

## Action call on asbestos in schools

*An ITV news report revealed unsafe asbestos in some London schools which has prompted calls from teaching unions for urgent action.*

The report focussed on Hay Lane School in Brent but pointed out the problem was a national one relating to a specific type of system built school. These schools were built around a steel girder frame which was encased in asbestos and then clad with a steel casing in exposed areas. This casing was demonstrated in the report as being inadequate in containing the asbestos, especially when it was struck in a disturbance air test.

Previous investigations in 2006 found asbestos fibres could be released in schools built under the Consortium of Local Authorities Special Programme. This led to

the Health and Safety Executive writing to Local Education Authorities in October 2006 advising dutyholders to seal gaps in column casings using silicone sealant and tape. Schools were then told to make checks for asbestos within "weeks, not months" but some checks had not been carried out a year later. Rosalind Roberts of the HSE said the schools were told to seal columns and ceilings "four, five, six times!"

The TV report hired specialists to investigate at Hay Lane School and following disturbance air tests mimicking likely real circumstances with children in the school they found airborne fibre levels four times higher than control levels and seven times higher during reassurance tests.

Asbestos consultant Robin Howie said in his opinion the school was unsafe and the children were at an elevated level of risk of disease in future. Brent Council

denied this saying their schools were safe. HSE are inspecting schools in Brent following this report.

The report said there were serious doubts as to the level of action on this issue following the HSE advice in 2006. Of the 95 schools checked out of a total of many hundreds of similar system built schools, one in five still needed to complete the asbestos work.

Steve Sinnott, General Secretary of the National Union of Teachers (NUT) said there had been 222 teachers who had died from the asbestos cancer, mesothelioma. He said: "Local Authorities are not doing enough. They should not be exposing pupils, teachers or visitors."

The report showed London teacher Elizabeth Bradford who has developed mesothelioma who said she felt her exposure to asbestos was 25 years ago in temporary classrooms at a south London school.

*Continues page 5*

## Good news for health and safety in London

### The good news

London Councils' (LC) Grant's Committee on the 27th of February brought three years of anxiety about London Hazards Centre's (LHC's) future to an end when they commissioned LHC to provide a health and safety service for Londoners. The life of the commission is from August this year until July 2012 and will provide the "core" funding that LHC needs to survive as an organisation.

### The work

LHC will continue to provide advice and training but the work will be focussed on Black and Minority Ethnic Groups, Women, "hard to reach groups" such as migrant workers and travellers,

disadvantaged groups and, by no means last, trade unions.

### How will LHC do this?

There is no decided action plan at the moment but ideas under discussion are the provision of a free telephone advice service, trade union and community briefings, extending the circulation of the Daily Hazard, continuing to generate additional income by providing training and consultancy work, developing the range and scope of the database and developing our contacts with organisations whose membership comprises low paid workers.

LHC Managing Council next meets on May 21st to begin to formulate the action plan and decide on how the work of the health and safety service and the administration of LHC will be done by staff. If our readers have any points they want considered please forward them to [mail@lhc.org.uk](mailto:mail@lhc.org.uk) and mark them "For Council's consideration".

### WORKERS MEMORIAL DAY: 28th April 2008

A protest march including two rallies, one at the headquarters of the Health and Safety Executive (HSE) and the second at City Hall are currently being organised to commemorate Workers Memorial Day in London this year.

The event will call for a reversal of the cuts to the HSE, an increase in inspectors and a strengthening of their enforcement activities. It will also call for recognition by government of the role safety representatives play and for them to have stronger rights in the workplace.

Marchers will gather at 10.30am  
Holland St, London SE1 beside  
the Tate Modern.

For more information contact:  
077 477 95954



# Work and the ageing worker

*The effects of a lifetime of work and just getting on with life have been highlighted in recent reports with one pointing to ways in which work can be adjusted to suit an ageing workforce.*

The Age and Employment Network (TAEN) and Help the Aged have examined the role work plays in the lives and identity of men and the impact this has on their health, both in and out of work.

This report follows a similar report for women which they published in 2006.

Commenting on the recent report prepared by Gillian Granville and Maria Evandrou of the Centre on ageing at the University of Southampton, TAEN chief executive Chris Ball said: "With increased longevity and less generous pension expectations, the 'push' and 'pull' influences toward longer working lives are obvious and inescapable. The specific factors associated with men's physiology and typically male occupations underline

the need to develop health, work and well-being strategies that address the needs of older men."

