

# We Are Undefeatable: Reaching & inspiring people who are digitally excluded



April 2021

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# CONTENTS

Background & approach

Impact of COVID-19 on daily life

Physical activity barriers

Communication channels

Feedback on campaign materials

Summary and next steps

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# **BACKGROUND & APPROACH**

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# PROJECT BACKGROUND & OBJECTIVES

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**Health charities supported by Sport England** have developed an emotionally engaging media campaign titled '**We Are Undefeatable**' with consistent messaging around motivating people with a long term condition to become more active.

There has been significant research into the impact of the We Are Undefeatable campaign, but due to the COVID-19 pandemic, much of this work has been done online over the past year. This has created a blind spot in terms of the responses of those who are not online or who prefer to use other channels, at a time when the digital divide has reportedly widened due to COVID-19. **An estimated 1 in 5 people in the target audience are digitally excluded** and hence there is a pressing need to understand their needs and attitudes.

Research was required to provide insight into this audience in order to ensure the campaign reaches and inspires those who are not exposed to digital media.

**The research needed to address the following:**

- 1. Does the message need to be adapted?** To what extent are barriers to physical activity similar or different among those who are digitally excluded?
- 2. What is the best way to reach digitally excluded audiences?**
- 3. What is their response to the We Are Undefeatable campaign?**

# APPROACH

A qualitative methodology was used, focusing in particular on audiences most likely to be digitally excluded i.e. older and lower socio-economic grade

## 28 x one hour telephone interviews

All...	Mix of...
<ul style="list-style-type: none"><li>• Live in England</li><li>• Have one or more of the qualifying long term conditions</li><li>• Inactive or doing less than 30 minutes physical activity per week</li><li>• Open to becoming more physically active in the future</li><li>• Digitally excluded i.e. rarely, if at all, using the internet and low confidence in doing so (see next slide).</li></ul>	<ul style="list-style-type: none"><li>• Long term conditions (including some with single and others with multiple conditions)</li><li>• Perceived severity of condition</li><li>• Age (range 40-91 years, but 18 were over 65)</li><li>• Ethnicity (7 respondents from ethnic minorities, including 3 who did not speak English as their first language)</li><li>• Socio-economic grade (14 were grades D or E)</li><li>• Men and women</li></ul>

Research conducted 22<sup>nd</sup> March – 9<sup>th</sup> April 2021

# SOME WORRIED ABOUT GOING ONLINE – OTHERS SIMPLY DON'T WANT TO

## Key barriers to online use:

Fear of getting it wrong (particularly in relation to personal details)

Lack of skills/never learnt (never needed to or wanted to)

Cost of a computer/tablet/smartphone

Simply not interested: strong preference for face-to-face or telephone communication

Some were using the internet (but low confidence):



- Facebook
- Facetime/Zoom (to see family members during pandemic)
- Basic browsing, including NHS website and finding weather forecast

Reliant on family member to set up/help them find what looking for.

“I tried to do an online shop when I was in the hospital with my mum and couldn't leave her, but there were so many passwords, it was so complicated”

Female, 51, long term anxiety, osteoarthritis

“People don't talk like they used to, the kids come for dinner and they're on their phones. You probably think I'm old-fashioned”

Male, 65, Type 2 diabetes

“It's unforgiving. You touch one thing wrong and I'd be worried all my personal details will go somewhere I don't want them to”

Male, 65, mobility condition

“I don't own a computer, I couldn't afford one. I've been to the library in the past and used it there, but that's shut at the moment”

Male, 61, Type 2 diabetes, depression, osteoporosis

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# **IMPACT OF COVID-19 ON DAILY LIFE**

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# THIS AUDIENCE HIT HARD BY LACK OF FACE-TO-FACE HEALTH SUPPORT IN LOCKDOWN

The pandemic left a gap in support for this audience who are highly reliant on face-to-face communication

- Less likely to have had a GP appointment – most unwilling/unable to do an online consultation, and some averse to a telephone consultation. In addition, not wanting to bother their GP at this time unless urgent.
- Similarly, some having fewer physio/therapy appointments and reduced visits from community teams/carers.
- Reliance on family and neighbours has increased, but many are worried about being a burden.



