The Housing Association Guide to Wellbeing Risk Management

A Systematic Framework for Workforce Wellbeing Transformation

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Chapter 1:
The Housing Association Wellbeing Challenge

Beyond Traditional Health and Safety

Housing associations in Scotland have long understood their legal duties under the Health and Safety at Work Act to protect employee physical safety. Yet many still view wellbeing as an optional "nice-to-have" rather than a core extension of existing H&S compliance obligations. This fractured perception is part of the problem.

The reality facing Scotland's housing sector is stark.

Top Staff Concerns in Housing Sector

Mental Health & Wellbeing — 58%
Employee Retention — 52%
Recruitment Challenges — 46%
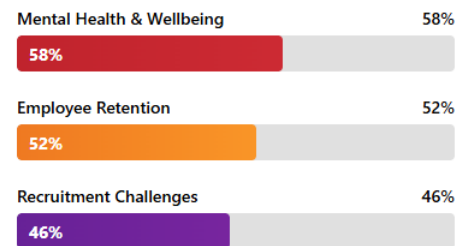
Source: Inside Housing Staff Wellbeing Survey

A survey of housing professionals revealed that 58% listed mental health and wellbeing as their top concern from a people perspective, with employee retention (52%) and recruitment (46%) following close behind.

More alarmingly, 36% of housing organisations are experiencing staff turnover exceeding 20% annually, with 16% reporting turnover rates above 30%.

Wellbeing isn't separate from health and safety, it's health and safety evolved for the 21st century workplace. These statistics represent thousands of dedicated housing professionals whose psychological safety is being neglected, undermining both legal compliance and service delivery to Scotland's most vulnerable communities.

The Staffing Crisis Reality

The housing sector faces a recruitment and retention emergency that directly impacts service delivery:

36%
of housing organisations experience annual staff turnover exceeding 20%

Inside Housing Survey

36%
of organisations report patch sizes exceeding 1,000 homes per staff member

UNISON Housing Worker Survey 2024-25

51%
of organisations report retention as their top challenge for 2024

Inside Housing Survey

77%
of housing workers describe their work as stressful, with 80% reporting worsening pressures

UNISON Housing Worker Survey 2024-25

Regional disparities compound these challenges. Scotland's unique housing landscape (with extensive rural areas, island communities, and concentrated urban deprivation) creates additional complexity for workforce management. Staff shortages are particularly acute in the Highlands, where **70% of care providers (who often work alongside housing services) hold international sponsorship licenses, yet 50% of overseas workers cannot secure permanent accommodation.**

The Multiplier Effect

Housing association wellbeing failures directly impact tenant outcomes and community wellbeing. Overwhelmed housing officers miss early warning signs of tenant vulnerability, stressed maintenance coordinators struggle to prioritise urgent repairs, and burned-out support staff can't provide the wraparound care that makes social housing transformative.

Research demonstrates that moving into social housing generates an average of £11,027 in social value per individual within 3-6 months, through improvements in financial comfort, mental health, heating, and reduced crime anxiety. But this value depends entirely on staff having the capacity, resilience, and psychological safety to deliver quality support.

The reactive cycle consumes resources while delivering poor outcomes:

 1. Staff become overwhelmed → 2. Absence increases → 3. Emergency measures cost more → 4. Permanent staff leave → 5. New staff enter stressed environment

With patch sizes exceeding 1,000 homes per staff member in many organisations, the cycle accelerates. Staff trapped in reactive crisis management cannot deliver the proactive, preventive work that builds thriving communities.

The ACS Solution in Practice

ACS demonstrates that transformation is possible. Through implementing our own wellbeing framework, we've achieved:

- **Zero work-related stress absence**
- **No replacement recruitment for two years (2023-2025)**
- **Average employment tenure exceeding seven years**
- **Staff satisfaction increasing year-on-year**
- **Recruitment fees used only for growth, not replacement**

These results prove that proactive wellbeing investment delivers measurable returns while creating sustainable, resilient workforces.

The Opportunity

The convergence of legal requirements, workforce pressures, and community needs creates a compelling business case for systematic wellbeing investment. Housing associations that act now can transform crisis into competitive advantage, positioning themselves to attract quality staff, reduce costs, and improve service delivery.

The question isn't whether Housing Associations can afford to invest in wellbeing, it's whether they can afford not to.

The following chapters outline the proven three-stage framework that has delivered these measurable results across hundreds of organisations, providing Housing Associations with a clear pathway from crisis to success.

