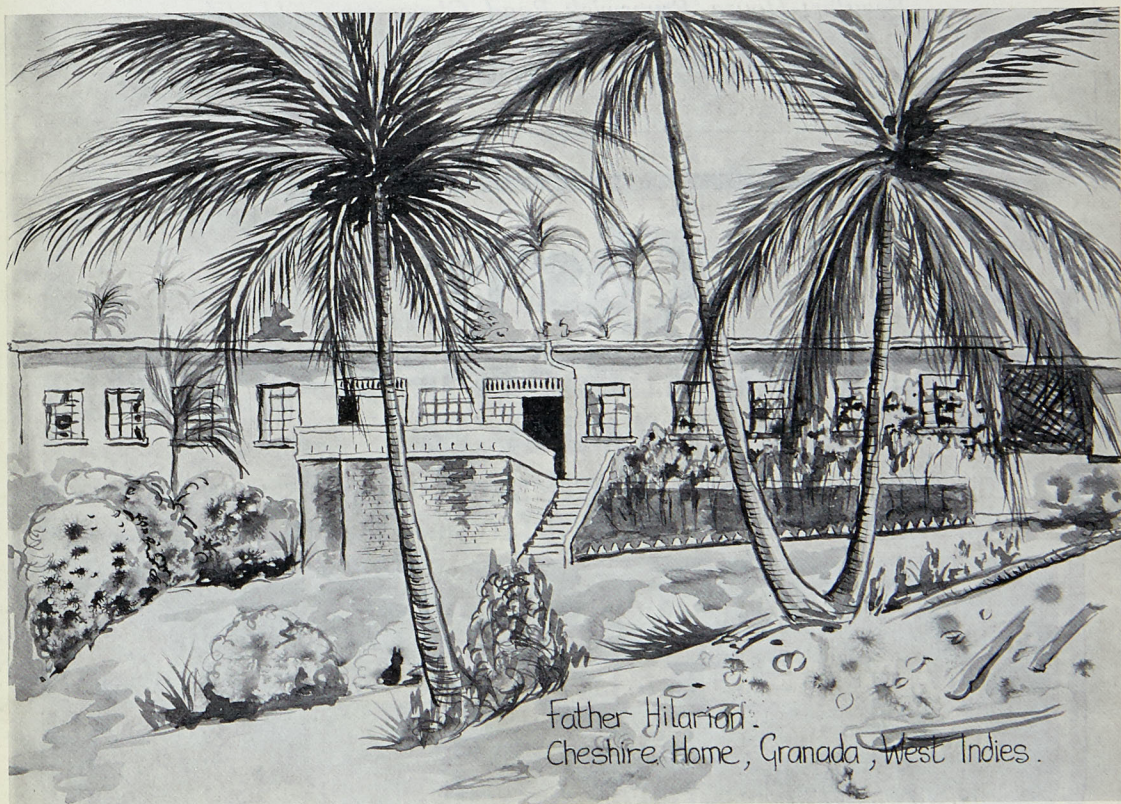


Cheshire Smile

The Quarterly Magazine of the Cheshire Homes Price 10p

Summer 1978



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The Quarterly Magazine of the Leonard Cheshire Homes

Vol. 21 No. 10 Summer 1978

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Cover: Mouth painting by a resident of "Greenacres" of
Father Hilarion Cheshire Home, Granada, West Indies.

The Chairman's Page



I am writing this at a time that the journalists call "the silly season"; not so much because silly things happen, but rather because very little seems to happen, and as a result, they have to find (or invent) stories to fill their pages.

For us in the Cheshire Foundation, of course, just the reverse is the case. Summer – if you can call it that – is a time of great activity and endeavour. Everybody is hard at work trying to ensure that our people can have enjoyable holidays, where these are possible; and also with all the usual local fund-raising functions and occasions, on which the financial stability and future of our Homes basically depend. I have been attending a number of these and never cease to wonder at the dedication and ingenuity of everybody concerned. I have also derived great satisfaction from helping to open at various Homes the sort of new or improved accommodation which all our people are entitled to, and should be able to expect; and here again it is local effort and enthusiasm that is the key to success.

We are now preparing for the Annual Conference, which this year will be held at Sutton Coldfield, on 30th September. Participation from the Homes is always the essential factor if these Conferences are to be worthwhile; and there has in the past been some criticism that not enough time is given or everybody who wants to have their say. So this year we are having no visiting speakers. Instead we are going to break up into groups and discuss various subjects of common interest which have been submitted by Homes. Afterwards spokesmen from the Groups will tell of their conclusions which will be open to general debate.

This will be something of an experiment; and its success or failure will depend on good attendance and as many people as possible having their say.

I am sure we can depend on you to make this experiment a success; and much look forward to seeing as many as possible of you on the day.

Sincerely

Christopher Fairbairn

Chairman

E.E.C. Drivers' Hours — Exemption for Minibuses

The Secretary of State for Transport has decided that exemption from E.E.C. Regulation 543/69 regarding Drivers' Hours should be granted to all minibuses constructed and equipped to carry not more than 15 persons including the driver. Regulations are being drafted.

VIEWPOINT

Access; mobility; improvements in living standards and conditions; changing patterns in management; increasing involvement of residents; all these topics would seem to be attracting more and more of the thoughts of everyone connected with and interested in the work of the Leonard Cheshire Foundation, and these aspects of the work are being considered by the Trustees themselves, at seminars of groups of Homes, at Management Committee level and, we would like to think not least by the residents themselves at their own house meetings.

The address given by Mr J. Hampden Inskip, Q.C., a Trustee of the Foundation and Chairman of the Training Committee, at the symposium arranged by the Greater London Association of the Disabled, which is printed as the leading article in this issue, would seem to be a full and complete statement on present-day thinking of what a Leonard Cheshire Home should be.

It is well worth a careful and detailed study, and indeed it might be an idea for it to be considered in depth at special meetings called for the purpose both of Management committees and residents. It would be interesting too to receive the opinions, thoughts and attitudes expressed at such meetings as well as those of individual readers of the *Smile*. We shall look forward to your comments and will endeavour to publish in our next issue such ideas, criticisms or arguments for or against the views expressed in the article.

Cheshire Homes can be and are places where ideas in community living for the disabled can be experimented with, tried out and adopted or discarded. The Foundation has over the past 30 years opened up and pioneered a new way of life for so many severely handicapped people, and it has set up a pattern of care which has been followed by both the Health Service and Local Authorities.

It is sometimes suggested that with the growing emphasis being placed on domiciliary care, that residential homes for the handicapped may not be needed so much in the future, but with so many younger severely disabled men and women still being admitted to long stay hospital wards, and Part III accommodation provided by Local Authorities mainly for the old people, the day that further Cheshire Homes are not needed would seem to be a very long way off, and surely those working with the Foundation who have first hand experience in this field and are aware of the benefits our Homes can offer, should do everything within their means to resist such thinking when they know so well and can see the need exists.

These matters no doubt will be discussed at some length at the Conference which this year is being held here in Sutton Coldfield Town Hall on 30th September.

Together with the members of the Management Committee and Residents of Greenacres here in this Royal Town which, by the way, received its first Charter 450 years ago, this year, we are very much looking forward to this important event and will be very happy and proud to be the host Town for all who will be attending.

We hope the Conference will be enjoyable, rewarding and worthwhile from every point of view. Any friends coming up to Sutton Coldfield on the Friday will be most welcome to visit us at 'Greenacres' during the afternoon or evening, but if you could let us know it would be helpful.

R.E.L.



Sutton Coldfield Town Hall.

THE DISABLED PERSON AT HOME IN THE COMMUNITY — DO WE MEAN IT?

An Address given by Mr J. H. Inskip, Q.C., a Trustee of the Foundation at a symposium held at the Polytechnic of the South Bank on 26th April, 1978.

Twenty-nine years ago Leonard Cheshire, in the face of criticism from many who claimed to speak not only with the authority of knowledge and experience but also with the voice of common-sense, began in a small way to provide for the physically handicapped what was then the only alternative to life in a total institution. Now the Foundation which bears his name has at times to meet the charge of seeking to perpetuate a form of care which is alleged to be very out of tune with current thought. The first draft of this talk was circulated to all the other Trustees of the Leonard Cheshire Foundation and to many others working with us. It was also discussed at length with a group of Residents in one of our Homes. Nearly all the many suggestions I received have been incorporated in what follows which can be properly described as our collective answer to the question this symposium poses.

What is our response to the challenge, "The disabled person at home in the community. Do we mean it?" Yes, the Leonard Cheshire Foundation does mean it. But to issue a challenge in that form and to receive that short answer is really meaningless. The challenge is empty, or at best comfortable jargon, unless each of us understands precisely what he or she means by the words "The disabled person at home in the community".



J. H. INSKIP, Q.C.

For reasons which will I hope become clear. I will try to give Leonard Cheshire Foundation's interpretation of the phrase at the end of this talk.

First may I emphasise something that is fundamental to our thinking. We believe that no person should have to enter or remain in a residential home because of lack of a more suitable alternative *for that person*. Those last three words are of crucial importance. If we omit them we turn aside from the truth that each of us is uniquely different with differing personalities, desires and capabilities, and if we fall into that error our help will fall short of that which is within our capacity to provide.

I underline what this means in terms of individual need and choice by referring to some of the Residents who have entered Cheshire Homes in the last few years.

A middle aged lady suffering from multiple sclerosis was living alone in a medium sized town. She could manage very well with some daily assistance. Her trouble was that none was available from Friday evening until Monday morning. So she felt compelled to leave her home where she wished to remain and enter a Cheshire Home. Domiciliary care was not available. She had no real choice.

