

Sam Murray and Roger Loveless

# DISABILITY

## the Living Standards Framework and Wellbeing in New Zealand

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### Abstract

Disabled people and their whānau have poorer outcomes across a wide range of wellbeing and living standards measures.<sup>1</sup> Yet disability analysis does not appear to be well integrated into government decision making on wellbeing. This article builds a framework for understanding disability in a wellbeing context by using the Treasury's Living Standards Framework and Sophie Mitra's human development model for disability and health.

One of the most important aspects of Mitra's model is the interaction between resources and structural factors. Structural factors, such as an inaccessible built environment, force disabled people to spend more resources to get the same outcomes as non-disabled people. Publicly funded disability support is essential to counteract these structural factors. We also need to improve the usability of the four capitals for disabled people and their whānau to reduce these structural barriers.

**Keywords** disability, wellbeing, living standards, inequality

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### Conceptual conservatism

Amartya Sen, whose capability approach is acknowledged as an influence on the Treasury's Living Standards Framework, addressed disability in his work (Hall, 2019; Treasury, 2019). Sen noted that, given the wide-ranging impacts of disability, addressing disability should be central to work on wellbeing and creating a fairer society. Yet he was amazed at how inactive and, in his words, 'smug' societies were about addressing the disadvantages caused by disability. He identified conceptual conservatism – a reluctance to change existing conceptual models to incorporate a modern understanding of disability – as playing a significant role in the lack of a serious response to issues of disability in matters of justice (Sen, 2010, p.291–3).

In New Zealand, some work has been done at the Treasury by Toni Wharehoka on incorporating disability into the Living Standards Framework;<sup>2</sup> to date, however, this has not been published. This stands in contrast to other areas, such as ethnicity, where papers have been published. In our view, Sen's criticism has some potency in a New Zealand context. In general, disability is still often on the periphery of wellbeing policy and tends to be regarded as a matter

for the disability-specific parts of the government.

This is at odds with the evidence that disability affects a wide range of policy areas and is of central importance to equity and distributive justice. Disability is not a side topic; it is central to issues of justice in the same way gender, sexual orientation and ethnicity are. For example, households with disabled children are between 1.4 and 1.6 times more likely to be below three poverty thresholds, the 39.2%, 47% and 62.7% of median gross household income thresholds, than households that have only non-disabled children (Murray, 2018, p.70, 2019, pp.24–5).<sup>3</sup>

We agree with Sen that a key obstacle is a conceptual deficit in interfacing modern approaches to disability with wellbeing frameworks and models. This article attempts to address this deficit by drawing upon the Treasury's Living Standards Framework and Sophie Mitra's human development model for disability and health to build a framework for understanding disability in a wellbeing context (Mitra, 2018). Some of the key points to understand are:

- Disability is an interactional phenomenon where a disabled person's environment/context plays a key role in creating the disadvantage they experience.
- If the capitals identified in the Living Standards Framework – natural, physical/financial, social and human – are not able to be acquired and used by disabled people to an equal extent as by non-disabled people, this creates inequality and conversion costs for disabled people. Conversion costs reduce the ability of disabled people to convert resources into the outcomes they want.
- When we shift disability-related costs to individuals and their whānau and make assumptions about the resources disabled people have access to, we fuel other forms of inequality, such as ethnic and gender inequality.
- Increasing the ability of disabled people to acquire and use the four capitals, thereby lifting their living standards to levels enjoyed by others, has significant value. This needs to be factored into fiscal, economic and wellbeing analysis.

Understanding these points should be seen alongside the importance of engaging with disabled people, their whānau and their representative organisations. While engagement and co-design are vital, officials need to develop their expertise in understanding the importance of disability to decision making on wellbeing policy. Indeed, engagement is likely to be far more fruitful if officials understand the basic issues many disabled people face, the key models of disability, and how the models

case for disabled people aged 15–64. Compared to non-disabled people aged 15–64 they are:

- 2.5 times more likely to report not having enough income;
- twice as likely to report being discriminated against;
- 2.2 times more likely to rate their life satisfaction as 6 or below (on a scale where 10 is the highest possible); and
- 1.9 times more likely to rate the wellbeing of their family as 6 or below

## Disability-related inequality also interacts with other sources of disadvantage and inequity, such as gender and ethnicity.