Health issues could be going un-checked and fewer touchpoints to reference physical activity

“I was offered 6 sessions of therapy but was only able to complete 2 due to the pandemic”

Female, 41, depression and anxiety

“A lady used to come and give me a massage but her mum is really ill and her father died of covid so I can’t have her in the house anymore”

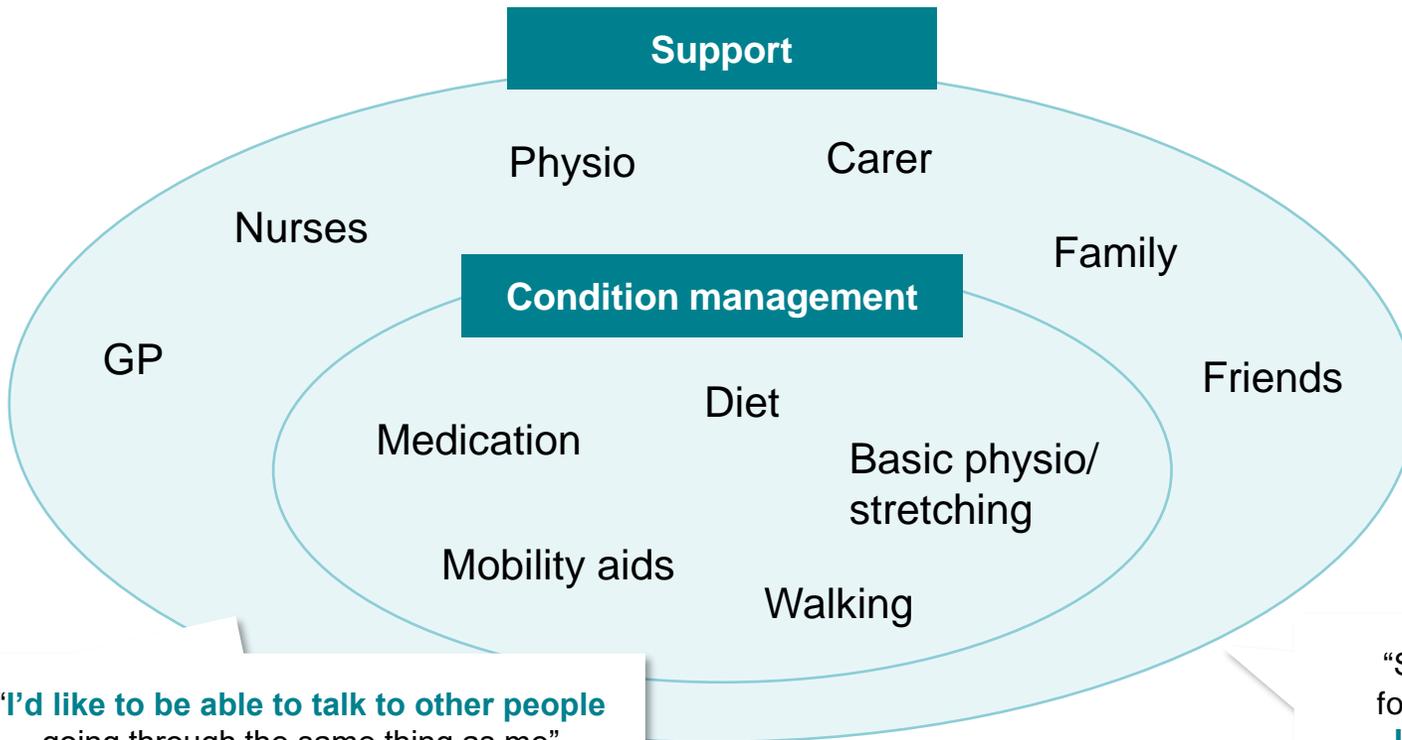
Female, 87, Diabetes (English second language)

“The physio gave me exercises for my back but I stopped because I didn’t feel it made a difference. **I’ve not been back because of the lockdown**”

Female, 71, spinal stenosis

# LOW AWARENESS/TAKE-UP OF SUPPORT FROM LOCAL GROUPS OR CHARITIES

Even prior to the pandemic, only a minority were part of support groups relating to their condition. Most of the information they receive in relation to their condition comes directly from their healthcare professionals (HCPs).



