Abstract

Attention has turned to welfare advice as a potential health and social care intervention. However, establishing direct evidence of health impact has proven difficult. This is compounded by the need to understand both the facilitative contexts and mechanisms through which this impact occurs. This study investigated if, how and in which circumstances an intensive advice service had an impact on stress and wellbeing (as precursors to health impacts), for clients attending a branch of Citizens Advice, located in the North East of England. A mixed methods realist evaluation of three intensive advice services offered by Citizens Advice (CA) was operationalised in five phases: (1) Building programme theories (2) refining programme theories (3) Development of a data recording tool (4) Testing programme theories with empirical data (5) Impact interviews. This paper focuses on phase 4. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and Perceived Stress Scale (PSS) were completed by 191 clients, with a 91% follow up rate (data collected: February 2016 to March 2017). Twenty-two CA clients participated in interviews (data collected: October 2015 to November 2016). The PSS indicated a significant decrease in stress from initial consultation to approximately 4-6 weeks post advice from 31.4 to 10.3 ($p<0.001$) and the WEMWBS showed a significant increase in client wellbeing from a mean of 26.9 to 46.5 ($p<0.001$). Nine refined programme theories are presented which combine the qualitative and quantitative analysis; they are underpinned by three abstract theories: Capabilities model, The Decision to Trust Model and Third Space. An explanatory framework is presented covering the micro, meso, and macro levels of CA. Use of a stress and wellbeing lens has allowed insight into the precursors of health in those receiving intensive advice. Using these measures whilst explaining contextual and mechanistic properties, begins to build a complex and real picture of how advice services impact on health.

Key words: Advice services, evaluation research, realist, trust, wellbeing, stress

What is known about this topic?

- Existing research has demonstrated that advice services can lead to improvements in mental health and wellbeing for recipients.
- The impact of poverty on health has long been recognised.
- Public health attention has turned to welfare advice as a potential health intervention in its own right.

What this paper adds

- Insights for practice and research on how the health outcomes of intensive advice services can best be captured.
- Understanding of the essential facilitative contexts and mechanisms within welfare advice leading to positive outcomes for clients.
- A theoretically driven explanation of advice services impact on health is offered, at the mirco, meso and macro level.

Background

Following the formation of the coalition government in 2010 in the UK, a period of particularly significant change to welfare provision ensued (Moffatt, Lawson et al. 2016). The Welfare Reform Act in particular, set out a number of austerity measures to reduce public spending on welfare support (Welfare Reform Act 2012). The reforms were place-blind, ignoring geographical variation in claimant trends, housing provision and labour markets (Edwards, Jarvis et al. 2013), and disproportionately affected the most disadvantaged areas of the UK, such as the North of England (Whitehead 2014).

The impact of poverty on health has long been recognised (Security 1980, Acheson 1988, Marmot 2010). Those living in the most deprived areas of England and Wales have lower life expectancy and live in good health for fewer years than those from more affluent areas (Office for National Statistics 2014). Research also points to the relationship between poverty and mental health and wellbeing (Mental Health Foundation 2016), with a reciprocal relationship between financial strain and mental health (Holkar and Mackenzie 2016). The North of England has consistently poorer mortality rates than the rest of England; this gap has widened over four decades and under five governments (Hacking, Muller et al. 2011). In addition, the North East region of England has been shown to have the greatest prevalence of diagnosed mental health issues (Bridges 2014) and the highest suicide rate (Office for National Statistics 2015).

Given the recognised relationship between poverty, income and health, public health attention has turned to welfare advice as a potential health intervention in its own right (Abbott 2002, Woodhead, Khondoker et al. 2017). Welfare advice refers to support with many issues including benefits, housing, employment, debt and money. However, establishing direct evidence on the impact of welfare advice on health has proven difficult using traditional forms of evaluation, for a number of reasons (Adams, White et al. 2006, Allmark, Baxter et al. 2013). The relationship between poverty and health is complex, working through a combination of material, psychosocial and behavioural

mechanisms (Abbott 2002, Benzeval, Bond et al. 2014), for example, through a reduction in stress. In addition, the spectrum of individuals' experiences of poverty means that it can be difficult to develop conclusive evidence of how reducing poverty affects health (Abbott 2002). That advice services themselves are examples of complex interventions, highly tailored to individual needs, further adds to this challenge. As a result and as identified in a previous article in this journal, the rationale for implementing welfare advice as a health intervention is often left implicit (Abbott 2002).