Help the Aged said taking action on these issues becomes even more pertinent when the government's Department of Work and Pensions (DWP) drive to get people back into work is not focusing on ageing as an issue.

These reports show that few studies have looked at gender differences at work and the issue of ageing. Organising work needs to be gender sensitive as there are clear differences that must be taken into account. The earlier report on older women, work and health says the female employment rate is 70% and increasing in older age yet little is known about the quality of their working lives. There are some common areas with stress and musculo-skeletal disorders common in both genders.

Another small study looks specifically at ageing men in the construction industry. It found older workers were valued but there was often a trade off between skills and experience against physical fitness. Study co-author Professor Alistair Gibb said clearly not all ageing construction workers could take up managerial roles as there just aren't enough places and they may not have some or all of the required skills. A larger, Scandinavian study found that 90% of people who begin their working life in construction were not employed in that industry on retirement. The study cites the harsh rigors of the work and the extremities of the weather as the two key factors for leaving the industry.

A small study looking at workplace design and the older worker highlights the way some workers have to carry on working until "we get to the burn-out stage and then we are put out to grass." The report highlights some areas of conflict with younger workers who sometime see part of their job to "carry older workers." The report recommends changes at the workplace, such as "better equipment, designed to reduce the physical demands for those who undertake heavy manual tasks and

## Health, work and getting older reports are launched

Two recent reports on the effects of work on ageing males and one previous, similar one on ageing women, highlight the chronic effect work can have on the body but stress this can be addressed by taking making ergonomic adjustments at work.

Speakers at the launch of the reports at Help the Aged said few studies have focussed on the relationship between work, age and health and there was clearly a need to do so with an ageing population and workforce. They also said this was the same for gender differences at work and this issue needs to be addressed as there are clearly different factors that need to be taken into account.

A paper on ageing male construction workers was presented by Alistair Gibb saying heavy work in the early years really takes its toll in later life. He also said that working in the rain without protective equipment, working with chemicals and breathing in dusts all have a chronic negative affect on construction workers health.

Help the Aged say they believe that the middle years of life are the key to "getting things right" to prevent disadvantage in older age. Peter Buckle talking about his paper on workplace design said employers were not in general

addressing the issue yet simple changes have made a big difference in front of shop retail, warehouses and cleaning work.

All agreed ageing people had a large knowledge base and range of skills on offer that make them highly employable if employers addressed some key issues.

- ▲ *Older women, work and health.* Help the Aged/TAEN.  
[www.taen.org.uk/Publications/Older%20women,%20Work%20and%20Health.pdf](http://www.taen.org.uk/Publications/Older%20women,%20Work%20and%20Health.pdf)
- ▲ *Older men, work and health.* Help the Aged/TAEN.  
[www.taen.org.uk/Publications/ID6871%20Older%20men%20report.pdf](http://www.taen.org.uk/Publications/ID6871%20Older%20men%20report.pdf)
- ▲ *Understanding the Older Worker in Construction.*  
[www.sparc.ac.uk/media/downloads/executivesummaries/exec\\_summary\\_gibb.pdf](http://www.sparc.ac.uk/media/downloads/executivesummaries/exec_summary_gibb.pdf)
- ▲ *Understanding the design of the workplace for the older worker*  
[www.sparc.ac.uk/media/downloads/executivesummaries/exec\\_summary\\_buckle.pdf](http://www.sparc.ac.uk/media/downloads/executivesummaries/exec_summary_buckle.pdf)
- ▲ *Hazards, health and age*  
[www.hazards.org/age/index.htm](http://www.hazards.org/age/index.htm)



enhanced workplace design could support those in office based roles."

Social care was an area singled out by report co-author Peter Buckle as not currently taking ageing into account. He said management do not understand the impact of the work on workers and those few risk assessments that are done do not take ageing into account, with manual handling risks being based on fit, young workers. He cited some good examples where ageing has been taken into account and major improvements have been made, notably the retail industry including warehouse, distribution and front of shop.