Compared to online audiences who may be part of support groups on social media/looking up information online etc, this audience is heavily reliant on face-to-face contact, particularly their own GP.

Low awareness of other help available, including from charities. This is particularly the case amongst older respondents who have 'learnt to live with' their condition and would **not actively seek information** about it.

"I'd like to be able to talk to other people going through the same thing as me"

Female, 46, fibromyalgia

"Some people have said that the Diabetes foundation gives free sugar testing kits, but I wouldn't know how to contact them"

Female, 87, diabetes (English second language)

# LOSS OF SOCIAL INTERACTION IMPACTING MOOD/OUTLOOK

## Target audience spoke of feeling 'down' and frustrated:

- Lack of social activity e.g. weekly visit to the pub, bowls club, meeting friends for coffee
- Some unable to see grandchildren/family members
- Particularly difficult time for those living alone
- Even those living with partner/children felt this way; they were struggling to keep their family's spirits up as well as their own.

**As a result, motivation to participate in physical activity has diminished.**

These findings are similar to those seen amongst online audiences.

However, digitally excluded audiences have limited online alternatives. Some had cautiously been introduced to Zoom/Facetime by family members but this was minimal. Most are simply having less social interaction than they were prior to the pandemic.

"My children don't have time anymore. I do get depressed but what can I do. I cannot complain because they have their own lives as well"

Female, 87, diabetes (English second language)

"My son lives locally but **I don't want to be a bother**. I don't want him to worry about me"

Female, 85, arthritis

# LOSS OF ROUTINE IMPACTING BOTH MENTAL AND PHYSICAL HEALTH

Minority were working...

- Those who have been working are grateful for sense of routine/reason to get up in the morning
- They note the social aspect of their job provided much needed company or a chance to 'rant' with colleagues

But most were retired and/or shielding

- All sense of routine/normality removed
- Some staying in bed longer, sitting down more during the day – loss of motivation to be active
- For some, daily visits to the shop are now once a week or not at all. This leads to loss of motivation, feeling isolated and less physical activity.

**Those shielding were feeling particularly...**

- Frustrated by loss of control
- Confined, feeling like they'll "go mad" if they don't get out
- One respondent had 'over-turned' her shielding requirement via a GP letter in order to get back to work.

A minority were 'pushing' the rules, if not quite breaking them. They were trading off the risk to their physical health by going out and being exposed to coronavirus with the impact on their mental (and physical) health by staying indoors.

"I didn't want to break the law but I had to get outside and see other people. My brother said I shouldn't be going out but it's alright for him, he's married. We fell out and now we're not speaking to each other"

Male, 61, Type 2 diabetes, osteoporosis, depression

# DIAGNOSIS DURING THE PANDEMIC

## A ‘DOUBLE WHAMMY’

A minority of the respondents were diagnosed with a long-term condition within the last year, making it particularly difficult to adjust to their new lifestyle

- They haven't had chance to come to terms with it/adjust in 'normal' circumstances
- A more heightened sense of 'before and after', sense of loss
- Motivation and opportunity for physical activity compromised.
- Finding it difficult to know if their feelings (e.g. lethargy) are driven by their condition or the lockdown
- Eager to regain some independence after COVID, but unsure what that might look like

"I had a major organ transplant about 9 months ago and ended up with Type 2 diabetes. My energy levels are lower than they used to be – but **I don't know if that's just to do with the diabetes or because of the lockdown.**"

Male, 65, Type 2 diabetes

"I've not been diabetic for long so I don't know what will happen if I push myself too much. I've heard about people having hypos"

Male, 65, Type 2 diabetes

A danger that these digitally excluded audiences could have fallen through the cracks during the pandemic as they haven't had the same exposure to HCPs as those diagnosed earlier.

They will be less confident what physical activity they can/should be doing.

Also a risk some people in this situation could have become accustomed to staying indoors/being inactive.