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relate to general policy models, such as the Living Standards Framework. We need a substantial change in how we approach disability policy and assess disability-related spending in wellbeing terms.

### **The impact of barriers on the living standards of disabled people are wide and significant**

The 2013 Disability Survey estimates that 24% of New Zealanders – 1,062,000 – are disabled people (Statistics New Zealand, 2014b). The potential impact of disability-related barriers is larger than just their impact on these individuals. While we do not yet have good New Zealand data on household composition and disability, we can look at data from the United Kingdom. In the latest UK's Family Resources Survey, 21% of individuals were disabled people, but 34% of individuals were disabled people or lived with at least one immediate family member who was a disabled person.<sup>4</sup> Even among children, the rate is high: 33% of all children were disabled children or lived with at least one immediate family member who was a disabled person (Department for Work and Pensions, 2020).

Disabled people face greater barriers to achieving their goals than non-disabled people, and often have lower living standards and are more likely to live in poverty as a result. This is particularly the

(on a scale where 10 is the highest possible) (Murray, 2019);

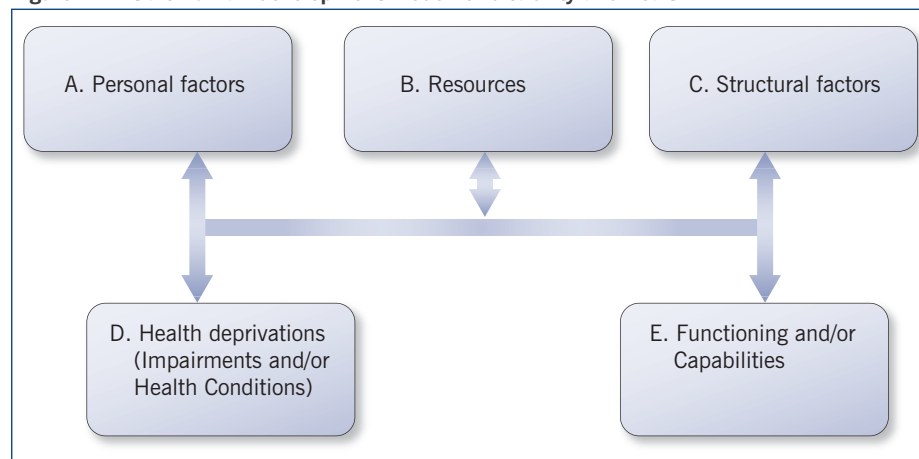
- 2.5 times more likely to be unemployed;
- 2.6 times more likely to have no qualifications (Statistics New Zealand, 2019).

Disability-related inequality also interacts with other sources of disadvantage and inequity, such as gender and ethnicity. For example, Māori disabled people are more likely to earn under \$30,000 a year than either Māori non-disabled people or disabled people in general (Statistics New Zealand, 2014a, 2015). Research commissioned by the Waitangi Tribunal has highlighted how disability policy, support and services have failed to meet the needs of Māori disabled people and their whānau (King, 2019; Allport and Kaiwai, 2019). In general, disability support appears to be inequitably distributed to non-European ethnicities (Bowden, Kokaua and Murray, 2020).

### **Models of disability**

All analysis of disability and disability policy draws on models of disability (Mitra, 2018, p.10). The models can be formal models of disability, or informal models based on beliefs and norms drawn from the wider economic, political, social and cultural environment. Models articulate what factors cause disability to exist in society and explain the relationship

Figure 1: Mitra's human development model for disability and health



Source: Mitra, 2018

between these different factors.

