



# Young People: Listening to how they keep healthy

July - October 2016



**Healthwatch Lambeth  
is the independent  
health and social care  
champion for local  
people**

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## About Healthwatch Lambeth

Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.



### Introduction

Adolescence is a critical period of development for young people and their health. This age typically marks the beginning of risk-taking behaviour, the start of a sexual life, and a time when life-long health behaviours are set in place. Ensuring the social and emotional wellbeing of young people and enabling them to make informed choices and access timely support will increase their chances of achieving their full potential as they move into adulthood.

In 2015, Healthwatch worked with Brook - the national sexual health charity to pilot ways of engaging with young people. A core volunteer group was recruited and trained as researchers to seek out health and social care experiences of their peers. A combination of surveys and workshops were used. We heard that some young people felt isolated and low in confidence and self-esteem. Others talked about the lack of visibility of services, lack of health education and the subsequent fear of judgement attached to accessing services, particularly mental health and sexual health services. On completion of the project, we recognised that there was a need for more in-depth engagement with young people to explore further these identified themes.

### Purpose

The purpose of this piece of engagement was to explore what young people know and practice in relation to keeping themselves healthy and happy, with the aim of using the results to help inform the direction of our future young people's workstream. Specifically, we were looking to learn about:

1. What young people know and understand about keeping healthy (physically, emotionally, psychologically, sexually) and what support might be available to them
2. The barriers and enablers to practicing 'healthy' behaviours
3. Young people's suggestions as to how their concerns or issues could be addressed within the school environment or otherwise.

We were also keen to develop working relationships with youth clubs in Lambeth. Strategically, these institutions play a key role in informing and influencing healthy behaviours of young people. Understanding how this is happening, by listening to the experiences of young people and youth workers was felt to be critical in delivering effective prevention and early intervention.

### Methodology

Our previous engagement work with young people taught us that rich stories, perceptions and attitudes were best gathered from face-to-face interaction and that we should work with existing young people settings/groups.

Shilpa Odedra, an experienced youth worker with local connections worked with us to approach youth clubs in Lambeth over the summer of 2016.



Each interviewee was given an information sheet about the project and consent was obtained. A topic guide was developed covering questions about healthy lifestyles including sexual and mental health, drugs and alcohol. The interviews lasted between 30 - 45 minutes and were recorded using an electronic device, which were later transcribed.

## Participants

16 interviews were conducted from August to mid-October 2016 from members of Knight's Youth Centre (Streatham), the Well Centre (Streatham), St Matthew's Project (Brixton) and Marcus Lipton (Loughborough). We spoke to three females and 13 males aged between 16 and 18 years and all but one was of African or Caribbean heritage (including three individuals who described themselves as mixed race).

## Limitations

Unfortunately, we had a limited response with some youth clubs being closed over the summer, others with less participation from young people because of the holiday period and others where neighbourhood issues (a shooting in the local area of one club) meant that youth activities were suspended. While we have gained many insights from talking to our interviewees, we would have liked to have had more of a spread of experience gathering from across the borough.

## Results

### Sexual Health

We found that almost all the young people we spoke to were sexually active, most losing their virginity from 14 years, with one who had done so at 11 years.

### Choice of contraception

When asked about how young people protected themselves, all those who responded said that they used condoms, with one person commenting *"I always use a condom, I'm too scared not to."* Some told us they got their condoms from friends and two people mentioned using the Come Correct scheme<sup>1</sup>. A couple of young people who used the Marcus Lipton Centre were unaware that the youth club was part of the C-Card scheme even though posters were clearly displayed.

A few interviewees explained that their use of condoms was *"nearly all the time"* or *"75% of the time"*. A couple of young men explained that if they did not have access to a condom, they would 'pull out', seeing this as an alternative contraceptive method: *"even if she says she's on the pill"*

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<sup>1</sup> The 'Come Correct' or 'C-Card' scheme provides access to free condoms and sexual health advice for young people in a variety of locations (such as clinics and youth clubs) across London.