More recently, research has sought to chart more precisely the routes through which welfare advice impacts on health (Allmark, Baxter et al. 2013). Some evidence exists to substantiate these pathways. Existing research has demonstrated that advice services can lead to improvements in mental health and wellbeing for recipients (Abbott, Hobby et al. 2005, Moffatt and Scambler 2008, Burrows, Baxter et al. 2011, Citizens Advice Bureau 2012, Hirst and Minter 2014). However, further research is required to test these pathways empirically, and to understand the underpinning mechanisms through which advice services generate these health outcomes. A better understanding of how welfare advice operates is important in ascertaining the distinct role and value of advice services in improving people's health and reducing stress (both psychological and physiological stress (Gianaros and Wager 2015)).

This paper reports findings from an evaluation of three projects situated within one Citizens Advice (CA) Service in the North East of England, UK. These projects, unlike the standard 20 minute CA appointments, provided intensive support over a period of time (from two months to two years) to clients experiencing multiple and complex issues. These included 1) a project for people with severe and enduring mental health issues; 2) a project for people referred through their GP; and 3) a project for young people aged 16-25. All the projects, in effect, acted as the same intervention which was to three different client groups; the projects were separated due to different funding streams. As a result, the service provided constituted a complex intervention for those with complicated

welfare issues. While the assistance offered by projects exceeds the provision of advice alone, with CA staff often adopting an advocacy role, as is common in this field, the term advice is used throughout the paper to encompass the range of support given. The mechanisms associated with, and the differential impact of specific forms of support are delineated in the reporting of results.

Study Aim: To identify if, how and in which circumstances an intensive advice service had an impact on stress and wellbeing (as precursors to health impacts).

Methods

Realist evaluations are used to further understand the impact of complex interventions; they go beyond questions of effectiveness, to highlight the contexts and mechanisms (including resources and reasoning) through which interventions function (Pawson and Tilley 1997, Dalkin, Jones et al. 2012). Context, mechanism and outcome configurations (CMOC) are used as a heuristic by the researcher to develop realist informed programme theories about how the intervention is supposed to function (Greenhalgh, Dalkin et al. 2017); further details on each concept are given in Table 1. These theories are then tested using empirical data (Dalkin, Greenhalgh et al. 2015). Realist evaluations are method neutral, often drawing on local effectiveness data to identify outcomes (Dalkin, Lhussier et al. 2016, Dalkin, Lhussier et al. 2018) and on qualitative insights for theory generation and refinement. In this instance, participants' wellbeing and stress were measured using two outcome measures; the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant, Hiller et al. 2007) and the Perceived Stress Scale (PSS) (Cohen, Kamarck et al. 1983) before and after advice (n=191; 91% return of the post advice data collection), alongside semi-structured, face to face qualitative realist interviews (Manzano 2016) with staff (n=11) and clients (n=22) to explain the findings. Each interview was between 30 minutes and 1 hour and all interviewers were trained in realist interviewing techniques; interviews were audio recorded and transcribed verbatim. All data was analysed using a realist logic of analysis to make sense of, test and refine the programme theories (Manzano 2016,

Punton, Vogel et al. 2016). Qualitative data was transcribed verbatim, imported into NVivo and analysed using a realist CMO lens. During the data collection and analysis, we moved iteratively between analysis of particular examples, refinement of programme theory, and application of abstract theory (Emmel 2013, Wong, Brennan et al. 2015, Shearn, Allmark et al. 2017).