In another Cheshire Home there is a younger woman, who I will call Miss X, who had been a school teacher until disabled by multiple sclerosis. I met her when we were about to form our own Housing Association and told her of this new venture. With pride and eager anticipation I asked, "How would you like a specially adapted flat with domiciliary support out in the town?" "Not for me thank you", she replied. "I lived with my parents for a time after I became disabled. They fussed and worried over me and I had no life of my own. When they could no longer cope I came here. Now I can lead the life I wish. I don't make friends easily and would be lonely in a flat on my own".

With domiciliary care it would have been physically possible to have supported Miss X in her parent's home for very much longer. It would be easy with domiciliary care available to exert subtle moral pressure - "The good, the worthy disabled person lives as long as possible with her own family or in a flat of her own". How are we to apply the theme of this symposium to Miss X? Instead of "The disabled person at home in the community" are we to substitute "Miss X should be at home in the community"? Is that the same as "Miss X should be housed in the community"?

What do we really mean by such phrases? Where do Miss X's wishes and needs come into the picture? Would we be in danger of taking decisions for her, and of believing that we knew better than she what was best for her? What is meant within the theme of this symposium by the word 'community'? Do the questions posed assume that accommodation outside a residential home is life in the community - even when the disabled person may be deprived of real choice of activity by unsuitable housing, straightened financial circumstances, inadequate care of physically and emotionally exhausted relatives and friends, and that life inside a residential home is not life in the community - even when the home is jointly run by residents and staff with facilities for freedom of movement and a wide choice of contacts and activity?

Several young residents who have been

physically disabled from childhood have expressed strong reservations about the wisdom of a policy which would have kept them at home with overcaring, although totally devoted, ageing parents. "We never really lived until we got away from home. We would not have been ready for the transition straight into a flat of our own".

So what is right for one person will not necessarily be right for another, and what is right for a person one year may not be right for that same person the following year even though his physical disability remains unchanged.

I turn to give an outline of what the Leonard Cheshire Foundation is trying to do to extend the range of options available to disabled people. No doubt the range of options would extend further if the disabled had paid to them the money paid out for their keep by statutory bodies, just as the range of electric chairs has extended since the mobility allowance has brought the disabled as purchasers into the market. But it is unrealistic to suppose that this will happen in the near future.

We are encouraging the formation of domiciliary care services to bring regular relief to families who have a disabled member and regular assistance to disabled persons living on their own. The care attendants may be full time or part-time. Their work is frequently most needed at night, or in the early morning, and at week-ends. They receive a short training to enable them to give the kind of personal care that a relative can and often does give. They are something between a District Nurse and a Home Help. Help can be given once a week or every day depending on the human and financial resource available. The Crossroads scheme at Rugby, from which we have learnt so much, has proved that regular assistance, if only once a week, does a great deal to reduce pressure within families. We believe that it would reduce the dependency on drink or drugs which we know occurs at time in some families under the stress of trying to meet the needs of a disabled member. It would have helped in the case of a resident who has recently come to live in a Cheshire Home. He had slept in his wheelchair every night for 16 years and came into the Home simply to give his wife some temporary respite, but with the pressure lifted she could not bear to have him back.

Two of our Homes operate such a service. Others are planning to emulate them. More ambitious schemes, not based on any Home, are being discussed in Hampshire.

For those who do not need or wish to live in a residential home, but are unwilling to continue in their existing homes, or having married are looking for their first home together, we are beginning to use our Housing Association to provide bungalows or flats with such degree of support as the

occupants require. Two Homes have operated such a scheme for several years with bungalows in the grounds of conventional Cheshire Homes. At Bournemouth there is a more ambitious project where houses are being grouped round a Home for 12 residents. Some of the houses will be occupied by able-bodied families thus blending the development with the residential district in which it is situated. We have been told that such schemes are not forward looking, that we are creating ghettos and that all such accommodation should be 'fully integrated' in the community. Our experience, however, in seeking to meet the needs of individuals is that there are many for whom such accommodation is their ideal solution for their needs. They find support in having help readily at hand, if needed, and in living close to those coping with similar difficulties. Many of those who occupy, or wish to occupy, such accommodation are too heavily disabled to be able to live with just warden support. They need help more or less at the press of a bell. From the helpers point of view one person's day goes further if spread between a number of disabled people living within a fairly small compass. But for people who want more independent accommodation, we will endeavour to provide it, working as closely as possible with others. For example, we believe that we can provide the sort of help that will sometimes be required by existing Housing Associations whose experience in the financing of such schemes is greater than ours, but who might well value some assistance in the provision of a care service to suit the needs of individual disabled tenants, and, possibly, in their selection.

In the East End of London in collaboration with the Psychiatric Rehabilitation Association we provide a Hostel and Group Homes for ex-psychiatric hospital patients. We provide a similar service in Wimbledon and in Uxbridge where a group home has recently been opened.

And what of our more traditional role? We believe that so long as we seek to meet the needs and wishes of individuals there will continue to be a need for residential homes, although the pattern of admission will probably change still further towards the heavier multiple handicapped. In the United Kingdom there are 60 Cheshire Homes for the physically handicapped ranging in size from six residents to 54 with an average of about 25. It is unlikely that there will be further expansion in this field in the absence of some very clear demonstrable need.

The aims of a Cheshire Home are set out in its written constitution in these terms: "A Cheshire Home should be a place of shelter physically and a place of encouragement spiritually: a place in which residents can acquire a sense of belonging and of ownership by contributing in any way within their capabilities to its functioning and

development: a place to share with others and from which to help others less fortunate: a place of hopeful endeavour and not of passive disinterest".

In all cases there is a gap between target and achievement. In some cases it is very wide. We are concentrating on narrowing that gap. We try to help staff to do a still better job by arranging regular two day seminars and by encouraging them to attend day release courses. These seminars are increasingly attended by management committee members, and there are of course residents taking an active part. We have operated our own 18 months' Training Course for care attendants for over 12 years. Its emphasis is on the training of friendly, sensitive staff who see their role as helping the residents to lead their own lives in their own home, not as running a Home in which residents are permitted to come and live and be cared for. This is not just playing with words. The most important task of everyone concerned with a residential home must be to ensure that each disabled person within the limits of his disability is given the greatest possible measure of freedom to live as normal and productive a life as he can. We are also providing up-to-date accommodation for residents and staff, and as many aids and appliances as possible to redress the balance of impaired function of limbs and difficulties in communication. There is still a long way to go.

In particular we hope that each of our Homes will be a living community forming part of the larger community in which it is set. We recognise that that larger community is in fact an amalgam of smaller interlocking communities of which the Cheshire Home should be but one. We believe that when this occurs the residents in the home will be integrated into the surrounding communities in a true sense. We believe that a disabled person in a flat or house with all the help or gadgets he needs, will be isolated if his neighbours ignore him. Only as a statistic will such a person be integrated. In reality he will be lonely and unintegrated. Although he will be statistical evidence of the implementation of government policy, in what worthwhile sense will he be at home in the, or any, community? Will he have become yet another victim of an unimaginative, rigid implementation of a new policy, and a warning that pendulums can be swung too far by those for whom a slogan, formula or cause is more glorious than the light which shines, or seeks to shine, from the uniqueness of each individual? Although the location of a Home is important in integrating the residents with the surrounding communities, we believe that attitudes are far more important, and that communities evolve, both inside and outside residential homes, by the personal involvement of each individual in living out his own life and

responding in his own way to the activities, views and needs of those among whom he lives and works.

What does all this mean in practise? We like to see elected residents and staff serving on Management Committees who are drawn exclusively from those living or working in the Home and its surrounding communities. We like to see residents taking a full part on Admissions' Committees deciding who will join them in their home. We like to see them forming part of the sub-committees appointing senior staff in their home. When decisions affecting the life of each resident have to be taken we like to see as many residents and staff as possible involved. For example, one Home recently had to cut its expenditure by over £20,000. The Head of Home set out the problem on paper and circulated it to all residents and staff. There were endless meetings and discussions, formal and informal, at the end of which he was able to report to the Management Committee that residents and staff were in full agreement that £15,000 could be saved by specified economies, and that as to the balance opinion was split between two alternatives.

If new accommodation is required we like to see the residents and staff actively involved in the planning from the earliest stage. We like to see each resident choosing his or her own colour scheme and furniture.

The need to raise money for improvements or new equipment does more than anything to link a Home with those who live around it. The disabled and the able-bodied work together and form bonds of a kind that are seldom created when residents move into fully equipped accommodation and future needs are met simply by applying to some distant impersonal committee for a grant.

There are of course many unsolved problems. The insensitive, unimaginative pursuit of the ideal of a happy home often leads to overcare and a sapping of initiative and independence. We too often pay ready lip service to in-phrases like 'improved quality of life' and 'full participation in the life of the home' without deciding, or even considering, what they should or can mean in terms of everyday activities. We talk about the problem of apathy without really coming to grips with what we mean by it, and in that failure we leave staff unaided in an area in which they are increasingly seeking help. For example, how does one distinguish between the resident who by a positive decision opts out of the corporate life of the home and one who through lack of confidence and a feeling of hopeless inadequacy doesn't know how to opt in? Is the former apathetic, or is his positive decision to opt out his own personal involvement in living his life in his way? And how are staff to begin to help the latter? At one of our recent seminars a resident said, "You must begin with very small things. Instead of saying, 'Jim,

what shirt will you wear today?' and then choosing one when he says, 'I don't mind', you should say, 'Well, I'm not getting you up until you have decided what you want to wear. Ring the bell when you have decided'." One can't impose independence and endeavour. It must grow. How far should staff push and encourage? How far should they accept what appears to them a refusal to co-operate? These are vitally important questions if we are to be concerned, as we believe we must be, with each individual, and are to avoid the trap of acting as though what is right for one disabled person is right for all.

