

National survey of SARCs

Q1.

Aim: This survey is designed to collect information about Sexual Assault Referral Centres, models of care in use and about the services offered to service users. This is a national survey and we hope to have information from all SARCs in order to have a complete picture.

Who has funded it? This survey forms part of a programme of research (MESARCH study and the MIMOSA study) commissioned by the National Institute for Health Research which is the government funding body for health research. NHS England supports this survey.

Who is undertaking the survey? This survey has been developed by two research teams representing the MESARCH study (led by Coventry University) and the MIMOSA study (led by the University of Leeds).

What it will entail: This is an online survey and will take around 20 minutes to complete. You will have received a participant information sheet (PIS) in the email we sent. The PIS has more detail on the purpose of this survey, the funder, who is involved, how the data will be utilised, and whom to contact if you have any questions. Please ensure that you have read and understood this prior to starting the survey. Coventry University will send a £10 e-voucher to all who participate as a token of thanks. There is a space at the end of the survey where you can leave your email to receive the voucher.

How we will use the data: Information we collect will be used to map service provision, to cluster SARCs into groupings by the model of service they use, and we will use those groupings to help organise data in later parts of the research. We will also provide a report to NHS England and a local summary to you which will be based on your own responses. We will not be using personal information such as names and addresses or the contact details of the SARCs in any of the reports.

Q2.

I confirm that I have read and understood the information provided about the purpose of the study, and I consent to participate in the survey as a representative of the SARC service where I work.

Name of service and contact details

Q3. What is the name of your SARC?

Q4. What organisation or company has lead responsibility for the

day-to-day management of your SARC? (Please select the one that most closely resembles your management model)

Yes

No

NHS Trust

Police service

G4S

Mountain Healthcare

Mitie

Castle Rock Group

Other provider

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Q5. Please indicate the address of your SARC (note: this is for recording purposes only; we will not publish any SARC addresses).

Q6. What is the name of the SARC manager?

Q7. May we contact the SARC manager if we have any follow-up questions related to responses to this survey?

Q8. What is the email address of the SARC manager?

Yes

No

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Q9. What is the phone number of the SARC manager?

Q10. What is the SARC manager's preferred way to be contacted?

Q11. How many bases are there to your SARC?

Q12. Please give address(es) for your other base(s).

Email

Telephone

Just one

Two

Three or more

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Q13.

Does your SARC provide a service 24-hours a day 7 days a week for police referrals?

Q14. Please give opening times here:

Q15. Does your SARC provide a service 24-hours a day 7 days a week for self-referrals?

Q16. Please give opening times here:

Yes

No

Yes

No

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Q17. What is the total annual budget for your SARC?

Q18. What proportion (%) of your budget is provided by the Office of the Police and Crime Commissioner?

Q19. Which of the following client group(s) does your SARC support?

Children only (aged 0-15 years)

Children only (aged 0-17 years)

People aged 16 years and above

People aged 18 years and above

All ages

Other age range

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Q20. Please complete the grid below for full- and part-time staff, including hours per week or whole time equivalent (WTE), and any vacant posts. (Please use the 'Other' category for any roles that we have missed. Staff on alternative contractual arrangements are dealt with later.)

Number of staff and WTE/hours per week (e.g. one member of staff working half of the week could be 1 x 0.5WTE or 1 x 18hours)

Number of vacant positions

SARC manager

Deputy manager

Administrator

Consultant/Clinical lead

Paediatrician

Crisis workers

ISVA

CHiSVA

Play therapist

Counsellor

Mental health nurse

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Q21. Please complete the grid below for staff that work at the SARC on an as-needed basis (e.g. on-call, zero-hours contracts) indicating what those arrangements are and if staffing needs are currently being met.

Number of staff and WTE/hours per week

(e.g. one member of staff working half of the week could be 1 x 0.5WTE or 1 x 18hours)

Number of vacant positions

Other 1

Other 2

Number of staff and contract arrangements

Are staffing needs currently met?

Yes/No

Forensic medical examiner

Forensic nurse examiner

Paediatrician

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Q22.

Of the FMEs, FNEs and paediatricians indicated above, how many have completed national qualifications and training (e.g., MMFLM)?

Q23. What is the approximate ratio of FMEs to FNEs in your SARC?

Number of staff and contract arrangements

Are staffing needs currently met?

Yes/No

Crisis worker

Other 1

Other 2

National accredited qualification only (e.g., MMFLM) (number of staff)

FME

FNE

Paediatrician

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Q24. Is your service able to offer all service users the option of a male or female forensic practitioner for the forensic examination?

(Please only select 'not applicable' if you do not offer the service)

Q25. Is there a named person within the facility with responsibility for ensuring a suitable forensic environment?