Chapter 2:
Understanding Wellbeing Risk in Housing Associations

From Physical Safety to Holistic Wellbeing

The Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 established clear employer duties to protect workers from physical harm. Yet these foundational laws contain nothing explicit about mental, emotional or social health. This legislative gap has created a dangerous misconception: that psychological safety is somehow optional or separate from core H&S compliance.

The reality is more nuanced. While the original legislation focused on physical safety, the fundamental duty to protect employee health extends far beyond preventing accidents.

The HSE's own definition of stress is "The adverse reaction people have to excessive pressures or other types of demands placed on them at work. This makes clear that psychological harm falls squarely within existing H&S frameworks.

The WHO Definition

The World Health Organisation's 1948 definition remains the gold standard: wellbeing is "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." This comprehensive definition recognises that true health encompasses multiple interconnected dimensions.

In the UK context, workplace wellbeing incorporates:

- **Physical health:** traditional H&S concerns plus occupational health
- **Mental health:** stress, anxiety, depression, and psychological safety
- **Emotional health:** resilience, emotional intelligence, and coping mechanisms
- **Social health:** workplace relationships, team dynamics, and inclusion
- **Spiritual health:** purpose, meaning, and values alignment
- **Sexual health:** being able to express sexuality without fear of discrimination
- **Environmental health:** workplace conditions affecting overall wellbeing

The HSE Management Standards Framework

The HSE Management Standards provide the existing compliance pathway that many housing associations have yet to fully implement. These standards identify six primary prevention areas for avoiding work-related stress:
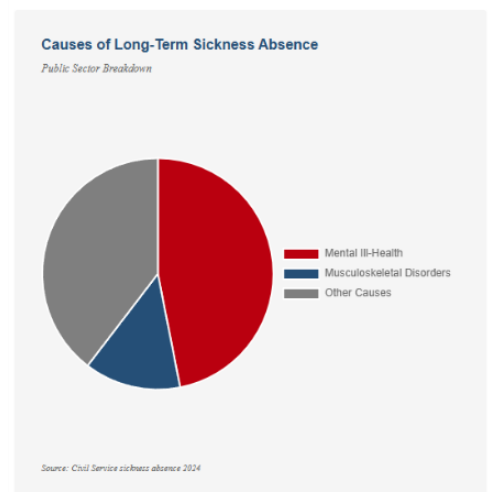
1. **Demands**: workload, work patterns, and work environment
2. **Control**: how much say people have in the way they do their work
3. **Support**: encouragement, sponsorship and resources provided
4. **Relationships**: promoting positive working and tackling unacceptable or difficult behaviours
5. **Role**: whether people understand their role and whether organisations ensure role clarity
6. **Change**: how organisational change is managed and communicated

These aren't suggestions, they're recognised best practice standards that translate legal duties into practical management actions.

The Evolution of Risk

Traditional H&S risk assessment focuses on physical hazards driven by a manufacturing and heavy industry background: will someone fall, be struck by an object, or be exposed to harmful substances? Modern wellbeing risk assessment asks equally important questions: will someone experience harmful stress, feel psychologically unsafe, or lack adequate support in the workplace?

Mental health has become a primary occupational health challenge, accounting for 46.9% of long-term absence, yet many organisations still treat it as secondary to "real" safety concerns.

Causes of Long-Term Sickness Absence
Public Sector Breakdown

- Mental Ill-Health
- Musculoskeletal Disorders
- Other Causes

Source: Civil Service sickness absence 2024

Housing Association Specific Risks

Housing association staff face unique wellbeing challenges that compound general workplace stressors:

Regulatory Pressure and Tenant Safety: The Scottish Housing Regulator's enhanced focus on tenant and resident safety creates legitimate compliance pressure that amplifies stress when coupled with resource constraints. Post-Grenfell scrutiny has intensified expectations around building safety, fire risk, lift safety, damp and mould.

Community Trauma Exposure: Frontline housing staff regularly support people experiencing homelessness, domestic violence, substance abuse, and mental health crises. Housing staff encounter significant secondary trauma exposure.

Resource vs Demand Misalignment: Affordable housing supply approvals are 44% lower than their 2020 peak, while homelessness applications reached 40,685 in 2023-24. Staff witness the gap between housing need and supply daily, creating persistent moral stress. **Patch sizes exceeding 1,000 homes per staff member prevent proactive work,** trapping staff in reactive crisis management and creating feelings of professional inadequacy despite working at capacity.

