

# Cheshire Smile

The Quarterly Magazine of the Cheshire Homes Price 10p

Spring 1978



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The Quarterly Magazine of the Leonard Cheshire Homes

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**Cover:** Mouth painting by a resident of "Greenacres" of Ghigessa Cheshire Home, Shashamane, Ethiopia.

# The Chairman's Page



I am writing this in early April which may seem, and indeed is, a long time before our Annual Conference in late September; but such matters do call for prolonged preparation. The actual accommodation for the Conference, for example, has to be booked more than a year in advance—you will probably all remember, incidentally, that this year's venue is to be at Sutton Coldfield in the West Midlands, in accordance with our now agreed policy to meet every alternate year in London and elsewhere in the United Kingdom.

Not only do the administrative arrangements but also the subject and content of the Conference require consideration in plenty of time if we are to come up with the right answers. Last year's meeting seems to have been generally accepted as unusually successful; but anyone who has ever been involved in theatrical or literary ventures will know that following one success with another is by no means easy. There is perhaps a tendency to be content just to repeat what was done last time (the "Son of Lassie" formula); and this does not always work. What we should try to do is to think out just what made the last occasion a success and then at least ensure that we include that element next time.

At our 1977 meeting most of you seem to have appreciated the increased opportunity that was given for people to have their say on practical issues of common interest to those associated with the Leonard Cheshire Foundation, in whatever capacity. We are going to try to provide such an opportunity again this year; and with this in mind we plan to have no major addresses from outside speakers. Instead, during the second half of the morning we will divide up into a number of groups to discuss items of special and general interest. In the afternoon, spokesmen for those groups will tell us about the outcome of those discussions; and of course anybody else will have a chance to speak up on any other subject of choice, as far as time permits.

Whether or not this produces a useful Conference will depend very much on the suggestions we receive as to what are for us "items of special and general interest". I have already written to Homes individually asking for such suggestions; but please let us have as many as possible. The more we receive and the wider the selection we have to choose from, the better the prospects for a really interesting and constructive day—and please don't pull any punches!

I hope to meet many of you during the Spring and Summer; for others, here's to our rendezvous on September 30th.

## Erratum

In my last Message, when describing my recent overseas tour, I used the Indian Home at Katpadi as just one illustration of not only the wonderful work done by our people but also the remarkable self-sufficiency of many of our Overseas Homes. In so doing, I inadvertently gave the impression that the Honorary Secretary and Superintendent of that Home, Mrs George (widely known and loved as "Auntie"), had herself suffered from leprosy, which is not the case. I apologize for any misunderstanding that I may have so caused.

Sincerely

*Christopher Farquhar*

Chairman

# VIEWPOINT

It must be quite obvious to all who are in any way connected with the Leonard Cheshire Foundation that there is a distinct air of change in the pattern of its thinking and of its work, and this is clearly demonstrated in the various contributions to *The Smile* and not least by those of the Chairman himself.

It was back in 1948, some 30 years ago, that the Group Captain first met Arthur Dyke and was confronted with the challenge which culminated in the setting up of the Foundation. Since that initial meeting it would seem that the thought and care given to both the physically and the mentally handicapped has increased immeasurably, and still continues to grow, which is of course as it should be.

The Foundation has played no small part in this continuing process, and while the provision of residential accommodation would still seem to be its main role; because of the growing tendency and natural desire of handicapped people to remain in their own homes given the necessary domiciliary help and nursing care, much more thought is being given to the provision of a service for this aspect of care. And so, as we have said so many times before, while we are always pleased to include reports of the happenings in the Homes in our pages, we should be glad to have reports of how this new aspect is being tackled and accepted.

Many of the reports we receive could only be of a very parochial and thus limited interest and so are not included, and we would suggest, for example, that the thanks of a Home to local groups or individuals who have helped at, say, a Garden Party are far better expressed through the columns of the local press than through those of *The Smile*.

While some Homes submit regular contributions, there are some from whom we rarely or never hear. We cannot think that there can be any who have nothing of interest to offer in the way of news. All Homes must surely have some contribution to make, some good ideas to share, and some snippets of information or news which will be of general interest. These are the things we are looking for, and would like to think that over a period of a year or so we could include some article of news from every Home within the Foundation.

On a recent visit, no, not to a Cheshire but a local authority Home for the disabled, the very first thing that caught my eye on entering, was a large poster on the Notice Board which said, "DUE TO LACK OF INTEREST TOMORROW IS CANCELLED". Could such a notice be displayed with good reason in any of our Homes? A degree of responsibility and involvement of residents in all matters concerning their Home should be encouraged and indeed expected, yet how often one finds an 'opting out', a 'laissez faire' attitude prevailing. In writing down these thoughts one realises they will probably be read by only those who do take a responsible attitude in these matters, but if those who already do so could persuade those who do not, it would be a great step forward, and make life so much more worth while for everyone.

In conclusion we would once again ask Magazine secretaries to try to increase sales among residents, staff, members of Management and other committees, voluntary helpers, supporters and schools. Our Business Manager, Mr Taylor, who works tirelessly in a voluntary capacity has indicated that we shall be pleased to send additional copies for sale at Garden Parties, Fêtes, Open Days and other special occasions to which the public are invited, and so we place ourselves in your hands. Do not forget this is your magazine; our only wish and aim is that you should find it interesting, purposeful and not least to coin a phrase, readably enjoyable.

We look forward to your comments, and hopefully, your increased orders!

R.E.L.

# Profile

## THE COUNSELLING SERVICE



### **Mrs AUDREY R. WISE**

After completing her nursing studies in London, Mrs Wise worked in various London hospitals.

In 1963 she was appointed Sister-in-Charge/Welfare Officer at a London College of Higher Education, becoming a Member of the College Counselling Service, a post she held until leaving to join the Cheshire Foundation as Counsellor in August 1977.

Her interests include classical music, mountain walking and dressmaking. She is married to a City of London Police Inspector and has two daughters.



### **GILLIAN CORNEY**

*Born:* Blackwood, Gwent, 1936.

#### *Education and work experience*

Read English at University College, Swansea, then took post graduate Certificate in Education at University of Birmingham.

Taught English at a grammar school in Birmingham before returning to South Wales.

Became very involved with village activities in Dinas Powis as President of W.I. and Chairman of Civic Trust.

In 1970 took Certificate in Applied Social Studies at University of Bristol.

In 1971 became Social Worker to Neurology and Neurosurgery Unit at Cardiff Royal Infirmary and later at new University Hospital of Wales, Cardiff.

In 1975 became Principal Social Worker concerned with teaching University Social Work Students at University Hospital.

Joined Cheshire Foundation May 1977.

Interests: Music, reading, good food.

Her family consists of her husband who lectures in Civil Engineering; one son aged 17½, still at school; one large elderly yellow labrador.

## Alfred Morris, M.P.

the World's only Minister for the Disabled



Alfred Morris grew up in a slum in Manchester, England, the son of a war-disabled veteran. As an adult, he became involved in helping mentally handicapped people out of institutions and back into community life. His mother-in-law was totally incapacitated by rheumatoid arthritis. This personal sensitization to the problems of living with a disability prepared the way for what is widely considered among the world's best social service legislation: The Chronically Sick and Disabled Person's Act (United Kingdom) 1970. The Act was written and promoted by Alfred Morris, then front bench spokesman on social services, now Minister for the Disabled, United Kingdom.

In a first review of the impact of the Act, Mr Morris wrote in 1972\*:

*The size and gravity of the problem tackled by the Act are no longer in doubt. The Government's*

*own survey has given the facts . . . finding millions of people seriously disabled, many of whom are without any kind of help. Nor is there any question now of the validity of the concept of the disabled family. It is increasingly accepted that we can help many disabled people only if we are prepared to help the family as a whole.*

*One of the central purposes of my Bill was to challenge the 'serene satisfaction with the status quo'. The new Act has been most warmly welcomed by all the voluntary organisations working among handicapped people. But there is still much to do if we are to turn precept and law into administrative practice and full social provision. The problem still facing us is a vast one requiring every organization, statutory and voluntary alike, to discuss their priorities. We need a blueprint which provides for resources to be used as humanely and effectively as possible . . .*

*My own approach to disablement . . . is that we must seek a society in which there is genuine respect for the handicapped, where understanding is unostentatious and sincere, where if years cannot be added to the lives of the very sick, at least life can be added to their years, where needs come before means, where the mobility of disabled people is restricted only by the bounds of technical progress, where the handicapped have a fundamental right to participate in industry and society according to ability, where socially preventable distress is unknown, and where no man has cause to feel ill-at-ease because of his disability.*

Alfred Morris was appointed Parliamentary Undersecretary of State at the Department of Social Security, with special responsibility for the disabled, in 1974. He had been Labour and Co-operative Member of Parliament for Manchester since 1964. He has also served as a member of the UK delegation to the United Nations General Assembly. Educated at Oxford and Manchester Universities, Mr Morris was a schoolmaster and lecturer during the 1950's.

\* *No Feet to Drag*, by Alfred Morris and Arthur Butler, 1972, published by Sigwick & Jackson, London. Available for £2.00. The book contains a copy of the Act as well as personal case histories of disabled people and an analysis of further action required in the UK to combat the problems of people with disabilities

## The Leonard Cheshire Foundation

# "INTEGRATING THE HANDICAPPED IN SOCIETY"

*An address given by the Chairman at the Foundation for the Symposium held at the Middlesex Hospital Medical School, on Tuesday, 21st February, 1978.*

I am speaking to you this afternoon as Chairman of the Leonard Cheshire Foundation and the views I shall be expressing are the views of that Foundation. I am glad to say that, fortunately, they usually coincide with my own personal views as well!

\* \* \*

Although many of you have a good deal of knowledge of the Cheshire Foundation, I nevertheless feel that I should introduce my talk by giving you some of the history and background leading up to our present-day situation and describing that situation and its effect on our current and more advanced philosophy on the position of the handicapped in Society. The Homes started with one individual incurable Resident being admitted into a single Home thirty years ago. Today we are operating 170 Homes for the handicapped, approximately 70 in the United Kingdom and 100 overseas. Of these, the vast majority are for the physically-handicapped although we do have a few for the mentally-handicapped; for example, in this country we have four Homes for mentally-handicapped children and three for what I may refer to as the mentally convalescent adult, i.e. what are commonly referred to as "half-way house" Homes. The Homes are all residential, that is to say that people come into our Homes and away from their own and, therefore, to some extent away from society. This tendency was accentuated in the original days by the fact that many of the Homes were geographically isolated. We were given big old rambling houses and we accepted them gratefully, but they were often by no means ideally located. In fact, it can be suggested that the original early type of Cheshire accommodation offered, in practice, the reverse of integration in society. It could even be described as being "Segregation from Society". However, we did do a lot of practical good; we provided comfort; we provided shelter, warmth and food and perhaps most importantly reassurance

and security for a great number of people. Nowadays, it is accepted that we must try to do more; we are moving with the times and considering various alternative and complementary forms of care, including a greater degree of integration with society.

\* \* \*

The qualification to be in a Cheshire Home is, simply that a person should be physically or sometimes mentally handicapped. There are no bars of colour or religion or race or politics or background or anything else. The only two limitations are of age and of severity of disability, and even these do not apply fully. We try not to accept people initially over the age of 55, largely because there is at least some other provision of care for old people in this country, but also because old age and illness combined often bring with them severe disability. As far as such severity of disability is concerned, the problem is that it does involve a degree of continuous heavy nursing which we are not normally in a position to provide; but, of course, we do not eject anybody who gets into that condition after a while. At the other end of the age scale we do not accept infants. This may sum up our present situation, i.e. 70 residential Homes in the United Kingdom accommodating approaching 2,000 people, the great majority of whom are physically-handicapped.

\* \* \*

Now, how do we progress from here? We decided that we must try to provide a fuller quality of life for our Residents; and we further decided that, where possible, handicapped people should not be removed from society into residential homes but should be integrated into society as far as their physical disability permits, or at least their entry into residential care should be postponed until the last practicable moment. Our first step in that direction was to build in the grounds of certain Cheshire Homes, bungalows where married couples or parents and adult offspring, could lead normal lives, the fit member of the family going out to work, leaving the disabled person within easy range of assistance as far as it was required, but otherwise leading a quite normal social life; if the degree of disability required it, then the handicapped person would be brought into the Cheshire Home by parent or spouse going off to work, and retrieved again in the evening.

\* \* \*

The next step forward was the construction of a large block of apartments, together with some bungalows, at Tulse Hill, which we did in

co-operation with the G.L.C. and the Lambeth Council some 14 years ago – the so-called Cheshire Estate. This is designed so that handicapped people can move in with their entire families and lead a normal life; the only difference from normality lying in the construction of the building which does allow for such certain physical handicaps – the type and siting, for example, of plumbing fittings, of kitchen fittings, of electrical switches and so forth. I am sorry to say that this particular experiment has been widely criticised as producing a ghetto: a separate nucleus of handicapped living. We could not help being rather resentful of this criticism because, although nowadays it is, admittedly, not the most acceptable way of integrating people into society, it was a great step forward at its time. It was an early, but considerable, advance from normal residential care and we are still taking such steps forward. We are now looking to various other methods of enabling handicapped people to lead their lives without coming into any form of residential care. We have established ourselves as a housing association and we are involving ourselves in the building of estates of which a proportion of housing units are for handicapped people, where they can lead a fully normal social life to the extent that their handicap permits. An interesting example is at Bournemouth where we have recently built a small residential Cheshire Home which acts as a centre of out-going care in an estate which contains a majority of ordinary houses and fully fit people, but also a number of specialised houses – mobility houses and disability houses – where we can provide a degree of care for people, leaving them in an otherwise normal social environment.

\* \* \*

In addition to our housing association activities, we are looking towards domiciliary care, in other words, leaving the people who are handicapped in their family environment but helping to provide sufficient extra care for them to make this possible. Of course, quite apart from what the family can do, there are already public services that do this, but none of them are fully comprehensive and there is an additional need for care by voluntary organisations to permit handicapped persons to remain continuously in their own home, and, therefore, in normal society. We are experimenting in several directions. In some cases we are basing this type of care actually on an existing Cheshire Home with members of staff going out into neighbouring houses where there are handicapped people, and providing any day-to-day care which is needed such as toileting, changing, getting people up, putting them to bed and so forth, particularly in unsocial hours and at weekends; this may naturally involve staff increases and therefore additional costs. We are working on another scheme which is not necessarily based on,

or directly associated with an existing Cheshire Home, but will be operated much on the lines of the "Crossroads" scheme, to which we owe a great deal, i.e. the recruiting, training and organisation of ordinary local people, housewives and so on, to act as subsidiary care attendants to back-up the statutory services provided by local authority. I may add that the financial implications of all forms of domiciliary care are by no means as yet resolved.

\* \* \*

So we do feel that we are moving with the times in that we are attempting to find alternative solutions for the handicapped to enable them, as far as possible and as long as possible, to live within society and play a normal part in that society. But I emphasise "as far as possible", because, of course, there are people so heavily handicapped that they can never operate as individuals in normal society; totally paralysed people, and those without any muscular control or without any means of communication. These people will have to depend on some sort of care, probably residential. This fact must be faced, and if they cannot go out into society, then society must come to them. For the people who are inevitably Residents of a Cheshire Home, or any other residential home, there are quite a number of things that we can do, as members of the Foundation, to improve their quality of life. A very few of them, in fact, although wheelchair bound, are able to go out to day-to-day work, and, of course, we encourage this. Others are able to work more along the lines of sheltered workshops within the Home and to produce various types of artefacts and conduct commercial operations such as printing presses. And others yet can occupy their minds if, in fact, they cannot perform any gainful work. But the essence of integration with society in such cases I would suggest to you is that it is a two-way process. We can help to put handicapped people into society, but society must come to them if they are not fully mobile. People say to me, "Oh, I haven't got any training. How can I possibly help in a Cheshire Home?" And the answer is, "Do what you do at anybody's else home. Come in and gossip to them. Tell them your latest story – dirty or not. Tell them about your latest holiday. Play cards or chess with them. Help them with their sewing or something of that nature". Integration with society involves an effort, not only by the handicapped, but also by society itself; and this should never be overlooked.

\* \* \*

I haven't said very much yet about either the mentally-handicapped or our overseas Homes. Our mentally-handicapped children represent exactly the same problem of integration with society as any other mentally-handicapped child.