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*or has an implant, I might not use a condom but I'd still pull out. I wouldn't trust her", "just once I didn't use a condom. I pulled out.... I don't like it, there's too much effort involved."*

On discussing the effectiveness of the 'pull out' method, both men were unaware of the risk of pregnancy if the method is not used in conjunction with another contraceptive.

### Sexually Transmitted Infections (STI) checks

Many of the young people who were sexually active told us that they hadn't had a sexual health test, often not knowing when to have one and where the nearest sexual health service was.

Attitudes towards taking an STI check varied. Several suggested that testing wasn't necessary because they had chosen the 'right partner' and they 'looked after' themselves:



*"I've never been to get a STI check. I know personally, I use what I use and I keep myself clean. And I don't go for girls who have had intercourse. If I'm not their first, I'm usually the second and I wouldn't go for being a third."*



*"There have been times when I haven't used condoms. I don't be with girls that I don't trust and I wouldn't have sex with someone that there might be something wrong with them."*

A few showed more awareness saying that they had been for regular testing at places such as Brook, Camberwell Sexual Health Clinic, the Well Centre, and their GP; one person mentioned making use of home-testing. One young person explained that testing was part of their routine: *"I get tested every month. I'm so paranoid. What if I get it off a toilet seat? .... I'm paranoid about having an STI and ovaries and fallopian tubes getting destroyed."*

Only a handful of interviewees talked about taking an STI test in a positive way; many felt it to be embarrassing suggesting *"every time I walk past Brook I just think 'that's so disgusting' and then I just walk off. I think it means that they [those people] don't know who they've been going around with."*

### Discussing sexual health

We had a mix of responses when we asked young people if and how comfortable they were talking to their partner about sexual health. Some young people showed confidence saying:



*"I feel comfortable to talk about contraception. It's my safety. I have to take control."*



*"There was a conversation at the beginning, we spoke about it. She wanted to know if we'd had our STI checks."*



*"Yes, we talked about if things go wrong, how we going to resolve it. Just making sure she knows the help is out there. If anything happens that isn't planned, she knows what she can do."*



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Others either felt that it was enough to ensure that they were ‘looking after’ themselves, with young people saying “no, I don’t talk about it. I know what I can do, what girls can do” and “we don’t really talk about being checked out. I’d never ask things like that. Just don’t ask what I don’t need or want to know.”

One young person touched on the sensitive nature of bringing up such conversations with their partner. In this case, actively seeking advice from the interviewer by probing for practical strategies to discuss STI checks with a partner seemed to demonstrate the young person’s gap in knowledge:



*“I wouldn’t talk to my partner about getting a STI check. She’s my partner, I’m supposed to trust her. Personally I check for myself. I expect them to sort themselves out. I guess I do need to have the conversation. It’s a sensitive subject, that’s why I haven’t done it. How do you ask someone? What would you actually say?”*

## Mental Health

### Worries and anxieties

When we asked young people about the times when they felt worried or anxious, we heard that many felt this way when they thought about the future and what it held for them with regards to finding a job and earning money. Some talked of their ambition to leave the area and get away but felt that there were few opportunities to do so:



*“Just thinking about the options and choices in London, especially South. There’s not much..... Not enough options to do anything really. I want to be rich one day and bring the closest people with me.”*



*“I want to leave the area and get away from here, wherever the wind takes me. There was a bit of me that wanted to play sport for a living but I got brought down so I stopped. The area brought me down.”*

Related to the quote above, several young people described how they felt unsafe and insecure in the areas they currently lived. A few described the impact of gang violence and the fear of death of either themselves or their loved ones. Young people frequently talked of the paranoia they felt and how they consequently changed their behaviour to lessen their exposure to their perceived risks:



*“A close person passed away....I feel very anxious. I’ve seen a lot of things and I feel really paranoid..... I can go anywhere, but I wouldn’t go Brockwell Park. Now I want to stay in my house. I want to have fun but I would not want to come back late.”*



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*“Not knowing if today is going to be your last or not. This is one of the worst places to live in London - Brixton. Too much gang activity, no one wants to help no one do nothing, everyone wants to see what you have and take it.”*



*“The thought of people dying, people that I care about. You see the news every day. Walk outside your house, and get the call late one night. I just pray for my family. I tell family I love them and give them a hug. I think it's the same for other people, especially if people are in a troubled environment.”*