FMEs only

FNEs only

Mostly FMEs with some input from FNEs (less than 50%)

Mostly FNEs with some input from FMEs (less than 50%)

Yes No N/A

Forensic Medical Examiner

Forensic Nurse Examiner

Yes

No

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Q26. What methods do you use for recording access to forensic rooms? (Please tick all that apply)

Q27. Do any of your FMEs/FNEs cover both SARC cases and custody examinations?

Q28. How is this managed?

Hard copy written log

Door seals

Access FOB/Card with data log recording
Access FOB/Card without data log recording
Other

Yes

No

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Q29. How many of the following services are offered at the SARC?

(Please tick all that apply)

Q30. Which best describes the way your SARC is integrated with other professionals/services?

Emergency treatment for physical trauma

Baseline STI testing (blood for blood borne infections and swabs for STIs) for health purposes only

Baseline STI testing (blood for blood borne infections and swabs for STIs) for chain of evidence for court

STI testing after the incubation periods for the infections e.g. at 2 weeks, 3 months

Post-exposure prophylaxis (less than 28 days supply)

Post-exposure prophylaxis (full 28 days supply)

Emergency contraception (IUD)

Emergency contraception (oral pill)

Antibiotics

Other (please specify below e.g., police interviewing,

Hepatitis B vaccine, HPV vaccine, Naloxone)

The SARC is solely a base for examinations conducted by FMEs/FNEs, supported by crisis workers

The SARC is integrated with other services on site, such as ISVAs and counsellors

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Q31. Do any of the SARC staff have a professional mental health qualification (e.g. background or training in mental health nursing, psychology, psychiatry or other recognised degree or qualification)?

Other arrangement (Please describe here):

Yes No

SARC Manager

Deputy manager

Administrator

Consultant/Clinical
lead

Paediatrician

Crisis worker

ISVA

CHiSVA

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Q32. How do you identify and assess for mental health and alcohol and/or drugs issues in people who attend the SARC (please tick any that apply)?

Yes No

Play therapist

Counsellor

Mental health
nurse

Other 1

Other 2

We use professional judgement and open questions within routine assessment

We use standardised screening tools e.g. PHQ9 to assess depression

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Q33. Is an IAPT service provided or co-located within your SARC (even if the provider is a different organisation)?

We use professional judgement and open questions within routine assessment We use standardised screening tools e.g.

PHQ9 to assess depression

Depression

Anxiety

Suicide risk

Drugs and/or alcohol

Posttraumatic stress disorder

Yes

No

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Q34. Please give more details about the IAPT service:

Q35. Is there access to a clinical psychologist provided or collocated within your SARC (even if provider is a different organisation)?

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

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Q36. Please give more details about the clinical psychologist service:

Q37. Is a specialist counselling service provided or co-located within your SARC (even if provider is a different organisation)?

Q38. Please give more details about the counselling service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

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Q39. Is a drug or alcohol service provided or co-located within your SARC (even if the provider is a different organisation)?

Q40. Please give more details about the drug or alcohol service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

Describe in text boxes below

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Q41. Is single session debriefing provided or co-located within your SARC (even if the provider is a different organisation)?

Q42. Please give more details about single session debriefing:

Describe in text boxes below

Who is the service provider?

What drug/alcohol input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

Describe in text boxes below

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Q43. Is any other mental health or substance misuse service provided or co-located within your SARC (even if the provider is a different organisation)?

Q44. Please give more details about the other mental health or substance misuse service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes, please indicate below:

No

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Q45. Please give more detail on any follow-up done by the SARC (by this we mean any subsequent planned contact with people after attendance)

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Describe in text boxes below

What is the role of the person in the SARC who provides this?

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Q46.

Please indicate if you have the following in terms of onward referrals to other services.

Describe in text boxes below

How is it delivered (e.g. face to face or telephone)?

How many contacts would there be?

What is the aim of the follow-ups?

When is this service offered?

Are there any guidelines for this follow-up service?

Formal discussions to improve pathways

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Written referral pathway agreement

Informal only and ad hoc pathways taking place, but no implementation as yet

No and none planned

Single point of access to mental health services

Community mental health teams

Child and adolescent mental health services

Improving access to psychological therapies (IAPT)

Drug and alcohol teams

MH crisis teams adults

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Q47. How satisfied are you with the level of integration of your service within the wider local services context?

MH crisis team

CAMHS

Counselling for adults

Counselling for children and young people

Child Protection Services

(Local Authority)

Domestic violence services

Other (Please indicate here):

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Very dissatisfied

Somewhat dissatisfied

Neutral

Somewhat satisfied

Very satisfied

Sexual abuse and assault (therapy) services

Mental health services

Substance misuse services

Alcohol misuse services

Sexual health services

Emergency services

General practice/primary care

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Q48. Please suggest up to three initiatives that could improve integrated therapeutic mental health support at your SARC.