It is a question of bringing the child to the optimum performance that it can attain by education and rehabilitation, and then trying to move it into as open a way of living as is possible. And obviously there are very considerable variations as between cases. As far as overseas is concerned, I am afraid this sounds patronising; but there is an unexpected amount to be learnt from the way that the Cheshire Homes are run in our overseas regions, and I would emphasise that these are just as independently run and as autonomous as a Cheshire Home in this country. I have recently toured India and the Far East where I visited 37 Homes and I found much to impress. There is one called Katpadi in India, containing a large number of burnt-out leprosy cases, which is almost entirely self-supporting. They run a printing press. They run a carpentry shop and make toys. They run weaving and spinning and all sorts of other activities and, most notably, they have "graduated", as it were, two of the Residents of the Home, who have been permitted back into their village, have married girls with no listing of leprosy and have produced families. This is a great step forward as anyone who knows India will recognise. In another Home, in Kenya, there is in full operation a fishing-fly factory which occupies the people, which provides them with a gainful activity which they did not have before and makes them, in some ways, the envy of their neighbours.

\* \* \*

In the Philippines, where we have 11 Homes, 10 of which I visited recently, every single one is in the form of a sheltered workshop; everybody is producing something. If you go into a Philippine Cheshire Home and ask for the Head of the Home, you are usually introduced to a Resident, not a member of Staff. They run their own accounts, they run their own catering. It isn't a question of integration into society, they are already a part of society, and an active and competitive part of society. In fact I think perhaps the most impressive thing, the thing that stuck in my mind most on this recent tour was a motto above the door of one of these Philippine Homes, which read, "What is important is not what a man has lost but what he has left".

\* \* \*

It is along the lines of that motto that we are now planning the future, of not so much the Cheshire Homes, but the people in our care in or out of Cheshire Homes. We are aiming at the maximum of use of what is left to them. We have made some useful steps forward and are considering others; if we can persuade the public and others that this is the right direction, it will be of value not only for this generation but for generations to come.



## Sunshine Coaches

### A MESSAGE FROM THE CHAIRMAN

I expect that the great majority of readers will know of the wonderful programme organised by the Variety Clubs International for the provision of Sunshine Coaches for the handicapped. These are specialised vehicles and in the main the Clubs concentrate their activities in looking after the interests of children. They have already provided for the Cheshire Foundation thirteen coaches, three in the UK and ten overseas.

I have recently had discussions with Mr Michael Heery who is directly responsible for this programme and we agreed that there were certain points that would be of general interest to those Homes who feel that they would like to benefit from this programme.

- (a) Like everybody else the Sunshine Coach fund is temporarily short of money owing to previous generosity. But there will be more money coming in in the future and coaches should be available again within six months, so applications should continue to be sent in.
- (b) We have agreed that it would be best for these applications to be sent to Market Mews in the first place. This will enable the full weight of the Foundation, and particularly of the Group Captain himself who as an ex Variety Clubs International Humanitarian of the Year has great influence with the International Variety Club, to be put behind any application; and we may also be able to help over customs and import duties in some cases.
- (c) Some overseas Homes have apparently been put off applying because of the wording of paragraph 32 of the application form which says that when coaches reach the end of their useful life they must be returned to the donors. This is of course not meant to apply to recipients abroad and can be ignored by overseas Homes.

(d) Some people have thought that there is only one standard type of Sunshine Coach available and that to apply successfully they must accept that or nothing. This is not so. The Variety Clubs authorities are quite prepared to accept suggestions for special requirements for vehicles, dictated for example by local servicing availability, rough roads, type of usage, etc., so applicants for these vehicles should include this in their bids which will be given full consideration.

I hope this information will be helpful. This is a great service and we should make the most use of it that we can.

*Sir Christopher Foxley-Norris  
Chairman.*

## Sunshine Coach presented to Fairfield House

The official presentation to our Home of a Variety Club of Great Britain Sunshine Coach, sponsored by Sir William Butlin, and handed over by Mr Bobby Butlin, took place on 17th January.

This gift will prove of immense benefit to our 41 children providing them with the opportunity of additional outings, recreational runs, etc.

*R. A. Kings*

Presentation on 17th January, 1978, by Mr Bobby Butlin of a Variety Club Sunshine Coach donated by his father. Mr Butlin with several resident children, their houseparents and Head of Care.



## Seminars at: Springwood and Barnstaple

Seminars of groups of Homes are being encouraged by the Foundation Trustees, and Mr Hampden Inskip has kindly sent the following accounts of those recently held at Springwood House and at Barnstaple, and writes:

The seminars are attended by a wide range of people concerned with the Homes—residents, staff, management committee members and Trustees. Their aim is to help us all to understand more clearly what disabled people look for in a Cheshire Home and how best to meet those hopes and expectations.

The most valuable part of the meetings is the exchange of views which is constantly taking place, not only in the discussions which form a substantial part of each programme, but also during mealtimes and in the overnight accommodation.

Accounts of other Seminars will be welcome.

(Ed.)

### Springwood House

#### SRN's can turn Homes into Institutions!

'Two day Seminar' . . . perhaps to many this sounds like a rather dull or boring two days of being lectured 'at'.

To me it has meant interesting talks from a variety of people working in our Homes, a prelude to lively discussions and quite frequently, heated arguments. It has meant too, putting faces and personalities to hitherto only known names or voices on the telephone, hearing of the problems we all encounter and often the solutions, and of the numerous incidents which occur in Cheshire Homes. Most important of all, it has brought a realisation that we State Registered Nurses can, by the nature of our training, turn our Homes into Institutions.

Springwood has 'existed' for several years under a hospital regime, but now with a Cheshire Foundation trained Warden as Head of Home, and my enlightenment at the two day seminars, we are working to change life at Springwood.

Our Residents are now represented at committee meetings, for surely they should have a say in the running of their home. It has also given them more understanding of the problems that exist.

Menus are chosen weekly by a different Resident and it has not meant fillet steak each day. Residents now have the freedom to choose when

they go to bed and not all in a rush before the day staff finish work. They may also go out wherever and return whenever they wish.

In place of uniform, the staff now wear protective overalls of any design and colour.

The Kardex system has been introduced and at the beginning of each shift, a report is given on any changes in condition or treatment. Staff have a Work Book and each member is allocated various jobs, so everyone is aware of his or her responsibilities. Each week, there are lectures on the basic skills and also a discussion group. This has encouraged a greater interest in and understanding of work in the Home.

We have an individual Care programme. When routine work is finished care staff go to their one or two Residents and perform personal tasks for them or just sit and chat. This closer relationship has helped solve problems of which we were previously unaware, and it is a source of more personal comfort to Residents.

Cheshire Service Corps trainees now come to Springwood and this has given our care staff a higher standard to aim for and has given the trainees the practical experience of coping with daily life with its attendant problems and frustrations.

I have made a plea for an Induction Training Course for State Registered Nurses taking up posts in Cheshire Homes, but it is really all a question of attitude not training. We still have our nursing skills whenever required, but we must allow our Residents the freedom to live their own lives as they wish in their own Homes, with as few rules as possible, and those only to safeguard the comfort and happiness of individual Residents.

*Maureen Grime*

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## Management not aware of problems!

### Barnstaple Seminar, October 1977

The Barnstaple Seminar at Pilton College, was a splendid example of the value of participation and co-operation and free discussion with other Cheshire Homes, Foundation Trustees and Foundation staff. There was an excellent variety of useful subjects—residents and staff contribution, training and support of staff, the PHAB Clubs and their link with Cheshire Homes, understanding Huntington's Chorea, Community Service

Volunteers, psycho-sexual counselling and the economic benefits of regional grouping.

Questions, debate, and discussion were as valuable as the subjects raised, and most of all, information gained from talking "shop" with residents, Heads of Homes, and Heads of Care from other Homes. We are all facing very similar problems, and whilst we have different ideas on their solution, exchange of ideas creates mutual understanding and respect. The very warm hospitality we received at Porches House was a great pleasure.

The Seminar would have been even more successful if there had been more Management Committee members present. We heard from residents of many Homes that they did not know their Management Committee members and were not confident that these members were aware of their problems. May I please appeal to other Management Committee members to make every effort to attend the next accessible Seminar? They will find it an extremely informative and valuable experience.

*Angela Sladen*

*Vice-chairman of St. Michael's  
Management Committee.*

sports, employment, education and other areas where lifting presents a problem.

The types of hoists being studied include the larger and smaller domestic mobile models; the overhead fixed or tracked electrical or mechanical hoists; the bath, hydrotherapy and swimming pool lifts and car hoists. Stair lifts, stair climbers and vertical lift platforms are excluded from the Study.

The D.L.F. would welcome comments from disabled people, their relatives and medical staff who have problems with lifting or using a hoist. They would like to know why so many hoists lie hidden away in storerooms unused. Likewise, they would like to hear from people whose lives have been revolutionised by the freedom of mobility which a hoist can provide. If you can help with this kind of information, please write to the Project Officer, Miss C. Tarling, M.B.A.O.T., Disabled Living Foundation, 346 Kensington High Street, London W14 8NS.



## News from RADAR

### Hosts of Hoists Hidden Away?

#### New Living Foundation study

Very little written research has been conducted on hoists and there is scant information available on the assessment of the disabled user and the equipment available. The D.L.F., however, plans to change this unhappy state of affairs with a new comprehensive study on the subject.

The Study, says the D.L.F., will provide an essential source of information to disabled people, their families and to nursing and other medical staff. It will include the development and collation of information on existing hoists available in this country; the ascertainment of areas required for efficient use; the responsibilities of the supplier; and the education and training of the person operating the hoist. The Study will also investigate the disabled person's use of a hoist for recreation,

## The Tate Family

Ever heard of the TATE family? I was introduced to them recently.

There is the head of the family, DIC TATE, who wants to run everything.

Uncle RO TATE tries to change everything round.

And his sister AGI TATE tries to stir things up whenever she can.

Nephew IRRI TATE always rubs people up the wrong way.

And nieces HESI TATE and VEGE TATE pours cold water on every proposal.

Then there's aunt IMI TATE who's all for trying something new because someone else is doing it.

And, of course, cousin DEVAS TATE will always throw a spanner in the works.

You're sure to know the TATES for they sit on every Committee, live in every street, join every club, travel on every bus, work in every factory, shop or office—watch you don't become related to any of them.

# Around the Homes

## HOME LODGE BARCELONA HERE WE COME

Home Lodge Cheshire Home gave a chance to go abroad this summer, which I never dreamed could happen to me having reached the age of 67. On 3rd August, six residents with the help of two nurses, started off in high spirits for the airport, and although we arrived about 9.15 a.m., it was after 5.0 p.m. before the plane took off for Barcelona.

Iris Denham with members of Holme Lodge Management Committee on Family Day.



Josefa, a Spanish young lady, had been working at our Home for nearly two years, and she had learnt to speak English very well. When we arrived at Barcelona we had such a warm welcome and she with all her family and friends were waiting for us holding a banner which said, 'Welcome to Catalunya'. They then gave each of the ladies a bouquet of flowers, and the two men were each given a cigar.

A van which said, "From England to Catalunya" with Cheshire Homes, printed on it, was waiting for us.

We then had a two hours drive into the country to a school which had been specially hired for the holiday. Everything for our comfort had been thought of.

Every day Josefa, her father and sometimes friends as well stayed the night to help Pauline, who was in charge. They all worked very hard, using their own cars as well as the van to take us out. The scenery was magnificent. I've never seen so many trees and mountains. We visited the Monastery in Barcelona which is the most beautiful church I have ever seen.

Another day we went to Montserrat, which again proved to be very interesting.

Every day something was planned for us.

I enjoyed every moment of the holiday, so did all the others. We were sorry to say goodbye to all those kind people, especially Josefa who had been with us for so long. We were all very fond of her.

We say thank you to Pauline who did a marvellous job bringing us all safely back on her own, and to Mrs Browne our Administrator who saw to all the detailed arrangements so that six lucky residents had a very enjoyable holiday.

*Iris Denham*

## Cheshire Village at Spofforth Hall

During the past few months, the scene outside our Home has been one of great activity, as we are having numerous extensions made; when these have been completed, we will see a very great change to the "old house" as we are having built in the grounds about twenty little houses, each for one person, and a few more for two people; almost a little village of our own.

It will be a really wonderful feeling I am sure to have individual places where we can ask our visitors to have a cup of tea with us (even though they may have to make it themselves—but I don't think they would mind doing that).

What we are waiting for now is the completion of the buildings and the day when "Someone" says, "God bless these buildings and all those who live in them". I think that is the day that we are all looking forward to as the new place, having been purposely built, will have everything for our convenience.

*Wyn Reeder*

## OUTWARD LOOKING FROM MATFEN

### Christmas Treat to Pensioners

The now traditional Christmas treat for the old folk in Matfen and the nearby village of Stamfordham took place on the Thursday after Christmas, when the people who normally receive 'Meals-on-Wheels' came to Matfen Hall for their 'Christmas Dinner'. They got a full-scale meal, cooked by the Home's cooks, served by the staff and paid for by the residents.

After dinner, they were entertained by the Stamfordham 'Golden Hour' Choir, and had a very enjoyable tea, which was also paid for by the residents, before being driven back home by local ladies.

*Tom Gair*

## TANGIER NIGHT AT MATFEN

### Raises record sum for Dar el Hanaa Children's Home

As usual, Matfen residents, staff and friends held one of their biggest events of the year just before Christmas, when they got together to see how much money they could raise for their "adopted" Home, Dar el Hanaa, the Children's Home in Tangier, and this year's effort made a record figure of almost £180.

A brief resumee of how this grew from the vague idea of one of the residents to a big annual event, may give some of those Homes who have not already adopted a Home or a resident in a poorer part of the world an encouragement to do so.

It all began at the International Conference of the Cheshire Foundation in London in 1969, when chairman of Matfen's Management—and Residents' Committees met Mr Cabedo, a shipping magnate and President of the Home at Dar el Hanaa, in Tangiers, and had a long talk about the conditions of their respective Homes. After realising the extreme poverty of the Tangier Home, the Residents' Chairman suggested to his committee that here was a chance to help other people; to give for a change, instead of always being on the receiving end of charity, and it was decided that we should each 'adopt' one of the young residents, writing to them, sending presents and so on.

It was at this stage that the staff and friends became interested and asked if they could join in. This happily coincided with two of these friends going on holiday to Gibraltar, so they wrote to Mr Cabedo and asked if they could visit the Home. He was very much in favour of this and personally met them and showed them around, so they met every child in the Home and asked what toy or present they would like, and arranged that all the children's photographs should be sent to Matfen, so we could all see the child we had adopted.

It was here that we met our first snag—the problem of transporting a huge box of gifts to Tangier! Luck, however, was on our side, for we discovered that a local man, Captain Lowdon, was skipper of one of Mr Cabedo's ships, the *Eagle*, and he would be going to Tangier after Christmas!

However, it soon became increasingly difficult to send personal presents, so it was agreed to send money instead, it was also decided that Christmas would be an appropriate time for such a gift, so it was arranged to have a special Coffee Evening, Bring-and-Buy Sale in November, and this soon became known as 'Tangier Night'.

The first 'Tangier Night' was done in style, with everyone in 'Eastern' dress and the Home made to look like a Middle-Eastern market, and about £60 was raised.

The next year was a near-disaster which turned out to be another of those lucky strokes which have helped to establish the occasion. Every year since Matfen Hall opened, the boys from a local preparatory school have brought their wonderful choir to give a carol service in the Home, and there was panic when it was discovered that they were coming on the evening reserved for 'Tangier Night'! A quick conference of all concerned agreed that it was too late for either to be cancelled, and it was decided that the

carol service should be followed immediately by the coffee evening. This turned out to be a great success, with boys, masters and parents all asking for this to be the annual pattern, and it seems very appropriate that the effort of these 8-13 year old boys should result in such benefit to less fortunate children in another land.

Since then, 'Tangier Night' has become really established. Two more friends have visited Gibraltar and the Home at Dar el Hanaa, and we now send our money to a friend who sees that it is spent in a manner which gives treats to the children.

Letters are still exchanged quite regularly, and we are hoping to get fresh contacts as there have been changes of residents in both Homes.