# THE PANDEMIC HAS TAKEN ITS TOLL – BUT LIGHT AT THE END OF THE TUNNEL?

The latest lockdown was described as the hardest given the cold, dark winter months. The impacts of the pandemic are not unique to digitally excluded audiences, for example:

**De-conditioning**  
**Low motivation**  
**Feeling worried/anxious**

**A key difference for the digitally excluded audience is the reduced exposure to face-to-face contact (HCPs, as well as friends/family), which resulted in less potential exposure to physical activity messages.**

**Despite this, there was a sense of positivity starting to cut through:**

- Vaccine roll out
- The start of spring = longer, lighter, warmer days
- Relaxation of restrictions
- **A good time to tap into this renewed sense of motivation!**

**“I won’t have to shield anymore from April. I’d like to be able to go for walks, if I have the energy”**

Male, 65, Type 2 diabetes

# **PHYSICAL ACTIVITY BARRIERS**

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# SOME WERE MORE ACTIVE PRE-PANDEMIC

## Previously far more physically active

- Prior to pandemic some were going to the gym, swimming, bowls, Pilates etc – they were self-motivated and appreciated role of physical activity in their lives:
  - Helped their condition
  - A chance to socialise, have a coffee afterwards etc.
- COVID stopped classes/closed leisure centres etc and this has severely reduced amount of physical activity
- Some walking, but not all as motivated by this
- Some physio, chair based, stretches – similar to exercises in leaflet (reinforcing its relevance)

**Higher motivation to ‘get back to normal’, although worried they will have lost some strength, stamina etc.**

**Typically, more open to physical activity and the WAU campaign resonated more strongly with them.**

## Inactive/doing very little prior to the pandemic

- Some already effectively ‘shielding’ due to severity of their condition(s)
- Particularly the case amongst those with most severe and multiple conditions
- Length of time with condition also a factor – some were resigned to their circumstances and feeling limited. Low recollection of what being physically active feels like
- Aware of benefits of physical activity, but numerous barriers exist

“I usually keep to myself anyway...so the pandemic has not really affected me. I probably could go for more walks but...don’t feel I want to.”

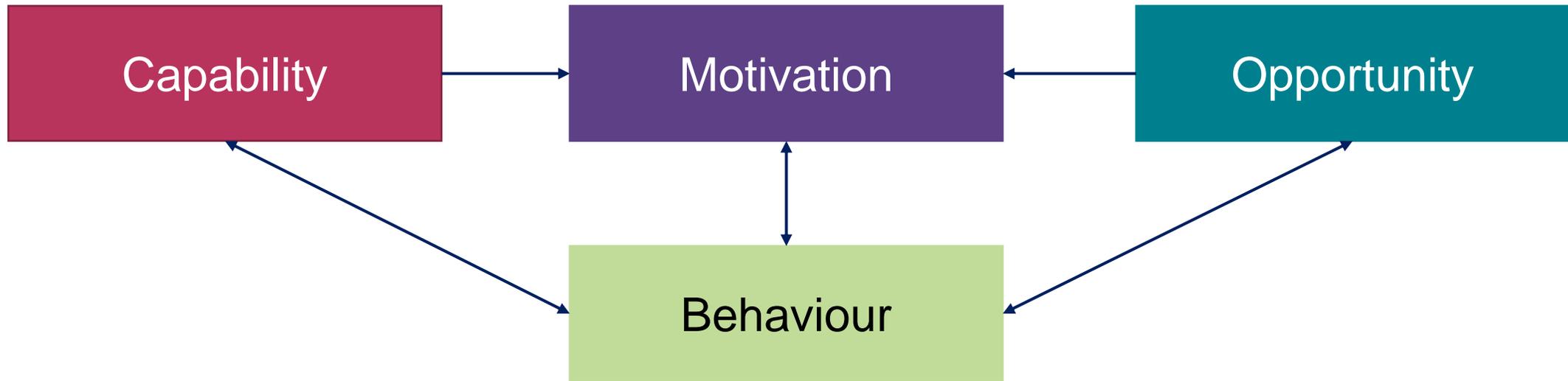
Female, 91, heart condition

**Motivation low to begin with.**

**Behaviour change will be harder with these audiences.**

# OVERALL, THE BARRIERS ARE VERY SIMILAR TO ONLINE AUDIENCES

As part of the analysis process, the various barriers were categorised according to the COM-B model of behaviour change:



The barriers are described in detail on the following slides, but the majority of these have been seen in previous research with online audiences. The barriers are driven more by condition and age, than digital exclusion per se.