Modern formal models of disability see disability as resulting from interactions between the disabled person and their context/environment. This is a dynamic process and the disabled person's context/environment plays a key role, or even the entire role, in generating the disadvantage, or disability, the person experiences (Barnes and Mercer, 2010, pp.14–97; Beatson, 2000, pp.13–56; Shakespeare, 2014, pp.9–110; Thomas, 2004; Hughes and Paterson, 1997; Office for Disability Issues, 2016). This is in contrast to some informal models of disability, such as the medical model of disability, where the disadvantage or disability is chiefly, or even solely, caused by the person's impairment and/or health condition (Wasserman et al., 2016).

For an example of a modern formal model of disability, the United Nations Convention on the Rights of Persons with Disabilities states:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (UN General Assembly, 2007)

While a useful starting point, however, we need more detail to examine disability in wellbeing policy. One modern approach to disability based on Amartya Sen's capability work is Sophie Mitra's human development model for disability and health (Figure 1). Mitra's model has some features that may make it better suited than

other models for interfacing with the Living Standards Framework. In particular, Mitra's model:

- shares some similar influences with the Living Standards Framework, particularly Sen's work on functionings and capabilities;
- separates resources from structural factors, which allows the examining of conversion costs; and
- recognises that relevant resources for the disabled person can be held at the whānau and community level, making the model possibly more applicable to different cultural contexts.

Mitra's model is a dynamic interactional model of disability. Disability is defined as a disadvantage in accessing opportunities or achieving outcomes desired by the person caused by various external factors interacting with a person's impairment and/or health condition, as well as their demographics and other personal characteristics (Mitra, 2018, pp.13–16). In this model, the external factors are divided into two parts:

- resources: the goods, services and information the person owns or can freely use through their whānau and/or community connections; and
- structural factors: the environments and contexts the person finds themselves in.

Economic, political, social and cultural forces shape the resources the person has access to and the environments the person finds themselves in. Together, the internal and external factors shape what opportunities are available to the person, as well as what they can achieve. The practical opportunities available to the

person and what they choose to do are encapsulated in box E as functionings and capabilities.

Mitra's definition of wellbeing is the functionings and capabilities that are relevant to one's own life (ibid., pp.12–13). Wellbeing is the achievements and practical opportunities that a person chooses and values. This article uses this definition of wellbeing.

#### The need to include Māori approaches, concepts and language around disability

The existing models of disability have been criticised for being focused on Western concepts of disability and are not always appropriate for use in other cultural contexts, especially for indigenous peoples (Hickey and Wilson, 2017, p.85). Mitra's model does have one advantage here over similar models because it has a less individualistic understanding of resources. It actively recognises that disabled people often use resources held at the whānau or community level (Mitra, 2018, p.17).

That said, because it is a model designed overseas, Mitra's model does not incorporate an understanding of:

- the impact of colonisation on Māori disabled people and their whānau, particularly the impact of imposing Western concepts around disability and health on Māori (Allport and Kaiwai, 2019, pp.18–31);
- the importance of te Tiriti o Waitangi for disability policy and support (ibid., pp.74–5); and
- Māori approaches, concepts and language around disability (ibid., pp.17–18; King, 2009, pp.3–6).

We note that work has been done on incorporating an indigenous perspective into the Living Standards Framework (Te Puni Kōkiri and Treasury, 2019). We need to build on this and incorporate the developing evidence from the Waitangi Tribunal inquiry into Māori with lived experience of disability. We cannot address the current inequalities Māori disabled people and their whānau experience, nor meet our Treaty obligations, without bringing to light the historical injustices and incorporating Māori concepts and language around disability into the Living Standards Framework. In addition, many forms of disability support need to be

redesigned to work for Māori disabled people and their whānau. This includes, as will be highlighted later, a need to rebalance private and public costs in disability support, an issue which often disproportionately affects Māori and Pacific peoples.

#### Conversion functions/costs

From a public policy or Living Standards Framework point of view, one of the most important aspects of Mitra's model is the interaction between resources and structural factors. If structural factors do not meet the needs of disabled people, they can reduce the effectiveness of resources for disabled people (or increase the amount of resources needed to achieve the same outcomes as for non-disabled people). For example, the effectiveness of a wheelchair (a resource) will be heavily dependent on the built environment being accessible through suitable footpaths, curb cuts, wide enough doorways, and step-free access inside and outside buildings. This interaction between resources and structural factors can be thought of as a conversion function or cost (Mitra, 2018, p.14).