The nearer we get to fulfilling our aim of what a residential home should be, the more it will become a continuing, worthwhile option of accommodation in which some will choose to live permanently, and which others – we hope many – will use as a base in which to acquire or renew confidence to go out to more independent living. For example, one young man with muscular dystrophy came into a Cheshire Home five years ago when his parents could no longer manage. He is now marrying and leaving the Home. He feels that he needed those five years to be ready for this more independent living. The right residential home will provide something that a rehabilitation hostel geared simply to returning people to independent living cannot provide, namely unhurried time in which the mind and spirit can grow strong and resilient and become ready to soar with the wings of the morning to the uttermost parts of the earth – and heavens. Others have also emphasized the importance in rehabilitation of spending as much time as they wish in the right kind of residential home. Some who have suffered strokes have needed this unhurried time. I repeat, what is right for one person will not be right for all, and the needs of each individual may change although his disability remains the same by any measureable standard.

In conclusion I return to try to give the Leonard Cheshire Foundation's interpretation of the theme of this symposium. We believe that each disabled person should be able to live in the right community for him or her, and that to say this should or should not be a residential home as a matter of principle is an unhelpful generalisation which reduces choice and inhibits full consideration of individual needs. We will increasingly seek to work with others to provide as wide a choice of accommodation as possible, together with wise advisers, who, when advice is needed, will have sufficient understanding skill and sensitivity to assist a person and his family to make the right choice for him.

Mr Inskip is a former Chairman of Le Court and has been a Trustee of the Foundation since 1965 and has a special responsibility for Training, the Service Corps and Mental Health.

Changing Times

by Miss Annie Holgate of Spofforth Hall

It was a bright Spring day in 1923. The pretty dark-haired woman went out into her garden to pick some daffodils. Her back ached and she felt tired. She was aged 42, and expecting her first baby – although she did not in fact realize this at the time.

Her husband was Head Gardener at Whixley Hall, near Knaresborough in North Yorkshire, and his love of flowers was reflected in their own garden, where the big pear tree was a mass of blossom.

The woman decided to visit Dr Benson, an old friend of the family, and he gently told her that she would become a mother in the summer. The whole family was delighted at the news, and when the roses were blooming in July of 1923, little Annie arrived. *That was me!*

The District Nurse had come on her bicycle and she and the Doctor could see I was a very weak baby; they honestly thought I would not live long, so they left me alone with my mother. But I survived, and when I was six weeks old my mother took me to hospital in York for treatment, where they told her I was spastic and would never be able to walk.

The Taylor family of Whixley Hall gave my mother a lovely big old-fashioned pram, which had belonged to their own children. She used to wheel me round the village to collect a penny a week from local folk; this was an early sort of "hospital insurance scheme" in case they were ill and had to go into hospital.

When I was aged about five, I was in and out of hospital continually, with the whole of my body in plaster, which had to be changed sometimes weekly.

At the age of seven, I went to Kirbymoorside Orthopaedic Hospital, near Pickering. I was delighted to see Sister Braymer, who had looked after me in the York Hospital, and she took a great interest in me. I had physiotherapy every day for three years, and we could only have visitors one Saturday in the month so I looked forward to seeing my parents very much on those occasions



Margaret Sharp (Matron of Spofforth Hall) with Annie Holgate proudly displaying her prize winning award for this story, with Ted Willis of T.V. fame (Dixon of Dock Green) who judged the entries to the competition.

When I was in York County Hospital I used to look after the babies in the Ward and feed them with their bottles to help the nurses. They would put them into my cot, and sometimes they even gave me two at a time to look after! I used to comfort them when they cried and they would go to sleep in my arms.

Then I went back to live at home, where I had a friend called Dorothy whose mother was a cook at an hotel in Green Hammerton, several miles away. One day Dorothy suggested we should go and see her mother, and she pushed me all the way in my chair – but we had forgotten to tell my mother where we were going, and she thought she had lost her Annie! However, Dorothy's mother gave us a lovely meal which we really enjoyed. The only trouble was, we had to get back home afterwards – fortunately it was summer!

It wasn't always summer, of course, and we had one very bad winter, I remember, with lots of snow. My friends Dorothy and Tommy and I made a big snow house, then we got our little stools and sat inside it and had a picnic. Then the thaw came and when the snow melted, the water ran right into Tommy's mother's house!

We had no running water in our house in those days and no proper bathroom. There was a big pump in the garden where we used to get beautiful soft water for drinking, and there were big wooden barrels which caught the rainwater for washing. In the 1930's there was a big event – we had electric light installed for the first time; until then we had used paraffin lamps. In our kitchen there was a range with an oven and little side copper to keep hot water if we wanted to wash our hands, but the water used to get all brown and nasty, so my mother had to boil water separately for “real” washing.

And talking of washing: I might have been unable to walk, but I was nevertheless full of energy and mischief. I used to climb through holes in the old Yorkshire walls, and one day I fell into the village pond! I was hauled out and then my mother had to wash me all over in the tin bath in front of the fire!

When I was a bit older, my parents wanted me to learn a trade but unfortunately just at that time the War broke out, so I just helped my mother at home and knitted things for the soldiers and sailors.

During the War we had an A.T.C. group. They sometimes had social events, and occasionally Group Captain Leonard Cheshire, who was stationed at Linton-on-Ouse, would come. As my friends Dorothy and Tommy and I lived near by, we used to go along when they had film shows.

One evening during the War, when I was at home having supper, a plane came over and – to our surprise – we saw a parachutist land some two miles away in a field, and the plane continued on its way. My mother said, “That’s a German spy and I am going to catch him”. Sure enough, off she dashed still in her bedroom slippers! However, on her way she met a local farmer, with the German in his car; he was taking him to the Police Station. Our “bobby” had three villages to look after but he made sure that German never had a chance to do any spying!

When my father was 72, I remember he took me out for a ride in a chain driven tricycle which had been given to me by the Spastics Society. It was black and had big rubber wheels at the back and this long chain which one propelled by hand.

After my father died I continued to live at home with my mother but she became poorly and had to sleep downstairs. A Home Help called every day (even Sundays), but my mother used to ask me to clean upstairs for her, so I would crawl up the stairs on my hands and knees to go to bed and I cleaned upstairs each morning before I put my calipers on. In those days we had all “pricked rugs” in our house – do you know what these are? A piece of sacking is put in a frame and with

“prickers” my mother and father used to put on all sorts of bits of material, such as father’s old trousers, bits of dresses, and so forth.

I lived at home with my mother until 16 years ago when I became one of the first Residents at Spofforth Hall Cheshire Home, near Harrogate, where I am very happy and have made many friends. Quite a lot of outings and entertainments are arranged and I very much enjoy taking part in these events. I particularly like reading and knitting, and have made many articles including an Arran cardigan, jerseys and baby outfits. The National Lending Library at Thorp Arch, near Wetherby, regularly send us Index Cards, which I help to sort out into alphabetical and numerical order.

I have had many nice holidays since I came to Spofforth Hall; sometimes we “swap” with Residents of other Cheshire Homes in different parts of the country. About eight years ago I even flew to Jersey with the Spastics Society, where I had a lovely time. While I was there I met a woman from Burnley in Lancashire, and we still write to one another.

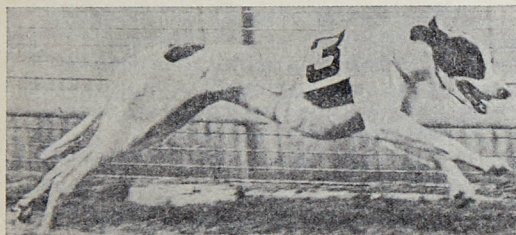
Some of my happiest memories are of the pantomimes that we gave several Christmases ago. For each production we had splendid costumes, hired from a theatrical firm in Leeds. We still have copies of the photographs which were taken and at the time were reproduced in our local paper, the “Wetherby News”.

The first pantomime we did was “Aladdin”. Another Resident and myself were Aladdin’s playmates and we were dressed alike in white caps and red dresses with white aprons. We also did “Cinderella” when I took the starring role! On this occasion I wore a beautiful turquoise crinoline dress – but at the beginning of the show I was covered in a big black cloak; then at the appropriate moment the lights went out and someone whipped the cloak off, put a tiara on my head, and lo and behold, there was Annie dressed up to kill!!

My mother used to enjoy coming to see these pantomimes right up until her 80’s. Someone once asked her, “Aren’t you proud of your Annie?” to which she replied, “Yes, and my Annie’s proud of me!” She died ten years ago aged 84.

And now my story is right up to date. At the present moment a new extension is being built at an estimated cost of around £120,000 – so there is lots of fund-raising going on. The extension will consist of new single and double bedrooms for the Residents and washing facilities, etc. We are all really looking forward to this being finished shortly.

Around the Homes



Going to the dogs . . .

A Story with a Moral from
the Chiltern Home

Yes! If you heard a rumour that the Chiltern Cheshire Home was going to the dogs it was true! We were on the downward trend.

One cold, wet evening at the beginning of May, three residents with three friends set out on the slippery slope towards gamblers anonymous. We were bitten by the bug. None of us had been before, optimism was high. We would return with a fortune made – whether we kept it ourselves, gave it to the Home towards the rebuilding programme or gave it to the Eva (our bus) Replacement Fund was undecided. We would give it serious thought.

Just before we arrived there was a fairly loud bang seemingly from somewhere under Eva, but we weren't too bothered. After all, she was still progressing towards Slough. When we arrived, however, the engine smelt very hot and yes, the ignition light was on. A broken fan belt. 'Oh well, never mind, let's get in', we thought, then ring the AA and they can mend it while we have our little flutter.