One young person shared their personal story of being a victim of violence. Of most concern was that they did not seek help from a health professional for their injuries for fear of the consequences from statutory services or the associated gang:



*“I ended up getting stabbed four times at 15. I don't know who did it.....I was left bleeding out on the side of the road....I went to my friend's house. I didn't go to the hospital, because they'll make a big deal of it and the police will come and ask me who did it. I don't speak to police. I didn't want my family knowing, it would break their heart.....they just think I fell of a bike and cut myself. They [friends] gave me a spliff to smoke to dull the pain, threaded me up, poured some alcohol into it and let me stay there a few days to heal. It doesn't happen a lot but you got to do what you got to do...I don't really know how it's has affected me mentally or emotionally. It's affected me. I don't see much of a change in myself. I would leave my house now looking over my shoulder, keeping myself to myself, do what I need to do in advance.”*

Young people's experiences at school were also commonly cited as causes of worry and anxiety. Exam pressure, the fear of failing school together with getting into trouble were discussed as issues that young people found stressful. One young person highlighted the impact of teaching staff's stigmatising behaviour on their behaviour and attitude:



*“I've been angry at school. They would keep me back after school even if I didn't do nothing. Throughout the whole day I couldn't get a behaviour mention but he [the teacher] kept me back because I'm not contributing in form time. I'd cuss out my teachers and walk out the classroom. It did affect my overall education. The teachers gave up on me by that time, so I had nothing to prove..... changed my ways too late.”*

One person also talked about the worry that came with making the right choices for the future such as choosing their sixth form college or course.

### Talking to someone/ seeking help

Several of our interviewees said that they would not talk to anyone about how they were feeling or what might be worrying them. Young men in particular commonly connected their perceptions of masculinity to concepts of strength and the ability to cope, often saying that they simply had to be 'real men' and deal with quite traumatic experiences by themselves.



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*"I don't talk to anyone. No one can help me. I can only help myself. You need to learn to be independent. Show no weakness and no one will know you don't have any."*



*"Wouldn't talk to anyone about it, there's no one to talk to. I can come to X and talk to people, but I don't need to. I think it's just natural to feel upset when you're friends get stabbed or shot, so I just get over it. Time is a great healer."*

Others felt that they could talk to their friends, though if you were a man, there was usually a limit to how often you could do this. Another young person explained that it was ok to be emotional but that this had to be balanced with being 'strong'.

A couple of people shared positive experiences regarding school mentors or specific teachers who they valued for being able to help them regulate their emotions and to listen actively. One person described having a good relationship with their mentor saying that the mentor acted differently by *"being fair"* and *"looking at my view and his"*, and seemed to give him more of a 'chance' by opting to send him to the referral unit rather than straight home. Another interviewee spoke of having a place within school that was like a *"special living room place, a chilling spot"* which many young people would use, and where you could *"just talk with sir"* about an issue: *"I used to go there and chill with sir cos he was a cool guy. We'd talk about life really - and how it was going."*

Only one person said that they could have very open, honest and lengthy conversations with a parent when they felt upset and needed to talk to someone. The vast majority of participants however suggested that they would feel awkward talking to a parent about their feelings and relationships.

## Drugs and Alcohol

We asked young people about their smoking and alcohol consumption habits. The majority of those we spoke to told us that they 'drank a bit' and that this was mainly confined to special occasions such as birthdays and family gatherings; only one person said that they had never tried alcohol.

Interviewees seemed confident in being able to manage their alcohol consumption and knowing their limits. Several made comments suggesting that they could *"handle their alcohol"*, that they did not get tipsy and were keen not to be *"messy like others."*

Young people showed awareness of the consequences of excessive alcohol consumption with some acknowledging that the short-lived benefits of feeling *"happy"*, *"loosening up"* and being able to *"forget about a lot of things"* didn't outweigh the potential long-term risks of addiction and its impact on their future ambitions. One young person explained:



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*“I know if I drink too much it would affect my everyday lifestyle and what I want to do when I’m older....You see the addiction of everyone else. They have no control over what they are doing - any age. They feel sick, they wake up feeling ten times worse, all for more confidence.”*

Conversely, several young people told us that they didn’t use drugs or hadn’t tried them before, although they knew people who did. They cited reasons such as simply not being interested and seeing no benefit in taking drugs; some felt that *“alcohol did the same job”*; others were put off by seeing people act ‘crazy’ or their own bad experiences of smoking too much and ‘whiting out’; and lastly a few who were keen to pursue careers in the sports industry were clear that taking drugs would affect their chances of success. Our interviewees again seemed to be self-assured emphasising that they did not feel pressured by their peers to take drugs.