Even if two people appear to have access to the same quantity of resources, their ability to convert these resources into their desired outcomes may sharply differ because of structural factors (ibid.). For example, a lack of accessible housing may limit where a disabled person can live, affecting their access to employment, education and other opportunities, as well as potentially their transport costs. If the supply of accessible housing is below demand, accessible housing will also be more expensive, meaning disabled people will require more resources to rent or buy a suitable house than a non-disabled person.

If they cannot afford the cost and/or trade-offs necessary to access the limited supply of accessible houses, disabled people may choose to make do with a house that does not meet their access needs. This, in turn, may increase conversion costs in other areas by increasing the amount of time or resources needed for various activities in, and out of, the home. For example, if the kitchen does not meet their access needs, they may need someone else to cook for them or rely more on takeaway and/or prepared meals.

Conversion costs play a substantial role in generating disability-related inequality. Wellbeing economist Wiebke Kuklys, using UK data, estimated that a disabled individual needed a 43% higher income to achieve the same consumption opportunity set, or income satisfaction, as an equivalent non-disabled individual. Accounting for conversion difficulties increased the percentage of families with disabled family members in poverty by between 1.4 and 3 times. This was despite the various forms of support available (Kuklys, 2004, pp.27–8).

#### The Living Standards Framework capitals and the human development model for disability and health

Central to the Living Standards Framework are the four capitals: natural,

The capitals the person does not own or can freely use through their whānau and/or community connections will determine the structural factors they face. Crucially, if disabled people cannot access, acquire and/or use the capitals to the same extent as non-disabled people, as is often the case, this will create conversion costs, or even prevent some opportunities entirely. As well as barriers created by inaccessible physical capital, the barriers here can be negative attitudes, prejudice and discrimination, including from key groups such as employers (Woodley and Dylan, 2012). There is some similarity here to the point made by Suzy Morrissey in her Treasury paper on human capital, that some groups face barriers, including structural disadvantage, to acquiring or using human capital (Morrissey, 2018, pp.3–4).

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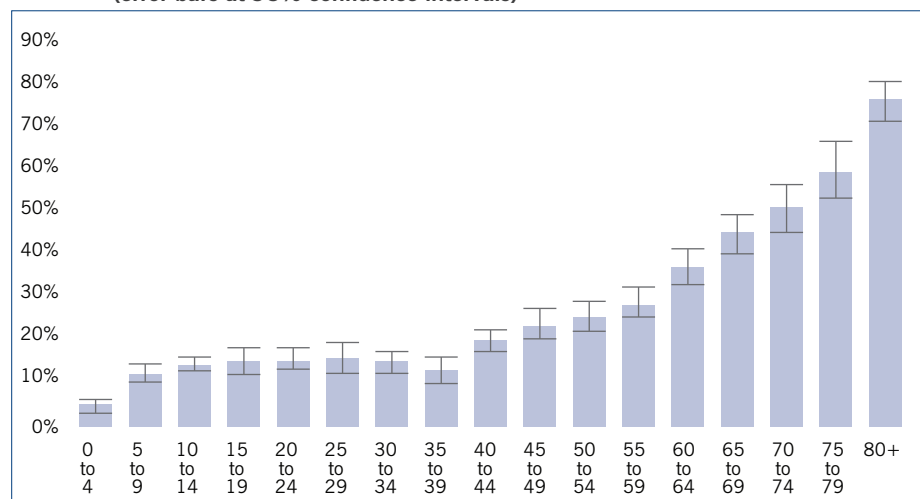
physical/financial, social and human (Burton, 2018, p.6). These capitals represent the assets that generate current and future wellbeing. Under Mitra's model, the four capitals will have multiple roles in the dynamic interaction process that causes disability.