# CAPABILITY BARRIERS DRIVEN BY CONDITIONS AS WELL AS OLDER AGE OF SAMPLE

## Capability barriers

### Physical capability barriers dominate:

- Pain levels (e.g. hip, knees, feet)
- Very restricted movement/mobility
- Overweight
- Condition and/or related drugs making them tired
- Lacking strength and/or stamina

### Psychological capability barriers:

- Lacking skill for something 'new' e.g. yoga
- Not knowing what to do

"I can't walk very far at all. I literally have to park the car and find the nearest bench so I can let my girls play"

Female, 40, chronic kidney disease, fibromyalgia, arthritis, asthma

"Sometimes I feel great and I want to exercise, but the next day I really pay the price. The doctor has told me not to overdo it"

Female, 46, fibromyalgia

"I can't even boil the kettle due to the arthritis in my hands"

Female, 69, osteoarthritis

"Sometimes I wake up in the morning and my legs hurt, it feels as though I've been for a run or something"

Male, 65, Type 2 diabetes

### Support/intervention ideas

- Low entry level
- Range of sitting and standing exercises
- Clear advice/demonstration of exercise including condition specific exercises
- Acknowledging that strength/stamina will take time to build up

No specific differences driven by digital exclusion. However, older age profile means that pain is a common barrier and more focus may be needed on low entry level activity

# NUMEROUS OPPORTUNITY BARRIERS, SOME OF WHICH ARE SPECIFIC TO THE PANDEMIC

## Opportunity barriers

### Physical opportunity barriers:

- Classes stopped/leisure centres closed (COVID)
- Too expensive (class, travel)
- Lack of space/money for equipment
- Lack of car
- Lack of childcare
- Needing to have easy access to a toilet
- Commitment required to sign up to classes/gym

### Social opportunity barriers:

- Unable to exercise with friends (due to COVID)
- No-one to go with
- Stigma attached to certain physical conditions

“Going to the gym was like self-care, and a bit of an event. I’d go with my daughter or my friend and have a coffee afterwards. **If there’s not that social aspect, I’m just motivated to do it**”

Female, 51, anxiety, osteoarthritis

“I used to go to the gym when I was younger, but now I don’t want to sign up to a contract. I’m not always in the right frame of mind to go”

Male, 61, Type 2 diabetes, osteoporosis, depression

“I don’t have a car, so if I wanted to go into town I’d have to rely on my husband or get a taxi”

Female, 71, spinal stenosis

“Had I had the money, I would pay the physio to come to the house, but **I can’t afford it**”

Female, 40, chronic kidney disease, fibromyalgia, arthritis, asthma

### Support/intervention ideas

- Showing what can be done at home, no equipment required
- Raising awareness of free, local activity offerings

Digital exclusion difference: no access to online class alternatives (some awareness of online classes through friends/family – but others not aware these exist)

# VARIOUS BARRIERS RELATING TO FEAR AND EMBARRASSMENT

## Motivation barriers

### Reflective motivation barriers:

- Fear of making condition worse, including feeling unsure what might happen if push themselves too far
- Fear of losing balance/falling (especially if alone)
- Embarrassment e.g. if do something wrong, not as good as other people in a class
- Feeling self-conscious
- Fear of coronavirus

### Automatic motivation barriers:

- Out of the habit/routine
- Lack of social interaction = less motivation generally to get up, go out, make an effort
- Depression

“If we go off in the car I’ll use my walker, but **there’s no way I’m using that round here and having people see me**”

Female, 71, spinal stenosis

“I don’t not want to move. I’m more restricted by **my fear that I am going to do something damaging** to a joint, or make myself worse”

Female, 40, chronic kidney disease, fibromyalgia, arthritis, asthma

“I’m a competitive person. I don’t want to be the one at the back, **worse than everyone else**”

Male, 65, mobility condition

“If I go out **everyone is looking at me** and my hand tremors”

Male, 66, back pain, epilepsy, hand tremors

### Support/intervention ideas

- Reassurance that they are doing ‘the right thing’ for their particular condition (ideally from HCPs)
- Persuasion from HCPs re importance of physical activity
- Compassion
- Seeing other people ‘like them’ doing physical activity

No specific differences driven by digital exclusion.