We rang at 8.10 p.m. Frequent checks revealed that no-one had been near. At 9.15 a second call was made. The AA were very busy – wet weather – They would make us top priority in view of our handicapped travellers. The evening passed quickly. Betting on each race kept us occupied. With only six dogs each time one would have expected a fair measure of success. But fate was against us. In about 36 bets – only one win!!! The booze (we had one drink to warm us up, it was so cold) was very expensive, and by 9.30 we were cold, tired and dispirited. Never mind, we would soon be home and with hot drinks all round, all would be well. We quickly loaded into Eva and waited. . . And waited . . . and waited. We played games, we sang songs. Spirits which had been reasonably high sank lower and lower as we got progressively colder and more tired. By 11 p.m. we had had enough. We battled our way into the now bolted and barred stadium where by now only a few hardy inmates were operating the calculators revealing their profit on the evening. Third distress call to the AA – apologies were profuse, we were next on the list.

By midnight we had stopped a taxi and removing residents from wheelchairs we piled two with two friends in to the warmth and security of the taxi home. One returned with her car to collect the remaining survivors by which time the AA were there; but unable to provide us with the required fan belt.

Eventually at 1.30 a.m., our gallant driver brought Eva home with a temporary one. The captain was marvellous. He never deserted his sinking ship despite the knowledge that he had to be on duty in Hendon at 8 a.m. next morning. Thanks, Roger. You were a brick.

Never mind! It cured us of gambling. We felt it must have been fate – we just weren't meant to go to the dogs!

Shirley Hughes

Dolywern does a deal with 'Job Creation'

The 'Job-Creation' men have made a great improvement in our four-bedded rooms. They have re-made the wardrobes and cupboards, giving more room for all our belongings. Also, they've made a path round the back of the Home. The sun-lounge and drying room are being re-built and are nearing completion. The new lounge will provide more space for indoor activities, such as Christmas parties, or wet Fete days!



Personalities from the left: Arthur Negus, Charles Irving, M.P. for Cheltenham, Jack Threadingham (in wheelchair), the Mayor of Tewkesbury, the Mayor of Cheltenham, Mr Robert Hunt, Mr Ralph Elliot (at microphone), Rev John Harewood (Vicar of Christ Church), Mrs M. Lamb (Bursar), Mr L. G. Northcroft and Mrs L. G. Northcroft.

Ack: Cheltenham Newspaper Company Ltd.

THE CHESHIRE 'HILTON'

New Extension for Cotswold Home

The 28th April saw the completion of the new extension and renovation scheme for the Cotswold Home in Cheltenham, costing in the region of £300,000.

Access to the two-storied extension, known as the Jack Treadingham Wing, is by an enclosed "bridge" which leads from the entrance hall of the main building to the upper floor of the extension. An engraved plaque near the extension entrance shows a plan of the room layout, indicating the names of the organisations and individuals who have provided funds for the rooms and their furnishings.

In the extension there are twenty bedrooms, five of which are double rooms. All rooms are carpeted and have fitted wardrobes and low level washbasins; every room has a telephone point, shaving sockets and television connections; doors permit easy access for wheelchairs, and all bedrooms have hoist beams.

Each floor of the extension has a sun-bay, the window recesses of which display a wide variety of potted plants. The main recreation room is known as the Northcroft Room, and the re-decoration which includes wall-to-wall carpeting, a beautiful chandelier, with additional bracket type wall lights, armchairs and a television recess, was provided by the generosity of Mr and Mrs L. G. Northcroft.

Mr Northcroft is the great benefactor of the Home, having purchased the original building,

"Alt Dinas", in 1960. His wife is the Patron, and formed the committee which raised most of the funds to finance the extension and renovation scheme. A plaque outside the door of the Northcroft Room records their generosity, and on an adjacent wall is a large picture of Group Captain Cheshire with Mr and Mrs Northcroft.

There is access from the Northcroft Room to a double bedroom which is used by short-stay residents. A service lift connects the extension to the hall and upper floors of the main building, which has now been completely re-decorated and re-furnished. The dining room and adjacent kitchen have been extensively enlarged, and the kitchen completely re-equipped, with a waste disposal unit, a dish washing machine, and a deep fryer.

On the hall floor are offices for the Matron and Bursar, and a double bedroom, used at present by two male residents. The upper floor contains a hobbies room, a "Beauty Box" for female residents, and a quiet room.

The extension and its connection to the main building enclose a patio with a central lawn. The paths have flower borders planted and maintained by members of the Cheltenham Round Table.

The construction of the extension and the alterations to the main building have been carried out by Messrs Collins and Godfrey, previous winners of a Civic Trust Award. The architects are Messrs Rosier and Whitestone.

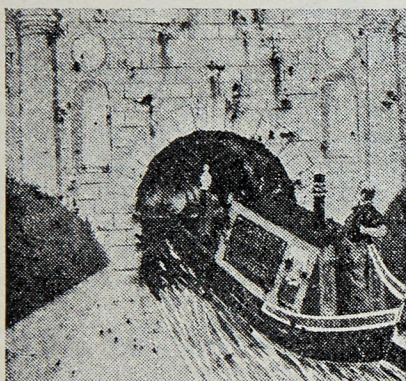
The residents now jokingly refer to their new home as the "Cheshire Hilton", and each one feels a lasting gratitude to all those who have contributed in any way towards the completion of the scheme.

Bob Hughes

FRESHFIELDS ELEGANCE

In a recent issue of the "Freshfields Gazette", Arthur Hunter, the Editor, said in his column :

I was thinking the other day how elegant our Residents look in spite of disability they always look as though they're off for an evening out. They must be complimented for that as also must their devoted helpers, the staff who look after them so well. It is a pity their example cannot be followed by others, especially that voluntary helper who goes about in old clothes wearing comic hats. Name him? You think the *Gazette* is afraid? Nonsense! His name is A—— H——. Now sue us.



'GREEN GABLES' DERBYSHIRE

"Messing about in Boats"

On 27th June, eleven Residents plus two nurses set off on a great adventure. We were all set for a barge trip!

We arrived at Shardlow Basin where we were met so very kindly by Mrs Harmer the Founder member of the Peter de Marchant Trust, the full-time organiser, Chris Tizzard and two voluntary workers who between them manned the two boats.

Minuet was used by the wheelchair residents, and the boat is fitted with a hydraulic lift. The interior is open plan with easy access and accommodation for wheelchairs and the windows are large.

The second boat, *Matilda*, was used by walking residents. The interior is equipped in a similar way to that of a caravan.

The route was along waterways governed by the British Waterways Board. From Shardlow Basin we moved slowly along the Erewash Canal and came to the Sawley Bridge Marina where what seemed to be hundreds of boats of all kinds were moored as it is here that the Derby Boat Club has its moorings.

We passed through two locks and travelled a short way along the River Trent to a sheltered spot where we enjoyed our picnic lunch. Peter and Barbara, young members of our Nursing Staff, made the party go with a swing, and although the weather was cold and grey we enjoyed ourselves very much.

The Peter Le Marchant Trust was established as a result of a bequest by Peter Le Marchant to his sister, Clare Harmer, who wished to use the money to give all groups of handicapped people of all ages free trips on inland waterways.

Plans are exciting, as the Trust has appointed a full-time organizer and a new 70ft. narrowboat has been ordered from Cammel Lairds, who are charging only for materials, most of the funds being provided by the Nottinghamshire Queen's Silver Jubilee Appeal.

All the helpers are voluntary.

Anyone interested in the Trust should write in the first place to: Mrs Clare Harmer, Peter Le Marchant Trust, Colston Bassett House, Colston Bassett, Nottinghamshire.

Elizabeth Greenwood

ST. BRIDGETS RESIDENTS HOLIDAY IN JERSEY

Recently 12 residents with escorts spent a delightful holiday in Jersey. The air trip from Heathrow – a "first" for most of us – proved a very enjoyable experience and on arrival at St Helier Airport we were helped and welcomed by charming Air Hostesses and our Host for our stay in Jersey.

Staying at "Maison des Landes" in St. Quen, every day was planned ahead to ensure that we saw as much of the Island as was possible in our 12 days stay. The scenery was certainly beautiful and each day brought new delights.

Our thanks are due to the Manager of the Hotel and his charming wife – who did so much for our comfort and gave us a lovely party on our last evening.

We returned home feeling that we had enjoyed a lovely holiday and thankful to all who had helped to make it possible.

Anne Pink

Life really does go on

by Paul J. O'Callaghan, Spofforth Hall

I thought that I would write to tell you about having to start a new life in a Cheshire Home, after the sudden death of my father.

Luckily my parents had always talked about what would happen if anything happened to them, and I was not able to look after myself. They said I would have to go into a home, and that I would be very well looked after.

I have not regretted my new life for one minute even though it took some getting use to at first. I only hope that other parents of spina bifida children will discuss this point with their children because there is nothing worse than leaving the child in ignorance of the thing that is going to happen eventually.

Now a word for spina bifidas, do not be afraid of going into a home because in some cases you can be more independent than you can be at home. Some have special equipment to make you more independent. And the staff generally only help you with things you cannot manage: you are expected to do as much as you can for yourself.

Visitors can come any day they wish and they can take you out for the day.

If you have your own invalid car you can set off early in the morning and not come back until late at night, just as long as you let them know where you are going in case of break down.

I hope I have given you a brief idea of how good these homes can really be. I am a member of the Calderdale Association for Spina Bifida and hydrocephalus, and I hope that the members will read this and realize that I have really settled down here at Spofforth Hall, thanks to the friendly staff and residents.

When I come to you
I'll bring you flowers
garlanded in smiles.
I'll present you with bouquets of love
Like rosebuds
Wet with dew
In the early morning light
Dropping crystals
Mirroring rainbows
Mirroring life
Mirroring you.

Freda Altschuler

Marske Hall links with Manila

There's always someone else worse off . . .

While we rejoice in the improvements in progress at Marske Hall, spare a thought for those distant Cheshire Homes in developing countries which struggle on with very few of our advantages, on the border line of poverty.

Our residents have been doing just that. At the end of last year, they decided to ask the Cheshire Foundation what overseas Home most needed help, and were given the name of a children's home at Manila, in the Philippines, one of half-a-dozen homes in the same locality. Altogether the homes have about 160 residents, a hundred of whom are disabled because of gunshot wounds!