Some Homes have their own schemes for helping the Overseas Homes, but I hope this venture will encourage some who do not, to try it, as I can assure you it is much better to give than to receive!!!

Tom Gair

## TEASETS FOR SPRINGWOOD HOUSE



Residents and staff of Springwood House, Liverpool, are pictured with the President, Mrs M. G. Thompson and Mrs A. Owen of the Inner Wheel Club of Newton-le-Willows. The occasion was the presentation by the visitors of five individual tea sets for the use of residents. Residents seated are (left to right), Julie Smith, Ethel Chapman (centre) with Miss Pat Medway of the Cheshire Foundation Corps and (right) Mr Jimmy Morgan (chairman of Springwood residents). Looking on in the background with the visitors is Mr Robert Girling (Head of Home).

# Montgomerie Wheelchair Desk

The Wheelchair Desk will fit the standard wheelchair without requiring any special fittings. It can be made with very light material, normally wood, and allows the user, providing he has at least partial use of his hands, to place the desk in position or remove it as he may wish.

The Desk consists, basically, of a strip of lightweight plywood long enough to more than span the width of the wheelchair, allowing each end to protrude a short distance over the side. When in position this, strip (the desk top) rests on the tubes where they emerge from under the armrests at the front. If the sides of the wheelchair are removable it is important to see that they have been inserted in their correct sides, i.e. so that the actual armrests project out over the sides of the chair, and not inwards over the seat. The importance of this can be seen from what follows.

Two narrow laths of wood are glued, edge on, to the underside of the desktop so that when the

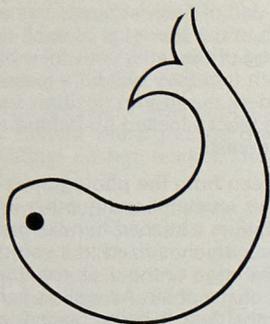
desk is placed in position these laths run along the outside of the chair sides under the projecting edges of the armrests. Where the laths emerge from the rear end of each armrest, a small wooden block is glued to the *top* edge of each lath. The positioning of the laths with their blocks should be such that they will be a reasonably tight fit when the desk is slid into position *from the front*, and the blocks locked up behind the rear ends of the armrests.

As will be seen from the photographs that accompany this article, the only other important item on the desk is a shaped handle, made of the same plywood, which is fixed in a vertical position on the edge of the desk top, furthest from the occupant of the chair. As well as serving as a handle when the desk is being placed in position or being removed, it supports the head of the open book when the desk is being used as a book rest.

Further particulars and drawings from L. T. Montgomerie, John Masfield Cheshire Home, Burcot, Abingdon, Oxon OX14 3DP. (Please enclose S.A.E.)

L.T.M.





## ABLE TO FISH

### ANGLING FILMS FOR THE DISABLED

Three films under the title "Able to Fish" have been sponsored by Midland Bank for the Disabled Living Foundation. The Foundation, which has produced the films with the co-operation of the National Anglers' Council, aims to show that fishing can become the outdoor recreation of the handicapped man, woman or child. For a disabled person, fishing is an ideal sport since mobility is usually not essential. Where it is, a boat can often provide the answer.

The three films have been made by Town and Country Productions and each deals with one of the three branches of the sport—coarse fishing, game fishing and sea fishing.

The films will help disabled people to enjoy the largest outdoor participant sport in England and Wales. It is estimated that by 1980 angling will have 3,250,000 followers. Fishing is unique because almost everyone can be involved. It is the recreation of individuals, whether or not they are fully or partially physically fit and whether or not they can see. These films illustrate how even the most disabled people can enjoy the sport.

**The Coarse Angling Film** runs for 35 minutes and shows disabled anglers fishing in Royal lakes, public park waters, pits, canals and private fisheries. They are shown using special equipment including bait aids, bit alarms, telescopic rods and multi-purpose trollies. The film emphasises the importance of access to the bankside and shows handicapped anglers being given tuition and taking part in a competition. Richard Baker is the commentator.

**The Game Fishing Film** runs for 32 minutes and the commentator is Leonard Parkin, a keen fisherman. The special skills of fly fishing do not deter handicapped anglers, and wheelchair fishermen who want to go afloat on a Scottish loch use a special swivel seat. The film covers waters in England, from the Kennet to the Cotswolds, and goes north to the majestic scenery of the Tay and the North Esk. Even fly dressing—tying a 'fly' on to a hook to attract a fish—can be learned by disabled people.

**The Sea Angling Film** runs for 23 minutes and shows how boat fishing provides ideal facilities for handicapped enthusiasts. There is deep sea fishing in Cardigan Bay for gurnard, dogfish and tope, and good sport in the English Channel with members of St. Dunstan's Angling Club. The climax is the catching of a conger eel by an angler sitting in a wheelchair. Bernard Cribbins, another keen fisherman, gives the commentary.

The message of the three films is clear. Fishing is an ideal sport for disabled people and offers them outdoor recreation where they can develop individual skills. The films aim to encourage both physically disabled people and those who cannot see well, whether children or adults, to try fishing—it can even be carried out from horseback. It is also hoped that public authorities will recognise the need to provide more facilities. In many cases only good access and hard standing is needed.

All three films may be hired *only* from Town and Country Productions, 21 Cheyne Row, London SW3 5HP. The hire charge for one showing of each film is £5.40.

## Guide to Fishing Facilities for Disabled Anglers

A book entitled "A Guide to Fishing Facilities for Disabled Anglers" has been produced by the National Anglers' Council. This book lists over one hundred fishing sites (coarse, sea and game) in county order in England and Wales where both non-ambulant and ambulant anglers may fish.

Details of each site include location, officials to contact, species of fish available, parking and shelter facilities.

The book also includes details of special equipment available, manufactured products, useful names and addresses and a report of the 1975 Special London Conference for Disabled Anglers.

Price £1.00 including postage from the publishers:  
National Anglers' Council, 5 Cowgate,  
Peterborough PE1 1LR.



# The Handicapped Traveller

Being an abridged version of a paper presented to the Consumer Conference on Air Travel in Europe, May 1977

By Peter Large, Chairman, Joint Committee for the Disabled

A point I must stress at the outset is that disabled people are in general not sick people. They occasionally become sick but travel on business and pleasure and try not to travel when sick or in need of medical attention. The handicapped travellers I speak of include ambulant disabled and wheelchair-bound people. They are basically fit people with what can be termed 'little local difficulties'. The vast majority would prefer to be handled efficiently as baggage when travelling by air rather than be overcosseted as sick patients in imminent need of medical attention.

Given that fact – and I assure you it is a fact – I want to outline some current problems and suggest solutions that many of you here are ideally placed to implement.

Referring to British Airports, architectural features on the ground are steadily becoming more and more accessible to and convenient for the use of handicapped travellers. My Committee – the Joint Committee on Mobility for the Disabled – enjoys friendly relations with officers of the British Airports Authority and appreciate their continuing

efforts in respect of handicapped travellers. The British Airports Authority has produced 'Who looks after you at Heathrow?' and is producing other similarly useful pamphlets for other airports outlining provisions on the ground which handicapped travellers need and need to know about.

I also pay tribute to the British Airline Users Committee to producing 'Care in the air – advice for handicapped passengers', which helps handicapped travellers to help themselves.

But lack of information has not been the cause of complaints. The problems arise from breakdowns in the multifarious subsystems that operate from the time a handicapped traveller books a ticket to the time he or she leaves an airport at the end of a journey. Let me explain.

A handicapped traveller selects an airline and books a ticket. If the airline requires it, the traveller dutifully gets a medical certificate, advises the airline of his special needs, turns up at the airport in very good time, and checks-in – to be greeted with surprise and consternation. He wasn't expected, none of his needs are known, and panic reigns. Nothing goes smoothly and in the three complaints we have had, events have delayed the take-off of an aircraft by 10 or 20 minutes.

It happened to me once. I suffered a hastily contrived Cook's tour of an airport – lifted in and out of too many things too many times to remember – to arrive at the aircraft cabin door and be greeted by a very irate captain who told me that I'd held him up. What infuriated me was the fact that had I been expected and had I not been kept sitting in the check-in area for an hour, I could have got to that aircraft cabin door the way all the other passengers did.

Similar problems have arisen at a destination. I met one wheelchair-bound gentleman who was swiftly offloaded from an aircraft by hastily summoned ambulance men who, presuming him to be sick, transported him to the medical centre and bed. He happened to be a professor, by no means sick and it took him an hour to get his wheelchair back and meet the delegation sent to greet his arrival.

Of course many journeys of handicapped travellers pass uneventfully enough but I would suggest that there should be an actual prior notification form – agreed by all airport authorities and airlines and by disabled people – detailing what ground staff and cabin crews need to know to enable them to treat handicapped travellers as human beings. The form should cover such essential information as whether the traveller can hear spoken announcements, or see written information, whether they can walk at all, whether they need to stay in their own wheelchairs as long as possible, whether they need a special diet,

whether they are accompanied – and so forth. All entirely practical, non-medical, information.

Such a prior notification form would give that same confidence to the passenger handlers who encounter a handicapped traveller. It would, I hope, be a passport to an uneventful journey for the handicapped traveller.

I hope too it would end the requirement by some airlines that handicapped travellers complete medical certificates before being allowed to travel. I believe there is no statistical evidence to support the contention that the handicapped travellers I speak of are more likely to present medical problems in the air than the so-called non-disabled.

What people with straightforward, non-medical disabilities object to is being singled out to produce medical evidence of fitness to fly merely because they have identified themselves by requesting help with loading and unloading, or a special diet. It is the unidentified so-called normal people who create emergencies in the air by having heart attacks or making psychopathic advances on air hostesses. These people, not the handicapped, create problems and emergencies and do so because they are not required to submit medical certificates. I believe airlines should tell all passengers to report medical conditions that might present difficulties. Handicapped travellers would then be treated with less condescension if they were asked to declare their fitness to travel on the prior notification form. At present they are unfairly singled out.

I come now to my final suggestion. I think we need check-in desks and staff especially for handicapped travellers staffed by people who are always dealing with handicapped travellers. The staff at and behind that desk will have an expertise in and understanding of how handicapped travellers should be handled. I would hope they would hostess handicapped travellers from check-in to aircraft – or the reverse – regardless of any lines of demarcation that may exist between airport and airline staff. This staff should have the information, equipment, responsibility and authority to handle handicapped travellers as people, and to do so efficiently.

Systems of prior notification and handicapped traveller handling such as I have indicated would, I believe, save airlines and airports money and worry. Equally important, the prior notification, check-in and handling systems would allow all handicapped travellers to enjoy uneventful non-traumatic air travel always – which is the basic aim of all airlines and all airports in respect of any traveller.

## Holidays for the Physically Handicapped

The 1978 edition of "Holidays for the Physically Handicapped" has been produced to help and inspire everyone with any degree of physical disability wishing to take a holiday, either alone or with friends, at home and abroad, in summer or winter.

Many of us tend to think of the expression "physical handicap" exclusively in terms of restricted mobility. While the guide has helped thousands of severely disabled people confined to wheelchairs and even respiratory machines, it is also of benefit to those with other disabilities such as incontinence, epilepsy, blindness and dietary problems.

"But I don't want to spend my holiday in the company of other disabled people", is the cry heard all too frequently from those who imagine the guide to be nothing but a list of holiday "institutions", a "home from home". The choice is far wider than many imagine and while ample provision is made for those needing personal care, it is important to stress the alternative types of holiday available.

Hundreds of ordinary hotels, guest houses, holiday camps and self-catering establishments are regularly welcoming disabled visitors and providing the facilities which are necessary. An ever increasing number of establishments are making these alterations to their premises which make it easier for a disabled person to use them. Each year the physically handicapped person is able to enjoy to a greater degree the same opportunities and the same choice as his able-bodied counterpart. The range of holidays not only covers the more conventional holidays but includes more adventurous attempts to get away from it all.

Already it is possible for the disabled person eager for a different holiday to ski, climb mountains or cross the United States in a Greyhound bus.

"Holidays for the Physically Handicapped" provides the background information for any disabled person to arrange the holiday of their choice.

"Holidays for the Physically Handicapped" is available price £1.50, including p & p from the Royal Association for Disability and Rehabilitation, 25 Mortimer Street, London W1N 8AB or from major branches of W. H. Smith & Son Limited, price 75p.

For further information, please contact Susy Bright, Holiday Officer. Tel: 01-637 5400 Ext. 213.



# LETTERS TO THE EDITOR

Yew Tree Cottage,  
Priddy Green,  
Nr. Wells, Somerset

London SE19

Dear Sir,

I think *The Smile* is excellent but too cheap.  
I wish you well.

JOSI WORBURG

Dear Sir,

Recent correspondence on feeding in the *Smile* prompts me to make a few comments, based on some years experience as a volunteer.

Feeding needs a close relationship between the fed and the feeder. Without this, it can be impersonal, messy, and have a bad psychological effect on the person being fed.

I speak from experience and knowledge of the effect of clumsy, inconsiderate, and incompetent feeding. I have been offered liquid far too hot to drink, had porridge slopped over me, and, worst of all, waited with my mouth open like a nestling expecting the next morsel.

Staff may not always have the time to give personal attention to every resident, but they should try. Feeding more than one person at a time should be avoided. Perhaps a few guide lines would be useful:

- 1 Always feed someone in the way you would like to eat the meal yourself.
- 2 Don't do it too quickly. You are feeding a person, not loading a machine.
- 3 Always try to make the meal enjoyable, with light conversation.
- 4 Make sure that you are giving people what they want (have you ever eaten a meal without salt, or worse still, too much?)
- 5 Be very careful with hot liquid, some people can stand hotter liquids than others.

Finally, a word to those being fed. Try not to be too cross if anything goes wrong. Accidents do happen, and are often as distressing for the conscientious feeder as for the fed.

I am sure, bearing these things in mind, that meal times can be what I hope they are in our Home, great fun, and a means of cementing good personal relationships, which are vital both in Cheshire Homes and outside.

VOLUNTEER

Dear Sir,

Mrs Le Fanu's letter in the Winter issue raises some interesting issues.

She says that she feels the answer to whether members of the opposite sex should be permitted to spend nights in residents' bedrooms should "lie within the terms of reference of any Cheshire Home". She goes on to talk about Homes run as Nursing Homes, yet in this same issue we read that Cheshire Homes "*are run as 'homes' and offer the freedom and affection of ordinary family life*"—and further although "The Management of each Home is vested in a local committee . . . The Foundation has ultimate responsibility . . . and acts as guarantor to the public that the individual Homes are *properly managed in conformity with the general aims of the Foundation*". (The italics are mine).

I have had experience of many Cheshire Homes throughout the country over a period of many years, and I can say with confidence that the majority of residents would naturally prefer to be in a "home" with an atmosphere of freedom and affection than in a hospital, particularly remembering that their stay is long-term, and they cannot grit their teeth in the face of irksome discipline and look forward to going home. Where they are is home.

I have been a patient in nursing homes and general hospitals, and I must say that kindness, good humour, and cheerfulness on the part of the staff counts much more than the material surroundings, and while one understands that lack of funds still prevents some of the material comforts being supplied—such as the very important desirability of individual rooms—a relaxed, understanding and cheerful atmosphere can be achieved in any building where there is a dedicated and sensible staff. I have experienced an atmosphere of the most chilling and formidable kind in a room comparable to a most expensive hotel, and on the other hand have spent several weeks in an old workhouse-turned-hospital where the Matron, Sisters and nurses treated patients as if they were all delightful personal friends.

What worries residents, relations and friends is that if the Management Committee of their particular Home is not convinced—as they are—that changes in the attitude of the staff are necessary, they do not know whom to approach.

The Counselling Service stresses that it is not a Complaints Department, yet people wonder why Cheshire Homes still exist which are being run on stricter disciplinary lines than others—and to whom they should apply in order to effect changes. One does not expect an exact similarity but it seems reasonable to expect that those which are

not being run as "homes" should be told to change their policy.

As for the question of people of the opposite sex spending nights in residents' bedrooms, I should not think that this would be very practicable or comfortable, but if it were, it should not necessarily concern anyone except the two people involved. I do wonder, however, sometimes, if in our natural and commendable determination to rid ourselves of earlier harmful taboos, inhibitions and prudishness we may be overemphasising the importance of sex as a necessary ingredient of a happy and fulfilled life. Shared interests, similarity of outlook, affection and mutual understanding combined with that sort of "magical sparkle", which still exists between two people of the opposite sex, however great their disability, if they are physically attracted to each other, can result in happy and lasting relationships. To quote from *Desiderata* . . . "Neither be cynical about love, for in the face of all aridity and disenchantment it is perennial as the grass".