# CASE STUDY: Male, 61, White British

## Type 2 diabetes, osteoporosis, depression



Lives alone in one bedroom council flat (lived there for 26 years).



Takes medication for diabetes but feels his depression has the greatest impact on his day-to-day life. Sometimes he feels able to cope, but other days he doesn't want to do anything.

Struggled feeling restricted to his flat during the pandemic.



Used to access internet in local library as he cannot afford his own computer. He feels that there is less support for people not online (though he is unsure exactly what support online audiences might receive).

## Current physical activity

- Goes for short walks in park or into local town.
- Key driver is his mental health: the fresh air and having the chance to think
- GP and diabetes nurse have recommended physical activity

## Barriers to physical activity

**Capability:** pain in back.

**Opportunity:** cost of a gym membership and commitment required to sign up to a contract (used to attend gym in youth).

**Motivation:** fear of making osteoporosis worse – but knows physical activity is good for diabetes and mental health.

“I don't know if exercise is good for my back or not. I went for a scan on my spine because I thought it was getting worse, but there was no deterioration. **I wish I'd asked about exercise then.**”



# CASE STUDY: Female, 71, White British

## Spinal stenosis



Lives with husband in semi-detached house with a garden.



Healthy and active until around 4 years ago. Only takes pain relief when pain particularly bad as it makes her feel sleepy and depressed.



Latest lockdown the hardest due to cold weather. Prior to COVID they regularly used to go on car trips and socialised in pub every weekend.



Has a smartphone and able to use Facebook, as well as basic browsing e.g. Google, news. Lacks skills to do anything more advanced and little inclination to learn.

## Current physical activity

- Walks around the house, but struggles to stand for longer than 30 minutes.
- Physio gave her exercises but she didn't feel they made a difference so stopped and hasn't had another appointment due to pandemic.
- Used to attend keep fit classes with female friends and enjoyed the camaraderie. Wants to do more physical activity and is interested in yoga, or perhaps swimming.

## Barriers to physical activity

**Capability:** gets tired very quickly. Unable to arch back – unsure if she could do yoga or swimming.

**Opportunity:** would have to rely on husband to drive her somewhere and he still works.

**Motivation:** fear of making condition worse/unsure what she should be doing. Fear of being judged by neighbours if they see her struggling.

“I don't want my neighbours to see me sitting on a wall, asking me what's up.”

# CASE STUDY: Female, 48, Asian

## Long-term depression, anxiety, back pain, heart disease & hypertension

Speaks English as second language.



Lives in a flat with her two daughters, no garden or balcony but is able to access a local park.

Husband passed away suddenly in 2018, triggering her depression.



She takes anti-depressants and pain medication. She was offered counselling but felt too nervous to go.



She lacks the knowledge to use the internet but is able to rely on her daughters for help. She does access YouTube for religious talks and Quran recitation.

## Current physical activity

- Walks to the shops once a week
- Prior to her husband's death, she used to go out everyday but now feels very withdrawn.
- Her daughters have tried to encourage her to walk more but she hasn't done so.
- Pandemic has not impacted her level of physical activity.

## Barriers to physical activity

**Capability:** pain, feeling tired very quickly.

**Opportunity:** feeling as though she has no-one to go with following husband's death.

**Motivation:** fear of making her heart condition worse, depression.

"I worry that my heart beating too fast may kill me!  
I would like to do more, like how I was before,  
but **I lack the motivation.**"



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# COMMUNICATION CHANNELS

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# TV A KEY SOURCE OF ENTERTAINMENT AND INFORMATION

All respondents watch TV and most are exposed to adverts on the main terrestrial channels, as well as Sky and Virgin Media:



BBC One & BBC Two: national and local news, gameshows/quizzes, documentaries



National and local news, gameshows/ quizzes, soaps (Emmerdale and Coronation Street)



Channel 4 and 5 for dramas and documentaries



Several mentions of sports channels on Sky or Virgin Media



Asian respondents also watching Asian channels e.g. Star Jalsha, Sony Max

TV advertising is highly relevant for this audience, even though in some cases they may:

- Use ad breaks to make a drink, go to the toilet (but can usually still *hear* the ads)
- Record or watch slightly later in order to fast forward through the adverts



**“I have a great friendship with the TV. A lot of my time passes with its company”**

Female, 87, diabetes (English second language)

# RELATIVELY LIMITED USE OF RADIO, NEWSPAPERS AND MAGAZINES

## Radio

- Radio not as relevant as TV
- Those who do listen do so mainly in the car
- Stations noted:
  - BBC Radio 2 and Radio 4
  - BBC Radio 5 Live
  - talkSPORT
  - Heart (Breakfast with Jamie and Amanda)
  - Local stations including BBC and commercial
- Low recollection of radio adverts, with some claiming to ignore them.