Hazards magazine has also covered the topic in their report 'Not dead yet' which warned against age-based discrimination on supposed health or safety grounds, saying: 'Improving health and longevity mean the great majority of workers have no significant health impediments to prevent work up to the age of 65 and for many, where they wish, beyond.' The report, which includes a safety reps' action checklist, added: 'Unions should develop policy on occupational health and safety and the ageing worker. At workplace level, older workers' health and safety should be raised at workplace health and safety committees, and should be discussed with members. Terms and conditions negotiations should consider the impact on older workers.'

## Hackney firm fined



*Battersea and Wandsworth Crane Action Group at the HSE*

Schawk UK Limited, of Hackney and Team Q Maintenance Limited of Chestnut, Hertfordshire were each fined £20,000 and ordered to pay costs of £3,098 at City of London Magistrates Court for breaching safety laws after a worker was seriously injured in a fall.

In July 2005, Mr Kantilal Mistry from Stanmore, an employee of Team Q Maintenance, fell approximately 2.2 metres while carrying out repairs on air conditioning units at the premises of Schawk UK Limited. There were no fixed means of access or edge protection to prevent falls. Mr Mistry borrowed a step ladder from Schawk UK to access the roof

which was not suitable nor safe for the task. He suffered a serious head injury which has left him with ongoing health problems and unable to work.

Following the prosecution, HSE Inspector Chris Tilley said: "Both defendants were aware of the risks from working at height which had been clearly identified at least a month before the incident, but this information had not been supplied to Mr Mistry. No effort was made to ensure that Mr Mistry was supplied with safe access equipment or to prevent him from working. If this information had been acted upon Mr Mistry would not have been injured."

## Fine follows demolition disaster

Stephen James Badcock, trading as SJB Demolition & Groundworks, of Bovingdon, Herts was fined £12,500 with costs of £12,500 at the Central Criminal Courts (Old Bailey) after pleading guilty to breaches of safety regulations.

In August 2005, demolition work began at a two storey former garage, at Kilburn Lane, Brent whilst three workers were still within the ground floor section. Alarmed by rubble falling down the internal stairwell one of the workers ran out the open front of the building and

was struck by the collapsing front facade wall. He was partially buried in the rubble, as the pavement was covered in debris, and suffered injuries to his neck, ribs and shoulder.

Kevin Shorten, HSE inspector said: "During demolition work it is essential to calculate and maintain an exclusion zone, and provide protection for members of the public. Demolition is potentially one of the most dangerous sectors of the construction industry and requires very careful planning."



*Battersea house collapse*



# ELMS Action for Mesothelioma Day



*Eileen Beadle speaks to east Londoners about mesothelioma*

Supporters of the East London Mesothelioma Support Group (ELMS) gathered at East Ham Town Hall to remember those who have died and called for action to prevent more deaths in the future. Group founder, Eileen Beadle spoke remembering her husband, Ray, who died from mesothelioma in 2006. The group was supported by Newham's Mayor and council officials and released balloons after a minutes silence to remember those now gone. [www.elms-group.co.uk](http://www.elms-group.co.uk)

## Mesothelioma Day in Barking and Dagenham

*At a well attended BADasbestos meeting in Barking Town Hall on 27th February, Jon Cruddas, MP for Dagenham, opened the meeting by reminding us how Barking and Dagenham was one of the places in the country with the most people dying of mesothelioma and of other asbestos related diseases, "in the top 10 for all deaths, and the worst place for the numbers of women dying". He described mesothelioma as a "working class disease" and said the insurers were being allowed by various judgments to avoid responsibility.*

One of the main speakers was John Towsley, a 59 year old former carpenter, who was exposed to asbestos as an apprentice and on many other jobs "no-one gave us a mask in those days or told us anything". He was first diagnosed with mesothelioma in September 2003, and although there were delays in the diagnosis and it must have caused him and his wife distress, he has nothing but praise for the treatment he has had from the NHS. He says he copes with the prognosis by keeping as positive as possible. He sets himself targets to help him "live in the moment", and is trying to do all the things that he had dreamed he would do when he retired "in that sense the compensation has helped", he says. His next target is September 2008 – five years from the diagnosis. He is a very brave man.

Lorna Webster described some of the treatment options and Dan Easton described the state benefits that are sometimes available and how BADasbestos will help people apply for them. Jimmy Parish, GMB, described the scale of asbestos deaths amongst the ladders in his branch. They had very high exposures to asbestos in their work and are now paying the price.