This is the remarkable project that the Marske Hall residents are now helping, with strong backing from members of the Marske Methodist Guild. The money comes largely from generous collections at the Sunday morning services, and at the monthly meetings the Guild holds in the Home. Before Christmas, a donation of £20.50 was sent, and another of £50 followed early this year.

Correspondence between the two homes has been started, and Sister Valeriana, one of two Belgian nurses over there, tells us how they are building an industrial workshop called 'The House With No Steps'. One motto displayed at Manila, mentioned in a recent Cheshire *Smile*, is well worth repeating. It is: "WHAT IS IMPORTANT IS NOT WHAT A MAN HAS LOST, BUT WHAT HE HAS LEFT".

Antiques Fair raises over £2,000

It's remarkable what a difference the last nine months have brought to our Home.

A two-bedroomed sickbay has been built, as well as a medical examination room, a new laundry, and a television den. Three automatic doors have been introduced, and individual lights and bells installed in all the bedrooms, which were redecorated during the summer.

The burst of activity did not end at that, for it was decided to erect a small block of four single bedrooms, the first in the Home, where up to now the residents have slept three or four to a room. Planning difficulties meant some delay, but it is hoped that this extension will be complete by the end of the year.

To help pay for all this, the Home's Open Day brought in a record amount of about £3,300; and a three-day antiques fair raised more than £2,000, also a record.

Celebrations at Seven Springs

Saturday, 1st July, 1978, was a great day at Seven Springs Cheshire Home, Tunbridge Wells, for the celebration of our Tenth Birthday. Its original birth was in a fine big house of some 80 years standing and was then capable of accommodating 16 residents. The idea was Mrs Pamela Farrell's and progressed by her perseverance assisted by a band of good and capable people, and I was one of the first arrivals ten years ago. The friendly happy atmosphere of the Home is apparent to all who visit us.

At the beginning we had a remarkable woman as Matron to whom I shall always be eternally grateful. I had two young motherless daughters and she, bless her, made our problems, her problems. We all had found a haven after years of difficult living in varying circumstances. She set the course for the Home to which it has adhered apart from a necessary deviation brought about by the temporary period of expansion.

We have now, as always, an excellent band of voluntary workers. Soon after coming here I said to a visitor, "We have such nice people come here", and he answered, "If they were not nice they would not come". So I was reminded of the Good Samaritan and those who passed by on the other side.

Our celebration turned out to be a wonderfully happy day attended by Mrs Farrell and some of her pioneers – our first Matron and many voluntary workers, some of whom have given us their services from the beginning. The Mayor and Mayoress of Tunbridge Wells and our local Member of Parliament, Mr Patrick Mayhew, were also present.

Seven Springs has prospered and grown owing to the splendid work of our Management Committee and our Fund Raising Committee together with the wonderful Groups of Friends from surrounding villages. We have a thriving Day Centre which combines with our own Occupational Therapy in turning out some really good work. We also have a handsome Chapel and a Therapeutic Hydro Pool. So, all in all, we had some thing to celebrate and sing about – and sing we did and laugh – and dance.

George Wilkins

Disabled Living Foundation

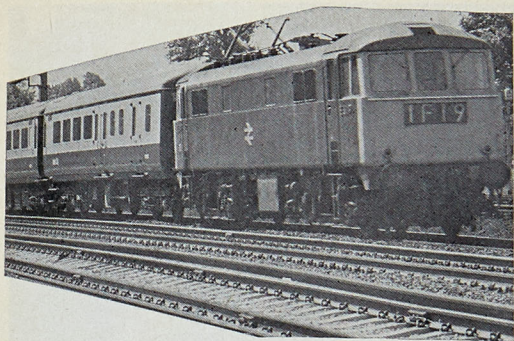
'Aids for People who have had a Stroke'

A series of Six Tape/Slide Programmes designed for those who have had a stroke, their relatives and people professionally concerned with their rehabilitation and care prepared by the Disabled Living Foundation for the Graves Medical Audio-Visual Library.

A stroke may be one of the most dreadful things that can happen to anyone. It may cause despair to the person and his family. After the anxiety of the immediate illness is over it may be a struggle to return to normal life because of the changes that have happened in body and mind. The person may find his whole way of life altered, the fun of life gone and only the difficulties remaining. He may become deeply depressed and entirely dependent on others. It is often difficult to know what to do to help.

This programme of tape slides has been prepared by the Aids Centre Staff of the Disabled Living Foundation to try to help all those who are involved in strokes. Most important are the people who have had a stroke and their relatives, also those professionally concerned who often find it difficult to know what to recommend in the way of aids, or in the way of method to cover specific problems. The programmes cover various areas of daily living and include: aids for personal independence (including eating, self care and toilet); aids to communication (the latter all-important for someone who has developed speech problems); clothing and dressing aids; aids for mobility; aids for the housewife and aids for leisure. Each programme takes about 35 minutes. The tapes are in ordinary language and are understandable for non-medical people. Each set shows useful items, proposes ways of using these and suggests methods of doing the ordinary daily things of life where the stroke has given rise to special difficulties.

The tape/slides can be obtained either on hire or by purchase from the Graves Medical Audio/Visual Library, PO Bos 99, Chelmsford CM1 5HL.



First Class Travel in the Guardsvan

When kind friends express sympathy about handicapped folk in wheelchairs having to travel in the guardsvan on a train I find it amusing. I have travelled many miles in my wheelchair and for me it is part of the fun of the journey.

I have had V.I.P. treatment from the railway personnel. Not for me the pushing and anxiety about finding a seat. My place is assured and with great care I am carefully helped on the train. My place is chosen so that no draught can reach me and I have a good view from the window.

To begin with, of course, the work of the guard is a constant source of interest with the stops at the stations and the exchange of news and jokes. The destination of the luggage and livestock is fascinating. I have travelled with racing pigeons, and in imagination have followed them the many miles back over the countryside often in wind and rain. Some time since after many years I passed through London. For me it was a startling experience with the increased noise and rush of activity. My companion was a muzzled greyhound that quivered with fright at every crash and clatter. My feelings were much the same and when he pressed close against my chair I patted him and spoke quietly. We gave each other companionship for what could have been a frightening experience.

Although a guard's work is interesting it is essentially lonely and he is usually delighted to have a listener who is not always looking at a watch wanting to rush away. If you are going to make the most of your journey in a wheelchair you must be a good listener and interested in people. Many are the hopes, fears and ambitions to which I have listened. If you want to talk yourself you

are, of course, at a disadvantage. Your friend is accustomed to the noise of the train but you finish up a poor second if you try to compete.

I travelled once with a Jamaican guard. His English was limited and I had no knowledge of his language but that did not impede communication. My friend was so delighted to have a listener that he talked incessantly and I made what I hoped were the right answers.

The traveller is never lonely in a guard's van. Think of an ordinary compartment! The passengers are usually too bored to talk to strangers and look idly out of the window or flick over the pages of a newspaper. Their thoughts are on the work waiting for them and the time the journey is taking. Very rarely is a friendship built up as one quickly can in a guard's van. Travel in a guard's van is like a conducted tour because the guard knows every village and place of interest. You miss nothing and see all that is worth while. You know exactly how long the journey will take, and the cause of each delay.

In a guard's van you feel that you matter. If you want to travel First Class on the British Railway buy a Second Class ticket, climb into a wheelchair and travel in a guard's van.

Springwood House

Robin Thompson

A Lesson in Good Living

In these days of unrest and uncertainties, those who cultivate calmness and self-possession will live longer and enjoy life better. Hence, someone has collated a number of precepts to practice, as follows:

Learn to like what does not cost much.

Learn to like reading, conversation, music.

Learn to like plain food, plain service, plain cooking.

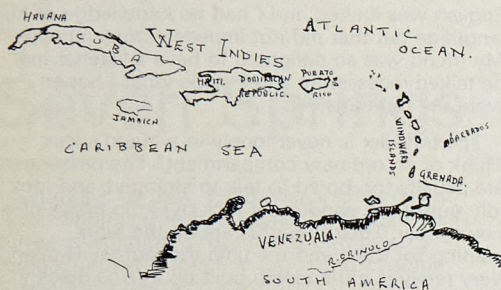
Learn to like people, even though some of them may be very different from you.

Learn to keep your wants simple. Refuse to be owned and anchored by things and opinions of others.

Learn to like the sunrise and the sunset, the beating of rain on the roof and windows and the gentle fall of snow in winter.

LEARN TO LIKE LIFE FOR ITS OWN SAKE.
Reprinted from "Talkabout"

OVERSEAS



Father Hilarion Home Grenada, West Indies

The Fr Hilarion Cheshire Home in Mt. Rodney, St Patrick's, Grenada, in the West Indies is indeed *home* for 31 elderly and infirm Grenadians. Two of the five men residents are wheelchair patients and another is quite crippled. Of the 26 women, three are bed-ridden, four depend on wheelchairs and three are totally blind and several have failing eyesight. Four residents have celebrated their ninetieth birthday.

Visitors to the Home often remark on the evident contentment and joyousness manifested by the residents. During the day most of them spend their time gathered together in a large central room furnished with comfortable vinyl-cushioned chairs or out on the front veranda which overlooks the beautiful blue Caribbean Sea. Here they chat with one another, listen to the radio, pray, and sing together.

The Home is open to members of all faiths. The majority of the residents are Roman Catholic. Each Saturday afternoon the Parish Priest in Sauteurs celebrates the Sunday Liturgy in the Home for the residents, staff and nearby neighbours. The nine Anglican residents are visited regularly by the Anglican Priest of Sauteurs.

A Committee of 13 is responsible for the overall operation of the Home. The officers of this committee include: Bishop Sydney Charles, President; Dr Rupert Japal, Vice-President; and Mr Carlyle John, Secretary.

A staff of 10 headed by a matron, work at the Home under the direction of the Committee.

