

# Drug & Alcohol Education and Prevention Team

## Drug education for young deaf people

A briefing paper for practitioners working with young deaf people

### PURPOSE OF BRIEFING

The aim of this briefing is to provide support for practitioners working with young deaf people in delivering drug education.

### WHO IS THE BRIEFING FOR?

The briefing will be of particular relevance to practitioners working with young deaf people in mainstream and specialist schools, in colleges, as well as those working in informal settings, including:

- Teachers/staff working with young deaf people
- Teachers of the deaf and other education workers
- Special Educational Needs (SEN) co-ordinators
- Local Education Authority (LEA) special needs advisers
- Headteachers and governors
- Learning support assistants
- Interpreters
- Youth workers
- Connexions personal advisers.

### TERMINOLOGY

#### Young deaf people

For the purpose of this document, unless otherwise stated, the term 'young deaf people/person' is used to refer to young people aged under 19 and covers young people with all types of hearing loss.

#### Drugs

The term 'drugs' unless otherwise stated, is used to refer to:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971)
- All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers)
- All over-the-counter and prescription medicines.

#### Introduction

Some might imagine young deaf people are not likely to get involved in drugs, but this simply is not the case (Notarianni 2003). The Health Advisory Service

(1996) report found that some young people may be more vulnerable to developing drug problems, whilst others may have a resistance to drug misuse. It identified a range of risk and protective factors which could lead to vulnerability. One of the risk factors included physiological factors, including physical disabilities. This can make young deaf people vulnerable to developing drug problems. They also face additional barriers in accessing support. This coupled with the fact that around 40 per cent of young deaf people have an additional disability highlights what a vulnerable group of people they are.

### Isolation and denial

Because of the nature of deafness, young deaf people can become isolated. The lack of awareness about deafness within society and limited communication with the hearing world means that many young deaf people are marginalised and isolated.

Valentine et al. (2003) reported that young deaf people find it difficult to participate in school culture, particularly in secondary schools, because of different modes of communication, learning strategies and culture. They found high levels of distress, isolation, bullying and experiences of persistent exclusion from school culture, particularly in mainstream secondary schools. They also found that for some young deaf people, the way to gain acceptance and recognition by their peers was through misuse of alcohol and drugs. McCrone (2003), identified why young deaf people may get involved with drugs:

Some are self-medicating for pain due to communication frustrations, academic failure, family problems, loneliness, anger and pessimism.

Families and their communities can over protect young deaf people. There is denial of drug use and its associated problems, which results in drugs issues not being discussed openly. This can limit opportunities for young deaf people to receive drug education, acknowledge if there is a drug problem and seek advice and support. Carers may also not have the appropriate vocabulary or level of knowledge themselves to be able to provide informative and factual information about drugs, for example, the words 'stoned' and 'poppers' are not signs learned in most British Sign Language (BSL) classes.

### Role of practitioners in delivering drug education

Practitioners working with young deaf people have an important role to play in delivering government strategies on illegal drugs and alcohol:

- The **Updated Drugs Strategy (2002)** aims to reduce the harm that all illegal drugs cause to society and to prevent today's young people from becoming tomorrow's problematic users. The strategy also aims to target prevention programmes at the most vulnerable young people and to ensure that those who develop drug problems are identified early and receive support before problems escalate.
- The **National Alcohol Harm Reduction Strategy (2004)** highlights

the need for young people to have clear and accessible information in order to make responsible choices about drinking behaviour. It identifies schools, local authorities, Connexions service and further and higher education institutions as avenues for helping young people learn to make responsible choices.

### Statistics

The extent of drug use among young deaf people is difficult to ascertain. There are no national statistics available.

The Deaf community's drug problem is a national issue, not a local issue. Only when viewed on a national perspective does the significance of the issue become apparent. This is because the Deaf community is so scattered that there would only be small numbers in any given locality. (Cox and Jackson Consultancy, 1998)

Cox and Jackson Consultancy (1998)<sup>1</sup> found in their survey sample of young people aged 11-24 from the Deaf community (i.e. those who are profoundly deaf and use sign language) that:

- eight in ten young people had ever (i.e. at some time in their lives) been offered drugs;
- 54 per cent had taken up drugs offers, the most commonly used illegal drug being cannabis;

- young people may be more likely to have tried or started taking drugs when aged 14-16;
- 15 per cent stated they had used drugs whilst also taking alcohol.