John Cruddas announced the group would be getting a £10,000 grant from the local Primary Care Trust thanks to the work of Mick Connolly, retired Regional Secretary of SERTUC. The group will now meet to develop the work with local GPs and other health care workers, and the council has agreed to there being a memorial for all those killed by asbestos.



PIC: LONDON HAZARDS CENTRE



Demonstrators outside Parliament

## Plaques protest in parliament

Hundreds of people from London, Scotland, Wales, Cheshire, Manchester, Merseyside, Derbyshire and elsewhere gathered at parliament to lobby MPs and call for the recent Lords decision that pleural plaques sufferers should not be compensated be overturned. The event was called by GMB ladders branch who revealed 30% of their members who have developed pleural plaques have gone on to develop the fatal cancer mesothelioma. The event was supported by various unions and asbestos campaign groups, including GMB, Unite, Amicus and UCATT.

PIC: LONDON HAZARDS CENTRE



Trade Unionists make their voices heard on the issue of pleural plaques

## Action call on asbestos in schools

Continued from page 1

Teachers union The Association of Teachers and Lecturers (ATL) has called for all asbestos to be removed from all schools by 2010. ATL General Secretary Dr Mary Bousted said: "There is still too little information about asbestos. We don't know how many schools still contain asbestos, so most teachers have little idea of whether they or their pupils are being exposed to it. Schools should keep and maintain asbestos registers to record the locations and condition of any asbestos, and let staff know."

Steve Sinnott, General Secretary of the National Union of Teachers, said: "There is now an urgent need for a strategic health and safety forum including employers, the DCSF and teacher and school staff organisations in order to address the issue of effective and adequate management of asbestos in all schools. We ask, therefore, that the All Party Parliamentary Sub-Committee on Asbestos make strong representations to the DCSF, DWP and the Health & Safety Executive to ensure the speedy establishment of an effective and representative health and safety forum for the education sector."

Useful site on asbestos in schools:  
[www.asbestosexposureschools.co.uk](http://www.asbestosexposureschools.co.uk)

## Not enough but it is a start

Is the pleural plaques ruling to be overturned? The Asbestos Forum has seen reports in the insurance industry press, that they are under pressure to accept a deal that would ensure a £5,000 payment to victims of pleural plaques caused by asbestos exposure at work. Prime Minister Gordon Brown said, on 13th March, that the government will publish a consultation document "soon" which could pave the way for the controversial House of Lords ruling in October to be overturned in England and Wales, in line with plans in the Scottish Parliament.



# Trade Union support for initiative tackling domestic violence: fonesforsafety

This is a mobile phone recycling scheme that turns used mobile phones into reconfigured "999 emergency only" personal alarms for people affected by domestic violence. These phones are issued by the police or domestic violence support agencies to individuals most at risk, enabling them to contact the emergency services.

Trade Unions can host collection bins/freepost envelopes at worksites and for public display, and in so doing advertise union support for campaigns against domestic violence.

The project, details below, will

provide collection boxes and collect free of charge. Phones that cannot be reconfigured are recycled. In the UK over 15 million people replace their mobile phones each year. If handsets are not recycled this is the equivalent of 7,500 tonnes of potentially harmful landfill.

- ▲ One woman in four will experience domestic violence at some point in her life
- ▲ Two women are murdered every week by their partner or ex partner
- ▲ One incident of domestic violence is reported to the police every minute

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

## Property companies fined for unsafe flats

Two property companies were fined after pleading guilty to 51 contraventions of the 2006 Management Regulations which included failing to ensure key fire doors were kept shut, defects to the fire alarm system, dampness and drainage defects, multiple damages to windows and rodent infestations at two properties in Finchley Road.

Desilu Estates Limited were fined a total of £16,500 and Sharpchoice Limited £8,250. The companies shared costs of £6,968.43.

Judge Baker highlighted the dangers of failing to meet health and safety standards, warning Desilu Estates Limited that their tenants could die if a fire spread like a furnace and fire doors were wedged open.

CLlr Mike Greene, Executive Member, Environment, Camden Council who took the prosecution said: "The Council is determined to take firm enforcement action against the minority of landlords who consistently disregard their statutory responsibilities."



## Health and safety training

The London Hazards Centre (LHC) provides training on workplace health and safety which is suitable for managers and employees alike. The training is participative and will cover the problems encountered at the workplace, what to do to ensure controls are in place and that the law is complied with.