INSERT TABLE 1

Participants were recruited via CA (March to October 2016); CA staff provided questionnaires for clients to complete post first consultation and approximately 4-6 weeks later, and referred contact details of clients who expressed an interest in being interviewed to the research team. Six weeks was chosen as the approximate time for follow up, as the WEMWBS literature states that follow up data can be collected 2 weeks after the first administration of the questionnaire (Stansfield, Collins et al. 2013), while for the PSS an interval of up to 4-6 weeks is recommended prior to decreased validity (Eun-Hyun 2012). Purposive sampling was used to ensure all three groups were represented in interviews. Whilst all sample groups received the same service, sampling across different projects enabled us to reach different target groups. No age, gender or welfare issues were considered when recruiting clients. Citizens Advice clients are recognised as a potentially difficult population to recruit to research, given the complex social circumstances they are experiencing (Farr, Cressey et al. 2014). Therefore, no further sampling criteria were applied, in order to avoid restricting the numbers of eligible participants. No further participant details were taken, in order to limit the time required to complete the questionnaires and interviews, and to ensure participants felt the data they provided would be anonymous. Using a pre and post design, PSS and WEMWEBS data were analysed applying paired t-tests using the statistical software R (R Core Team 2018). As the focus of the work was theory driven and explanatory, no control group was used. Further details of the operationalisation of the project are provided in table 2 and available in the study protocol (Forster, Dalkin et al. 2016).

INSERT TABLE 2

Initial programme theories were developed through the literature (Phase 1), observations and early interviews with CA staff (Phase 2). A bespoke data recording template was then developed (phase 3) and programme theories were refined and tested iteratively with the quantitative data and through client interviews (Phase 4). Typically, a realist analytical process includes to-ing and fro-ing between abstract theories and data, retroductively and inductively, in order to enable the development of best-fit explanatory programme theories. Given the realist approach taken, often concepts (such as stress) can feature differently within individual CMOC, for example, being in one instance an outcome and in another, a mechanism (Pawson and Tilley 1997).

The findings section below is structured in the three overarching abstract theories that best help to explain the data, and their component programme theories, with substantiating data.

The reporting of this research study adheres to the Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) II guidelines for realist evaluation (Wong, Westhorp et al. 2016) (Supplementary file 1). Thus, in line with a realist approach, abstract theory is mixed with programme theory in the results section to enhance the explanatory endeavour of the study (Wong, Westhorp et al. 2016). Ethical approval was granted by the University Research Ethics Committee on 01/06/2015.

Results

Quantitative Data Analysis

The analysis of the WEMWBS data indicated a significant difference between initial consultation and follow up, with all included clients indicating an increase in wellbeing post advice ($p<0.001$; 95% CI) (Figure 1); the mean scores were 26.9 on entry and 46.5 after advice. PSS analysis showed a uniformly downward trend, indicating that all clients were less stressed on their second visit ($p<0.001$; 95% CI) with the initial mean of 31.4 and a post advice mean of 10.3 (Figure 2). Thus, quantitative findings

demonstrate that clients experienced a reduction in stress following the receipt of advice. The qualitative data was used to understand the distinct contribution of CA to this outcome, the mechanisms through which this was achieved and the essential contexts which impacted upon this.

INSERT FIGURES 1 AND 2

Qualitative Theory Testing

In the following section, a brief overview of the findings is presented, firstly explaining the relevant abstract theory and detailing the refined programme theories relating to it. Specific initial programme theories are not detailed due to space limitations and the focus on the overall findings of the research, but are available upon request. What is presented is therefore the end product of the analysis as opposed to the unfolding story of theory testing. The overall initial programme theory tested was that, in the context of austerity, CA provide advice (resource) which reduces clients' stress (reasoning) leading to an increase in wellbeing (outcome).

2.1 Overarching theory 1: the capabilities model

Sen's (1985, 1999, 2004) Capabilities Model provides a theoretical framework which best incorporates the social and political contexts of CA clients. It reflects wellbeing and quality of life within the boundaries of what a person is able to achieve, rather than using a standardised set of outcomes (such as income or desire fulfilment). In all the programme theories below, the advice provided by CA changes the set of capabilities that clients have, therefore allowing them to, for example, decrease social isolation.

Programme Theory (PT) 1: Providing a stop gap: In a context where someone's basic needs are unmet (first acute issue is presented to CA), the provision of a stopgap (e.g. food bank voucher) or prevention strategy (e.g. prevention of homelessness) (resource) increases the individual's capabilities to meet their fundamental needs, leading to the person feeling relieved (reasoning) and resulting in a reduction in stress (outcomes).

> *"so they helped me get er the benefits that, the benefit that I'm entitled to …like I says er, if I, I wouldn't of known anything, I would of ended up losing my flat …I would of ended up homeless and everything" Client 22*

PT2: Taking control: During times of crisis, where stress is high and people feel out of control (context), CA staff take responsibility for finding solutions to people's issues (e.g. financial, employment, or housing issues) (resource), resulting in the person feeling less stressed and having greater emotional capability to deal with life circumstances (reasoning), leading to increased wellbeing (outcome).