Organisational Change and Disconnection: Merger activity creates wellbeing risks through role uncertainty, cultural integration challenges, and disconnection from local communities. When staff don't know their tenants, early intervention becomes impossible, complaints escalate, and defensive cultures emerge.

Definitional Confusion: "Wellbeing" has become a catch-all term describing everything from "fluffy unicorns, candles and fruit on Friday" through to critical lone worker support. This confusion leaves many housing associations paralysed between doing nothing and implementing superficial initiatives that fail to address real risks. **The solution lies in recognising wellbeing as evolved H&S compliance:** using existing risk assessment methodologies to address psychological hazards with the same rigour applied to physical safety.

The Compliance Imperative

Recent Employment Tribunal decisions have reinforced that employers' duties extend to psychological wellbeing. Housing associations face significant legal and financial exposure for failing to adequately protect staff mental health. The HSE's enforcement approach increasingly recognises psychological harm as equivalent to physical injury.

Key legal principles now established:

- Duty of care extends to mental health and wellbeing
- Employers must assess and control psychological risks
- Failure to implement adequate support systems constitutes negligence
- Stress-related ill health carries same liability as physical injury

For RSLs, the Scottish Housing Regulator adds another compliance layer. The SHR's regulatory framework requires housing associations to demonstrate that they "pay due regard to the need to eliminate discrimination, harassment and victimisation, and advance equality of opportunity and human rights." Systematic wellbeing failure, particularly where it disproportionately impacts protected groups, could constitute regulatory non-compliance.

Beyond Compliance: The Business Case

While legal compliance provides the foundation, the business case for comprehensive wellbeing investment extends far beyond avoiding prosecution. Housing associations implementing systematic wellbeing approaches report:

- **Recruitment advantages:** becoming employers of choice in competitive markets where 51% of organisations cite retention as their top challenge
- **Retention improvements:** reducing the 20-30% annual turnover rates that plague the sector
- **Absence reduction:** measurable decreases in the 25% of staff taking stress-related absence
- **Service quality protection:** maintaining tenant safety and satisfaction despite external pressures

Housing associations that demonstrate genuine care for staff wellbeing gain significant competitive advantage in recruitment and retention markets where 46% of organisations struggle to recruit.

The Integration Challenge

The fundamental challenge facing housing associations isn't understanding individual wellbeing components, it's integrating psychological safety with existing H&S systems. This requires moving beyond treating wellbeing as an HR initiative to recognising it as core operational risk management.

Successful integration recognises that:

- Physical and psychological safety are interconnected
- Existing H&S processes can accommodate wellbeing assessment
- Risk management principles apply equally to psychological hazards
- Prevention is more cost-effective than reactive intervention

Setting the Foundation

Understanding wellbeing risk in the Housing Association sector requires recognising that existing H&S frameworks already provide the legal and procedural foundation for comprehensive wellbeing management. The challenge isn't creating new systems, it's evolving existing ones to address modern workplace realities.

This understanding forms the foundation for practical implementation. The next chapter details the proven three-stage framework that translates this wellbeing risk understanding into measurable organisational transformation.

Chapter 3:
The ACS Three-Stage Framework for Wellbeing Risk Management

Systematic Integration with Existing Systems

Building on the understanding that wellbeing is evolved H&S compliance, effective wellbeing risk management requires a systematic approach that integrates with existing housing association management systems. Rather than creating parallel processes, successful frameworks should leverage familiar H&S methodologies, particularly the PDCA (Plan-Do-Check-Act) cycle from HSG65.

The framework recognises a fundamental truth: the very first step is YOU. Personal wellbeing leadership must precede organisational change. Leaders cannot effectively support their teams' wellbeing without first addressing their own psychological safety and stress management capabilities.

Each stage of a successful framework will need to encompass far more points than listed below, as every organisation will have differing exact needs. The examples provided below represent the most important and common components ACS has identified during practical implementations.

Stage One: Audit & Assessment

Establishing the Current Position

Most housing associations already possess developed safety management systems. However, irrespective of system complexity, external audit should provide objective measurement against both legislation and recognised best practice. Effective wellbeing audits should extend beyond policy review to establish measurable, trackable metrics tailored to organisational needs.

Effective audit processes should examine:

- Current stress management policies

- Existing support structures
- Risk assessment approaches
- Leadership capabilities

Developing Organisational Capability

For housing associations with basic wellbeing systems, initial assessments should provide a tailored action plan addressing both immediate compliance needs and longer-term cultural development. ACS experience demonstrates this assessment stage as fundamental to successful progression.