“I like listening to Jamie and Amanda in the morning, its bubbly and upbeat. If they play adverts, then I can’t remember any”  
Female, 51, anxiety, osteoarthritis

## Newspapers/Magazines

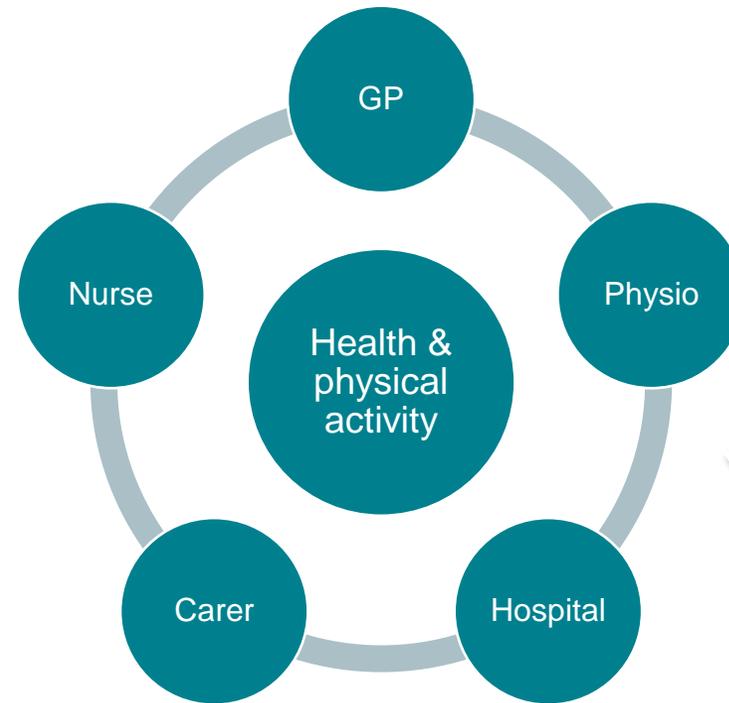
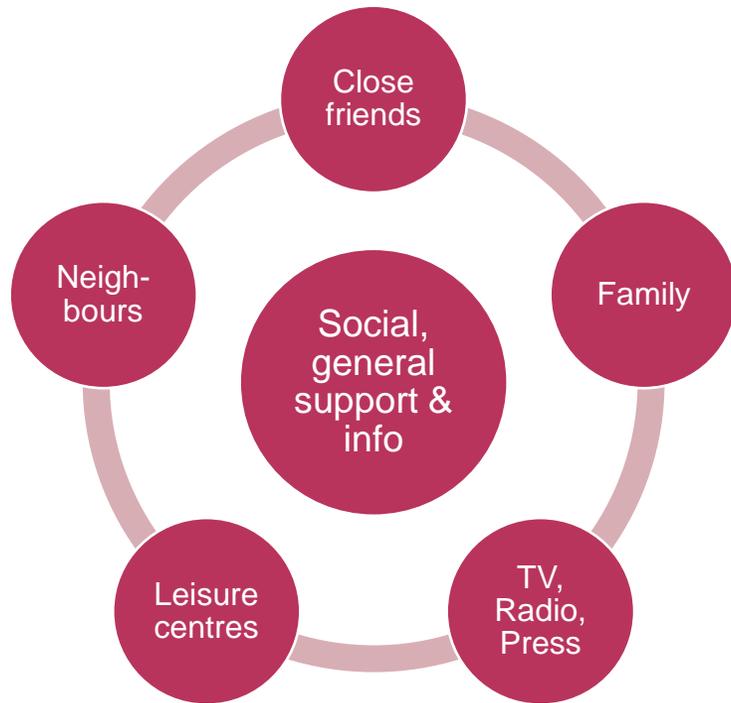
- Several were reading newspapers, and do so regularly/get delivered
- **Tabloids most common:** Daily Mail, The Sun, Daily Mirror, Sunday Mirror, Daily Express
- Mentions of free papers such as Metro and local papers through letterbox
- Papers often read quite closely so adverts can cut through (some recall e.g. gardening related ads)
- Very limited magazine readership, other than weekly TV guides
- Some use of crossword/puzzle books.

