and treatment outcome*, observing that, 'adherence and competence are relatively inert therapeutic ingredients that play at most a small role in determining the extent of symptom change.... it may be that a more important set of factors are those that are common to most or all forms of psychotherapy, such as the quality of the therapeutic alliance.' (2010, p. 211).

Professional interventions, however, can also aim to strengthen the relationship between clients and others through indirect means. For example, in the US, King and colleagues (2019) evaluated whether the *Youth-Nominated Support Team (YST)* intervention for Suicidal Adolescents-Version II was associated with reduced mortality 11 to 14 years after psychiatric hospitalization for adolescents at risk of suicide. The YST asked at-risk adolescents to identify a *caring adult* from their family, school or community who could support them after discharge from hospital. These adults attended a psychoeducational session to learn about the challenges being faced by the young person, the treatment plan, suicide warning signs, communicating with adolescents, and how to be helpful in supporting treatment adherence and positive behavioural choices. The adults received weekly supportive telephone calls from YST staff for 3 months. The study tracked 448 YST participants, and found that significantly fewer had died by suicide compared to a control group, over a 11-14 year follow up period.

It is also important to recognise the contribution of wider social policy initiatives in creating the conditions for empowerment and change. For example, a program aimed at supporting people experiencing poverty and in need of material assistance is *Relational Case Management*, which is delivered in Australia by the Salvation Army (Davidson *et al.*, 2018). The approach taken is to provide a focused and comprehensive service to service users taking account of both the present crisis but also the underlying causes of their financial predicament. Building relationships was the program's 'predominant guiding philosophy' (Davidson *et al.*, 2018, p. 64), with a successful relational case management model requiring a long term commitment to clients by both the case manager and the organisation. As Bill, one of the clients, observed (p. 67): "Getting over addiction ... without people that are willing to sit down and listen to you with a bit of empathy, it's pretty hard."

A further relationship-based example relevant to social workers is in the field of homeless services. The Committee on the Shelterless (COTS), in Petaluma, California take a comprehensive, whole person approach to recovery from ACEs consequences for its service users (Larkin *et al.*, 2012). The model employs a number of practical steps, including: raising staff awareness of ACEs; responding to ACEs based on knowledge of resilience and recovery, and ensuring staff receive self-care support themselves to enable them to provide effective relationship-building for service users (Larkin *et al.*, 2012). The model's aim is to provide research-informed practices within a recovery-oriented culture to change the trajectory caused by ACEs in the individual's life (Larkin *et al.*, 2012).

It is salutary to note that the examples offered here of the positive impact of relationship based practice as informed by ACEs research and TIC, are drawn mainly from areas of practice other than family and children's social work services. This lacuna is to be regretted, particularly in the light of emerging evidence that a stable relationship with an adult can buffer against the impact of the presence of ACEs in a child's life (Bellis *et al.*, 2018). Yet there are areas of social work practice where the application of these approaches would be feasible. This is especially true for those families who have prolonged contact with social services, where the need to guard against case rotation would promote relationships and provide a basis for mitigation for the effects of ACEs. The areas of practice, however, where this practice approach would ~~be~~ potentially have most impact~~ful~~, is work with looked after children and care leavers. As most such young people have experienced adversities early in their lives they would benefit from an ACEs informed approach, delivered in a sustained way within an enduring relationship with one social worker. Such arrangements, of course, challenge standard organisational practices wherein there are changes in allocation of social worker when a young person transitions from 'looked after care' services to 'after care' services.

## **Barriers and enablers to relationship-based social work practice**

What then are the barriers and enablers to the implementation of relationship-based social work practice? A number of researchers and commentators have identified a variety of these which we will now outline.

## **Barriers**

Barriers to relationship-based social work practice have been identified under the following broad groupings: negative organisational characteristics; high caseloads/lack of time; and, deficit-based practice approaches.

### *Negative organisational characteristics*

According to Beresford (2007, p. 1400), the relationship aspect of social work practice has been undercut by a growing trend towards a 'time-limited, check-box exercise' where the emphasis is on the practical, and the relationship between the social worker and client is 'very much a secondary consideration.' This is the result of the power over practice of bureaucratic systems (Ruch, 2005), with organisational concentration on measurable targets (Trevithick, 2014).

### *High caseloads/lack of time*

The remodelling of and associated expenditure reduction in current social services leading to high caseloads (Davidson *et al.*, 2018) and shifting thresholds for access to services (Authors own, 2019), result in insufficient time to build the types of relationships that individual service users require (Trevithick, 2014). Building effective relationships takes time (Gladstone *et al.*, 2014; Trevithick, 2014; Davidson *et al.*, 2018; Ambrey, 2019), but an '80% office-20% face-to-face work split' severely restricts opportunities to do so (Hingley-Jones and Ruch, 2016, p. 243).

### *Deficit-based practice approaches*

Certain researchers are concerned that some practitioners are involved in deficit-based practice with service users (Toros *et al.*, 2018; Wilkins and Whittaker, 2018), where directive, authoritarian methods are employed, which clearly cannot promote engagement or participation of service users in a positive relationship. Wilkins and Whittaker (2018) consider that a question of values is fundamentally involved here, observing that in their research

there was little discussion of values and beliefs in relation to children and families in supervision between organisational managers and social workers.

## **Enablers**

Enablers of relationship-based social work practice come under the following broad categories; positive organisational characteristics, supervision, and strengths approach.