The capitals the disabled person owns or can freely use through their whānau and/or community connections have the role of resources. This could include a variety of goods and services, such as equipment, vehicles and housing. It could also include the human capital of others, such as paid support workers and unpaid carers. It can also include the disabled person's human and/or social capital. For example, the information and social connections a disabled person gains through a training/education process will be resources they can then use to convert to desired achievements.

Taking these ideas a step further, the ability of disabled people to acquire and use various forms of capital can also be interdependent. There can be chains where multiple elements need to be fully usable before disabled people can effectively use the capitals together with their resources to get desired outcomes. This is often the case with transport infrastructure. Having accessible trains is no use without accessible stations. The effectiveness of accessible stations, in turn, depends on the accessibility of footpaths, connected transport networks and parking. In her model, Mitra includes larger systems under structural factors, such as markets and social services, which are made up of a variety of linked capitals (Mitra, 2018, p.13). In some cases, it may be more useful to think about the usability for disabled people of interconnected systems of capitals.



**Figure 2: Disability rates in New Zealand 2013 by age (error bars at 95% confidence intervals)**



Source: Statistics New Zealand, 2017

**The impact of demographic factors**

As mentioned, disability does not stand alone; it interacts with demographic trends and socio-economic inequalities. This is because disabled people are a heterogeneous population. It is vital to take this diversity into account when looking at wellbeing outcomes and living standards. Mitra’s model incorporates demographic characteristics, such as gender, age and ethnicity, under personal factors, that in turn interact with the other parts of the model, including structural factors (ibid., p.17). Disabled people and their whānau may experience multiple structural disadvantages due to their impairment, gender, sexual orientation, ethnicity and age.

There can be considerable differences within the disabled population in terms of inequality. For example, disabled people over the age of 65 often tend to experience less inequality than disabled people under 65 (Dickson, 2020, pp.22–3, 27, 35, 37–41). As one example of this, disabled people under 65 are almost 2.5 times more likely to report not having enough income than non-disabled people under 65. By comparison, disabled people over 65 are only 1.5 times more likely to report not having enough income compared to non-disabled people over 65. If we compare both groups directly, disabled people under 65 are 2.6 times more likely to report not having enough income than disabled people over 65 (Murray, 2019, pp.10–11).

To understand the reason for this significant difference we need to consider that disability rates are very stable until

about 60 years of age before increasing sharply (see the Figure 2).

A large percentage of disabled people under 65 would have acquired their impairment(s) early in their life. By comparison, disabled people over 65 are far more likely to have acquired their impairment(s) late in life. If we consider Mitra’s model and the Living Standards Framework, this is likely to make a significant difference.

All disabled people by definition will experience structural factors/barriers that can increase conversion costs. Disabled people who acquire an impairment early in life will experience these conversion costs earlier and, crucially, during the life stages when many of us acquire and utilise our human and social capitals to accumulate resources. This is likely to lead to persistent inequality that gets worse over time.

The experience of disabled people over 65 who have had their impairment before the age of 65 is likely to be somewhat hidden in wellbeing data disaggregated by age. This group will probably have outcomes closer to younger disabled people than to disabled people over 65 who recently acquired their impairment. This is especially likely to be true for disabled people who have had an impairment since a young age or birth. Unfortunately, data is far more available on disability and age than on the age the person gained an impairment. This, of course, is a strong argument for more data that breaks down outcomes by the age the disabled person acquired their impairment.

**The value of disability-related spending**

Concerns around fiscal costs often dominate disability-related funding decisions (Power, 2014, pp.11–13). There is often an underappreciation of the valuable contributions disabled people currently make, and could make with the right support and/or changes. Yet there is clearly scope for disability-related spending to generate economic benefits and net fiscal benefits through increased productivity and economic growth, and/or by reducing government spending in other areas. For example, the New Zealand Institute of Economic Research found that improved access could boost employment, raise GDP, and lower spending on income support (New Zealand Institute of Economic Research, 2017).

While state support may not appear to generate a net fiscal benefit, it is nevertheless essential for individuals, families, whānau and wider society in terms of enabling equal opportunities, freedoms and rights. In this regard, New Zealand has ratified several United Nations conventions, including those relating to human, children’s, women’s and disabled people’s rights. The ratification of these conventions means that everyone, regardless of circumstances, needs to have the opportunity to live a satisfying and fulfilling life. As the Treasury has noted, equity means focusing on more than just fiscal returns (Treasury, 2013, p.10).