Yours faithfully,  
CATHERINE HODDING

246 John Street,  
Belleville,  
Ontario K8N 3G1

Dear 'R.L.'

On a recent visit to my hometown of Middlesbrough in Cleveland I visited Marske Hall in Redcar.

Matron Turner spent most of an afternoon showing me around the home, introducing me to the residents and proudly describing all the renovations that are taking place at Marske Hall.

The atmosphere exuded warmth and trust between staff and residents. It was truly a learning experience and ideas shared. I'd like to thank Matron Turner, her staff and residents for making me welcome in their home.

Visits between homes help to unite the Cheshire family around the world.

Sincerely,  
IRENÉ SANSOM

## Hoists and Their Functional Use

The Aids Centre at the Disabled Living Foundation was established in 1970, as the first national permanent exhibition of equipment to assist the disabled person. Three years later it

became apparent to the staff of the Centre that the difficulties of lifting and the operation of lifting devices was an area requiring much attention. From 1973 the Aids Centre staff have organised day courses at which individual ranges of aids are studied in depth with the items of equipment present and the opportunities for practical demonstration and experimentation. Hoists were the first such group of aids to be studied. The preparatory work for these courses revealed scant reference to hoists available. There also appeared to be a lack of information, whether in the form of written instructions or demonstrations, about the actual use of a hoist. As a result there are disappointed relatives, staff who have strained their backs and disabled people who lead restricted lives, all of whom can give evidence to prove that money spent on hoists is often totally wasted.

In considering future projects, the Advisory Panel on Equipment recently determined that a comprehensive study should be made of hoists and the use thereof, leading to a published manuscript which would provide a source of information to all working with disabled people. The work will include the development and collation of information on existing hoists available in this country; their functional use; design and selection particularly of slings; the ascertainment of areas required for efficient use both by the hoist and for its purpose; the responsibilities of the supplier and the education and training of the person operating the hoist. The areas of investigation will also include the disabled person's use of a hoist for recreation, sports, employment and education, in fact all areas where the lifting of a disabled person presents a problem. All age groups will be considered since the problems faced by caring relatives and staff are not confined, for example, to the heavy middle-aged group of disabled people.

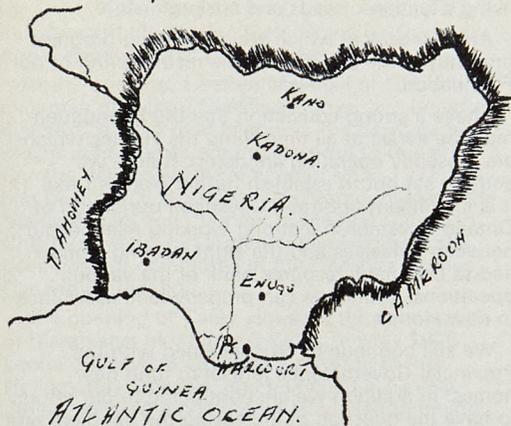
The types of hoists being investigated include the larger and smaller domestic mobile models; the overhead fixed or tracked electrical or mechanical hoists; the bath, hydrotherapy and swimming pool lifts and car hoists. Stair lifts, stair climbers and vertical lift platforms are excluded from this study.

The Disabled Living Foundation would welcome comments from disabled and all other users of hoists. There are apparently many hoists which are hidden away in storerooms and it would be interesting to learn why they are not used. Likewise, there must be many disabled people whose lives have been revolutionised by the freedom of mobility which a hoist can provide.

All information should be addressed to:  
Project Officer, Miss C. Tarling, M.B.A.O.T.,  
Disabled Living Foundation, 346 Kensington  
High Street, London W14 8NS. Tel. 01-602 2491.

WEST AFRICA.

NIGER.



## Permanent Home Established at Orlu in Nigeria

By Chief S. I. N. Duruoshimere

Out of the chaos and confusion of the Nigerian Civil War, difficult circumstances arose which exposed the residents of Cheshire Homes at Enugu and Port Harcourt to the greatest danger.

What could or would Mrs Onyedumekwu do at Enugu and Mrs Josephine Okoli do at Port Harcourt with their crippled inmates? They could neither walk, run, nor could they hide. They were all half dead in this state of fear and helplessness, threatened with imminent destruction and without hope of redemption. The two charitable women almost melted with despair, but they did not abandon their pets.

Thanks to God, to the Red Cross Organisations, and to the Government, public vehicles were commandeered which were used to evacuate these terrified people from their homes and out of the war shattered cities. Orlu Province was the receptacle of the refugees from war-pressed areas. It was remote from the battle scenes and in the heart of Igboland. Accommodation was difficult to secure, churches and schools had been crowded with refugees, village halls were all full. At Okwaubala Ihioma a sympathetic man offered the houses in his compound to harbour these unfortunate members of our society. The accommodation, though inadequate was managed as a great relief.

Contact was immediately established with the local village heads and chiefs, leading men and women of the County Council, and with the Divisional Officers and Provincial secretaries.

Like a miracle the response was marvellous. Mr C. A. Orji, the chairman of the local Red Cross Society and his colleagues, the welfare officers, enlisted their interest. Local Chiefs and others too many to enumerate, rallied their people round for the care and support of the Cheshire Home inmates. The relief food supplied by the Caritas International, World Council of Churches, Red Cross Society were invaluable sources of maintenance. Contributions in money, food and clothing, and materials by the local men of charity, local churches, townsmen, money tycoons, clubs and various groups of men, minimised the problems, and out of this group, a management committee was formed to cater for the welfare of the residents of the Cheshire Home. In spite of all efforts, problems of accommodation continued to be acute but Chief Ben Obi of Ubulu Ihejiofor offered part of his college building; it was a distance of over 16 Km away, however the committee managed and succeeded in transporting all the residents there safely.

From this time the idea of finding a permanent site at Orlu as a Cheshire Home started to engage the attention of the Committee, the local Government Authority generously granted them a piece of land on a slope overlooking a very beautiful green valley where proudly stands today the permanent Cheshire Home at Orlu, which has now been solidly founded.

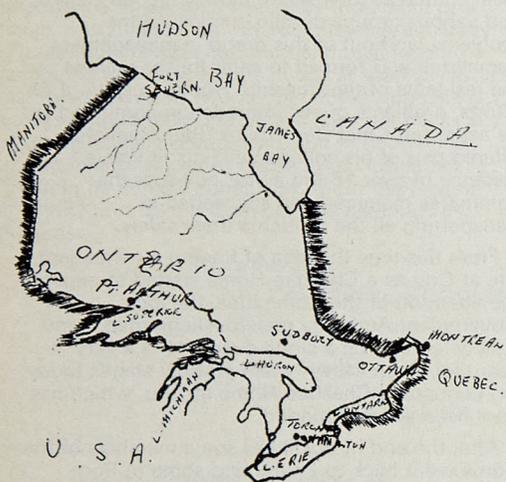
After the end of hostilities some members of the Home went back to Enugu and some to Port Harcourt, but Mrs Josephine Ololi and others remained to be the founder inhabitants of the Orlu Home.

One note-worthy incident gave an impetus to its founding; it was the maiden visit of that man of charity, Group Captain Leonard Cheshire himself in 1968 amidst the dangers and risks in Nigeria during the heat of the civil war. He took first-hand notice of our problems and did his utmost to help the Committee through. He linked us with the world famous Swiss Caritas, which in a big way enabled the committee put up the dormitory block, staff quarters, refectory/kitchen. The rapid rise of the cost of building materials have retarded the completion of the plan of the work and much work remains to be done to make the place a model home. Painting, electrification, adequate water supply, furnishing the houses, provision of entertainment equipments like radio and television sets are some of the outstanding problems confronting the Committee.

The Home has ever since its erection, been a place of interest and attraction. The military Governor of East Central State and many other officials of repute have blessed it with their presence and made donations. The Chairman and Local Councillors, Churchwomen's organisations, clubs and individuals occasionally visit the Home with gifts and presents to keep the residents happy

and infuse in them the sense of belonging to human society, and with encouragement to accept their lot with resignation and contentment.

The residents are happy; some of them travel to nearby schools in the bus provided by Imo State Government. A few have gained entrance into secondary schools and Hopeville Rehabilitation Centre. The Committee is doing all it can to provide opportunity for them to develop, acquire skill and aptitude to be useful to themselves and the nation in future.



## News of Cheshire Homes in Ontario Canada

### Extracts from the Message of George Murray

Chairman of the Foundation Board

The year 1977 was a very active one for the Cheshire movement in Ontario. It witnessed the opening of Ashby House and the Halton Region Home. In addition it has seen the solidification of many of the existing projects and the resolution of a lot of their difficulties.

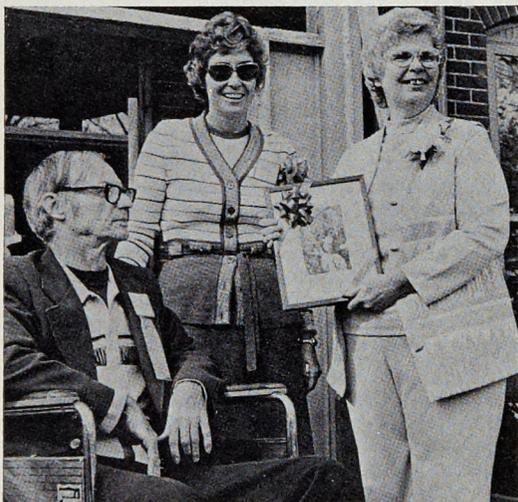
A very significant event that has occurred this year is the Research Project, sponsored by the Ontario Federation for the Physically Handicapped. Two Cheshire Foundation Board members sat on a committee to prepare a "Proposal for Research of the Handicapped Citizens of Ontario" which was submitted to the Ministry of Health, and

official approval has been received. This province-wide study will produce data describing the disabled population in relation to their current living situations, needs and costs of living.

Another area in which we are making progress presently is the question of the restructuring of our Foundation.

I have a strong conviction that the Foundation must be aware at all times how the Homes which are presently operating are doing. Before we actively set out to establish further Homes I feel it is incumbent upon the Cheshire Foundation of Ontario to establish a strong working relationship between ourselves and the eight existing Homes and to become a resource bank of the various operations so that we can properly lend assistance to new Homes.

We still continue to be concerned with the Provincial Government's refusal to fund new homes. In addition we are continuing in our efforts to have the question of increasing the per diem rate payable to Cheshire Homes so that we might be able to better accommodate the severely handicapped.



Left to Right: Earl Fenton of Oakville, member of Halton Cheshire Homes Inc., Heather Marshall of Oakville, chairman of Halton Cheshire Homes Inc., Shirley Carey of Burlington, widow of the late Robert Carey, after whom the house is named. Taken at official opening of Carey House.  
Photo by Wilma Blokhuis.

### CAREY HOUSE

Carey House, the eighth Cheshire Home for physically disabled adults in Ontario, has opened in Burlington.

The event attracted between 400 and 450 people—many of them in wheelchairs, from various parts of Southern Ontario between London and Belleville.

The house, a 100-year-old structure at 1401 Ontario Street, will provide a home complete with a family atmosphere and household responsibilities for eight adults aged 18 to 60 years who seek an independent life despite their disability. To date, three residents have been chosen.

At the opening, Heather Marshall of Oakville, chairman of Halton Cheshire Homes Inc. board of directors, gave a brief history of the development of Cheshire Homes around the world. Across Canada, ten homes have opened since 1971, the first being McLeod House in Toronto, named after Margaret McLeod, founder of the first Canadian Cheshire Home and currently involved with the development committee of the Cheshire Homes Canada Foundation.

The opening of Carey House is the culmination of three years of volunteer work. In May 1976, Leonard Cheshire attended a meeting at the Holiday Inn, Oakville, and launched a 1½ year project to have a home opened in Halton region.

Bill Kempling, M.P. for Halton-Wentworth, said Cheshire has a "concern for the welfare of people who have difficulties, and it is no surprise that he wants to take care of the wounded, sick and injured, and displays tremendous compassion for his fellow man". Kempling met the man during World War II.

"His compassion for his fellow man was expressed in a tangible way", added Julien Reed, M.P.P. Halton-Wentworth. "It is indeed the mark of a civilized society".

## **BASKETBALL AT QUINTE CHESHIRE HOME, ONTARIO**

It was a quiet summer for the Residents of the Quinte Cheshire Home. Two residents enjoyed summer camp and involved themselves in most of the activities offered. Unfortunately, Peter Ramsey had chest surgery and spent the best part of the summer in hospital. However, now he is back in full swing and looking forward to the hockey season when he will coach a junior team.

The residents are busy organizing a basketball team involving other disabled from the community. The team will be called the "Belleville Blazers".

September means back to school and college. Muriel has left school and will be starting a commercial course at Loyalist College. Cheryl, Doug and Jewel will be in their last year there while Peter and Mary will catch up with their schooling at high school. Some of the residents will be trying their hand at the local Archery Club as well.

To wind up the summer, all the residents are going to the C.N. Exhibition and look forward to seeing Paul Anka, who is a great favourite here. The wheelchair tickets have risen from \$1.00 to \$9.00 this year, so the residents earned the money

by selling handicrafts and baked goods at our local sidewalk sale. They netted \$110.00, which will pay for the seats, the gas for the van and a good day at the "Ex".

*Irene Sansom, Administrator*

## **MCLEOD HOUSE**

At present, McLeod House is planning its fourth Annual Bazaar. The last large function that this busy downtown Toronto home was involved in was in the Metro Caravan Pavilion, Portree.

The idea of a pavilion representing the Isle of Skye was conceived before Christmas last year, and Portree was selected as the name of the new pavilion. The first task was to publicise Portree, and to try to attract a few exhibitors and concessionaires to participate in line with the Fair's Scottish theme. In the end there were four concession areas, including one which in addition to selling Scottish goods, provided information on Scottish history and the clans.

We also wanted to provide each visitor with a choice of typically Scottish food and drink and varied entertainment featuring top-notch Caledonian performers. This was done through the co-operation of many people. Food had to be supplied, kitchen help had to be arranged, a bar had to be constructed, supplied and manned and entertaining groups had to be contacted, so volunteers who would be willing to help out in sundry tasks, had to be recruited as well. Finding people who could spare the time was difficult, but those who came were very enthusiastic helpers.

For everyone involved, I think that participation, no matter how small, was a rewarding experience. "Portree" did not win any awards from the Caravan Awards Committee, but next summer the "Glasgow" Pavilion will open at Ryerson and it should be better than ever.

*Rod McFadyen, McLeod House*

## **WEDDING BELLS PEAL AT THE PEEL CHESHIRE HOMES INC.**

There has been the usual pre-Christmas excitement and activities at "Cheshire House" in Streetsville, this year. Many of the local groups and Streetsville residents have thrown themselves into activities with the 12 residents, making it a busy and pleasant place to be. Although isolated to a certain extent from the hustle and bustle of Toronto, 25 miles away, particularly in winter, there appears to be a great deal going on in the house itself. The van, donated to them by the Variety Club, can't be used very much at the moment, but they are hoping to raise funds for a hydraulic lift to replace the time-consuming and awkward ramp set-up they have presently.

As usual, the Streetsville home is filled to capacity, and has a lot of applicants waiting for admission.

On a personal level, Cheshire House had one of their residents marry and move away in August. Now another two are engaged, to each other. Janice Cowen and Ken Lippert plan to be married in the summer. Joe Osbourne, the young man who began an answering service for the Peel-Dufferin Separate School Board in September, is going "great guns" with it. The last bit of news is also exciting: early in the New Year, Cheshire House is going to be on T.V. The Mississauga Station is going to do a special half hour show about them, half of which will be filmed in the Home.

## **DURHAM REGION CHESHIRE HOME, OSHAWA ONTARIO**

Greetings from Durham Region Cheshire Homes where we have increased our family to ten. Marlene is our newest addition and comes to us from Toronto. We hope she will be very happy here. We also have two more applicants which will have reached our full capacity.

This past summer three of us went to camp at Claremont. This was a fantastic experience and one that we hope can be repeated in future years.