### Young deaf people and drug education

All young people are likely to have some knowledge and understanding about drugs, although this knowledge may be limited, inaccurate or based on myth. Cox and Jackson Consultancy (1998) found that the majority of the respondents in the survey sample cited TV programmes and schools as the main source of their knowledge about drugs, with newspaper articles and friends coming a close second.

The same sample also found that less than half of all respondents first learnt about drugs from schools. They found that special schools were more likely to provide better drug education that is accessible and focussed. They also found from the sample that young people were more likely to be exposed to drug offers if they were in mainstream school than if they are in a special school.

The sample also illustrated that young people's understanding of health and non-health risks associated with drug use tends to be very general. There was little awareness of harm reduction strategies. Apart from death from drug use, there was very little perception of other health risks. The main non-health risk of drug

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<sup>1</sup>Survey sample consisted of 214 young people from Deaf community. There was an even split between males and females. Just under 50 percent of sample were in the 16-19 age range. Reference to drugs does not include the use of medicines (Drug in the Deaf Community - an issue ignored, Cox and Consultancy 1998).

use was seen to be getting in trouble with the law. This highlights the need for young deaf people to have access to good quality drug education that is based on their needs, experiences and understanding.

Young deaf people may not pick up information by 'overhearing' conversations in the same way that hearing young people do. As a result, young deaf people can lack worldly knowledge. Drug education for young deaf people could particularly focus on developing skills and understanding to manage drug related situations.

#### Good practice in drug education

The Department for Education and Skills (DfES) published their revised guidance on drugs for schools *Drugs: Guidance for Schools (DfES 2004)*. Practitioners should refer to this document for guidance and support in planning and delivering drug education and supporting all young people.

*The document provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development. Copies of the guidance can be downloaded from [www.dfes.gov.uk/drugsguidance](http://www.dfes.gov.uk/drugsguidance)*

*Hard copies are available from DFES publications by calling 0845 602 2260, quoting reference number DfES/092/2004.*

*For practitioners working in Further Education institutions, it will be useful to*

*also refer to *Drugs: Guidance for Further Education Institutions (DrugScope and Alcohol Concern 2004)*. This document can be downloaded from DrugScope website [www.drugscope.org.uk](http://www.drugscope.org.uk) and Alcohol Concern website [www.alcohol-concern.org.uk](http://www.alcohol-concern.org.uk).*

The guidance outlines that in schools drug education should be developed through well-planned PSHE and citizenship provision and to include the statutory requirement within the National Curriculum Science Order.

The guidance states that the aim of drug education is to provide opportunities for all young people to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It states that drug education should:

- Increase knowledge and understanding and clarify misconceptions about:
  - The short and long term effects and risks of drugs
  - The rules and laws relating to drugs
  - The impact of drugs on individuals, families and communities
  - The prevalence and acceptability of drug use among peers
  - The complex moral, social, emotional and political issues surrounding drugs
- Develop personal and social skills to make informed decisions and keep themselves safe and healthy, including:
  - Assessing, avoiding and managing risk

- Communicating effectively
- Resisting pressures
- Finding information, help and advice
- Devising problem-solving and coping strategies
- Developing self-awareness and self-esteem
- To explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

Any drug education intervention should begin with trying to establish what young people already know, understand and think about drugs. This will make drug education credible, engaging and relevant to their particular experiences and circumstances. Practitioners can do this by, for example, draw and write activities, one-to-one interviews, questionnaires/surveys, and focus groups.

Drug education should include teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. However, there may be occasions when you would need to focus on particular drugs (*Drugs: Guidance for Schools, DfES 2004*). Cox and Jackson (1998) found that young deaf people had very little understanding of the potential harm caused by alcohol use, particularly when used in combination with other drugs. There are also implications for young deaf people who may be taking medication for ear infections, which combined with alcohol can be dangerous. *Drugs: Guidance for Schools, DfES*

(2004) states that given the prevalence, availability and social use of alcohol in our society, it should be a priority to educate young people on the effects of alcohol and how to reduce alcohol related harm. This can be achieved by taking a harm reduction approach. This approach accepts that many, although not all, people drink, and seeks to enhance young people's abilities to identify and manage risks and make responsible and healthy choices. This however does not suggest that alcohol misuse is condoned or that all young people drink.

The harm reduction approach may also be appropriate for young deaf people who may have already experimented or are experimenting with drugs. It should focus on highlighting where the dangers lie, and how they can be reduced or avoided.

Many young people tend to overestimate how many of their peers use drugs (*Drugs: Guidance for schools, DfES 2004*). It is important to challenge these misconceptions through 'normative education' by exploring attitudes and discussing what influences young people's decision making.