### *Positive organisational characteristics*

In order to enable relationship-based approaches, social workers require the time, opportunity, and emotional support from their organisations to reflectively process the demanding challenges they face in practice (Ruch 2005; Forrester *et al.*, 2012). Research shows that more flexible and creative organisations lead to examples of good practice and the opportunity to provide more individualised services to service users (Glisson *et al.*, 2012; Trevithick, 2014).

### *Supervision*

Good supervision is indispensable in relationship-based social work practice (Howe, 1998), so that the emotional load involved in working in this highly stressful field is managed effectively (Ruch, 2005; Gray, 2009; Gladstone *et al.*, 2014; Hingley-Jones and Ruch, 2016). Organisations need to provide work arrangements which facilitate this vital support to their social workers (Ruch, 2005; Gladstone *et al.*, 2014). However, the supervision provided must address emotional support and professional growth, not just be focused on rules, paperwork and management scrutiny, as can often be the case (Gladstone *et al.*, 2014; Wilkins and Whittaker, 2018).

### *Strengths approach*

Successful strategies for engaging and working positively with families require taking a strengths-based rather than deficit oriented approach, which involves using participatory practices, such as not prejudging and taking a proactive approach; using effective listening skills; trying to understand and support rather than direct service users; and working with service users to explore solutions on the basis of their own ideas and abilities (Mitchell, 2020; Toros *et al.*, 2018; Wilkins and Whittaker, 2018).

## Discussion

Much of the previous work on the implications of ACEs research on social work has concentrated on three main areas; researching service user populations to map the prevalence of ACEs (Authors own and colleagues, 2014), assessing the potential for ACEs screening as a means to inform services development (Finkelhor, 2018), and examining the fit between longer cause and effect time frames noted by ACEs research and current shorter term case management strategies employed by providers of social services (Authors own, 2019). In this paper we have focussed on a fourth implication, what the research is indicating by way of effective interventions.

One of the contributions of ACEs research has been to offer epidemiological evidence to reinforce the widely held view that present problems are reflective of past troubles. This has provided a catalyst to further research in an effort to identify what policies and interventions might be most effective, both in preventing ACEs and in ameliorating their impact in cases where they have already occurred. With respect to what might reduce the effects of ACEs impact on an individual, particular attention has come to be focussed on the countervailing influence of what has become known as *the one supportive adult*. As was previously mentioned, developing research is beginning to provide contributions which highlight the differential outcomes for those with high ACEs scores. Mark Bellis and colleagues work in this regard has been of particular influence in drawing attention to the mitigating effect of a positive relationship in the life of persons with high ACEs scores. They found that, 'access to a trusted individual throughout childhood who can provide a sanctuary from the chronic stress of ACEs' (2018, p. 2), with particular influence in reducing recourse to stress reduction behaviours, such as use of drugs and alcohol, which, in turn, lead to further poor health and social outcomes in an individual's life. Hughes and colleagues (2018, p. 35) note that, 'Having at least one trusted, stable and supportive relationship with an adult is emerging in international literature as one of the most important aspects of childhood resilience.' While it has always been generally understood that, as social beings, contact with others has both damaging and reparative consequences, a developing science of resilience is beginning to focus on the one supportive adult as being of fundamental importance in providing a buffer

against the effects of ACEs to the extent that adult physical and mental health outcomes are improved (Authors own and colleague, 2020). This in turn is creating a renewed interest in the potential for the professional and service user relationships to provide a buffer against the worst effects of high ACEs scores.

While ACEs research may be couched in the conceptual language of reduction of traumatic effects via the shoring up of resilience, a central development has been the production of a narrative that focusses on the redeeming power of relationship in ameliorating the worst effects of early adversities and informing later interventions designed to heal and repair. The authors have argued previously that short term interventions reflecting an assessment of immediate risks based on a reading of proximal causes has resulted in a fundamental misunderstanding as to the aetiology of the problems experienced and to the types of interventions required to facilitate their amelioration (Authors own, 2019). The traditions of social work, however, speak to a deeper appreciation of both the width and depth of presenting problems. And ACEs research offers a new understanding of how connecting trajectories are formed and maintained in ways which integrate biological, psychological and sociological concepts, gradually filling spaces previously occupied with theories with evidence. There is real potential here to reinvigorate social work practice.

## **Conclusion**

In this paper we have mined the social work literature, making selective use of key texts and studies to illustrate how relationship based social work may be appropriated and repurposed to align with interventions to mitigate the effects of ACEs. Looking ahead, the fundamental challenge will be to redesign services to feature a longer gaze to future outcomes, with interventions recalibrated to meet needs over extended periods of time (Authors own, 2019). This will require the development of caring and supportive relationships earlier rather than later, where possible. Where this has not been possible, the provision of long term, regular and accessible support will be needed. This may challenge some current reifications of short term interventions and help re-establish earlier and enduring ideas where, as reported by Jones (1985, in Howe, 1998, p. 52), 'vulnerable families who received long-term, regular, accessible support were more likely to keep their children out of public care than those who were given short-term, goal-oriented social work interventions.'

There is of course a real danger in that in seeking to use the ACEs research to reinvigorate relationship based practice that the focus of practice becomes too focused on individual failings rather than structural issues impacting negatively, and often disproportionately on some individuals more than others due to class, ethnicity and gender. As we have argued elsewhere, (Author's own 2019) there is a need to move beyond the original ten ACEs to reconceptualise adversity as being multi-faceted and experienced at an individual, community and societal levels.

While such changes may be easier to imagine than implement, the science is on social work's side, paradoxically taking us to us back to our familiar past to help reshape the future.

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