The fall brings us back to more of a routine with night school, various club activities and the involvement in a fund raising draw which is in progress. We're raffling off a beautiful quilt, a candy house and a hooked rug and hope to realize a good profit from this.

We've had a beautiful microwave oven donated, and as we gain experience using it we'll certainly let you know how advantageous it is for a handicapped person to have one. The Pilot Club has maintained a constant interest in our home and this summer presented us with a beautiful set of picnic tables. The support of groups such as these certainly make us realize how many people care.

## **Joe Goes Camping**

"Hello, everybody. I'm Joe Nunes and have been living here at Cheshire Home in Oshawa for nearly two years. This summer I was fortunate to go to the March of Dimes Camp at Claremont for a two week vacation. First let me tell you it was wonderful! There I had the opportunity to meet many people who like myself could not take a wilderness holiday alone. We enjoyed an outing to an apiary where the bee man showed us just how hard 25,000 bees work. Another outing was to a dairy farm where for the first time many of our group saw milk before it got into a bottle or bag. We also found that country air is not always that fresh!

"A wagon pulled by a tractor was our

transportation into the forest where we studied the different kinds of trees in this beautiful conservation area. Well within the park was a pioneer's home just as it was built. This was made of stone and served us as a reminder of how this country was settled.

"Daytime wasn't the only activity time as almost every night there was a different group to provide entertainment for us. These ranged from fiddlers to a magician and all in all we thoroughly enjoyed ourselves.

"The finale for our two weeks was a banquet. Everyone ate, drank and had a merry time. Many friendships were made and I look forward to returning again sometime".

*Joe Nunes*

## **MORRISON HOUSE Faces the Challenge**

The Morrison Residence (Cheshire) Group is dedicated to the goal of providing home-like accommodation to physically handicapped young adults, a goal which in this time of government restraints and in the centre of a large complex city like Toronto, is a considerable challenge. Since the summer, the directors of Morrison House have been working hard to reach their goal. We are trying to work out the details of what realistically we can provide in the way of accommodation and have gained the support from a number of important individuals and organizations. Over the next weeks and months the members of our Board will be meeting and negotiating possibilities for our future accommodation. While we are doing this, we will be counting on the continued patience and support of our friends.

*Michael Seary, Chairman*

## **THE LAST WORD:**

*"It is better to light a candle than to complain about the darkness".*

In this period of government restraints no future funding is available for group homes in Ontario. We know that there are citizens who would choose to live in Cheshire Homes and that there are many handicapped citizens who have little or no choice as to where or how they might live.

We feel inspired, therefore, by the Halton Region Cheshire Home which has opened its doors in beautiful Burlington in spite of the obstacles in the way. This home in Burlington is an answer to a need. But there is not enough space for the many people who wish to live there. What is to be done?

The Cheshire Home concept is not the only solution. It is merely one of them. Surely, however as long as there are people who are needing and wanting a life in a Cheshire Home, our work is not finished.

*Margaret McLeod*



## MATTERS FROM THE MINISTRY

### AWARD SCHEME TO IMPROVE ACCESS FOR DISABLED

Final details of a special award scheme for helping disabled people have been sent to the "First Citizens" of the biggest local authorities in the United Kingdom. The award is for local initiatives aimed at making it easier for disabled people to get about and use public facilities. It is being organised by the Silver Jubilee Committee on Improving Access for Disabled People—set up last summer by the Minister for the Disabled, Mr Alfred Morris, M.P.

Mr Peter Large, M.B.E., the Committee's Chairman said, "Disabled people are frequently segregated from their able-bodied friends and fellow citizens by physical barriers or obstructive attitudes. Disabled people suffer restrictions in choice and freedom of movement which others would not tolerate in a free society. Simple, inexpensive initiatives can often permit disabled people to join in the activities which every one else takes for granted. Places of employment, business, education, worship, leisure and all public facilities should be open to people regardless of their disability.

"In many areas, the response has been most encouraging and we hope that all First Citizens will follow the excellent example of some of their colleagues".

A large number of national organisations of and for disabled people have also been asked to help encourage local initiatives and Mr Large will be pointing out that 'Access Week'—the week beginning 4th June 1978—presents disabled people with an ideal opportunity to make known publicly their views and needs in relation to access. "I hope disabled people throughout the country will seize this opportunity to celebrate or protest as appropriate", Mr Large said.

#### Note

The Silver Jubilee Committee on Improving Access for Disabled People was set up last summer by Mr Alfred Morris, M.P., the Minister for the Disabled to bring public attention to the access problems faced by disabled people. The Committee

is an official Silver Jubilee Committee and has the personal support of the Duchess of Kent. The members give their time voluntarily and many are either disabled themselves or have a close disabled relative.

Further information may be obtained from the Chairman, Mr Peter Large, or from the Committee Secretary, Mr R. B. Brown, or the Assistant Committee Secretary, Mrs E. J. Hirst, both at the Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, SE1 6BY.

## 10,000 more disabled people to get Mobility Allowance

### Age limit to be extended to 58 year olds

About 10,000 more disabled people will be able to claim Mobility Allowance when the upper age limit is extended to 58 later this year, Alf Morris, M.P., Minister for the Disabled, recently announced. The present upper age limit is 55.

Mr Morris said, "Those born on or after 14th January 1921 should claim from 7th June 1978 with payment from 6th September 1978; and those born on or after 21st December, 1919 should claim from 20th September, 1978 with payment from 20th December, 1978. When the second age-group is phased in, all eligible disabled people aged between 5 and 58 will be able to claim Mobility Allowance".

#### Note

Mobility Allowance is a weekly benefit payable to people who are unable or virtually unable to walk because of physical disablement and are likely to remain so for at least 12 months. The benefit is £7 a week at present, but will increase to £10 a week in July. More than 65,000 people are already receiving the allowance and the extension is expected to benefit about another 10,000 disabled people. When Mobility Allowance is fully phased in—by 1979—about 100,000 people will be entitled to it.

## Mr Morris appeals — don't exclude the disabled from holidays

Alf Morris, M.P., Minister for the Disabled, has said that he was very concerned by reports which suggested that one of Britain's best-known family holiday organisations have introduced new restrictions on holidays for handicapped people.

He said: "At this time of the year, most people are making plans for their summer holidays. I am, therefore, very concerned to read that Butlins are apparently imposing new conditions for accepting handicapped people. Yet I'm told that in the past they have welcomed thousands of disabled people to their holiday camps.

"I cannot comment in detail on the particular case until I have obtained a full report of the circumstances. I should like, however, to appeal to all organisations who provide holidays to take expert advice before imposing conditions that can otherwise have the effect of excluding handicapped people.

"The difficulties of providing facilities for the handicapped can generally be overcome by commonsense and better understanding. That is why I set up last year the Silver Jubilee Committee on Improving Access for the Disabled, with the aim of ending discrimination against disabled people, and I urge everyone providing leisure opportunities for the public at large not to treat the disabled as if they were second-class citizens".

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## Drive to double Kidney Transplants

The Government is launching a campaign aimed at doubling the number of kidneys available for transplant.

The campaign will urge the general public to carry a kidney donor card, which indicates willingness for the kidneys to be used after death for transplantation.

Cards will be widely available in chemists' shops and in general practitioners' waiting rooms, and it is also intended to make full use of the social security distribution systems. Many voluntary organisations are co-operating in the campaign.

Mr David Ennals, Secretary of State for Social Services recently told a gathering of women who have become mothers after having a kidney transplant that the number of transplants was steadily increasing each year, but at the end of January 1978 there were 1,123 patients waiting for transplants.

"Their lives depend on more kidneys being available for transplant", he said. "We are meeting only half the demand for kidneys—but it's not trained staff or facilities or money we need, it's goodwill. Quite simply, we need more people willing for their kidneys to be used when the time comes.

"There is the lack of awareness on the part of the general public of the need for more kidneys and the value of transplantation generally. I hope that this new campaign will do much to increase the public's knowledge of this subject and encourage those who wish to donate their kidneys to make their wishes known".

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## ACCESS WEEK

June 4—10

### HELP TO MAKE IT A SUCCESS

The Silver Jubilee Committee on Improving Access for Disabled People, aimed at making more people aware of the ways in which poor design and thoughtless administration can prevent disabled people using all sorts of public and social facilities, access problems, and all leading up to a special "Access Week".

"Access Week" is from June 4th to 10th this summer, and will be the culmination of the Committee's work.

The Committee's Chairman, Mr Peter Large, M.B.E., has asked for the help of all disabled people and voluntary organisations in making Access Week a success: "If our campaign is effective, it will help all disabled people lead a less restricted and more enjoyable and productive life. It is therefore essential that everything is done to ensure that the message reaches as many people as possible. We are therefore calling on all disabled people and voluntary organisations to do what they can to publicise Access Week in their areas. We hope they will organise local events perhaps tied in with fund-raising efforts for their own organisations. We also hope they will help bring the campaign to the attention of their local press, radio and television. Anything they can do to help will be much appreciated".

The Committee asks individuals or groups organising an event for Access Week to let the Secretariat know, as they are compiling a diary of events and may be able to help secure additional publicity for local events. The Committee may also be able to help by providing publicity material such as posters, car stickers, T-shirts, badges, etc.

Contact: Mrs E. Hirst, Assistant Committee Secretary, Silver Jubilee Committee on Improving Access for Disabled People, c/o Department of Health and Social Security, Room A419, Alexander Fleming House, Elephant and Castle, London SE1 6BY. Tel: 01-407 5522, ext. 6443.

# Reflections on 'Living in Care'

By P. Rose, M.A.

This is such a vast subject, that my imagination boggles at pinning-down even one focal point!

However, after considerable reflection, it strikes me that the most useful thing to attempt, is to try to indicate one or two areas in which Residents, 'In Care', and those who plan for their welfare and well-being, are so often miles apart.

I note that the subject of PRIVACY occupies a good deal of space in the Review of Residential Care (and rightly so, for it is, in my opinion, in many respects the key to making a reasonably happy life in a community; a life that is lived under the minimum of pressure and with some opportunity for fullness). I do not think it can ever be over-emphasized that lack of privacy and, parallel with it, a reasonable amount of living space which one can call one's own is one of the root causes (perhaps, indeed, THE Root Cause) of unhappiness and discontent among Residents in Care.

There is a vast psychological difference between time spent in hospital (even if this is prolonged) and life in a Residential Home. In the latter case, however much one may 'kid' oneself, one eventually realises that 'The End of the Road' has arrived; and this can be a very shattering experience. It is devastating enough in itself, but when it is accompanied by a complete change from the privacies of one's own home, to living in a dormitory, close to perhaps four or five other residents, mental strength can reach the end of its tether!

One has now to face up to forming a new life; one which may last for several years, for medical advances have now prolonged life for the severely disabled beyond what was once thought even remotely possible – the case of the late Hilary Pole is a remarkable example!

While one remains in hospital, one clings to a hope (however remote) of some possible improvement and to the hope of returning some day to one's own home and to its privacies. Therefore, the lack of personal privacy and of

space for possessions does not seem very important because they are thought to be merely temporary; a sort of fellowship akin, perhaps, to that found in a P.O.W. Camp grows. Life, even in pain, danger, and stress, is possible – and not too intolerable.

But when one makes one's final move; when a Residential Home is entered, with the knowledge that this is the final move, things become very different. While one is in hospital, a bed, a locker, a share of space in a hanging clothes cupboard; these things are all one gets – and all one expects. They are temporary features – and, hence sufficient for one's needs. But suppose this lack of living space continues for five, ten, twenty years – can such a position be thought tolerable? I think all, with any psychological experience, will agree with me that the ability to preserve a few of one's personal possessions, and the ability to make some semblance of a Personal Home will steady and aid unsettled and worried people, and add a quality of happiness far beyond what one would have expected from the, perhaps, minor nature of the changes which may need to be made.

Consider, too, what effect the ability to have personal privacy while one is receiving nursing or medical care, has on the personality! While in a hospital ward, these things matter less, for one does not often know deeply (or for very long) the patients in neighbouring beds. In a Home, the situation is the opposite; these people are those with whom one will share the rest of one's life – and the unwelcome knowledge of their physical or mental difficulties does *not* make for a happier life with them, in the social sense.

Your friends should know what YOU choose to tell them of YOUR illnesses – and not have the knowledge forced down their necks!

Another point I would like to mention is the need for a sense of SECURITY. The general trend in Care, nowadays, where the severely disabled are concerned seems to lie in the formation of Units for the Younger members of the group. This is a natural and right reaction from the iniquitous 'placings' in Geriatric Hospitals, which occurred not so many years ago (and probably occasionally still happen). But consider what happens when the young person becomes middle-aged and moves towards the dead-line for that particular UNIT (50, 60, or whatever it may be). Last year, I spent some time on an orthopaedic ward, with such a person: a rheumatoid arthritic lady of, I understand, 54.

She knew she would have to leave her Unit at the age of 60, and the knowledge hung over her like an evil cloud, embittering her whole life. She had several years to go – in fact, longer than she may live – but they were being ruined for her by the sense of insecurity; change, – of moving-on. In 1852, Charles Dickens, that great novelist of

social man, wrote in "Bleak House", of Jo, the crossing-sweeper, and his obsession that he would always be moved-on. Do we still need to have dealings with Victorian standards of Care, in 1977?

I would think that age-criteria, involving, as they do, a form of segregation and division of the human condition, can be terribly misleading. Surely, any lively, intelligent 60-year-old (or over) should be an asset to any community caring for the physically disabled? INSECURITY: the sense of not knowing what next to expect, — is one of the greatest ills the disabled person has to face — and still one of the commonest. Need hard and fast rules be applied? Ought we not, rather, to judge each case on its own merits? I think medical necessity should be the criteria for change in the type of Care which is offered; not arbitrary birth-dates!

I fully agree with the emphasis on preparation for entry into Care. This is a great, and in most cases, an irreversible step. Any preparation which will lessen the psychological upheaval is to be welcomed. Inevitably, however, there will always be cases where the need to leave home will come without warning: accident, death of parent or of spouse; the sudden onset of more severe form of illness; all these are reasons which can make entering 'Care' a sudden occurrence. I would like to emphasize the need that Care staff should look out for these cases and ease them, as gently as they can, into the life of the Home. Inevitably, a person who has never before lived in a community makes mistakes. An aggressive attitude often (indeed usually) hides an intensely nervous condition beneath. Aggression, rudeness, the absence of a desire to help oneself (or, the pathetic insistence that help is not needed, when it is, in fact a desperate need), all these factors need to be looked for and understood. Good Care Staff need very broad shoulders; tolerance, humanity, impartiality, all these may in the end be far more important than nursing or other qualifications.

I would like to move on to my final point. As I previously said, life 'In Care' may well last several years, often without the health deteriorating very perceptibly. What is he or she to do with this 'borrowed time'? The unexpected bonus which medical skill, at great cost of skill, research, sheer hard cash, has given. Is it to end in a mere vegetable existence? Is it sufficient to expect to be got up; sat in one's wheelchair; watch TV; be fed; and returned to bed? Can there not some use be made of the potential which lies in so many physically disabled?

I earnestly believe, that, whenever possible, and it may more often be easier than we think, residents should be allowed, and indeed encouraged, to spend part of their time in some gainful occupation, or indeed profession; in some

cases this might be related to whatever work they pursued before serious disability set in.

I believe the occupation should be gainful to the resident because I do not believe that anyone really and truly puts great effort into work for which he will see no perceptible reward. This may come as a surprising concept. I know that no Caring Agency, no Local Authority would find it easy to reconcile earning power with the same individual being covered, at the same time, by Local Authority Fees. And I also know that if a resident made a considerable income from his work, the position could not be tolerated. But the difference is great between the massive scale of Fees which Homes are forced to charge, in order to function these days — and the comparatively minor amount of money which the average disabled person (with his slow pace and low amount of working hours) can possibly hope to earn. One asks: cannot these truly therapeutic earnings be enlarged somewhat, and so be more in line with the personal expenses one has to bear if a tolerable standard of life is to be maintained? When we think of the financially small, but psychologically precious, amounts of money that such professionals as, say, the mouth and foot artists earn, we may well ask: "Ought we not to encourage, not dissuade, these brave and skilful folk to improve their basic standard of life; use their potential; retain their pride in their remaining skills — and let them receive the due reward of their labours?"