Comprehensive assessment is likely to identify:

- Legal compliance gaps
- Quick wins
- Resource requirements
- Trauma exposure support gaps

Following assessment, organisations need to develop policies that fit their specific culture whilst meeting their legal requirements.

Common policy areas that are likely to be identified include:

- Stress risk assessment procedures
- Workplace adjustment protocols
- Management referral pathways
- Lone worker safety and wellbeing protocols

Stage Two: Engagement

Leadership Development Requirements

Sustainable wellbeing transformation requires authentic leadership commitment extending beyond policy statements to visible, consistent action. ACS has found that without genuine leadership capability development, wellbeing initiatives remain superficial regardless of policy quality.

Effective leadership development should address:

- Crucial conversations (including discussing stress and mental health)
- Emotional intelligence
- Cascading strategies

For housing association Board members and senior leadership teams, understanding wellbeing as evolved H&S compliance, rather than HR "nice-to-have, proves critical to securing the commitment needed for transformation.

Workforce Engagement Strategies

Building on leadership commitment, comprehensive staff engagement should create genuine understanding and buy-in. This approach should move beyond surface-level awareness to demonstrate how organisational wellbeing directly impacts daily work experience, tenant outcomes, and service quality.

Effective engagement recognises that housing association staff face unique pressures: managing large home patch sizes, supporting vulnerable tenants including those experiencing homelessness, navigating the housing emergency, and processing secondary trauma. Engagement strategies must acknowledge these realities rather than offering generic wellbeing interventions disconnected from operational challenges.

Stage Three: Implement & Monitor

Systematic Implementation Approach

Once clear wellbeing goals are established and stakeholder engagement secured, successful implementation requires systematic monitoring and continuous improvement. The PDCA cycle provides the familiar management structure that housing associations already understand from their H&S control manual systems.

Robust implementation planning will require:

- Specific objectives
- Systematic delivery
- Progress monitoring

Essential monitoring metrics ACS have found most useful include:

- Absence patterns
- Staff satisfaction and engagement scores
- Management confidence

Long-term success requires embedding wellbeing into routine organisational processes rather than treating it as a separate initiative. **For housing associations, this means integrating wellbeing considerations into:** home visit protocols, patch allocation decisions, restructuring planning, merger integration processes, and response to regulatory requirements.

Professional Support for Implementation

Recognising that many housing associations lack internal wellbeing expertise, effective implementation typically requires professional support.

For housing associations ready to move beyond superficial wellbeing interventions to achieve measurable workforce transformation, this three-stage framework provides a proven pathway that delivers demonstrable results whilst building sustainable internal capability.

Chapter 4:
Overcoming Common
Implementation Barriers

The Reality of Wellbeing Implementation

While the three-stage framework provides a clear pathway for wellbeing transformation, the reality of implementation reveals consistent challenges that can derail even well-intentioned initiatives. ACS experience across multiple implementations demonstrates that the same obstacles emerge repeatedly, regardless of organisational size or current wellbeing maturity.

Common barriers fall into predictable categories, each requiring different mitigation approaches. Understanding these obstacles upfront enables housing associations to prepare effectively rather than hoping challenges won't arise.

The Definitional Confusion Barrier

As highlighted in Chapter 2, "wellbeing" has become a catch-all term describing everything from "fluffy unicorns, candles and fruit on Friday" through to critical lone worker support. This definitional confusion creates the first major implementation barrier: stakeholders operate with fundamentally different understanding of what wellbeing transformation actually means.

The confusion manifests in several ways:

- Senior managers expecting quick fixes through superficial initiatives
- Staff cynicism based on previous "wellness" experiences
- Budget holders uncertain about what they're funding

Without clear, shared understanding of wellbeing as evolved H&S compliance, organisations struggle to move beyond surface-level interventions.

Leadership Capability Gaps

Sustainable wellbeing transformation requires leaders to develop new competencies in psychological safety, emotional intelligence, and crucial conversations.

Most housing managers entered their roles based on technical expertise rather than people management skills.

Common leadership barriers include:

- **Confidence deficit**: managers feeling unprepared for wellbeing conversations
- **Time constraints**: treating wellbeing as additional burden
- **Skills mismatch**: technically competent managers lacking emotional intelligence

ACS has observed that without authentic leadership capability development, wellbeing initiatives remain superficial regardless of policy quality.