The few who spoke of using drugs, specifically smoking cannabis, explained that their motivations for doing so were to be social. More worryingly however, we did hear from one individual that smoking cannabis helped them to manage their emotions: *“It helps you to keep calm, when I’m not high, I’m a bit of a trouble maker. If I sense trouble, I react to it straight away. Drugs helps that, makes me calm and relaxed. It slows me down.”*

### Learning about looking after yourself

Young people commonly told us that they learnt about looking after themselves through school such as during assemblies, science or religious education classes. Their impressions of the appropriateness and quality of the content varied.



Most often young people said that they felt adequately informed about the consequences of taking drugs and alcohol on the body from lessons at school. Seeing the visible effects on strangers ‘out on the street’ or even their own friends was another way young people explained how their understanding was enhanced.

Sexual and mental health seemed to be less well covered. One young person highlighted that messaging in classes where information about sexual health was covered did not match their reality: *“we were taught about puberty in RE (religious education). They said that men and women should have sex if they love each other. I laughed cos I had already done it by then.”*



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Some young people said they felt uncomfortable discussing sensitive issues with teachers as well as citing issues around confidentiality, but others had good relationships mentioning mentors who 'were cool' and would listen.

A few felt comfortable seeking information or advice from close family members such as older cousins or their friends. The majority said that they would feel awkward talking to their parents about sensitive issues such as relationships.

While our interviewees talked about the need for more information, only a few suggested that they actively used the internet to further their knowledge.

### Information

Through the course of our interviews we found that young people were keen to learn more about looking after their health. We asked them for their suggestions about what and how health information could be shared more effectively in schools or in other youth settings:

#### Content

- Both young men and women should learn about how to protect themselves and each other from STIs; our interviewees suggested that content on sexual health needs to go beyond simply 'avoiding pregnancy'
- Teachers need to take into account the mix of life experiences of the students when planning key messages to deliver if lessons are to be more effective.
- One person suggested that health professionals could also promote self-help and spirituality as another form of support alongside clinically based mental health interventions
- Develop an understanding of what services are available locally for young people, (other than the GP and dentist) such as in pharmacies or in local youth clubs
- Share information about support personnel in schools where this is available.

#### Delivery

- Regular sharing of information that builds on what has already been distributed
- Information is best disseminated when external speakers or facilitators are invited to discuss an issue/topic, and even more effective when the presenter is closer to them in age to young people and has had lived experience of the topic
- The format of delivery should be expanded as sessions covering health related issues were felt to be "*boring as they covered the same stuff over and over again*"; interviewees asked for sessions to be more interactive and suggested that role plays or acted out scenarios could form the basis of discussion for students to brainstorm possible options of dealing with the situation, talking through how it applies to them and how they might deal with it.



### Youth workers

We also spoke to a total of nine youth workers from Knight's and Marcus Lipton youth clubs to listen to their views as to what support they felt young people needed, and how well they felt they were able to deliver this. The youth workers we spoke to varied in age - 19 to 38 years old, and in experience - some were new trainees with limited work experience to others who had worked in youth work roles across several London boroughs over 15 years.

### Young people's concerns

We asked youth workers what issues young people commonly came to talk to them about. Staff said that young people discussed their relationships with partners, their sexuality and sexual health; difficulties at home such as not getting on with parents, missing a father figure; local conflicts, sometimes gang-related; finding accommodation and issues with paying bills; the law and knowing their rights; health and fitness advice; and challenges with school and college.