PT3: Enabling social contact: A) Where people are generally well but socially isolated (context), increased finances as a result of accessing CA (resource) increases their capabilities to engage in activities, leading the client to feel less socially isolated (reasoning) and experience an increase in wellbeing (outcome).

> *"erm well it's went from counting our pennies, well at one stage I had no money coming in and my husband had to support me, buy the food for the house, the electric, the gas everything… but we'd always been savers and the idea that I had to rely on him to lending me some money every week just so I had some money in me purse was… but you*

know as I say it's (CA) just helped so much it was unbelievable. I feel as if I've got part of me freedom back again" Client 16

B) However, when someone has a severe, longstanding health issue (context), additional finances as a result of accessing CA (resource) impact less on clients' feelings of social isolation (reasoning) as their capabilities may remain unchanged due to their illness. Wellbeing may therefore remain the same (outcome).

PT4: Self-care for mental health: Stress is exacerbating a client's long-term mental health condition, which was previously under control (context). CA provides advice on the client's issue (resource) which reduces stress (reasoning) and allows them to engage in better self-care. Due to this reduction, the client is prevented from continuing to decline in their condition and can continue to self-manage (outcome).

In summary, through the provision of a range of resources, depending on individual circumstances (e.g. providing a stopgap or enabling access to additional income), CA reduce client stress and increase the capabilities of clients through enhancing the range of options available to them.

2.2 Overarching theory 2: Decision to Trust

Hurley (2006) describes decisions to trust in terms of the particular circumstance and relationship between 'the truster' (in this study, the client) and trustee (CA staff). Hurley (2006) states that there are seven factors which impact on trust development: security, number of similarities, alignment of

interests, benevolent concerns, capability, predictability and integrity, and level of communication. Two programme theories are underpinned by this model of trust:

PT5: Increased trust: In a context of anxiety generally about having a problem and from being let down by other services/not trusting other services, clients turn to CA as an alternative. CA staff demonstrate qualities that meet the components of Hurley's trust model (similarities, alignment of interests etc.) (resource). This increases clients' trust in their named CA staff member (reasoning). Clients experience increased wellbeing and reduced anxiety (outcome) as a result of 1) increased hope that the problem will be resolved, 2) being able to access CA for future problems, and 3) feeling that somebody genuinely cares about them.

> *"yes 110% yes, I would trust her with anything. I felt comfortable with her she's, it was the way she spoke to you the way she like sort of stuck up for me there she she done an amazing job and she should be, there should be more like her really she's lovely." Client 11*

PT6: Stigmatised position: People feel stigmatised by other organisations such as the Department of Work and Pensions (DWP) or the Jobcentre, by their peers (including family members), and wider society (context). CA provide non-judgemental, personalised advice and normalise the process of claiming benefits (resource), thus adhering to several of the components of trust outlined by Hurley (Hurley 2006); in particular the similarities dimension of the Decision to Trust model helped clients to feel a reduction in stigma (reasoning). The client feels less stigmatised and therefore validated in their needs and as people (reasoning). Wellbeing is increased through self-worth (outcome).

> *"I feel supported, like, there's people there to help you. See I felt last year, like, when I had to sign on to benefits, that people would judge.*

But then my partner had worked from being 16 and he was 25 so he'd never ever claimed benefits. He was embarrassed to go to the job centre. It was like a pride thing really. But because I'm a carer I was able to claim income support so he didn't have to go and feel embarrassed" Client 1

2.3 Overarching theory 3: Third Space Theory

The concept of a Third Space (Bhabha 2004) has been used in post-colonial literature to define culture as being located between two oppositional groups. It was used here to facilitate an understanding of the perceived incompatibility between state systems and the capabilities of CA clients. Without an intervening service, this incompatibility was felt to act as a barrier to positive outcomes. However, by creating a flexible Third Space, CA was able to achieve positive outcomes, such as reduced stress, by identifying underlying issues for clients and interpret them into state systems. The first theory below (CA as a Buffer) describes how this operates in practice, with the other two programme theories (Form filling, Tribunal Attendance) providing more practical accounts of how the buffer is created.