#### National Healthy Schools Standard (NHSS)

In a school setting in particular, and other educational settings, the best way of providing good quality drug education is to take a whole school approach, that is consider what needs to be addressed and or changed in all aspects of school life.

The NHSS model for achieving sustainable change includes addressing:

- Leadership, management and managing change
- Policy development
- Curriculum planning and working with outside agencies
- Teaching and learning
- Staff professional development
- Pupil voice
- Partnership with parents and carers and local communities
- Assessing, recording and reporting pupils' achievements
- Provision of pupil support services
- School culture and environment.

*For more information on NHSS visit the Wired for Health website [www.wired-forhealth.gov.uk](http://www.wired-forhealth.gov.uk)*

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### **Challenges for practitioners delivering drug education to young deaf people**

From our consultation<sup>2</sup>, practitioners said young deaf people want drug education and information that is:

- clear;
  - not patronising;
  - easy to assimilate;
  - fairly direct;
  - visual;
- and has
- not too much content.

The majority of drug education resources are aimed at pupils within mainstream education and often need to be adapted

for use with young deaf people. A project by Hutchinson and Geddes (1998) demonstrated the need for drug awareness teaching resources tailored specifically to deaf children. They observed that drug education was being taught in schools, however resources rely heavily on oral communication which can create problems for young deaf people, especially if signed interpretation is required. Signing takes much longer than speech and relies on good concentration to convey information.

Delivering drug education in sign language can be difficult. Signs for drugs and alcohol use are very limited for those whose first language is not BSL and can only show the extreme use and consequences of using. For example, the generic sign for drugs is of injecting in the arm. This can result in young deaf people having a very general understanding of drugs.

Young deaf people also have 'slang' or regional signs to denote drugs which practitioners may not be aware of. This is also the case with hearing young people where drug names are constantly changed or only have relevance to particular groups of young people. This can result in practitioners not feeling confident as they think that they do not know enough about drugs or feel they need to be 'experts' in drug awareness. It also means that they are even less likely to use appropriate language in signed communication.

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<sup>2</sup>Consultation with practitioners working in schools with hearing impaired unit (2004).

### Opportunities/strategies for practitioners delivering drug education to young deaf people

- Adapt mainstream drug education resources to make them relevant for young deaf people.
- Allow for more time to adapt and use mainstream resources.
- Involve external support services, for example local young people's drug service or local drug education providers, to support in delivering drug education. Partnering their specialisation in drug education and practitioners in deaf awareness would make drug education accessible to young deaf people. External agencies should be aware of and working within the drug education and other relevant institutional policies.
- Use role-play to develop skills (as highlighted in good practice in drug education). For example, developing resistance skills in drug related situations or, when working with young deaf children to develop skills on keeping safe and safety around medicines and harmful substances at home.
- Use interactive teaching and learning methodologies, ensuring two-way communication between the practitioner and the young person.
- Use drug information websites as a resource for increasing knowledge and understanding around drugs and where to go for more information and advice (see section on useful websites).
- Use visual materials to support written content.
- Have posters and leaflets available for young deaf people about how to access drug information and support organisations and agencies. For example, FRANK campaign material
- Encourage young deaf people to lead on planning and delivering their own drug education, for example, by peer education. This could be effective as young people suggest peers are a credible source of information and advice. For young deaf people this can also be a good opportunity to be role models for their peers. They may also be more familiar with slang signs or regional signs and terminology that their peers are using. Peer education does require careful planning and ongoing support for the peer educators. Practitioners can draw on local external agencies for training and support, for example, youth service and young people's drug service.
- Theatre in Education (TiE) can be a useful resource to deliver drug education. Signers can support some TiE performances.
- Continued reinforcement after any drug education intervention and over a period of time to build up knowledge and awareness of drugs.
- Use social activities and special events for young deaf people as means of delivering drug education, for example, practitioners can provide drug information in deaf clubs or provide harm minimisation at specialist club nights for young deaf people.
- Text messages are a popular means of communication for young people. This is particularly effective for young deaf people. Activities can be

developed using text messages and sharing drug information.

- Culture, school environment and other settings are very important. Supporting young deaf people's drug education needs is not confined to developing specialist drug education provision. Indeed, if the general culture and environment were more supportive, this could reduce the need to use drugs to self medicate.

An effective anti-bullying policy and procedures, good pastoral support for young people and staff training are all critical in developing a more supportive ethos within the school.

- Regular opportunities for pupils to highlight their achievements can be used to boost self-esteem. These and a range of other strategies can be used to ensure that the impact of drug education is maximised.