Two sisters, members of an American Congregation of the Sisters, Servants of the Immaculate Heart of Mary, assist the staff to provide a loving,



Una Alexis one of the Residents dancing to the amusement of visitors. It was an occasion for dancing as the visitors had brought refreshments and music for the enjoyment of all the Residents of the Home.

Christian atmosphere. Each afternoon they lead the residents in prayer, the reading of the scripture and singing. They chat with them, read and write letters and run errands. In addition they see to the purchasing and ordering of food and maintenance supplies.

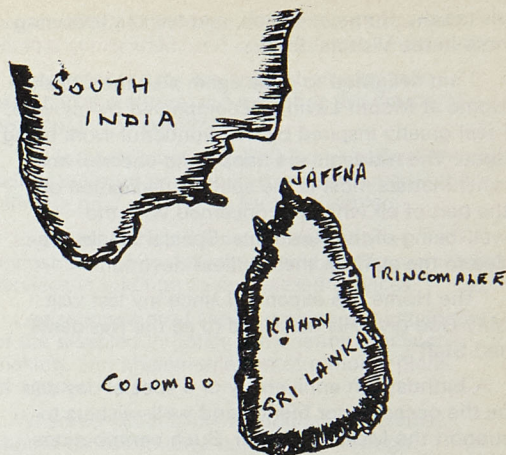
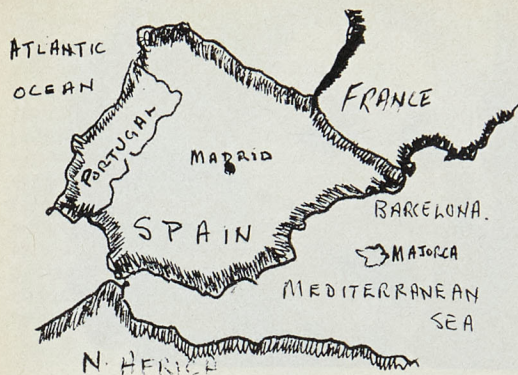
The Home is financed in part by the contributions of the families and/or friends of some of the residents. Ability to pay is not a requirement for admission, as Father Hilarion Summers, Founder of the Home, built it primarily for those who were poor and unable to provide for themselves. Without the continued and generous support of many friends, both in Grenada and abroad, the Home would cease to function.

In May 1978, with the aid of a grant from the Leonard Cheshire Foundation in the United Kingdom, a new building to be used as staff quarters was completed.

Cheshire Homes in Spain

(Known as Hogares de la Amistad)

The first Spanish residence was opened in Las Planas just outside Barcelona City, in June 1969. Two years later, 1971, an apartment in Masnou, Barcelona Prov. was bequeathed to the Foundation, where three girls now live. Other homes have been opened during the last six years, including one in Madrid, the most recent,



INDIAN OCEAN

IDEAS AND INITIATIVE

From MOUNT LAVINIA SRI LANKA (Ceylon)

however, is in Calle Benedetti. This house was left to the Foundation and many alterations had to be made before we could move in. At present 10 people live in the Home, although the capacity is for 13 or 14 people. It is a two-storied house with a basement, which leads onto a large terrace. On the ground floor we have our dining room, living room, kitchen and pantry and also a bathroom. On the first floor we have bathrooms, bedrooms and a sewing room. To make life easier there is a large lift, which serves all floors. In the basement patio we have a huge fig-tree, a plum-tree and two almond-trees. We have a cat and also a beautiful German Shepherd dog, which often has puppies.

We get up each day at about 10 a.m., and after breakfast, during fine weather go out onto the terrace and wait for our companions. We enjoy chatting about politics, sport and films, which makes the time pass very quickly and soon it is time for lunch. We very often have visitors who sometimes take us out for walks or to see a film or a play and we usually watch the 'telly'.

There is one visitor who should be specially mentioned, Senorita Ana, she is a God-send. She helps us in so many ways with things which we find difficult to do, such as letter writing, hair washing and with the feeding of those who cannot feed themselves. She calls almost every evening and her car is always at our disposal. (She is a young student).

Personally I am very happy in this Home and I speak for my companions too. We hope that more Homes will be opened as they provide the physically handicapped with food and shelter and the sort of help and understanding which they require.

Translation from the Spanish essay written for the Cheshire "Smile" by Pep Vilamitjana. Barcelona, June 1978.

The Sir James and Lady Peiris Cheshire Home, Mount Lavinia, Sri Lanka, was formally declared open on 19th March, 1966 by Group Captain Leonard Cheshire.

In the Annual Report for 1977/78, the Hon Joint Secretary Dagmar Samarakkody states: In the Home there are both young and old residents, male and female. Some are crippled, some are mentally retarded, one is blind and others suffer from incurable ailments. The Government provides an annual grant but this is inadequate and the Home also depends on its many friends and well-wishers for support and encouragement.

The Inner Wheel Club of Colombo adopted one of our residents, Puspharani, several years ago. We commend this gesture to other members of the community. By adopting a resident, a volunteer is given the opportunity to provide his/her extra needs. Volunteers are also encouraged to take out Residents to 'spend a day' or to go on excursions.

Visitors are assured of a warm welcome and are always received with smiling faces and open arms.

The Home was visited by Sir Christopher Foxley-Norris and his Lady in October.

Major General Virendra Singh and his Lady

visited the Home in March, and left the following note in the Visitors' Book:

"I am delighted to once again visit the Cheshire Home at Mount Lavinia accompanied by my wife. I feel greatly inspired by the wonderful work being done. The residents are happy and cheerful and what matters most is the spirit of dedication on the part of all who are concerned with the well-being of the Residents. Special thanks are due to the staff for their selfless devotion.

"The Home has expanded since my last visit. May God give His blessings to all the Residents and Staff".

A birthday, an anniversary or a special day can be the occasion for friends and well-wishers to support the Meals Calendar. Such contributions help towards reducing the feeding expenses of the Home and are gratefully accepted. The Residents look forward to these occasions. Cooked meals or dry rations may be provided in lieu of cash contributions.

The Report continued

This has been a really eventful year. It is certainly rewarding that many of our embryonic ideas have now been translated into action and are a reality. It is evident that laying the accent on Occupational Therapy has led to an interesting stimulus.

It has definitely wrought a change in the Residents and brought them out in quite a remarkable way with the result that they also play a more meaningful part in the management of the Home. The Residents Committee, which meets fortnightly, has from time to time made very useful suggestions in regard to the running of the Home and its activities. Furthermore, the lack of accommodation has at long last been rectified.

We succeeded in inculcating a sense of cost consciousness in the Staff and this has helped to a considerable degree in keeping the expenses at a very satisfactory level.

The Home has prospered over the years due to all round assistance. This has been a source of very great encouragement to the Board of Management and this heart-warming assistance has been mainly responsible for the provision of *all* comforts and amenities without exception to the Residents. Therefore, we approach the forthcoming year with much confidence and look forward to the same measure of participation as in the past from the whole of the community.



CHOICE AND CHARITY

Judith Hart speaks in Liverpool

In a speech given at the opening of the Maegraith Wing of Liverpool School of Tropical Medicine on Friday, 5th May, Mrs Judith Hart, Minister for Overseas Development, said: "Development conferences are probably the biggest growth industry in international politics: I only wish that the growth of actual development in the Third World was in a similar state of escalation. It becomes difficult to realise that all the jargon really relates to the choice between hope and despair for millions of human beings; too often literally between life and death; and on the degree of life that we in the rich world are going to permit our less fortunate brothers to attain. We all know that there is enough food, enough wealth, enough professionalism and expertise in this world to change the lives of the deprived within a generation. The only shortages are political will and – this is a word said usually with embarrassment – charity.

"The most popular phrase now is 'Charity begins at home' – and the most often quoted example is the need for kidney machines. As a wife and mother, I frankly could not predict my own reactions if I was told that one of my family had need of treatment but it could not be made available – and then I were to read that the British Government was to give £x million to a country of which I have never heard. But as a Minister for Overseas Development I know how I must react. In his budget, the Chancellor announced £3.5 million for 400 new kidney machines: there will be

new hope for survival for probably about 3,000 sufferers. Only two weeks earlier, I announced the allocation of nearly £10 million to provide 318 mobile clinics to India for a massive rural health programme expected to reach 30 million of its poorest people. Their work will involve promotive, preventive and curative health measures. You do not have to fumble for your pocket calculators to work out relative cost-effectiveness. But you do have to search into your hearts to test whether your selected interpretation of charity — properly love of one's fellow men — is limited by family circle, the boundaries of a country, or whether it embraces all mankind regardless of nationality, race, creed or religion".

International Conference on 2nd Legislation Concerning the Disabled

The Second International Conference on Legislation Concerning the Disabled took place 16–20th January, 1978, in Manila, the Philippines. The meeting was sponsored by Rehabilitation International and organized by the Philippine Foundation for Rehabilitation of the Disabled.

THE MANILA STATEMENT

Guidelines for Legislation in Developing Countries—Highlights

The following are highlights of the Manila Statement adopted as the Conclusions and Recommendations of the Conference.

Every developing country should legislate before 1981 (the International Year for Disabled Persons) to ensure educational, medical, social and vocational services needed to enable all disabled persons to enjoy their rights and develop their full potentials.

A national council for the welfare and rehabilitation of the disabled should be established by legislation in each developing country. Councils should, *inter-alia*, produce a national rehabilitation plan in which priorities are established, roles and

responsibilities of the governmental and private sectors are defined, and co-ordination is assured.

A prerequisite for any legislation plan is to ascertain the nature and extent of the disability problem in the country.

The integration of the disabled as self-reliant and self-actualizing persons in the community is the ultimate goal of services for the disabled.

Legislation should insure access to the mainstream of governmental and non-governmental services in addition to specialized services.