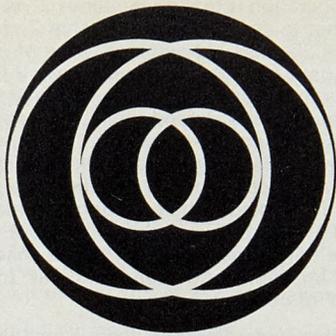
I would think such a compromise — after a good British tradition — could be achieved.

I believe, with all my heart, that there is no better therapy than some form of work, which will stretch to the full the intelligence and the skills of the disabled person; this is more likely than any mere 'time-passing' activity to retain a balanced, hopeful, forward-looking frame of mind and keep the resident an asset to his community; not a misery to his companions!

Here, again, the question of 'living-space' re-appears. A dormitory life is *not* conducive to painting, writing, typing, teaching (either by correspondence, or with private students). Equally, a shared work-room, though of some use, is not the right answer. A ROOM OF ONE'S OWN, to quote Virginia Woolf, is the only realistic answer.

PRIVACY, SECURITY, INCENTIVE TO USE ONE'S FACULTIES: I believe these factors are vital to happy Residential Care.

*This paper was given by Miss Rose, a resident at Greenhill House, Oxford, since May 1973, at Hertford and Oxford County Halls in November and December. She gained her B.A. and M.A. Degrees from London University and her disability is spina bifida. Readers views on this article will be particularly welcome.*



# 1980 World Congress of Rehabilitation International Winnipeg

*J. R. Sarney, National Executive Director,  
Canadian Rehabilitation Council for the  
Disabled, writes:*

The Canadian Rehabilitation Council for the Disabled is proud to have been selected to host the 1980 World Congress of Rehabilitation International. We are planning to make it the most outstanding global conference on rehabilitation ever held anywhere; and representatives from countries around the globe will be attending meetings that extend through five days. The arrangements required in the 1980 Congress city—Winnipeg, Canada—are, in themselves, most demanding. Our Winnipeg World Congress Committee will involve hundreds of volunteers with specific responsibilities, such as accommodation, local transportation, entertainment, news media, security, medical/first aid, translators, publicity, hospitality, exhibition and so on.

In advance of the World Congress there will be six pre-Congress seminars held the week immediately preceding the Congress. These seminars will be the meetings of the various Rehabilitation International Commissions with open invitation for the attendance of Congress delegates.

The pre-Congress seminars are scheduled to be held June 15, 16 and 17 and details are given below of the Canadian cities where they will be held.

The **Educational Seminar** will be held in Vancouver, which is in Canada's west coast province, British Columbia. This lovely city, located on the Pacific coast at the foot of the

Coast Mountains, is identified as one of the most beautiful cities in the world. The seminar is planned to be held in the excellent conference facilities of the University of British Columbia.

The **Technical Aids Seminar** will meet in Ottawa, the capital of Canada—a city that boasts of having a "park-like" setting the focus of which is the Parliament Buildings. Ottawa is one of the most popular cities for tourists in North America. It's planned to hold this seminar in the Canadian Government Conference Centre—an exceptionally fine meeting facility.

The **Medical Seminar** will meet in Kingston, Ontario, which is located on Lake Ontario about halfway between Montreal and Toronto. This charming city is one of Canada's oldest settlements and is distinguished by the limestone used in the construction of many of its gracious homes and the buildings of Queen's University where the seminar will be held.

The **Vocational Commission Seminar** will be held in Toronto, Ontario—a city that has had more growth and development in the past ten years than any other city in the world. Toronto is proud of its cleanliness, its beautiful location on the shores of Lake Ontario, its numerous parks and its friendly attitude. The seminar is planned to be held at the Rehabilitation Centre of the Ontario Workmen's Compensation Board.

The **Social Commission** will be holding its seminar in the Congress host city of Winnipeg. It's planned to hold this meeting in the Winnipeg Convention Centre—the site of the Congress.

The final pre-Congress seminar will be on **Organization and Administration**, this will also be held in Winnipeg and the meeting site will be the conference facilities of the Society for Crippled Children and Adults of Manitoba.

The opening event—using the latest technical development in audio-visuals—will review developments in rehabilitation, and changes in attitudes towards the disabled as seen through media presentation on disability and rehabilitation during the last 25 years. It is planned to have the presentation illustrate the change in preoccupation with medical and technological developments to the current concerns with public attitudes that foster integration and the participation of disabled people themselves in the planning and development process.

This special opening event will be followed by the Congress Challenge: "Prevention—Integration—Priorities for the '80s". During the course of the Congress, a Congress product is to be developed—"A Charter for the '80s" that will influence rehabilitation programmes throughout the world to focus on the *prevention of growing causes of disabling factors and the integration of the disabled into the community*. To accomplish this will give the Congress a true meaning and purpose for the next decade.

We anticipate having a greater number of disabled people participating than ever before, and are therefore carefully assessing the accommodation and local transportation situation to make certain that it will cope with these special needs. The Convention Centre in Winnipeg is completely accessible and poses no problems for accommodating our disabled delegates.

At the end of each day of the first three days there will be special sessions of various speakers, group leaders, chairmen, etc., who will meet to discuss the developments relating to the production of the Charter for the '80s. On the fourth day of the Congress there will be a *Round Table Discussion* of the Charter for the '80s, in order that all delegates can be personally and directly involved in forming and shaping the Congress product.

The Congress will also accommodate several *Special Interest Sessions* such as arthritis and rheumatism, cardiac rehabilitation, deafness and hearing disorders, emotional disorders, sex and disability, speech disorders—verbal and non-verbal communication, leisure activities, technical aids and so on. It is proposed that each of these special interest sessions will give attention to prevention components. Some of the special interest sessions will be related to component sessions being organized as sectional meetings.

The United Nations has declared 1981 the Year of the Disabled Persons. We think that this is a most fortunate situation, for it will mean that the 1980 World Congress can begin to bring to the attention of the citizens of the world the fact that a disabled person wants to be seen and accepted *as a person*.

# A Personal Code

By John Hawkrigde

When I was 13 years old I was sat in a wheelchair. I had recently been discharged (or released!) from hospital—another failure if the truth was faced, and for me it had to be, I was the one who had to live with it. Two years earlier I had been able to walk and run without the use of any aid but unfortunately, as is so often the case, my style was not approved of. Now efficiency had been sacrificed for elegance. I must admit my legs looked far more normal as they lay there straight and useless. I weighed the situation up.

After an operation it took them about 2 years to decide what to do next and in another 2 years I would be 25 years old and, with a bit of effort and luck, have left school. I would have a far greater say in my future by then. I decided to bide my time and steadily defend while this period slowly passed. Come to think of it I had spent most of my life defending, first against callipers and other metal contraptions and then against surgery. Life seemed to be one long nightmare of unwanted events, all I ever dreamed about was freeing the continuous and progressive shackles of childhood imprisonment. Everything was 'for my own good' of course.

Once I was away from the various institutions and their petty dictatorial attitudes and ways it would be up to me. I had the chance, for the first time in my life, to do things my way. Your way is the right way for you. If you have a problem, and everybody has some sort of problem, the only solution is the one which suits you or the problem is not solved, only changed. And if the solution incurs irreversible change then the decision can only be made by the person who has to cope with the difficulty.

At 15 years of age I could walk with the aid of a pair of walking sticks though I was very precarious and spent quite a lot of the time picking myself back up from the ground. To progress I needed discipline and a code by which I should conduct myself. Looking back I think I based my attitudes on the following:

Flexibility, Opportunity, Responsibility, Commitment, Enthusiasm.

Which without being forceful will make you a FORCE to be reckoned with.

A car is fitted with suspension so that you get a smooth ride, and likewise you must have constant flexibility so that you can adapt to present circumstances. It is no good living in either the past or the future, or what might have been. Only the present set of circumstances are relevant to your immediate life. The man who does not change his mind does not think. There must be nothing that you cannot live without and no situation that you cannot survive to achieve your aims, though you will obviously take the easiest available course. Use what you have got instead of thinking and talking about what you could, should or might have.

One must always be ready to grasp at new ideas and possibilities. An opportunity may present itself only once in a lifetime so you cannot afford to be indecisive or complacent when that moment arrives. An opportunity handled responsibly is the chance to progress to a greater level or in a new direction not, as some people mistakenly believe, the chance to push in or hang on at a degree above their capacity at that moment in time.

You and you alone must always be responsible for your actions whatever they are and who ever they affect. The fact that somebody else encourages, instructs or assists in no way exonerates you from the responsibility of the results. Without responsibility it is possible to make much faster progress though the resultant success is not built on a very solid foundation and it is just a matter of time before you are in difficulties.

If you are not committed to what you are doing then you are unable to believe in yourself, especially when your own life is totally committed to your own mental and physical expertise.

Without enthusiasm life might as well not exist. It is the secret of everything. If you try hard enough and long enough success is there for the taking. Patience is controlled enthusiasm and commitment while waiting for the opportunity.

It very difficult to apply this code to everything you do because at times it may seem that to honour one restricts the development of another but the truth is that consideration of them all will result in far more stable, steady and founded progress being made in the long run. This should seem more obvious when related to a physical pursuit where it is not yet physically possible to attain the next level and especially where there is an element of danger present. And it therefore seems logical that if these ideas are helpful at the extreme then they must be more than useful in the every day living of your life. Most good attacks are built on a sound defence, maybe now is the time to go forward with an honest belief and the courage of your convictions tempered by good sense.

*Ack: The P.U.A. Magazine.*

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## DEAF PEOPLE CAN TELEPHONE!

A demonstration was recently given at Agate House of how deaf people can use the telephone by using a reconditioned ex-Post Office type teleprinter with an acoustic coupler, called a "Phonetype", which serves to link up the teleprinter with an ordinary telephone without any permanent connection.

Any message typed out on the teleprinter will be automatically reproduced on similar equipment at the other end of the telephone line. This makes it possible for those people who are normally unable to use a telephone by voice—such as the deaf, or those spastics with a speech problem—to communicate by operating a simple typewriter type of keyboard.

The electrical impulses generated by the first teleprinter are converted by the Phonetype into high-pitched "pips" of sound which are picked up by the telephone and transmitted along the line and through a second telephone into another Phonetype which turns the sounds back into electrical impulses that activate the second teleprinter, so reproducing the message typed out on the first one.

The system was developed in 1964, in the United States where there are now 10,000 of these special units in operation for the benefit of deaf people.

In late 1971, steps were taken to introduce the Phonetype into Great Britain, under the auspices of the Breakthrough Trust, a charitable

organisation set up to foster better relationships between deaf and hearing people.

On 1st April, 1973, the first telephone call in the United Kingdom was made between two deaf men, one in Solihull, near Birmingham, and the other at Bromley, in Kent. The subsequent trial period of six months, with four units in operation, showed this was a very successful and necessary means of communication between deaf and hearing people.



Gordon Butler, Chairman of the Bedford Friends of the Deaf explains to Leonard Cheshire the workings of the Link-up Service being operated by Wendy Prim a resident of the Amphil Home.

## Official Opening of Agate House at Ampthill 1977



Leonard Cheshire shows interest in the Link-up service for the deaf which is operated by Wendy Prim, a resident of the Ampthill Home.

The Breakthrough Trust are the official suppliers of the Phonetype in the United Kingdom. A Telecommunications Centre has been established to sell and distribute the teleprinters and Phonetype units to bona fide users who are either deaf themselves or have a special reason for needing the equipment, for instance, to enable them to communicate with another user who is deaf.

The teleprinters are adapted at the Centre for use with the Phonetypes which are imported ready made from the United States. The dimensions of the teleprinter are 2 feet long by 2 feet broad and 10 inches high, while the Phonetype is 11 inches long by 5 inches wide and 4 inches high.

In this jet age the deaf are becoming even more handicapped by their inability to communicate quickly with anyone. Very often their only means of contact is by letter writing which is very slow and limited in scope. Precious time and money are spent—and sometimes wasted—in travelling about to find facts which a hearing person can easily ascertain on the telephone.

With a teleprinter and Phonetype, a deaf person can talk to his friends without the need of a hearing person to do the telephoning for him. This gives the deaf person a greater sense of independence as well as privacy, and enables help to be summoned in any emergency.

By the establishment of local "Link-Up" services, it is possible for the deaf to talk to any hearing person who does not possess any special equipment apart from the telephone, and vice versa. In this manner, a deaf person is able to call for medical aid, or the police, in cases of real emergency.

In theory, a "Link-Up" service should ideally be set up within each telephone area as defined by the Post Office, so that the cheaper local call facility is available (STD calls are too expensive especially in the mornings). But, at present, "Link-Ups" can only be established in those areas where there are sufficient numbers of Phonetype users to render the service worthwhile and practicable.

Mr Michael King-Beer, Director, Telecommunications Project writes:—

In the United States, they have made extensive use of physically handicapped persons (who are not deaf or speech-impaired) to operate the "Link-Up" (or "Answering") services for the deaf, and, as far as I have been able to gather, this arrangement has worked very well, and I should like to think the same thing could happen in Britain, possibly through the Cheshire Homes.

All enquiries should be sent to the following address: Breakthrough Trust, Telecommunications Centre, 21-23 Park Road, Wellingborough, Northants NN8 4PW. Tel: Wellingborough 79277).

# JUMBULANCE 1977

## A WEEK OF THRILLS IN GERMANY

One day in January or February last year, a leaflet came through the post for me entitled "Holidays for the Handicapped". It showed the 'Jumbulance', a special ambulance-bus, which had been designed to take sick and handicapped folk to Lourdes and on other holidays abroad. My first reaction was, "Oh no, not for me", as I am rather awkward to manage, but then I showed it to my friend, Betty, who looked through it and then said, "I'd love to go to this West Germany one". "O.K.," I said, "I'll go with you". so she wrote-off and within a few weeks we received application forms.

We didn't hear any more for ages and almost gave up hope of going. Then, one day in June, a phone call from London offered places on the bus which left from Westminster if we could make our own way down there. There was great excitement and at last the great day arrived.

At 3.00 a.m. on 6th August, we set off. I'd been very much looking forward to watching dawn breaking and was not disappointed—it was a lovely morning, and we arrived in London in plenty of time and had to wait a little while before the Jumbulance arrived.

We'd been dying to see it, it was only the length of an ordinary bus, but what a difference inside. There were eight stretcher beds down the right-hand side of the bus. On the left were reclining seats and toilet arrangements, whilst at the back there was equipment for making hot and cold refreshments, washing-up facilities, storage bins for dry foods, cutlery, etc. There were also small ovens for warming-up pre-cooked meals.

Soon we were all introduced to each other and in no time felt at home. There were three trained nurses on our bus and one auxiliary who was to look after me throughout the holiday. We picked up a cooked meal just before we reached Dover.

This we ate whilst on the ferry during our crossing from England to France. The Jumbulance is the only vehicle on which passengers are allowed to remain during the crossing.

What a welcome awaited us about 10.00 p.m. in Rheindahlen at the Joint Headquarters of the

British Forces in Germany—we were to be their guests for the duration of our holiday. I was thrilled with all the tiny, toy-like houses and churches we saw on the way.

At breakfast time on Sunday morning the dearest little girl of about eleven came to feed me. Later, those who wanted to went to Church and when we returned there was a cocktail party.

It was a beautiful day, warm and sunny, and we decided to watch the swimmers at the open air swimming pool. We came back for a light tea and about half-past-seven we were off for an evening out to a restaurant-cum-Beer Keller in Rheindahlen, called 'Uncle Gustav's', for a meal of Jaegerschnitzel with which Rheinwine was served. Towards the end of the evening one or two of our party broke into song, and we ended the evening with a good old Yorkshire sing-song.

The next afternoon we set off for the home of Colonel Gallie, Chairman of the Committee who arranged our week, and as we drove into the lovely grounds of his home we could hear brass band music and to my delight they entertained us for most of what was a most enjoyable afternoon out.

About 8.00 p.m. we all went along to the R.A.F. Sergeants' Mess where an evenings entertainment had been planned for us. The best part started about 10.30 p.m. when the dancing began. Soon they had us all on the floor dancing with us in our wheelchairs. It was great fun.

Tuesday was the day for our trip down the Rhine, and after a two hour drive reached our point of embarkation. On the quayside we ate—and what a meal! There was chicken, ham and smoked salmon, together with a full salad, followed by a selection of fresh fruit.