### Involving parents/carers

The role of parents/carers is crucial in preventing problem drug use. *Drugs: Guidance for Schools* (DfES 2004)

recognises young people are more likely to delay or avoid drug misuse when:

- Family bonds are strong
- There are strong parental monitoring and clear family rules
- They can talk openly with their parents/carers

Young deaf people can face communication problems within the family, especially in hearing families, which can make it difficult for parents/carers and young deaf people to talk about drugs.

Practitioners should encourage parents/carers to be involved in their children's drug education and make them aware of where they can access information about drugs and of local and national sources of help. Practitioners could organise events for parents on

drug awareness and developing skills in talking to their children about drugs.

*Drugs: Guidance for schools* (DfES 2004) provides some strategies for involving parents/carers.

### Accessing support

Practitioners need to ensure that young deaf people who may be experimenting with drugs receive appropriate pastoral support, and where necessary, are referred to other local support services. However young deaf people face barriers in accessing support as most drug support services are for the hearing population. Valentine et al (2003) stated

The research demonstrates that young D/deaf people face genuine communication problems, which means that they can be cut loose from assurance and support services such as counselling, sex education, peer education and professional support.



There are also difficulties for young deaf people using interpreters in situations where confidentiality is crucial.

Practitioners should liaise with their local Drug Action Team regarding the services and agencies available locally, establish how they can support young deaf people and become familiar with referral procedures. Hearing Impairment services should be able to advise other practitioners on how best to communicate with young deaf people and basic deaf awareness tips. Organisations for deaf people, such as The National Deaf Children's Society (NDCS) and the Royal National Institute for the Deaf (RNID), also have publications about how services can be made accessible for young deaf people.

#### Staff professional development

Staff need to be aware of the reasons for a more specialised approach to drug education for young deaf people, particularly those who may be delivering aspects of the curriculum or providing formal or informal pastoral support. It may be useful to access external agencies for training and support, for example, youth service and young people's drug service.

#### Drugs policy

It is strongly recommended that establishments working with young deaf people have a drug policy, which has been developed in consultation with young deaf people, parents/carers, staff, and local support agencies. The policy should ideally include all matters to do with drugs; drug education, managing

drug related situations and responding to the needs of young deaf people. *Drugs: Guidance for schools* (DfES 2004) provides more information on developing a drug policy. In a mainstream school, the existing school drug policy could be developed to contain reference to specific special needs under each section of the policy.

### DRUG EDUCATION RESOURCES

#### Drug Education and Prevention Information Service (DEPIS)

Online information about drug education and prevention projects and resources for those working with young people and their parents/carers.

To access the website email [depis@drugscope.org.uk](mailto:depis@drugscope.org.uk)

#### Alcohol Education Resource Directory

Directory of resources and contacts for teaching about alcohol, funded by the Portman Group

[www.portmangroup.org.uk](http://www.portmangroup.org.uk)

#### Forest Books

Forest Books have resources for working with young deaf people including 'Talking about drugs' - The Channel 4 Drugs Information Video (in BSL) [www.forest-books.com](http://www.forest-books.com)

#### Think About Drink (NHS site)

Informative site about alcohol aimed at young people

[www.wrecked.co.uk](http://www.wrecked.co.uk)

### **Health Development Agency**

(health information websites for young people)

Mind, Body and Soul - for young people aged 14-16 [www.mindbodysouls.gov.uk](http://www.mindbodysouls.gov.uk)

Lifebytes - for young people aged 11-14 [www.lifebytes.gov.uk](http://www.lifebytes.gov.uk)

Galaxy - for young people aged 7-11 [www.galaxy-h.gov.uk](http://www.galaxy-h.gov.uk)

Welltown - for young people aged 5-7 [www.welltown.gov.uk](http://www.welltown.gov.uk)

## **USEFUL ORGANISATIONS AND WEBSITES**

### **ADFAM**

Adfam offers information to families of drug and alcohol users, and the website has a database of local family support services.

Waterbridge House, 32-36 Loman Street, London, SE1 0EE

Tel: 020 7928 8898

Email: [admin@adfam.org.uk](mailto:admin@adfam.org.uk)

Website: [www.adfam.org.uk](http://www.adfam.org.uk)

### **Alcohol Concern**

Works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems. Alcohol Concern is the partner organisation of the Drug and Alcohol Education and Prevention Team.

32-36 Loman St, London, SE1 0EE

Tel: 020 7928 7377

Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)

Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### **ASH (Action on Smoking and Health)**

A campaigning public health charity aiming to reduce the health problems caused by tobacco.