Our training is provided in two ways, either by running courses as a consultant or alternatively by people attending our in-house courses held in Islington.

### TRAINING CONSULTANCY

We will train up to 16 people per day for £550.00. We provide the trainer and course which is delivered at a venue organised by our client.

Our training is activity based and the timetable is from 10am to 4pm.

If you have a number of people to train, or our programme doesn't suit you, we can design and run training for you at the Centre or your own site. We run local courses with several voluntary service councils and local authorities. Topics we teach include VDU assessment, chemicals, construction, asbestos, and stress.

### TRAINING COURSES

Should you wish more information or to discuss any of the above or other training courses we may be able to provide please call LHC on 020 7794 5999.

## London Hazards Advice Line

Free advice and support for Londoners on health and safety at work and in the community. We aim especially to work with local groups such as tenants/residents organisations, black and minority ethnic networks, union branches, etc. We'll provide the level of support you need, from a single phone call to long-term support for a local campaign.

**020 7794 5999 Mon, Tues, Thurs, Fri, 10–12 and 2–5**



# Inspections

## Workplace Hazard Spotting

Health and safety management and the elimination or reduction of health risks begins with the identification of workplace hazards. There are three important ways to identify hazards: Reports, task analysis and inspections.

## Reports and records of accidents, incidents and illness

Accident reporting systems are only useful if workers use them. Accidents will not be reported if management uses a "blame culture" which penalises the reporting of accidents by workers.

Sickness reporting that is locked into "managing for absence" or other disciplinary procedure is useless for managing safety because the reality of workplace illness will be skewed by under-reporting.

Incident or "near-hit" reporting needs to be simple otherwise workers will not use it. Forms that are complex and take time to complete will not be used. Systems based on "who, what, where, when" are simple and can be completed immediately after the incident.

## Task analysis

Many hazards to do with work tasks have been identified through work studies, ergonomic studies and other research. The risks to health of working with this or that chemical, lifting and moving patients, working at a computer etc. are fully documented.

To use task analysis, simply break a worker's job down into the variety of work tasks that must be done to complete the job. e.g. an office worker's job might involve computer use, accessing and using file records, use of the phone, photocopying or stock/supplies movement. Risk reduction methods are comprehensively documented and freely available.

Task analysis is especially useful in pinning down those elusive "hidden hazards", headaches arising from eye strain for example.

## Inspections

Check-lists are useful when doing an inspection but have two inherent problems. Firstly, the check-list may not cover all the potential hazards of a particular workplace and, if the inspection is confined to the check-list, some sources of injury will not be identified or monitored. Secondly it is very easy to see the check-list as the extent of the inspection. It is not. Workers at risk are the reason for the inspection and they should be queried about their health and any improvements to their work area that they want to see.

## Safety Inspection Check List

### Inspection details

Work area:

Safety Rep:

Date of current inspection:

Date of previous inspection:

### Consultation

- ▲ Have any changes been made?
- ▲ Are safety reps. consulted in good time about any changes?
- ▲ If there is a safety committee, have agreed changes been completed?
- ▲ If there is no safety committee do workers want one?
- ▲ Are there sufficient safety reps?
- ▲ Do safety reps have access to good facilities, resources and information?
- ▲ Is the safety poster visible and completed e.g. The safety rep and the contact details of the enforcement office are detailed.

### Training

- ▲ Do all workers get sufficient training to do their job safely?
- ▲ Is refresher training given frequently enough?

- ▲ Are young and other inexperienced workers adequately trained and supervised?
- ▲ Have safety reps had up-to-date trade union training in health and safety?

### Accidents

- ▲ Have all accidents and "near-hits" been recorded in the accident book?
- ▲ Have all illnesses and ailments caused by work been reported and investigated?
- ▲ Did safety reps investigate all accidents, "near-hits" and work related ill-health reports?
- ▲ Were risk assessments reviewed in the light of accidents, "near-hits" and ill-health?

### Chemical and biological hazards

- ▲ Are there harmful substances or pathogens (bacteria/germs) in the work area?
- ▲ If yes, have risk assessments (Control of substances hazardous to health – COSHH) been carried out and safety precautions put in place?
- ▲ Have exposed workers had information and training on safe working with these substances?
- ▲ Are chemicals clearly labelled and safely stored?
- ▲ Is health surveillance carried out where it is needed?
- ▲ Are workers trained in the emergency procedure in case of dangerous occurrence e.g. spillage?