About 1.00 p.m. a huge pleasure boat chugged into the quayside and we were amazed to find how easy it was for a wheelchair to be taken aboard, and to our amazement we were told that there was no charge as the Forces had taken care of the cost. We were taken into a huge restaurant in the prow of the boat which had enormous observation windows all around, and soon found ourselves sailing down the Rhine, a thing which many of us had dreamed about for a very long time. We were fascinated by all the tiny houses, castles and churches which nestled amongst the trees.

On Wednesday afternoon there was a garden party given by the Guides, Brownies and Wolf-Cubs. After refreshments they entertained us with a camp-fire sing-song and a few comic spots in between. They also brought two horses and the drivers lifted anyone who wanted to have a go onto the horses and led them around, supporting the riders meanwhile. The children showed such

delight in giving us this party—it was lovely just to see their faces.

Wednesday night was another great highlight of the holiday when we went to a Bavarian Night with the Bavarian Umpah Band and the dancers progressing in couples around the perimeter of the dance floor. They were dressed in traditional German costumes; the gentlemen in checked shirts and lederhosen with dark green velour hats on their heads, the ladies in dark green drindls with laced bodices and white tucked blouses. In the tops of their bodices they had what seemed like almost a full bouquet of red roses. Then we were given an exhibition of German folk dances. Soon the public were invited to join in and strong men appeared to come forward from all sides and proceeded to lift everyone in a wheelchair down onto the floor and some of us were lucky enough to be taken by one of the Bavarian dancers. It was very fascinating to watch. We had heard quite a lot about wheelchair dancing and we were delighted to see it being done.

During a short interval the Chief Chaplain to the Forces in Germany presented Angela Glithero, as the representative of Across, with a cheque for £1,000, which had been raised by a sponsored walk made by members of the Forces and this was to be put towards the cost of another Jumbulance.

During the course of the evening a very pretty maypole dance was performed. A little later on three of them did a very amusing dance depicting woodsmen who carried axes and long logs which periodically they laid on the ground and began to chop very quickly to a fast rhythmical piece of music, and when they broke their dance to open up their snacks which had been tied in handkerchiefs tied to a pole they went around the edge of the floor sharing their black bread and sausages with the onlookers. Our refreshments that night were traditional German fare—huge sausages and potato salad and an abundance of Rhine and Moselle wine. At the end of the evening we all joined hands to sing "Auld Lang Syne" in German. It was a most impressive and perfect ending to a marvellous evening.

Thursday was another full day out when we went to Cologne, with its beautiful square and Cathedral, on one side with adjacent to it a huge cafe, backed by the Roman museum which quite a few of our party visited. Anne and I went into the Cathedral taking a long time to go around and see all the wonders. One thing which sticks in my mind was a huge white cross carved out of a hillside, which could be seen for miles around.

Perhaps I'll try to give you some idea of how ACROSS was born. Some seven or eight years ago because more and more people were going to Lourdes by air the special hospital-train which was used for this purpose was scrapped. This meant that very sick folk who couldn't fly were denied

the pilgrimage. Dick Glithero felt this was very wrong. He devised the idea of the Jumbalance and found a firm willing to build it. A Committee was formed to raise money and so The ACROSS Trust came into being. Gradually more money was raised for a second Jumbalance, then a third, each one improving on the last. At first the ACROSS Trust arranged pilgrimages to Lourdes only, but then they started organising other holidays abroad. Several years ago the British Forces in Germany invited them to take a party out there for a week and this has continued each year since. They have also presented ACROSS with a Landrover.

Friday night was Family Party Night—another grand occasion with lots of fun and plenty of dancing. Everyone was dressed in their best—the Colonel looked very smart in his uniform, complete with spurs. He and the drivers had the place in an uproar with their antics. The party didn't end until after midnight and we were woken again at 4 a.m. Were we tired! It was well worth it though.

"The world's gone bad . . . there's no goodness any more". A few folks have remarked this in the last few years. Praise our Lord, it isn't so, and never will be so, and I'm sure this article will change such folks' minds.

This has been a joint effort between Betty and I. So thanks Betty—I couldn't have described the great events as well as you have. God bless you and all who read it.

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## A Question of Management

*By — Stanley Speight Chairman, Mickley Hall*

I should say at the outset that I have only a comparatively short experience as a member of a Cheshire Home Management Committee and have just completed my first year as the Chairman at Mickley Hall. You may say therefore that perhaps this particular subject might have been introduced by someone with much longer experience and you might even be right. On the other hand perhaps a shorter experience means that one has not had the opportunity of getting hidebound. In any event I hope I achieve the object of any talk or any seminar and that is to promote discussion and thus bring out some originality of idea which may be beneficial.

I would like to assure you that I am not quite like a business acquaintance I know—a very successful man I may say—who once defined for me his ideas of committees. He asserted there is only one good committee—ME.

Well, I hope to suggest another type of committee consisting of several people.

Before I get down to the main subject we ought to spend some time on background.

Firstly, let us consider for a time of what a Cheshire Home is all about, because there is no point in being involved in a Management Committee unless this is clear in our minds.

I was reading through various papers in preparing this talk and found one which was the basis of a questionnaire sent to Homes last year and it contained four definitions which I would like to quote :

- 1 "A place of shelter physically and encouragement spiritually".
- 2 "A place in which residents can acquire a sense of belonging and ownership by contributing in any way within their capabilities to its functioning and development".
- 3 "A place to share with others and from which to help others less fortunate".
- 4 "A place in which to gain confidence and develop independence and interests, a place of hopeful endeavour and not of passive disinterest".

You can select any or all of these definitions or you can even make up your own definition but the point I wish to make is that a Cheshire Home is there to provide a real home for its residents. It only exists because there are residents who have need of such a home due to their physical disabilities.

They are the Cheshire Home and all those of us who are involved in the running of the home are only involved because that need exists. We are not involved for any requirement of our own, and our work and our decision, our policy making, our fund raising—whatever we do must be based on the requirements of the home for the residents.

I hope I have managed to clarify this first point for in my mind the first duty of a Management Committee and therefore of the individual member of a Management Committee is to understand and accept first principles.

The first principles I have tried to stress are that the Management Committee must realise that it is there to provide and manage a home but the committee's policy must be guided by the needs of the residents. It is no good a Management Committee trying to make the Home and the residents fit some pre-conceived pattern it has thought up. The pattern must follow the needs.

I know that in the Foundation Handbook, the Management Committee is likened to the Board of Directors of a Company.

Well, in some minds a Board of Directors may be looked upon as a very authoritarian even an autocratic body but I can say from a very lengthy experience that this is far from the case.

A Board of Directors in any Company is very much the servant of the Company. I describe the Company as the Shareholders, the Management and the employees. The Board to be successful must be very concerned with the interests of all those parties and in addition must consider its responsibility to the general public.

I feel therefore that it is a very good idea to liken the Management Committee of a Cheshire Home to the Board of Directors of a Company.

Now to get down to the question of the role of the individual committee member having discussed at length the situation of the committee collectively.

We have just seen that the Management Committee has been likened to a Board of Directors and perhaps therefore the individual member may be looked upon as a Director.

Because the Committee has the job of seeing that the Home runs smoothly, efficiently, economically and happily then it follows that various skills are required and the ideal committee will consist of men and women of ability and skills which fill the various requirements.

The individual member must first and foremost have a genuine and deeply felt interest in the home and in the residents.

The object of the early part of my talk was to impress that one must be motivated by the desire to serve the Home and the residents and not to gratify any personal ambition of any kind.

To run a Home the Committee must have members with organising ability, it needs financial and accounting ability, building knowledge, publicity experience, social work experience, nursing knowledge, medical knowledge, local authority experience, legal experience, even knowledge of gardening.

This list of abilities and knowledge is not meant to be a list of necessities neither is it a list of all that is needed. It is a guide as to the sort of problems which a Management Committee may be called upon to face and therefore how helpful to have members of the Committee who have some knowledge to give.

The individual therefore should bring with him or her a specialised knowledge or experience which is going to be beneficial when allied to their adherence to the basic principles and administrative abilities.

According to what they can offer they should be prepared to serve perhaps by chairing or serving on one of the several sub-committees set up to do the detailed work or alternatively merely bringing their advice on special subjects for the benefit of the Committee.

In whatever capacity, regular attendance at Committee meetings, a willingness to take on

duties and wholehearted support of the Home are essential.

To sum up perhaps out of all I have said I could stress that the role of the individual Management Committee Member depends on accepting what the Home is all about and in that context to bring his or her abilities in the fullest sense to achieve a successful Home which fulfills the original objective of the Founder, Leonard Cheshire.



## Papal Cross for Margot (Mason)

At a party for Margot Gibb, nee Mason, given by the Helping Hand Organisation to mark her retirement as their Chief Executive, Margot was presented with the Papal Cross Pro Ecclesia et Pontifice for her 25 years service to chronic sick and disabled people. The presentation was made on behalf of His Holiness Pope Pius VI, by Canon Francis Bartlett, and when introducing him Group Captain Cheshire paid tribute to the work Margot did during her eight years with the Cheshire Foundation. He mentioned in particular her work in establishing Cheshire Homes in overseas countries where Margot's perseverance had worked wonders in most difficult conditions.

There were many of her old friends at the party, held on 16th January, 1978, at the Royal Thames Yacht Club, including Reg. Emmett, Miss Cherry Morris, Bob Worthington, Ann Layton and of course, Barry Richards, founder of the Helping Hand Organisation (for alcoholic and drug addicts). Margot's two successors at Market Mews, Carmel Short and Arthur Bennett, were also there to add their congratulations and to wish her a less hectic life in the future.

C.T.S.

# 1 The Leonard Cheshire Foundation

Registered as a Charity Number 218186

**Leonard Cheshire Homes** care for the severely and permanently handicapped—those for whom hospitals can do nothing further. They are run as homes, and offer the affection and freedom of ordinary family life, the residents being encouraged to take whatever part they can in the day-to-day running of the house and to develop their remaining talents. Disabled people are admitted according to need, irrespective of race, creed or social status.

The Management of each Home is vested in a Committee as representative as possible of the local community. The Leonard Cheshire Foundation (a registered charity) is the Central Trust, and has ultimate responsibility for all the Homes. It owns all the property, and acts as guarantor to the public that the individual Homes are properly managed in conformity with the general aims of the Foundation. Similar charitable Trusts have been established to control the Homes overseas.

**7 Market Mews, London, W1Y 8HP**  
**Telegrams, Cheshome, London, W1**  
**Tel: 01-499 2665**

*Patrons:* Dr G. C. Cheshire, F.B.A., D.C.L.  
 The Rt. Hon. Lord Edmund-Davies, P.C.  
 The Rt. Hon. The Lord Denning, P.C.

*Chairman:* Sir Christopher Foxley-Norris, G.C.B., D.S.O., O.B.E., M.A.

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Office: 7 Market Mews London, W1Y 8HP  
 Tel: 01-492 0162

*Head of Counselling Service:* Mr. Ronald Travers.

*Counsellors:* Mrs. Gillian Corney, Mrs. Alma Wise.

*Secretary:* Mr. Wally Sullivan.

# 2 Sue Ryder Foundation

Registered as a Charity Number 222291

**Sue Ryder Home, Cavendish, Suffolk CO10 8AY**

*Founder:* Sue Ryder, C.M.G., O.B.E.

*Chairman:* Mr H. N. Sporborg, C.M.G.

*Honorary Councillors:* Dr J. Apley, C.B.E., M.D., F.R.C.P., J.P./Group Captain G. L. Cheshire, V.C., D.S.O., D.F.C./Miss E. B. Clarke, C.V.O., M.A., B.Litt.(Oxon), J.P./The Rev. Sister J. Faber/Mr Airey Neave, D.S.O., O.B.E., M.C., M.P./Mr John Priest, J.P./Sue Ryder, C.M.G., O.B.E./Mr J. W. Steed/Mr John L. Stevenson, F.C.S., A.C.I.S., F.T.I.I.

The Sue Ryder Foundation was established by Miss Ryder during the Post War years, after she had been doing relief work on the Continent. Its purpose was—and still is—the relief of suffering on a wide scale by means of personal service, helping the needy, sick and disabled everywhere, irrespective of age, race or religion and thus serving as a Living Memorial to all who underwent persecution or died in defence of human values, especially during the two World Wars. Sue Ryder Homes care for the sick and needy of all ages, including children, and principally for the incurably sick and disabled, the homeless and those others for whom the general hospitals can do no more and who have no suitable place to go.

There are Sue Ryder Homes/Hospitals in Britain and overseas.

# 3 The Mission for the Relief of Suffering

Registered as a Charity Number 235988.

*Founders:* Sue Ryder, C.M.G., O.B.E., and Leonard Cheshire, V.C., D.S.O., D.F.C., in association with Mother Teresa of Calcutta.

*President:* Mrs Lakshmi Pandit.

*Secretary:* Ronald Travers.

**The Mission** was founded by Sue Ryder and Leonard Cheshire for the principal purpose of pioneering new projects which, although fulfilling a clear need and in keeping with their general aims and objects, would probably not be undertaken by either of their respective organisations. Four such projects are:

**Raphael, The Ryder-Cheshire International Centre, P.O.Box 157 Dehra Dun, Up, India,** caring for a total of some 300 people in need.

Raphael comprises a colony for burnt out leprosy cases, a Home for severely mentally retarded children, the "Little White House" for destitute orphaned children and a small hospital with two separate wings, one for general nursing and the other for the treatment of TB. In addition, Raphael operates a Mobile TB and Leprosy Clinic in the Tehri, Garhwal area of the Himalayan foothills. There is a Cheshire Home in Dehra Dun itself, so Raphael is not able

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to appeal locally for funds. With effect from June 1976 responsibility for its financial upkeep has been taken over by the Ryder-Cheshire Foundation of Australia and New Zealand. The administration is in the hands of a General Council under the Chairmanship of Lt./Gen. S. P. Bhatia, O.B.E. (Retd.).

**Gabriel, St. Thomas' Mount, Madras, South India**  
A training Unit for leprosy and non-leprosy patients who are living on their own in Madras but are incapable, through lack of a trade, of obtaining work. Financial responsibility is shared between India and Ryder-Cheshire Support Groups in the United Kingdom.

*Chairman of Governing Council:* L. Nazareth.

**Ryder-Cheshire Films, Cavendish, Suffolk**

This Unit produces films and video-tape programmes about the work of the two Foundations.

Details of these productions available on request.

**Raphael Pilgrimages**

A Pilgrimage to Lourdes is arranged annually for those chronically ill and permanently handicapped people, many of whom would not be accepted on other pilgrimages, and willing helpers.

*Leader of Pilgrimages:* Gilbert Thompson,  
23, Whitley Wood Road, Reading, Berks.

## Cheshire Homes in Britain

*Residents telephone numbers in brackets.*

### ENGLAND

#### Avon

Greenhill House, Timsbury, near Bath BA3 1ES.  
Timsbury 70533 (70866).

#### Bedfordshire

Agate House Cheshire Home, Woburn Road, Ampthill,  
Bedfordshire. Ampthill 403247 (404470).

#### Buckinghamshire

Chiltern Cheshire Home, 29 North Park, Gerrards Cross  
SL9 8JT. Gerrards Cross 86170 (84572).

#### Cheshire

The Hill, Sandbach. Sandbach 2341 (2508).

#### Cleveland

Marske Hall, Marske-by-the-Sea, Redcar, Cleveland  
TS11 6AA. Redcar 2672.

#### Cornwall

St. Teresa's, Long Rock, Penzance. Marazion 710336  
(710365).

#### Cumbria

Lake District Cheshire Home, Holehird, Windermere.  
Windermere 2500 (387).

#### Derbyshire

Green Gables, Wingfield Road, Alfreton DE5 7AN.  
Alfreton 2422.

#### Devon

Cann House, Tamerton Foliot, Plymouth. Plymouth 771742  
(772645).

Douglas House, Douglas Avenue, Brixham. Brixham 6333/4.  
Forches House Cheshire Home, Victoria Road, Barnstaple.  
Barnstaple 75202.

#### Dorset

The Grange, 2 Mount Road, Parkstone, Poole.  
Parkstone 740188 (740272).

#### Durham

Murray House, St. Cuthbert's Avenue, Blackhill, Consett  
DH8 0LT. Consett 504000 (502363).