“I get the Daily Mirror delivered everyday and also the Sunday Mirror”  
Female, 85, arthritis

“I’ll pick up the Metro when I’m on a bus or the tram, but lately its just all about COVID”  
Male, 61, type 2 diabetes, depression, osteoporosis

# LIMITED SOCIAL CIRCLES AND MOST HEALTH INFORMATION DIRECTLY FROM HCPs

Very limited use of organised groups/ 'formal' support networks via charities or local outreach.



Information relating to their condition is heavily driven by face-to-face contact with HCPs, in contrast to online audiences who are often researching online and part of Facebook support groups.

"I went to a local diabetes group in the civic hall but it made me want to slit my wrists, they were all really overweight, and some of them were smoking"

Male, 65, type 2 diabetes



- Minority were using Facebook to keep in touch with friends and family, find out about local events etc.
- Family members sometimes finding information online and telling them/printing out – so there is some opportunity for 'second hand' exposure to online messaging
- Some assume "most people" are finding information online and they are missing out, others less aware/conscious of this.

# LOW RECALL OF PHYSICAL ACTIVITY MESSAGING/CAMPAIGNS

Recall of messaging or specific campaigns relating to physical activity is low, although a small minority did note the following:

Generic posters about health and exercise in GP surgery, hospital waiting areas etc.

Change4Life (possibly on TV)

Awareness of local charity walks/runs

“The 30 day wellbeing challenge” (one saw leaflet in pharmacy)

One noted receiving Diabetes UK magazine

Low recall of We Are Undefeatable

**Respondents claim they would be most receptive to messaging via:**

- TV
- Billboards and bus stops
- Content through the post
- Directly from HCPs
- Organisations/companies providing relevant medical supplies (e.g. Medilink)
- Healthcare ‘waiting areas’ e.g. GP surgery, pharmacy, hospital
- Posters/leaflets in leisure centre
- Local public areas e.g. library, civic centres
- Also, friends and family.

“They should put it in bus stops, instead of just McDonald’s adverts!”

Female, 46, fibromyalgia

**In most cases, this is not something they are actively seeking out.**

# DESIRED MESSAGING STYLE FITS WELL WITH WE ARE UNDEFEATABLE

Respondents were asked about the type of messages that would be most likely to motivate vs. what would not work so well



- Gentle/kind
- Every little bit counts – do what **you** can
- Seeing people “like me” (whether that is age, ethnicity and/or condition)
- Genuine/authentic - real stories
- Positivity, taking control of your own destiny

“It must feel genuine, be real life”  
Female, 51, anxiety, osteoarthritis



- Not pushy or ‘in your face’
- Non-threatening/don’t focus on the risks of *not* doing physical activity
- Not like typical gym advertisements (i.e. no “skinny girls” or “muscle men”)

“I don’t want to see anything too drastic, no threats! Keep it gentle”  
Male, 61, type 2 diabetes, depression, osteoporosis

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# **SUMMARY & NEXT STEPS**

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# SUMMARY OF KEY TAKE-OUTS

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This audience is heavily reliant on **face-to-face interaction with HCPs** for information and support, which has been very limited during the pandemic

Worries about physical and mental health during the pandemic are very similar to online audiences, however they have had **less opportunity for social interaction** (e.g. Zoom)

There is a sense that there is some **light at the end of the tunnel** due to the vaccine and arrival of Spring

**Barriers to physical activity closely reflect those amongst online audiences.** The only notable difference is lack of access to online fitness classes

The **levers to pull are very similar** – they want to see/hear positive real life stories from people with similar conditions

**TV** is a key source of entertainment and information. **Tabloid press** is also relevant.

Some use of Facebook and exposure to online messages 'second hand' via friends and family

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