### Manual handling and repetitive strain injuries

- ▲ Have you identified the workers who are expected to move loads or do repetitive tasks?
- ▲ Have risk assessments been done for manual handling activities and repetitive work?
- ▲ Have workers been trained and given information on safe manual handling methods?
- ▲ Are mechanical lifting aids



appropriate for the task? Are they regularly used, inspected and maintained?

- ▲ Are workers complaints of strain injury or other aches and pains recorded in the accident book and investigated by the safety rep?

### The working environment

- ▲ Is the temperature comfortable; are thermometers positioned at work areas?
- ▲ If the temperature is causing discomfort has an assessment been carried out?
- ▲ Is lighting adequate?
- ▲ Are stairs and escape routes adequately lit?
- ▲ Are work-surfaces, walls and floors kept clean and tidy?
- ▲ Are floors and walkways non-slip and free for slip/trip hazards?
- ▲ Are ventilation systems regularly maintained and inspected?
- ▲ Is there adequate supply of fresh air with no draughts?
- ▲ Do people have to speak loudly to make themselves heard?
- ▲ If the workplace is noisy, has a noise risk assessment been carried out?
- ▲ Are there enough clean toilets for men and women, are they in good repair?
- ▲ Are washing facilities available e.g. hot water, soap, towels and sanitary disposal?
- ▲ Is there a rest room away from the working area with adequate seating where workers can eat or drink?
- ▲ Are there rest room facilities for pregnant workers or breastfeeding mothers?
- ▲ Are there enough trained first aiders and/or appointed persons to cover all work areas?

- ▲ Do workers know how to contact first aiders and do they know where the first aid box is kept?
- ▲ Are first aid boxes fully equipped, how often are they inspected and who is responsible for replenishing them?

### Work equipment and electrical hazards

- ▲ Is there dangerous machinery in the work area?
- ▲ Are the safety mechanisms and guards in place and working?
- ▲ Is machinery, other work appliances and electrical equipment regularly maintained and tested?
- ▲ Have all staff been trained to use, clean and adjust equipment safely?
- ▲ Are there procedures for reporting faulty equipment and taking it out of use?
- ▲ Is access to live equipment restricted to authorised persons?
- ▲ Are "lock-offs" functioning?

### Workplace transport safety

- ▲ Is it safe for pedestrians and drivers in the location; has this been assessed and reviewed?
- ▲ Are walkways and roads properly segregated, maintained and repaired?
- ▲ Are speed limits in force and adhered to?
- ▲ Are workers properly trained and certified to operate moving equipment?

### Fire safety

- ▲ Are fire escape routes and exits kept clear at all times?
- ▲ Do staff know what to do in the event of fire; are fire escape drills held at least twice a year?
- ▲ Are fire alarms tested weekly and can they be heard throughout the workplace?

- ▲ Are a sufficient number of suitable fire extinguishers provided?

### Stress, violence and bullying

- ▲ Are risk assessments carried for these three hazards?
- ▲ Are procedures in place that reduce the possibility of workers being harmed by these hazards?
- ▲ Do workers have access to independent support if they experience any of these hazards at work?

### Risk assessments

- ▲ Are there up-to-date risk assessments for all work?
- ▲ Other work issues requiring risk assessment
- ▲ Working with vibrating tools – Is the rate of vibration safe? How is the risk of injury reduced?
- ▲ Pregnant workers – Are there fumes, substances or activities that could harm the unborn child?
- ▲ Display screen equipment – is it properly designed and comfortable?
- ▲ Personal protective equipment – is it freely available, is it cost free and is it effective and stored correctly?
- ▲ Staff security – Are there lone workers? Are there workplace areas where workers are vulnerable?
- ▲ Asbestos – Is there an up-to-date register, have you inspected the places on site where asbestos could be released?
- ▲ Confined spaces – are the correct procedures followed for work in these areas, is there an adequate supply of oxygen.

### Lastly

- ▲ If you have identified any problems discuss them with colleagues, plan what can be done and who will do it.

Factsheets online [www.lhc.org.uk](http://www.lhc.org.uk) London advice 020 7794 5999



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