Planning for the future in terms of finding a career and employment was often cited, with one youth worker explaining that *"they [young people] want to reach their aspirations but don't know how to."* Others emphasised the need to support the young people they worked with to go back to education but noted that this could be extremely challenging because often that particular group had lost confidence in themselves. They iterated the importance of supporting young people to gain qualifications and secure apprenticeships highlighting that currently there was little opportunity for them, with many feeling 'stuck':



*"Some [young people] have been out of school since 11, 12, 13 - they have no formal secondary school education so they have no way to get a job and support themselves. They need to get back to the beginning, build their confidence and belief that they have value and can get an education. We've had organisations here that have offered that support but our young people can be difficult to engage. If they can't see an instant success within a couple of weeks they are quick to give up saying "it's too long, too hard". Their confidence tells them they aren't getting something out of it."*

Others explained that young people came to just talk to someone about how they were feeling, and that a simple conversation gave them *"5 minutes out of a lifestyle they don't want to be in."* One youth worker shared that young men talked to him about the isolation that came from a 'road lifestyle' where they have rejected their peers and family in favour of other (sometimes gang related) groups, but eventually felt lonely and yearned to be back in the mainstream. The issue is that they cannot see a way to 'integrate back in.'

Youth workers also pointed out that some of the young people they worked with had experienced trauma from the passing away of friends or family, domestic violence and the effects of war (refugees). Staff felt that the mental health issues they saw among young people such as increased anxiety and depression were a result of not having had sufficient support to deal with



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these significant life experiences. Additionally, youth workers also saw young people turn to smoking cannabis and consuming alcohol to escape dealing with their mental health issues.

### Training

The amount of training varied between the youth workers we interviewed, with some having had none at all to others with relevant postgraduate qualifications.

Above all, many youth workers felt that personal experience and life skills that arose from coming from a similar background to the young people, and the experience gained through working with a range of adolescents were two of the most valuable attributes that have enabled them to provide advice that is grounded in empathy and understanding.

Formal courses undertaken include: first aid, behavioural management, drugs and alcohol issues, mental health and wellbeing, substance misuse, counselling, coaching, motivational interviewing, conflict resolution, risky transitions (gangs), safeguarding, health and safety, food hygiene, youth and community.

Some youth workers mentioned that training in mental health, counselling and motivational interviewing were particularly useful for their roles. One youth worker was particularly unimpressed with the teaching on their degree programme suggesting that it was outdated and stressed that these courses should have more ‘hands-on’ training and lengthier placements in youth settings.

### Areas for further work

As detailed above, youth workers felt further investment in education and support for finding employment was needed for young people. In addition to this, some mentioned that their own skills needed updating to ensure they were able to effectively help young people to build their confidence in order to move forward with their lives and to prepare them for the outside world.

Staff also felt that society’s view of the young people they worked with was a barrier for young people to get the help they needed. A youth worker explained that there was little support available for the groups he worked with who were often the first to get ‘kicked out’ of school and services, at risk of getting in trouble with the law and could be affected by a range of factors such as coming from a single parent household, exposure to ‘institutionalised criminality’ within families or being expected to financially support their household from an early age. Another staff member felt that this particular cohort who were disadvantaged in multiple ways were often not listened to by statutory services. One person thought that Pupil Referral Units (PRUs) were ignored and are a



*“one-way system to youth custody” saying “a lot of these young people are biting staff, biting each other because they have mental health issues. They aren’t going to talk to their PRU teachers. They [PRU teachers] are seen as second class governors. Youth practitioners need to go into PRUs need to work with these individuals.”*



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There were suggestions as to how to make services and support more accessible to the young people who needed it. One person suggested that those delivering services need to look “*visibly relatable*” to the young person in order for them to engage. They suggested that more youth workers “*who look less like ‘enforcement’ and more like ‘prevention’*” need to be trained to get services to places where young people are comfortable to frequent:



*“People like me need to be going to them to access services and bring them out of where they are. In terms of mental health for these young people - they reject things like CAMHS because of the stigma, it makes it harder for diagnoses. They sit in front of an old man who doesn’t get them so they reject the service. Get people who know the issues to get them. A hub in the nice parts of Lambeth aren’t going to work”.*

Some interviewees called for more training for youth workers. While experience is valuable, they suggested that an understanding of some fundamental theories such as Maslow’s hierarchy of needs<sup>2</sup> could provide a useful framework for youth workers to support young people. They felt that youth organisations should connect with universities more to ensure that courses have a good balance of academic theory and practice.