The Pace of Change Challenge

Modern housing associations operate in an environment of unprecedented change velocity, with expectation of immediate response times that compound stress rather than alleviate it. This creates fundamental tension: wellbeing transformation requires sustained cultural development while organisations demand rapid results.

Resource and Expertise Constraints

Most housing associations lack internal wellbeing expertise, yet budget constraints limit ability to secure appropriate external support.

Resource barriers commonly include:

- **Budget limitations**: competing priorities in stretched finances
- **Skills shortage**: existing H&S professionals feeling unprepared
- **Capacity constraints**: staff already overwhelmed

Cultural Resistance Patterns

Housing associations possess strong, established cultures that can resist change even when beneficial. Cultural barriers often prove more challenging than resource constraints.

Typical resistance patterns include:

- **Departmental silos**: services operating independently
- **Professional identity protection**: established professions defending traditional approaches
- **Change cynicism**: staff who have witnessed unsuccessful transformation attempts

The Measurement Dilemma

Wellbeing transformation requires robust measurement systems, yet many organisations struggle to define what success looks like beyond simple absence reduction. This measurement confusion undermines confidence in wellbeing investment and makes it difficult to demonstrate value.

Learning from Implementation Experience

Despite these consistent barriers, successful wellbeing transformation remains achievable. ACS experience demonstrates that organisations acknowledging these challenges upfront position themselves for more effective implementation.

The three-stage framework addresses these barriers systematically: comprehensive audit reveals organisation-specific obstacles, engagement activities build necessary capability and commitment, and monitoring processes ensure early identification of emerging challenges.

Understanding common implementation barriers provides housing associations with realistic expectations for their wellbeing transformation journey. The challenges are significant but not insurmountable, provided organisations approach them with appropriate preparation and professional support where internal expertise gaps exist.

Chapter 5:
The Business Case for
Wellbeing Investment

Beyond Moral Imperative: The Financial Reality

While the moral case for protecting employee wellbeing is irrefutable, housing associations operate within financial constraints that demand clear return on investment. Systematic wellbeing investment delivers measurable cost savings and productivity improvements that demonstrate clear value for money.

ACS experience demonstrates that wellbeing investment generates returns through multiple channels, with benefits often exceeding costs within the first year of systematic implementation.

The Cost of Inaction

Before examining wellbeing investment benefits, housing associations must understand the true cost of maintaining current approaches. Poor wellbeing management creates hidden expenses that compound annually while undermining service delivery capacity.

Direct costs commonly include:

- **Absence management**: sick pay, cover arrangements, and productivity loss
- **Recruitment expenses**: advertising, selection processes, placement fees, and training costs
- **Agency staff reliance**: premium rates for temporary coverage
- **Non-compliance penalties**: HSE fines, employment tribunal and legal costs

Hidden costs that accumulate include:

- **Reduced productivity**: presenteeism where staff attend but perform poorly
- **Service quality decline**: stressed staff delivering substandard public services
- **Team resentment:** staff covering extra work leading to resentment and poor working relationships
- **Knowledge loss**: experienced staff leaving taking institutional expertise

Quantifiable Benefits of Systematic Wellbeing Investment

ACS implementation experience demonstrates tangible financial benefits across Housing Association contexts, with outcomes varying based on organisational commitment and implementation quality. Benefits regularly include substantial reductions in replacement recruitment needs, significant decreases in work-related stress absence, measurably improved staff engagement contributing to innovation, and enhanced service delivery leading to better public satisfaction and reduced complaints.

The Evolution to Wellbeing Investment

We can all agree that health and safety management has evolved significantly since 1974. Professor Willey's analysis identifies this evolution through three distinct ages. The First Age established legal frameworks and enforcement, achieving dramatic reductions in workplace deaths. The Second Age introduced risk assessment and proactive management, moving from reactive to preventive approaches.

We now recognise the Third Age: Health, Safety and Wellbeing. As traditional industrial diseases decline, new challenges emerge from modern working environments; stress, anxiety, depression, and work-related conditions. The shift to knowledge-based industries requires extending employer care into comprehensive wellbeing management, differentiating work-caused ill health from personal factors.

This evolution demonstrates why wellbeing investment represents the logical next step in risk management. Just as we moved from reactive accident response to preventive safety systems, we must now move from reactive wellbeing crisis management to systematic prevention. The result is improved customer satisfaction, reduced service disruption, better problem-solving, and enhanced planning capacity.