Q49. Has there been any form of SARC evaluation/audit that has included mental health and/or alcohol and/or drugs (apart from SARCIPS)?

Very dissatisfied

Somewhat dissatisfied

Neutral

Somewhat satisfied

Very satisfied

Domestic violence services

Initiative 1

Initiative 2

Initiative 3

Yes

No

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Q50. Please indicate if we can obtain a copy of the report.

Q51. Does your annual report contain routinely collected data from SARC attendees regarding satisfaction with services?

Q52.

Does the SARC have any local policies for the identification and assessment of mental health and/or alcohol and/or drugs issues for attendees of your service?

Q53.

Please describe the role of the ISVA for SARC service users who have mental health or alcohol and/or drugs issues.

Yes

No

Yes

No

Yes

No

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Q54.

Are there any procedures in place at your SARC for at-risk or vulnerable groups (e.g. individuals with learning impairments, clients who may have been trafficked)?

Q55.

What other priorities do you have for your SARC in the next 1-3 years?

Q56.

Please use the space below if there is anything else you wish to tell us.

No

Yes (Please describe below:)

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National survey of SARCs

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How we will use the data: Information we collect will be used to map service provision, to cluster SARCs into groupings by the model of service they use, and we will use those groupings to help organise data in later parts of the research. We will also provide a report to NHS England and a local summary to you which will be based on your own responses. We will not be using personal information such as names and addresses or the contact details of the SARCs in any of the reports.

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Name of service and contact details

Q3. What is the name of your SARC?

Q4. What organisation or company has lead responsibility for the

day-to-day management of your SARC? (Please select the one that most closely resembles your management model)

Yes

No

NHS Trust

Police service

G4S

Mountain Healthcare

Mitie

Castle Rock Group

Other provider

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Q5. Please indicate the address of your SARC (note: this is for recording purposes only; we will not publish any SARC addresses).

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Q7. May we contact the SARC manager if we have any follow-up questions related to responses to this survey?

Q8. What is the email address of the SARC manager?

Yes

No

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Q9. What is the phone number of the SARC manager?

Q10. What is the SARC manager's preferred way to be contacted?

Q11. How many bases are there to your SARC?

Q12. Please give address(es) for your other base(s).

Email

Telephone

Just one

Two

Three or more

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Q13.

Does your SARC provide a service 24-hours a day 7 days a week for police referrals?

Q14. Please give opening times here:

Q15. Does your SARC provide a service 24-hours a day 7 days a week for self-referrals?

Q16. Please give opening times here:

Yes

No

Yes

No

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Q18. What proportion (%) of your budget is provided by the Office of the Police and Crime Commissioner?

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Number of staff and WTE/hours per week (e.g. one member of staff working half of the week could be 1 x 0.5WTE or 1 x 18hours)

Number of vacant positions

SARC manager

Deputy manager
Administrator
Consultant/Clinical lead
Paediatrician
Crisis workers
ISVA
CHiSVA
Play therapist
Counsellor
Mental health nurse

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Q21. Please complete the grid below for staff that work at the SARC on an as-needed basis (e.g. on-call, zero-hours contracts) indicating what those arrangements are and if staffing needs are currently being met.

Number of staff and WTE/hours per week
(e.g. one member of staff working half of the week could be 1 x 0.5WTE or 1 x 18hours)

Number of vacant positions

Other 1

Other 2

Number of staff and contract arrangements

Are staffing needs currently met?

Yes/No

Forensic medical examiner

Forensic nurse examiner

Paediatrician

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Of the FMEs, FNEs and paediatricians indicated above, how many have completed national qualifications and training (e.g., MMFLM)?

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Number of staff and contract arrangements

Are staffing needs currently met?

Yes/No

Crisis worker

Other 1

Other 2

National accredited qualification only (e.g., MMFLM) (number of staff)

FME

FNE

Paediatrician

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(Please only select 'not applicable' if you do not offer the service)

Q25. Is there a named person within the facility with responsibility for ensuring a suitable forensic environment?

FMEs only

FNEs only

Mostly FMEs with some input from FNEs (less than 50%)

Mostly FNEs with some input from FMEs (less than 50%)

Yes No N/A

Forensic Medical Examiner

Forensic Nurse Examiner

Yes

No

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Door seals

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STI testing after the incubation periods for the infections e.g. at 2 weeks, 3 months

Post-exposure prophylaxis (less than 28 days supply)

Post-exposure prophylaxis (full 28 days supply)

Emergency contraception (IUD)

Emergency contraception (oral pill)

Antibiotics

Other (please specify below e.g., police interviewing,

Hepatitis B vaccine, HPV vaccine, Naloxone)

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The SARC is integrated with other services on site, such as ISVAs and counsellors

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Other arrangement (Please describe here):

Yes No

SARC Manager

Deputy manager

Administrator

Consultant/Clinical

lead

Paediatrician

Crisis worker

ISVA

CHiSVA

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Q32. How do you identify and assess for mental health and alcohol and/or drugs issues in people who attend the SARC (please tick any that apply)?