PT7: CA acting as a buffer: In the context of a distrust of the state (context) CA acts as a person of standing offering effective, impartial and non-judgemental services (resource) which allow people to feel supported and to develop trust (reasoning). This results in CA creating a 'Third Space' or a buffer between the person and the state (outcome 1), which results in a decrease in stress (outcome 3) and higher likelihood of access to benefits (outcome 2)

"it is a worry if the citizens advice is not there I think people like me wouldn't have anybody to turn to, the government would tell us what's

what and that would be it and er it's a case of know your place and do as you're told." Client 5

<u>PT8: Form filling:</u> The client is stressed and may have literacy or mental health issues (context). CA acts as an expert system navigator filling in forms for clients using their knowledge of the system (resource), thus allowing the client and state to interact more efficiently. The client is relieved and has increased trust due to CA staff knowledge and consistent support (reasoning). Stress decreases, the and the form is processed successfully (outcome).

"well these people here (at CA), help you fill the forms out, and understand, and help you put in it, and they put in it about the mental and the physical. Because they understand, rule this and section that and, which the normal person in the street isn't going to have a bloody clue about. And even if you try to look it up online, you look stuff up online, you just go woah, what's that about?" Client 9

<u>PT9: Tribunal attendance:</u> The client is requested to attend an appeal and is stressed (context). CA prepare for and attend the appeal on behalf of, or with the client and offer an informed expert opening statement (resource), thus conveying information to the state on the client's behalf in an effective way. The client trusts CA expertise, making them feel more comfortable and reassured (reasoning). The client is less stressed and maintains engagement with the process. This also reinforces CA's position as an expert system navigator (outcome).

The use of abstract theory in combination with programme theories has allowed investigation at several layers of the system – the individual (Capabilities model), the interaction between the

individual and the CA staff (Decision to Trust model) and the interaction between the client, CA and the state (Third Space).

Discussion

The programme theories developed and tested in this study focused on explaining how, why and in which circumstances intensive advice services had an impact on stress and wellbeing. The theories were refined and tested using both abstract theories and empirical data. The findings suggest that CA impact on wellbeing and stress through (1) increasing clients capabilities (2) fostering a trusting relationship and (3) by creating a facilitative Third Space to act as a buffer between the oppositional positions of the client and the state (Figure 3). Figure 3 shows the relationship between the abstract and programme theories and highlights how better outcomes are achieved for clients when all 'cogs' are in action. The figure provides an explanatory framework, which accounts for the different levels through which CA improve people's mental health (which may therefore impact physical health); client capabilities representing the micro, the meso being the trusting relationship between the client and the CA advisor, and the macro being the buffering role CA form between clients and the state. Previous realist research has drawn on abstract theories focused at macro, meso and micro levels at the outset of the research in order to support the development of more specific program theories (Shearn, Allmark et al. 2017). By contrast, our research built theory in the opposite direction, from programme theories anchored in the data to the construction of an abstract explanatory framework operating at these different layers.

Study findings contribute understanding around the potential for public services and institutions to perpetuate or mitigate vulnerability. Recent work argues for relational approaches that understand vulnerability not only by reference to the state and institutional conditions that produce it, but the agency and capacities of individuals as they negotiate access to required resources amid these broader social and political constraints (Emmel 2017). The multi-layered nature of the explanatory

framework developed, which is both empirically and theoretically substantiated, illustrates the relationship between the resources and capabilities of CA clients, and the broader socio-political climate. Crucially, it highlights the importance of the mediating role of CA services, understood here as the creation of a facilitative Third Space between two opposed groups, where clients may themselves lack agency in engaging directly with the state and the impact this has in reducing stress and improving wellbeing. In doing so, this paper also responds to calls for greater research on the 'empirical realities' of vulnerability (Brown, Ecclestone et al. 2017) from the perspectives of both advice service providers and clients.