**Private and public costs**

Officials have often failed to measure or have underestimated the private costs created for individuals, whānau and non-government entities when disability-related costs are not met through government spending. This includes not just financial costs, but also time costs. Disabled people report that one of the most significant barriers they face is a lack of time (Wilkinson-Meyers et al., 2014, pp.1547–8). Similarly, the whānau of disabled people often report a lack of time, particularly groups such as one-parent households (Lee, 2019, pp.52, 55).

In Canada, England and the United States, reforms of disability-related support have been undermined by the fears of officials that a large number of disabled people will switch from unfunded support

from family and friends to government-funded services (Power, 2014). Such fears about private costs becoming public costs could be seen here in New Zealand in the Crown's arguments during the court cases on paying family carers (Human Rights Review Tribunal, 2010), and can also be seen in advice on reforms of disability support, where officials have been concerned about, in their words, an over-correction to a more expensive, demand-driven system (Treasury, 2019, pp.1–2).

These fears may go some way to explaining why reforms of disability support are taking an inordinately long time to be trialled and implemented. Since the Social Services Committee found major issues with disability supports in 2008 there have been no fewer than four pilots, and it still unclear when a national roll-out will happen (Social Services Committee, 2008; Evaluate Research, 2012; Anderson, Ferguson and Rowanne, 2014; Were, 2016; Lovelock, 2020).

Regardless of where the disability-related costs sit, the costs will have impacts on people's wellbeing, our wider society and the economy. Left unexamined, in all the above, is the impact on different groups from having to meet costs privately, or, to draw on Mitra's model, meet resource shortfalls and/or high conversion costs privately. Public costs are often only seen from the narrow perspective of a particular fiscal budget, such as the Ministry of Health's Disability Support Services, rather than from a whole-of-government and wellbeing perspective.

There is often an assumption that disabled people and their whānau have sufficient resources to meet private costs. For example, a key government support for the whānau of disabled people is carer support. Carer support provides a subsidy at less than the minimum wage for whānau to hire a support person so they can take a break (Ministry of Health, 2019). As a result, carers have to either top up the amount with their own money or find people willing to provide support for less than the minimum wage (Lee, 2019, pp.56–7). In 2016 research, 66% of carers reported using their financial resources to make up the difference between the carer support payment and the actual cost of respite. Some 22% of carers reported spending more than \$1,500 a year on respite

care (Milner, Mirfin-Veitch and Milner-Jones, 2016, p.41). This contributory model is hard to reconcile with the reality that an estimated 30% of disabled children live in one-parent households, or the high number of disabled people living in low-income households (Murray, 2018; Statistics New Zealand, 2014a; Lee, 2019, pp.56–7).

By keeping disability-related costs off government balance sheets, we have exacerbated the inequalities in our distribution of support. Māori and Pacific disabled peoples and their whānau are often the most affected. They are underrepresented among disabled children using disability support services (Bowden, Kokaua and Murray, 2020). In addition,

costs. This debate needs to be evidence-informed and driven by principles of social justice and the diverse experience of disabled people and their whānau. We have to be careful not to generate or perpetuate ethnic, gender and/or age-related inequality through attempts to keep public costs down. We also need to understand the impacts of private costs on the wellbeing of disabled people and their whānau. Currently, we are not at all confident this is the case.

### Conclusion

We cannot have a just society in which everyone has an equal opportunity to pursue their idea of wellbeing without

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between the March 2010 quarter and the March 2020 quarter, for people of working age, New Zealand Europeans received a median payment rate from the disability allowance that was between 1.4 and 1.6 higher than for Māori and between 2.1 and 2.4 higher than for Pacific peoples (Ministry of Social Development, 2020).