Legislation should assure maximum participation of the disabled in policy formulation, decision-making, and implementation of national plans of action.

Wherever practicable rehabilitation services should be community-based and, through domiciliary care, day-care services and other facilities, should enable the family member with a disability to continue to live in his or her home and community environment rather than in an institution.

Legislation should include adequate provision for the financing of comprehensive rehabilitation services and other facilities needed by disabled persons.

The disabled should have the right to the same level of education as that provided for the general population.

An important objective of education is job placement or, alternatively, assurance that those with disabilities may lead as full and useful lives as possible.

Legislation should encourage and facilitate the placement of disabled persons, as appropriate, in open, semi-competitive, sheltered, semi-sheltered, home-bound and self-employment.

Legislation should provide that all public and private buildings are free of architectural barriers, and that public transportation and recreational and social facilities used by the public be fully accessible to disabled persons.

Orthotic and prosthetic aids and equipment should be free or made available at minimum cost, and should be tax-exempt and duty-free.

Legislation should insure that all relevant departments of government give high priority to activities which result in prevention of disability.

Drug dependence and addiction is a functional disability and all those afflicted thereby should be looked upon as persons with disabilities.

Legislation should provide for the conduct of research projects dealing with the principal aspects of disability and its prevention and rehabilitation in each country.

The following three articles have been reprinted by kind permission of DENNIS ATKIN, Guest Editor of the Spring Edition 1978 of the RESPONAUT 'Third World Issue'.

The Cheshire Foundation de la Esperanza, Chile

by Edith Campos Fernandez

(Translated by Rosita de Barriolhet, Chairman of the Foundation)

My name is Edith Campos Fernández. I am 30 years old. I was born and had always lived in the province of Malleco, in a little village called Collipulli. I belong to a poor family. I went to a picnic with a group of friends and the motor-car rolled down into a precipice. Since then, I am paralysed and shall never be able to walk. As down south I could not receive the proper treatment, a lady who knew me wrote to Mrs Barriolhet explaining my case and asking her if the Cheshire Home would accept me. I needed an operation, so as to control my bodily functions. I was brought to Santiago, capital of Chile, in a private airplane. Soon after I was taken to the specialist who operated on me twice. Now I am very well.

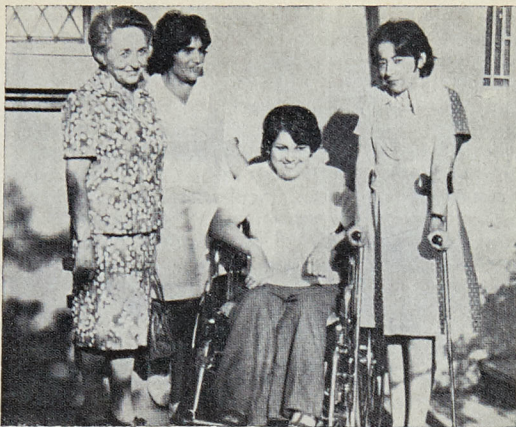
I have found a family and love here, at the Cheshire Home de la Esperanza.

My parents and my brothers and sisters have not seen me for four years. They are at a distance of eight hundred kms. from Santiago. The trip by train or bus is expensive. They cannot afford paying it. I help them because I knit and in that way I earn money. I have gone for years to rehabilitation, to be able to have strength in my arms, so as to be able to stand.

I study typing and I belong to a Sporting Club for disabled people. We have special olympic wheelchairs for races and we go every week to training at the Estadio Nacional. I enjoy it and I have met many other boys and girls in my condition. Now we are all good friends.

This Home is very pretty, in a residential quarter of town. It is a bungalow with a garden and plenty of sun. All the rooms are for two residents each. There is only one bed-room for four people. We have very good food. Mrs Barriolhet orders our meals from the cook; she calls her early every morning, so we have all kinds of vegetables, always different, during the week, combined with courses with meat, fish or chicken. At lunch we have fresh fruit for dessert, and at dinner time the dessert is always a different pudding with milk and eggs.

Chile is a lovely country with a wonderful climate and natural beauties. We can see our Andes Mountains covered with snow in winter



Mrs Rosita de Barriolhet, myself and another resident.

above Santiago. There are beautiful skiing fields three-quarters of an hour from town. In the South we have many lovely lakes surrounded by forests and volcanoes covered with snow that reflect on the water. Chileans are famous for being very hospitable to foreigners.

A priest comes to the Home, once a month and we have Mass, hear him preaching and we receive Holy Communion. Most of the residents are Catholic.

With kindest regards to all the disabled people that will read your magazine.

Cheshire Homes in Thailand

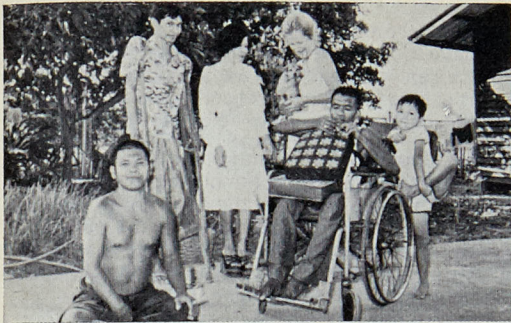
by Susan Staples

The first Cheshire Home in Thailand was started 12 years ago and now there are two homes, both quite close to Bangkok, each accommodating 25-30 people.

British Embassy wives and others became involved and I soon found myself on the committee.

The Rangsit Home is on the north side of town, beyond the airport. The residents are elderly and over half are bedridden. There is a large garden which is full of colour with flowers and shrubs and those residents who are able to do so may grow vegetables if they are interested.

The Home at Bang Ping was opened in July 1964 and is south of Bangkok, near the mouth of the Chao Phya river. This home caters for all ages ranging from three year old children to elderly men and women. The housemother, Somsee, works seven days a week non-stop and luckily for us is devoted to her job. Sometimes, she has all the cooking and cleaning to do and as there is no



House Mother Somsee Vilat, Witchai (little boy), author and puppy.



Somsak sewing patchwork.

resident nurse, she has to dress any bedsores and wounds that may occur.

The garden is not large, but Somsee is proud of her vegetables and Thai herbs, and throughout the year there is always something growing.

Most of the Bang Ping residents are partially paralysed and so cannot work in the garden, but the residents try to help run the household either by washing their own clothes or helping in some other way.

The girls live and work upstairs. They embroider, crochet and make rugs. There is a hand sewing machine, which they are learning to use to make patchwork cushions and bedcovers. Soon they will have an electric sewing machine.

The children also sleep upstairs and share their dolls and toys with Sim who is slightly retarded. Their balcony has fresh breezes and a view of a large pink bougainvillea and a fish field, which is an area flooded with semi-salt water where the fish live and breed.

Downstairs the men sit under the shady trees in their wheelchairs. The atmosphere is relaxed and village-like. They all enjoy visitors, but few come as the home is an hour's drive from the city centre.

When I first visited Bang Ping I found several beautifully made handcraft products: however, although the workmanship was excellent, the colour schemes were unattractive and the articles uninteresting. The idea occurred to me that if this handcraft activity was properly organised some cash could be earned. I suggested this to one man there who was making shopping bags and explained to him that ladies would pay better money for something like a handbag. He agreed to use the materials I gave him and the colours and designs I suggested and I bought his first effort myself. From here I moved on from one patient to another, finding out each one's potential gift.

Thongsai, who is 24 used to sew a little but her work was immature. I found a more complex stitch and I asked her to copy it. From then on Thongsai liked to do nothing but this particular stitch for

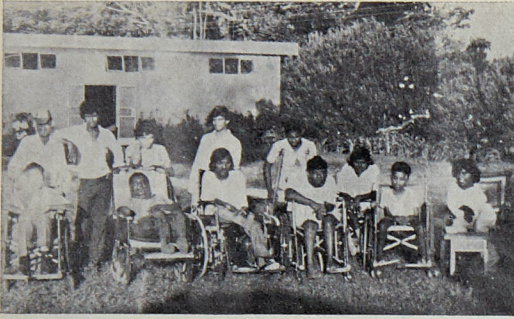
embroidering hand towels and tray cloths. She does not care for new ideas.

Somsak was a high school student. About 12 years ago he was in the wrong place at the wrong time and got a bullet in the back which has paralysed him from the waist down. He is always a most cheerful and charming resident to visit and likes to work hard as he admits the days are more interesting when he is occupied. His work is of a very high standard and he is the only person who is willing to try out our 'new ideas'. Luckily he speaks some English so communication is swift and efficient. Some of the other men sometimes turn out shoddy work and he remakes their articles for them.

A new helper is coming out soon to show the residents how to make Christmas tree ornaments from pieces of silk decorated with sequins and minute beads, but this idea will take time to catch on. The present range of products includes handbags, palm leaf table mats, embroidered hand towels and tray cloths, crocheted glass holders and mats, patchwork cushions and tea cosies, small rag rugs and kettle holders.

So far we have inspired eight of the patients to help themselves by joining in with this activity. Somsak (34), Ab (48), Pen (25), Thongsai (24), Sim (21), Vilat (28), Khamnown (28) and a little Buddhist nun.

A third Cheshire Home has been planned for some time in Chiangmai (North Thailand). There is a 600 bed hospital there with at least 900 patients. The doctors will be glad to send some of their incurable patients to a Cheshire Home so as to make room for those for whom more can be done. We went up to Chiangmai in 1976 to look for a house and land. At the time, we did not find either, but since then some land has been left to us by will and we have raised a quarter of the money we need to build a home. We hope very much to see our Chiangmai home started in 1978.



Cheshire Home, Tamarin.

Above all a Faith in God

by *Francois Sockalingum, Cheshire Home,
Tamarin, Mauritius*

The Second World War had made many people handicapped all around the world and even in far distant lands such as here in our small island in the Indian Ocean. All young men had to join the British Army to fight in various parts of the world. After the war many returned with warmarks, as we call it. In 1945 there was an epidemic of polio in Mauritius and I think in many other places in the world too. I am one of more than a thousand children who was made a victim of that epidemic. The army camp had to be transformed into a special hospital where I was sent along with all the other children who had polio.