Yes No

Play therapist

Counsellor

Mental health

nurse

Other 1

Other 2

We use professional judgement and open questions within routine assessment

We use standardised screening tools e.g. PHQ9 to assess depression

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Q33. Is an IAPT service provided or co-located within your SARC (even if the provider is a different organisation)?

We use professional judgement and open questions within routine assessment We use standardised screening tools e.g.

PHQ9 to assess depression

Depression
Anxiety
Suicide risk
Drugs and/or alcohol
Posttraumatic stress disorder

Yes

No

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Q34. Please give more details about the IAPT service:

Q35. Is there access to a clinical psychologist provided or collocated within your SARC (even if provider is a different organisation)?

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

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Q36. Please give more details about the clinical psychologist service:

Q37. Is a specialist counselling service provided or co-located within your SARC (even if provider is a different organisation)?

Q38. Please give more details about the counselling service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

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Q39. Is a drug or alcohol service provided or co-located within your SARC (even if the provider is a different organisation)?

Q40. Please give more details about the drug or alcohol service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

Describe in text boxes below

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Q41. Is single session debriefing provided or co-located within your SARC (even if the provider is a different organisation)?

Q42. Please give more details about single session debriefing:

Describe in text boxes below

Who is the service provider?

What drug/alcohol input does it provide?

How are people referred?

How many sessions are provided?

Yes

No

Describe in text boxes below

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Q43. Is any other mental health or substance misuse service provided or co-located within your SARC (even if the provider is a different organisation)?

Q44. Please give more details about the other mental health or substance misuse service:

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Yes, please indicate below:

No

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Q45. Please give more detail on any follow-up done by the SARC (by this we mean any subsequent planned contact with people after attendance)

Describe in text boxes below

Who is the service provider?

What mental health input does it provide?

How are people referred?

How many sessions are provided?

Describe in text boxes below

What is the role of the person in the SARC who provides this?

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Q46.

Please indicate if you have the following in terms of onward referrals to other services.

Describe in text boxes below

How is it delivered (e.g. face to face or telephone)?

How many contacts would there be?

What is the aim of the follow-ups?

When is this service offered?

Are there any guidelines for this follow-up service?

Formal discussions to improve pathways

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Written referral pathway agreement

Informal only and ad hoc pathways taking place, but no implementation as yet

No and none planned

Single point of access to mental health services

Community mental health teams

Child and adolescent mental health services

Improving access to psychological therapies (IAPT)

Drug and alcohol teams

MH crisis teams adults

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Q47. How satisfied are you with the level of integration of your service within the wider local services context?

MH crisis team

CAMHS

Counselling for adults

Counselling for children and young people

Child Protection Services

(Local Authority)

Domestic violence services

Other (Please indicate here):

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Very dissatisfied

Somewhat dissatisfied

Neutral

Somewhat satisfied

Very satisfied

Sexual abuse and assault (therapy) services

Mental health services

Substance misuse services

Alcohol misuse services

Sexual health services

Emergency services

General practice/primary care

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Q48. Please suggest up to three initiatives that could improve integrated therapeutic mental health support at your SARC.

Q49. Has there been any form of SARC evaluation/audit that has included mental health and/or alcohol and/or drugs (apart from SARCIPS)?

Very dissatisfied

Somewhat dissatisfied

Neutral

Somewhat satisfied

Very satisfied

Domestic violence services

Initiative 1

Initiative 2

Initiative 3

Yes

No

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Q50. Please indicate if we can obtain a copy of the report.

Q51. Does your annual report contain routinely collected data from SARC attendees regarding satisfaction with services?

Q52.

Does the SARC have any local policies for the identification and assessment of mental health and/or alcohol and/or drugs issues for attendees of your service?

Q53.

Please describe the role of the ISVA for SARC service users who have mental health or alcohol and/or drugs issues.

Yes

No

Yes

No

Yes

No

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Q54.

Are there any procedures in place at your SARC for at-risk or vulnerable groups (e.g. individuals with learning impairments, clients who may have been trafficked)?

Q55.

What other priorities do you have for your SARC in the next 1-3 years?

Q56.

Please use the space below if there is anything else you wish to tell us.

No

Yes (Please describe below:)

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