INSERT FIGURE 3

The findings from this research support existing literature highlighting the impact of advice services on mental health and wellbeing (Abbott 2002, Burrows, Baxter et al. 2011, Citizens Advice Bureau 2012, Holkar and Mackenzie 2016), although the service evaluated here was an intensive service where clients had longer term contact, which may have led to slightly enhanced outcomes. Research has also highlighted the complexity of identifying links between advice services and health (Allmark, Baxter et al. 2013). This research begins to map the pathways of impact from advice to improved stress and wellbeing, which are recognised as improving more distal, long term health outcomes, such as cardiovascular disease (Dimsdale 2008), diabetes control (Faulenbach, Uthoff et al. 2012), and rheumatoid arthritis (Straub, Dhabhar et al. 2005). However, outcomes of this type were not demonstrable in the study and it is acknowledge that potentially reduction in stress and increase in wellbeing could lead to no further health effects.

Our research also builds upon previous research by evidencing the mechanisms and contexts within which these outcomes are achieved. The use of a stress lens in this field in particular was novel but initially debated amongst the research and practice teams. Clients who accessed the projects did so with individualised issues; it was therefore difficult to identify a set of outcomes which could relate to

all clients without taking a generalised lens, using stress and wellbeing. Debates occurred surrounding the relative value of including topic specific outcome measures (e.g. amount of debt or housing status) that could then be related to health using the literature. Many of these outcome measures are already recorded by CA. Furthermore, given the individual character and complexity of clients' circumstances proximal outcomes such as stress and wellbeing could apply to all clients, therefore providing more power for statistical analysis. Long term, PSS and WEMWBS could allow insights into health outcomes despite clients' diverse circumstances. Furthermore, measures of increased finances as a result of accessing CA would never be sufficient to take clients from a position of socio-economic deprivation to socio-economic stability and this therefore can make it difficult for clients to change their health behaviours (Venn and Strazdins 2017); this is a limitation of the welfare regime in and of itself.

One further challenge related to timing of the administration of the follow up questionnaire. Whilst we aimed to collect data 4-6 weeks post initial contact, access issues meant that follow up data was collected between 6 weeks and 6 months. Within this wider period reliability of the PSS is decreased and there is a higher likelihood that other factors independent of the programme could have also attributed to stress and wellbeing outcomes. However, many clients received advice over a long period of time (up to 2 years) and interviews suggested that stress reduction and increased wellbeing were attributable to the programme. The wider data collection period also meant that some clients had received an outcome in relation to the issue they approached CA with, and others had not. However, it is notable that stress had remained decreased and wellbeing increased despite this lengthier follow up period and varying outcome status. Furthermore, interview data indicated that clients were mainly still positive about CA, even where outcomes had not been in their favour, due to acknowledgement of the effort the service had made to help them address their issues.

There could be expectations of bias in participants' responses when completing the questionnaires, as this was sometimes completed whilst the CA advisor was present. However, the questionnaires were

about the participants stress and wellbeing, not about the service they had received, therefore answers provided could be given honestly, as it was a reflection of their emotional state as opposed to the service or the CA advisor.

The short-term outcomes of this study could also be seen as a limitation, however, the links between stress, wellbeing and more physical health have been clearly demonstrated in the literature. However, the causal pathway from advice to increased wellbeing and decreased stress are not clearly understood and therefore comprised the focus of this study.

Conclusion

In a UK context of austerity, funders are increasingly under pressure to commission services which are well evidenced to impact on health; this can be supported by better data collection from advice services (Abbott and Hobby 2003). This research, which was conducted in close collaboration with CA staff, has generated insights for commissioners, advice services and researchers around the health outcomes of advice services and how these can best be assessed. The study not only identifies positive outcomes for clients as a result of accessing advice services, but highlights the contexts and mechanisms through which this occurs. Use of a stress and wellbeing lens has provided more generalised findings and allowed insight into the precursors of health. When paired with an understanding of contextual and mechanistic properties, this begins to build a more complex and real picture of how advice services impact on health.

This study also has important practice and policy implications. In terms of practice, longer term contact with clients may result in better outcomes through increased trust. It could be suggested that commissioning should look to protect this model of service delivery, particularly with those experiencing multiple and complex issues. Policy makers need to be aware of adversarial systems

which prevent clients from accessing entitlements. In this circumstance, CA provide essential help to allow the state and clients to interact effectively.

The use of realist evaluation as a theory-informed approach, has enabled the production of insights which have transferability across contexts. Future research should further this understanding by testing the explanatory framework generated with a larger sample, or in other welfare services.

Conflict of Interest

No conflicts of interest have been declared.

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