102-108 Clifton Street, London, EC2A 4HW

Tel: 020 7739 5902

Email: [enquiries@ash.org.uk](mailto:enquiries@ash.org.uk)

Website: [www.ash.org.uk](http://www.ash.org.uk)

### **Connexions Direct**

Connexions Direct can help young people with information and advice on issues relating to health, housing, relationships with family and friends, career and learning options, money, as well as helping young people find out about activities they can get involved in.

Connexions Direct advisers can be contacted by phone, text or webchat

Tel: 080 800 13219

Textphone: 08000 688 336

Text message: 07766 413 219

[www.connexions-direct.com](http://www.connexions-direct.com)

### **Department for Education and Skills**

For Government updates and publications [www.dfes.gov.uk](http://www.dfes.gov.uk)

### **Department of Health**

Up to date statistical information on substance misuse, government policy and guidelines

[www.doh.gov.uk/drugs](http://www.doh.gov.uk/drugs)

### **Drinkline**

A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.

Tel: 0800 917 8282

### **DrugScope**

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug related risk. DrugScope is the partner organisation of the Drug and Alcohol Education and Prevention Team. Information on other drug education resources are available on DrugScope website.

32-36 Loman St, London, SE1 0EE

Tel: 020 7922 1211

Email: [info@drugscope.org.uk](mailto:info@drugscope.org.uk)

Website: [www.drugscope.org.uk](http://www.drugscope.org.uk)

### **FRANK**

FRANK is the national drug awareness campaign aiming to raise awareness among young people of the risks of illegal drugs, and to provide details of sources of information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.

Website: [www.talktofrank.com](http://www.talktofrank.com)

24 Hour helpline: 0800 77 66 00

For deaf people, Textphone FRANK on:  
0800 917 8765

Email: [frank@talktofrank.com](mailto:frank@talktofrank.com)

Practitioners can receive free FRANK resource materials, updates and newsletters by registering at [www.drugs.gov.uk/campaign](http://www.drugs.gov.uk/campaign)

### **National Children's Bureau**

A national registered charity that promotes the interests and well being of children and young people across every aspect of their lives.

8 Wakely Street, London, EC1 7QE

[www.ncb.org.uk](http://www.ncb.org.uk)

### **National Deaf Children's Society (NDCS)**

A national charity that provides a helpline and support network for the families of deaf children and those who provide support services for them.

15 Duferin Street, London, EC1Y 8UR

Tel: 020 7490 8656 (voice and text)

Freephone helpline: 0808 800 8880  
(voice and text)

Email: [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk)

[www.ndcs.org.uk](http://www.ndcs.org.uk)

### **National Healthy School Standard (NHSS)**

Information about NHSS, local healthy school partnerships and healthy schools. Health Development Agency, Holborn Place, 330 High Holborn, London, WC1V 7BA

Tel: 020 7061 3072

[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

### **QUIT**

An independent charity that aims to reduce tobacco-related harm by helping smokers to stop

Tel: 0800 00 22 00

Email: [info@quit.org.uk](mailto:info@quit.org.uk)

[www.quit.org.uk](http://www.quit.org.uk)

### **Re-solv(Society for the Prevention of Solvent and Volatile Substance Abuse)**

A national charity providing information for teachers, other professionals, parents and young people.

30A High Street, Staffordshire, ST15 8AW

Tel: 01785 817 885

helpline: 0808 800 2345

Email: [information@re-solv.org](mailto:information@re-solv.org)

[www.re-solv.org](http://www.re-solv.org)

## **The Royal National Institute for Deaf People (RNID)**

The RNID Information Line can provide information on many aspects of deafness and hearing loss.

19-23 Featherstone Street, London

EC1Y 8SL

Tel: 0808 808 0123

Textphone: 0808 808 9000

Email: [informationline@rnid.org.uk](mailto:informationline@rnid.org.uk)

[www.rnid.org.uk](http://www.rnid.org.uk)

## **TeacherNet**

TeacherNet is the Government site for school teachers and useful for accessing resources, training and support.

[www.teachernet.gov.uk/pshe](http://www.teachernet.gov.uk/pshe)

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### **Alcohol Concern**

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Tel: 020 7928 7377

Fax: 020 7928 4644

Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### **DrugScope**

32-36 Loman St

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Tel: 020 7928 1211

Fax: 020 7928 1771

Website: [www.drugscope.org.uk](http://www.drugscope.org.uk)

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