#### Essex

Seven Rivers, Great Bromley, Colchester. Colchester 230345  
(230463).

#### Gloucester

Cotswold Cheshire Home, Overton Road, Cheltenham  
GL50 3BN. Cheltenham 52569.

#### Hampshire

Le Court, Greatham, Liss. Blackmoor 364 (229).

#### Hereford and Worcester

The Saltways Cheshire Home, Church Road, Webbeath,  
Redditch B97 5PD. 0527-44462 (43208).

#### Hertfordshire

Hertfordshire Cheshire Home, St. John's Road, Hitchin.  
S94 9DD. Hitchin 52460 (52458).

#### Isle of Wight

Appley Cliff, Popham Road, Shanklin. Shanklin 2193.

#### Kent

Chipstead Lake Cheshire Home, Chevening Road, Chipstead,  
Sevenoaks, Kent, TN13 2SD. 0732-59510 (51855).  
Mote House, Mote Park, Maidstone. Maidstone 37911  
(38417).

St. Cecilia's, Sundridge Avenue, Bromley BR1 2PZ.  
01-460 8377 (7179).

Seven Springs, Pembury Road, Tunbridge Wells.  
Tunbridge Wells 31138 and 33522 (20130).

#### Lancashire

Honresfeld, Blackstone Edge Road, Littleborough.  
Littleborough 78627 (78065).

Oaklands, Dimples Lane, Barnacre-with-Bounds, near  
Garstang, Preston PR3 1UA. Garstang 2290 (3624).

#### Leicestershire

Roecliffe Manor, Woodhouse Eaves, Loughborough  
LE12 8TN. Woodhouse Eaves 890250.

Staunton Harold, Ashby-de-la-Zouch, LE6 5RT.  
Melbourne Derby 2571 (2387).

#### Lincolnshire

Hovenden House, Fleet, Spalding PE12 8LP.  
Holbeach 23037 (23241).

#### London

Athol House, 138 College Road, London SE 19 1XE.  
01-670 3740 (6770).

#### Merseyside

Freshfields Leonard Cheshire Home, College Avenue,  
Formby, Liverpool L37 1LE. Formby 70119.  
Springwood House, Cheshire Home, Springwood Avenue,  
Liverpool L25 7UW. 051-427 7345 (5400).

#### Middlesex

Arnold House, 66 The Ridgeway, Enfield, Middlesex  
EN2 8JA. 01-363 1660 (01-363 0750).

#### Norfolk

The Grove, East Carleton, Norwich NR14 8HR.  
Mulbarton 279.

#### Northumberland

Matfen Hall, Matfen, Newcastle-upon-Tyne. Stamfordham  
212 (383).

#### Nottinghamshire

Holme Lodge, Julian Road, West Bridgford, Nottingham  
NG2 5AQ. Nottingham 869002.

The Dukeries Cheshire Home, Hospital Road, Retford,  
Notts. Retford 5765.

#### Oxfordshire

Greenhill House, Twyford, Banbury. Adderbury 679 (667).  
John Masefield Cheshire Home, Burcot Brook, Burcot,  
Oxfordshire OX14 3DP. Oxford 340324 (340130).

#### Somerset

St. Michael's, Axbridge, Somerset BS26 2DW.  
Axbridge 358 (204).

#### South Humberside

Stonecroft House, Barnetby ND38 6YD. Barnetby 344 (699).

## Staffordshire

St. Anthony's, Stourbridge Road, Wolverhampton WV4 5NQ.  
Wombourne 3056 (2060).

## Surrey

Harts Leap Children's Home, Harts Leap Road, Sandhurst,  
near Camberley. Crowthorne 2599.  
Hydon Hill, Clock Barn Lane, Hydon Heath, near Godalming.  
Hascombe 383.

## Sussex

Heatherley, Effingham Lane, Copthorne, Crawley RH10 3HS.  
Copthorne 712232 (712735).  
St. Bridget's, The Street, East Preston, Littlehampton.  
Rustington 3988 (70755).

## West Midlands

Greenacres, 39 Vesey Road, Sutton Coldfield, West Midlands,  
B73 5NR. 021-354 7753 (7960).

## Wiltshire

Greathouse, Kington Langley, Chippenham.  
Kington Langley 235 (327).

## Yorkshire

Alne Hall, Alne, York YO6 2JA. Tolterton 295.  
Beechwood, Bryan Road, Edgerton, Huddersfield HD2 2AH.  
Huddersfield 29626 (22813).  
Champion House, Clara Drive, Calverley, Pudsey LS28 5PQ.  
Bradford 612459 (613642).  
Kenmore, Whitcliffe Road, Cleckheaton BD19 3DR.  
Cleckheaton 2904 (2724).  
Mickley Hall, Mickley Lane, Totley, Sheffield S17 4HE.  
Sheffield 367936 (365709).  
Spofforth Hall, Harrogate HG3 1BX. Spofforth 284 (287)  
White Windows, Sowerby Bridge, Halifax HX6 1BH.  
Halifax 31981 (32173).

## SCOTLAND

### Dumfries

Carnsalloch House, Dumfries. Dumfries 4924.

### Edinburgh

Mayfield House, East Trinity Road, Edinburgh EH5 3PT.  
031-552 2037 (4157).

## WALES

### Clwyd

Dolywern, Pontfadog, Llangollen. Glynceiriog 303.  
Eithinog, Old Highway, Upper Colwyn Bay LL28 5YA.  
Colwyn Bay 2404 (30047).

### Dyfed

Coomb, Llangynog, Carmarthen. Llanstephan 292 (310).

### Gwent

Llanhennock Cheshire Home, Llanhennock, near Caerleon  
NP6 1LT. Caerleon 420045 (420676).

### South Glamorgan

Danybryn, Radyr, Cardiff CF4 8XA. 842237 (842335).

## IRELAND

Ardeen, Shillelagh, Co. Wicklow, Eire.  
Rathfredagh House Cheshire Home, Newcastle West,  
Co. Limerick, Eire.  
St Laurence Cheshire Home, Lota Park, Cork, Eire.  
St Patricks Cheshire Home, Tullow, Co. Carlow, Eire.  
Cara Cheshire Home, Phoenix Park, DUBLIN 20.  
The Barrett Cheshire Home, 21 Herbert Street, DUBLIN.  
The O'Dwyer Cheshire Home, Lismirrane, Boholo, Co. Mayo.

## HOMES FOR PSYCHIATRIC AFTER-CARE

### London

Miraflores, 150-154 Worple Road, Wimbledon, S.W.20.  
01-946 5058.  
Gaywood, 30 The Downs, Wimbledon S.W.20. 01-946 9493.  
Nicholas House, 3 Old Nichol Street, Bethnal Green E.2.  
01-739 5165 (9298).

## MENTALLY HANDICAPPED CHILDREN

### Cheshire

The Green, Christleton, near Chester. Chester 35503.

### Dorset

Buckfield House, Lyme Regis.  
Fairfield House, Lyme Regis. Lyme Regis 2487.  
Hawthorn Lodge, Hawthorn Road, Dorchester.  
Dorchester 3403.

## Special Services

Leonard Cheshire Homes wing for G.L.C. Flats: (care service  
only) Cheshire Estate, 30 Palace Road, Tulse Hill, London  
SW2. Tel: 01-671 2288  
Flats for couples, one of whom is disabled:  
Robin House, St. John's Road, Hitchin, Herts.  
Disabled Students accommodation:  
Taylor House, 16 Osler Road, Headington, Oxford.  
Training Centre:  
Cheshire Foundation Service Corps, Study Centre,  
Le Court, Liss, Hants. Tel: Blackmoor 421

## Leonard Cheshire Homes Overseas

Secretary, 5 Market Mews, London W1Y 8HP.  
Tel. 01-499 2267

### Argentina

Hogares Cheshire para Lisiados Casilla de Correo 896,  
BUENOS AIRES

### Bangladesh

Cheshire Foundation Home, 14/E Bonani Model Town,  
P.O. Box 150, DACCA 2.

### Brazil

The Cheshire Home, Rua 7 de Abril 252, 12, SAO PAULO

### Canada

Ashby House Cheshire Home, 78 Springhurst Avenue,  
TORONTO  
Carey House Cheshire Home, P.O. Box 985, Oakville,  
ONTARIO  
Clarendon Foundation (Cheshire Home) Inc., 21a Vaughan  
Road, Toronto, Ontario  
C.O.R.D.I. Home, 1604 Pullen Street, OTTAWA. KIG.0N7.  
The Durham Region Cheshire Homes, 829 Simcoe Street,  
N. Oshawa, ONTARIO  
McLeod Home, 11 Lowther Avenue, TORONTO  
Peel Cheshire Home, 361 Queen Street, Streetsville,  
Mississauga, ONTARIO  
Quinte Cheshire Home, 246 John Street, BELLEVILLE,  
Ontario  
Saskatchewan Cheshire Home, 314 Lake Crescent,  
Saskatoon, Saskatchewan  
\*London, Nova Scotia, Toronto.

### Chile

Hogares Fundacion Cheshire de la Esperanza, Casilla 3337,  
SANTIAGO  
Hogares Cheshire Home, Casilla 74, CONCEPCION

### Ethiopia

The Cheshire Home, PO Box 3427, ADDIS ABABA (C)  
The Cheshire Clinic, PO Box 1383, ASMARA (C)  
The Cheshire Home, PO Box 18, SHASHAMANE  
Makalle\*

### France

Foyer Cheshire de Fontaine-Francaise 21610.

### Guyana

The Cheshire Home for Spastic Children, Mahaica Hospital,  
E. C. DEMARARA (C)

**Hong Kong**

The Cheshire Home, Chung Hom Kok, PO 15061,  
NR. STANLEY

**India**

The Cheshire Home, H. A. L. Road, BANGALORE 17  
The Cheshire Home, Opp. Buddhav Colony, Kareli Baug,  
BARODA

Bethlehem House, Mahakali Caves Road, Andheri,  
BOMBAY 69

The Cheshire Home, (Asansol) Dt. Burdwan, BURNPUR,  
W. Bengal

Serampore Cheshire Home, "Bishop's House",  
51 Chowringhee Road, CALCUTTA 16

Tollygunge Cheshire Home, Tollygunge, CALCUTTA  
Cheshire Home, Sowripalayam Road, COIMBATORE.  
641028

"Anbu Nilayam", The Cheshire Home, COVELONG,  
Chingleput Dt.

Govind Bhavan Cheshire Home, 16 Pritam Road, DEHRA  
DUN

Rustomji P. Patel Cheshire Home, c/o Telco Ltd.,  
JAMSHEDPUR

"Vishranti Illam" Cheshire Home, KATPADI Township.  
Vellore 632006, N.A.Dt.

The Cheshire Home, Towers Lane, Kankanady,  
MANGALORE 2

The Cheshire Home, Balamore Road, NAGERCOIL 629001  
Delhi Cheshire Home, c/o C-1/33 Safdarjang Dev. Area,  
NEW DELHI 16

Meathmarg Cheshire Home, PO Box 10, RANCHI Lucknow\*  
Cheshire Home, Thoppur B.O. (via) MADURAI-625006, India.

**Indonesia**

Wisma Cheshire, 90 PO Box 3018 Djarkata.

**Kenya**

Dagoretti Childrens' Centre, P.O. Box 24756, Nairobi.  
The Limuru Cheshire Home, P.O. Box 325, LIMURU,  
Nairobi.

Likoni Cheshire Home, P.O. Box 83094. MOMBASA.

**Malaysia**

Cheshire Home Johore, Jalan Larkin, JOHORE BAHRU

Cheshire Home, PO Box 1267, KUCHING, Sarawak  
Rumah Amal Cheshire Selangor, PO Box 2111,  
KUALA LUMPUR

Sabah Cheshire Home, Peti Surat 1271, Kota Kinabalu, SABAH

**Mauritius**

Cheshire Home, Tamarin, FLOREAL

**Morocco**

Foyer Koutoubia, Parvis de la Koutoubia, MARRAKECH (C)  
Dar el Hanaa, 3 Place des Aloes, Marshan, TANGIER (C)

**Nigeria**

Cheshire Home Enugu, 1 Adelaba Street, ENUGU (C)  
Oluyole Cheshire Home, PO Box 1425, IBADAN (C)  
Cheshire Home Lagos, 91 Agege Road, Mushin, LAGOS  
State (C)

Cheshire Home Orlu, Ubulu-Theojiofor, ORLU, E.C.S. (C)  
Cheshire Home, PO Box 365, Churchill Road,  
PORT HARCOURT (C)

**Papua and New Guinea**

The Cheshire Home, PO Box 1306, Boroko, PAPUA (CM)

**The Philippines**

Sinag-Tala for Men, Congressional Rd, Carmel Sub-Div.  
QUEZON CITY

Sinag-Tala for Women, Grant St. 74, G.S.I.A. Village,  
Project 8, QUEZON CITY

AN Children's Home, c/o Sr. V. Baerts, PO Box 2508,  
MANILA (C)

Bukang Liwayway, Anonas St. 68, Quirino Dist,  
QUEZON CITY

Kakayahan, Rd. 22, Urduja Village, Calooca Bdry,  
NOVALICHES

Pangarap Home, Paraiso St. No. 31, NOVALICHES

**Portugal**

Lares Cheshire em Portugal, Rua Joao da Silva No. 3.  
CARCAVELOS

**Sierra Leone**

Sir Milton Cheshire Home, PO Box 150, BO. (C)

The Cheshire Home, PO Box 916, 18 Race Course Road,  
FREETOWN (C)

**Singapore**

Singapore Cheshire Home, Singapore Council of Social  
Services Bldg. 11 Penang Lane, SINGAPORE 9

**South Africa**

Cheshire Homes - Natal P.O. Box 3887, DURBAN 4000  
and 119 Salisbury House, Smith Street, DURBAN 4001.  
Queensburgh Cheshire Home, 890 Main Road, MOSELEY  
4093, Natal.

Chatsworth Cheshire Home, House No. 74, Road 217,  
CHATSWORTH 4092, Natal.

Ann Harding Cheshire Home, P.O. Box 51357. RANDBURG.  
Transvaal. South Africa 2125.

The Cheshire Home, Gomery Avenue, Summerstrand,  
PORT ELIZABETH.

Eric Miles House, 20 Corsair Road, Sandrift, MILNERTON,  
Cape Province.

**Spain**

Hogar de la Amistad, Calle Beneditti No. 60. BARCELONA  
Hogar de la Amistad, de Sants, Calle Augranes 103 Bajos,  
Sants, BARCELONA

Hogar de la Amistad, de Mosnou, Avda de Navarro 68,  
Mosnou, BARCELONA

Hogares Cheshire de Essana, Cno.de los Vinateros 127 7° B.,  
Moratalaz, MADRID.

**Sri Lanka**

The Cheshire Home for Elders, Kiula, MATALE  
Sir James & Lady Peiris Cheshire Home, 17 Siripala Road,  
MOUNT LAVINIA

Wester Seaton Cheshire Home, 76 Main Street, NEGOMBO

**Sudan**

The Cheshire Home, PO Box 801, KHARTOUM (C)

Juba\*

**Thailand**

Siri-Wattana Cheshire Home, BANGPING, 25 Chittlom  
Lane, Bangkok 5

Cheshire Home, RANGSIT, 25 Chittlom Lane, Bangkok 5

**Uganda**

Buluba Cheshire Home, PO Box 151, BULUBA, Iganga  
Cheshire Home for Paraplegics, PO Box 6890, KAMPALA

**U.S.A.**

Enquiries to Cheshire Home in N. J. Inc., Red Cross Building,  
One Madison Avenue, Madison, N. J. 07940, U.S.A.\*

**Venezuela**

Casa Cheshire, Cuarta Avenida 24, Campo Alegre,  
CARACAS

**West Indies**

Thelma Vaughan Memorial Home, The Glebe, St. George,  
BARBADOS (C)

The Cheshire Home, Sauteurs, St. Patrick, GRENADA

The Cheshire Home, St. Andrews Gardens, San Fernando,  
TRINIDAD

Jamaica Cheshire Villiage, Mona Rehabilitation Centre,  
Kingston 7, Jamaica.

**Zambia**

The Cheshire Home, 10a Twin Palm Road, LUSAKA (C)

\* Homes in preparation. (C) for disabled children.  
(CM) for Mentally retarded children.