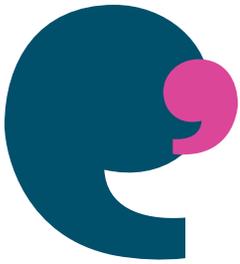
Information about local services was requested and opportunities for services to engage with young people by holding sessions at youth centres was also suggested. Most importantly, they felt that young people needed to know where to go if they had a problem and that confidentiality would be assured.

A few youth workers asked for more training and on-going support around sexual health. One person was unsure as to what age to start sex and relationship education sessions noting that parental consent could be an issue. Although they knew that some in their younger cohort groups were sexually active, they currently only provided these sessions to their senior group. Related to this, some said that more youth work around relationships and women was needed to challenge young men’s “*mentality about girls*”, particularly around how women should be treated and how to foster healthy relationships.



Lastly, one youth worker called for more support and education for parents and to work with groups of families to discuss their challenges in supporting young people. They felt that a deeper understanding of the intergenerational impacts from an absence of nurturing can have on a child needed to be developed among parents recognising that “*these guys have not been nurtured themselves; they need to learn about it and pass it on.*”

<sup>2</sup> A. H. Maslow (1943). A Theory of Human Motivation. *Psychological Review*, 50, 370-396.



### Conclusion

Our conversations with young people revealed a mix of experiences and attitudes towards keeping healthy. Even though our sample was small, it was reassuring to hear that the majority of young people interviewed were practicing ‘safe sex’ and spoke responsibly about drinking alcohol and smoking cannabis.

However, we are concerned about the levels of anxiety that these young people spoke to us about, which seems to be related to their perceptions of a lack of future opportunity and also heavily influenced by the insecurity that some experience in the neighbourhoods that they live in. The interviews highlighted a lack of a support system/ structure that enables young people to change after choosing a certain life path or to grow after a certain age. Secondly, developing respectful and healthy relationships where young people have the confidence and skills to express themselves fully, whether that be with a friend, partner, teacher or parent, feels as important as ensuring that young people have the basic knowledge with regards to keeping healthy and access to information about health and care services.

We feel that a number of improvements that speak to the health promotion agenda could take place within school settings to ensure that young people leave full-time education with a minimum understanding of how to look after their health holistically. Specifically, our interviewees outlined several suggestions as to how to make the delivery and content of Personal, Social and Health Education (PSHE) in schools more effective and engaging (see p.7). Young people also spoke positively of the informal role of mentors and staff with a brief to provide emotional support.

Additionally, it is clear that there is a pressing issue of how to improve access to services for young people who require immediate support. Youth workers highlighted the need for support and services that builds the self-esteem of young people and helps them develop the skills to find the opportunities they seek. This, they suggest, comes from employing more relatable youth workers who can listen and empathise, but who are also resourced with relevant academic knowledge and service information. With this, youth workers could enhance the outreach and facilitator role that they already undertake with services.

This report is the first of a series of early steps that Healthwatch Lambeth is making to inform the development of a new work stream focussed on the health and wellbeing of children and young people. Our next steps will be to discuss our findings with key stakeholders across Lambeth Council and the NHS Lambeth Clinical Commissioning Group to identify opportunities within the sector that could support improvements to the themes highlighted above. Alongside this, we will aim to build relationships and conduct further research that will involve:

- Working more with schools to improve young people’s knowledge and attitudes about keeping healthy and the accessibility of information about local services; areas of focus would include sexual and mental health



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- Identifying which local stakeholders have a role in disseminating health education and service information to young people in Lambeth, and how these plans are being monitored and managed
- Learning more about Lambeth Council's strategy to tackle violence in the borough, specifically how that strategy incorporates the health and care needs of target groups.

Healthwatch Lambeth would like to thank young people and youth workers attending Knight's Youth Centre, the Well Centre, St Matthew's Project and Marcus Lipton for their time and participation.

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