Building the Financial Case

Developing compelling business cases requires quantifying both current costs and projected benefits. Housing associations should establish baseline measurements before implementation to demonstrate subsequent improvements.

Essential baseline measurements include:

- Current absence costs including sick pay and cover arrangements
- Recruitment expenses for previous 12-24 months
- Staff satisfaction scores and engagement metrics

Projected benefit calculations should include:

- Reduced absence costs based on similar organisation achievements
- Recruitment savings from improved retention
- Productivity improvements through enhanced engagement

Investment vs Return Timeframes

Wellbeing investment requires upfront expenditure with benefits emerging over time. Understanding realistic timeframes prevents unrealistic expectations while demonstrating long-term value.

Typical benefit emergence patterns include:

- Immediate improvements in staff morale and engagement
- Absence reduction visible within 6-12 months of systematic implementation
- Recruitment and retention benefits becoming apparent after 12-18 months
- Full cultural transformation benefits realised over 2-3 years

Making the Case to Decision Makers

Presenting wellbeing investment proposals to elected members and senior managers requires focusing on their priorities: value for money, risk mitigation, and measurable outcomes. Successful business cases emphasise cost reduction rather than additional spending, legal compliance rather than aspirational benefits, and quantified returns rather than general improvements.

Key arguments that ACS have found resonate with decision makers include:

- **Compliance necessity**: legal duties requiring proactive wellbeing management
- **Cost avoidance**: preventing expensive recruitment, absence, and legal costs
- **Service protection**: maintaining delivery capacity during challenging times
- **Improvement metrics**: measurable enhancements in productivity and satisfaction

Present the investment as operational necessity rather than optional enhancement, using baseline data to demonstrate current costs and projected savings to show return on investment within realistic timeframes.

For housing associations ready to move beyond superficial interventions to systematic wellbeing transformation, the three-stage framework provides a proven pathway that delivers demonstrable financial returns alongside improved staff welfare and enhanced service delivery outcomes.

Summary

The Path Forward for Housing Association Wellbeing

This strategic document has established the compelling case for systematic wellbeing risk management in housing associations. From the staffing crisis facing Scotland's housing sector, with 36% of organisations experiencing turnover rates exceeding 20% and 77% of housing workers reporting stress, to the proven three-stage framework that transforms challenges into sustainable competitive advantages, the evidence points to one conclusion: the time for action is now.

From Unicorns to Psychological Safety

The definitional confusion surrounding "fluffy unicorns, candles and fruit on Friday" versus genuine psychological risk management has paralysed too many organisations between ineffective action and damaging inaction. The solution lies in recognising wellbeing as evolved health and safety compliance within Professor Willey's Third Age of Health, Safety and Wellbeing.

Implementation barriers are predictable and surmountable:

- **Definitional confusion**
- **Leadership capability gaps**
- **Resource constraints**
- **Cultural resistance**

The business case proves compelling when examined comprehensively, with cost avoidance and productivity improvements typically delivering returns exceeding initial investment within the first year.

The ACS Partnership Advantage

ACS brings unique credentials to housing association wellbeing transformation. With over 45 years of health and safety expertise in the Scottish housing sector, including the ACS/EVH H&S control manual system used by approximately 150 housing associations, and proven track record in systematic risk management.

ACS offers the professional partnership that bridges internal capability gaps and extends familiar frameworks to comprehensive wellbeing management.

Our approach delivers:

- **Systematic methodology** building on familiar H&S frameworks based upon current legislation rather than introducing foreign concepts
- **Proven results** including no replacement recruitment for two years, substantial reduction in work-related stress absence, and staff satisfaction increasing year-on-year
- **Practical experience** having successfully applied our three-stage framework to our own organisation with measurable results
- **Comprehensive support** from initial assessment through sustained implementation and monitoring

The Choice Ahead

Housing associations face a clear choice: continue with reactive approaches that generate escalating costs while undermining service delivery, or invest in systematic wellbeing transformation that delivers measurable returns while protecting both workforce and community outcomes.

For housing associations ready to transform wellbeing crisis into competitive advantage, ACS provides the professional partnership, systematic methodology, and proven expertise to deliver sustainable results that benefit both people and performance.

Contact ACS to begin your wellbeing transformation journey:

- **Phone**: 0141 427 5171

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- **Web**: www.acsrisk.com

The very first step is YOU.

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