A key cause of the inequality with the disability allowance may be the complex application process, which requires people to identify relevant costs, provide evidence of those costs, and then get input/sign-off from a health practitioner (Murray, 2020; Robson, 2020). The last part may be especially problematic because the New Zealand Health Survey has found that Māori and Pacific peoples are more likely to face barriers to accessing primary health care (Ministry of Health, 2019).

There is a legitimate debate to be had around the balance of private and public

tackling the causes of disability-related inequality. All modern models of disability highlight the role of external factors in generating the inequality disabled people experience. Sophie Mitra's model divides external factors into resources the person can freely access and structural factors. The level of resources disabled people need to live a good life will depend heavily on structural factors. This in turn depends on how usable the capitals in the Living Standards Framework are for disabled people and their whānau. Improving the usability of the four capitals for disabled people should, therefore, be a high priority.

We need to understand how disability-related inequality interacts with other forms of inequality. We often do not account for the diversity within the disability community and make assumptions about the resources disabled people and their whānau have. As a result,

we often end up fuelling inequalities through the design of disability-related support, particularly through complicated application processes and contributory models of support. This can particularly disadvantage Māori and Pacific disabled peoples, as well as one-parent households. There is a pressing need to re-examine the balance between private and public costs in disability support.

it places Māori first. We fully acknowledge that there is considerable diversity in the language people use around disability and disabled people.

- 2 As noted in the acknowledgements, Toni Wharehoka produced a good paper on disability and the Living Standards Framework while completing a summer internship at the Treasury.
- 3 These thresholds are as close to the usual 40%, 50%, and 60% thresholds as one of the authors could get using the census income bands; for more see Murray, 2018.
- 4 In the Family Resources Survey, a family is defined as a single adult or a married or cohabiting couple and any dependent children.

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1 This article uses the term disabled people in line with the New Zealand Disability Strategy 2016–2026. We also use the term Māori disabled people in line with the strategy, as

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# Nature and Wellbeing in Aotearoa New Zealand: Exploring the Connection

By Catherine Knight

We have never been more aware of the benefit of being out in nature, but how much quality time does the 'average' New Zealander spend enjoying the outdoors? While our national parks are places of spectacular wilderness, for many of us, these places are out of reach.

This ground-breaking book argues for the restoration of 'neighbourhood nature' – places that all New Zealanders can freely access, irrespective of socioeconomic or other factors. New Zealand's experience of the coronavirus pandemic underscores how important these local oases of nature are – and how vital they are to our wellbeing.

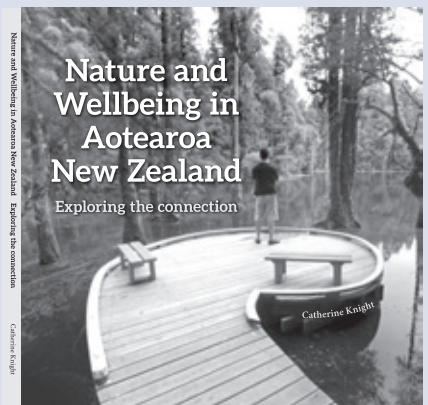
Richly illustrated throughout, this book tells the stories of a wide range of New Zealanders, who – either individually or through organised initiatives – have experienced the wellbeing benefits gained through

connection with nature. Their stories are varied but each one is authentic, personal and moving.

Drawing on the latest scientific research and through these personal stories, Knight challenges us to contemplate a more nature-rich future.

Dr Catherine Knight is the award winning author of four previous books: *Beyond Manapouri: 50 years of environmental politics in New Zealand* (Canterbury University Press, 2018), *Wildbore: A photographic legacy* (Totara Press, 2018), *New Zealand's Rivers: An environmental history* (Canterbury University Press, 2016) and *Ravaged Beauty: An environmental history of the Manawatū* (Dunmore Press, 2014).

In addition to her work as an environmental historian, Catherine is a policy and communications consultant and lives with her family on a farmlet in the Manawatū.



At a time in our history when environmental issues are one of the key problems faced by humanity, *Nature and Wellbeing in Aotearoa New Zealand* is wide-ranging, questioning, inspiring and timely.

Shaun Barnett

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