I stayed in a ward where there were 26 boys and girls (I must mention that I was then only 18 months). We grew up together for eight years and during these years some of us had to suffer operations on legs, arms and even our spines. Knowing that we would not be able to go home and live a normal life, the doctors and personnel of the hospital had the idea of giving us education even in hospital. The Education Department took charge of that and now we can write, read and even do some handicrafts.

After those eight years we were separated from the girls and sent to another ward where we were 26 but only boys. I could hardly walk with even calipers and a stick, and I used to fall down every time. Now I mostly use a wheelchair since I've come to the Cheshire Home but even so I don't

neglect my walking. I do walk every day. There are some of my friends who can't even stand. They just have to sit in their wheelchairs or lay in bed. But we can write and read and even do some works such as painting, shellcrafts and knitting and this enables us to have an active life.

After 12 years in all spent in that hospital we were sent to a convent in the charge of nuns. We were mixed again with the girls, but in separate rooms of course. We could not go to our parents' homes because we would not have had that kind of comfort we have usually in the hospital, convent and here at the Cheshire Home. After all our parents are not very rich, so they can't give us our needed comfort.

We spent a few years in the convent and after finishing our studies we learned many kinds of things and this enables us to get our own pocket money now.

Since 1964 six handicapped people, including me, have been chosen among the others to start the Cheshire Foundation in Mauritius. We are now a great family of 34 and even though there are some problems I can say that I am proud to be in the Cheshire Home. I have learned many new things which lead to an ideal life. It is said that the Home is ours and I try to live a normal life as able-bodied persons do.

During all these years I have met quite a lot of people of different characters and different kinds of feelings on behalf of disabled people. I have been very afflicted by those who do not want to understand me and to help me to live an easy life.

I wanted to live along with my friends. I have met also people who did not even want to listen to me and this put me very low and in such distress that I did not want to live any more. I wanted to give up life but as I am a believer in hope, in destiny and above all in God so I cannot do such a thing. Sometimes I have thought that because we are disabled we have to support and accept such a life. So I knew God is here and everywhere and He would help me but of course I could not just sit and wait for His help. I fought against exploitation, hypocrites and discrimination and still I am fighting and I can understand that there will be no peace on this world especially for disabled people.

Just recently I have read about the declaration of the Rights of Disabled people made by the United Nations. It is another kind of hope and I am sure that every disabled person who has read it has got a new sense of living.

On the other hand I must state that there are many people whom I have met who are very kind and affectionate and they really understand our needs and feelings. To those who are like that we are very grateful and will never forget them.

LETTERS TO THE EDITOR

43 Nouncells Cross,
Stroud GL5 1PU

Dear Mr Taylor,

I am instructed by my Committee to forward our annual donation to the Cheshire Smile Fund and to increase it from £10 to £15.

I have also been asked to point out that the publications we receive arrive late i.e. Spring issue does not arrive until early Summer.

We feel that if publication could arrive earlier this would aid sales.

I should be pleased to have your comments on this matter.

Yours sincerely,

R. T. KING,

Administrative Officer.

and our reply . . .

Dear Mr King,

Please convey to your Committee our grateful thanks for the generous support of our Subsidy Fund. Your co-operation in assisting our fight against rising costs is appreciated.

In relation to your reference to the late arrival of our quarterly issues I would point out that our Editor is acting in an honorary capacity and is subject to the whims of certain industrial edicts, of which the printing trade seems to get more attention than any other, with the exception of possibly the Motor Trade.

We are constantly aiming to restore the planned dates of publication and we hope someday to achieve this despite the natural and unnatural forces ranged against us.

Your record of sales compared with the size of your Home places you high on the list of our friends and we are most grateful for this.

Kind regards.

Yours sincerely,

W. G. TAYLOR,

Hon. Treasurer.

Dear Sir,

You ask for reader's views on the article by Miss P. Rose, M.A., in Cheshire *Smile*, Spring 1978.

Much that she says is true but I was not sure if she referred to Cheshire Homes.

These, anyway, once in, you are there until you wish to leave, or until you die.

I often thought, especially when we were taking Residents from Geriatric Units that life began in a Cheshire Home!

Perhaps they were lucky? They knew how horrible life could be. Charlie who had not heard a cuckoo for five years.

Ruby who had not been out of her dressing gown for many years. The list was endless.

Life has changed. And for others it will.

Yours sincerely,

J. F. M. CARTER, SRN, SCM

Le Court Leonard Cheshire Home,
Liss, Hampshire.

Dear Sir,

Miss P. Rose's article "Reflections on living in care" is a brilliant attempt to bring this problem into focus, but I feel as a working professional, I would like to clarify her remarks made on this subject.

Miss Rose writes that she knows that if a resident made a considerable income from his work the position would not be tolerated. I feel this statement begs the question on the grounds that if a resident is working and earning enough money to pay all or part of his keep, then every encouragement should be given to that resident to continue to do so. It is far cheaper for a Local Authority to pay in part subsidy to support a working disabled person, than to support him 100 per cent if he were not working.

Unfortunately the cost of living in care outstrips the ability of an employed resident to pay in full, the cause of which, is that when you reach a certain ceiling in earnings, tax becomes a blockade for paying the higher fee demanded. When you consider the fees charged 22 years ago at Le Court were £7.00 per week, compared with £95 per week today, I think anyone with intelligence can see what the disabled worker is up against.

But all is not lost, as the powers that be are at least thinking about this problem and what can be done to help the disabled worker living in care. To me it is intolerable that any disabled person who tries to earn a living, by doing so brings himself into conflict with the establishment. It is possible, and indeed true, that some disabled people earn a high income on a par with a non-disabled person, and I ask, why should it not be tolerated if a disabled resident has a considerable income from his earnings? It is the Government backed 'earnings stop' that prevents many disabled people from working for a living, and not least the attitude of the general public. There is nothing worse than this attitude, in making us disabled feel so worthless.

Yours sincerely,

A. E. BAKER

SUBSCRIPTIONS

Discussions have been taking place on this subject and the Trustees of the Foundation have decided not to make any increase in the present rates.

Many of our Subscribers of limited means will welcome this decision and we are pleased that we shall not lose these friends who are particularly affected by cost of living increases in most essentials.

The decision of the Trustees possibly reflects our thoughts but it means that as the production costs, including a minimum labour element, are 40p per copy, the deficit to be met is 30p per copy.

There must be many Subscribers who would be willing and able to pay more, particularly if it was to the benefit of the less fortunate, and to those we should like to mention our own Subsidy Fund and to ask, when paying a subscription, would they be good enough to add an amount to this Fund. Some do so already but many may not be aware of the existence of this effort on our part to alleviate the drain on our Central Funds.

Subscription to the Smile

£50 sent in error

A subscriber recently intended to add to her subscription payment an extra £5 for our Subsidy Fund. In error she wrote £50 and when this was pointed out she refused to amend her cheque. Not all of us can afford such generosity, but this may illustrate the appreciation of our efforts felt by one and hopefully many more of our subscribers.



MOTA- BILITY

all that
glitters..

Motability is a scheme to assist disabled people to procure the maximum benefit for the new mobility allowance. The scheme enabling disabled people to lease new cars is supported by the Government. Because of the numbers involved, applications will be phased on a priority system and will be accepted first from young disabled people aged 16-19, and will move as fast as possible on to other age groups.

It is emphasised that the use of the scheme is wholly voluntary and disabled people can, of course, spend their allowance in any other way they please.

Motability is chaired by Lord Goodman, and has a distinguished voluntary council. It has the full support of all the main political parties. It includes members drawn from organisations representing disabled people, banking, commerce, industry, trades unions and professions throughout the U.K. It has the full working support of the DHSS.

Lord Goodman said, "Favourable arrangements negotiated by Motability have made it possible for the mobility allowance to cover substantially the cost of leasing. Nonetheless, they will still have to pay a lump sum initially for all models of cars except one, plus any vehicle adaptations where they can afford it, as well as oil and petrol. The leasing charge includes maintenance. *Whereas Motability aims to offer the best value for money, further considerable financial support beyond the mobility allowance is needed to help those most in need*".

Even with tax concessions, Motability would require extra funds for cases of hardship and special conversions, and to this end would be shortly launching a charitable appeal.

The degree to which Motability's charitable funds could cater for adaptation costs, proven cases of financial hardship, driving lessons where needed, etc., would depend on the response to the appeal, which will be particularly directed at all industrial employers.



Lord Goodman presiding at a ceremony at Earl's Court, London at which 10 cars were formally handed over to disabled people under the Motability scheme, of which he is president.

Mobility for Disabled People: The Next Move?

The Greater London Association for the Disabled has produced a simple guide to the exceedingly complex field of mobility for handicapped people. It is designed to help disabled people, their families and all those in the statutory and voluntary services who are concerned with this aspect of disabled living.

It should assist people to understand the existing system and so use it to maximum advantage in order that those in need may benefit as fully as possible.

The report describes the mobility problems faced by severely disabled people, the benefits available and the alternative forms of mobility open to them. Severely disabled people form a minority of the total population, but each minority is comprised of human beings. Each failure of the law to enable adequate mobility results in *human* hardship, *human* misery.

Many disabled people have decreased earning power, but their social and leisure needs are at least as great as those of the non-disabled. For this purpose they too need mobility.

Help with mobility is no longer generally available for elderly severely disabled people despite an increased emphasis on community care.

But the non-disabled elderly are given extra financial help for their mobility.

The amount of the current mobility allowance is insufficient to cover the costs of regular travel by public transport.

Each succeeding act of legislation brings with it claims from the policy makers of the improvements found in the new benefits. In the case of the mobility allowance a large body of people have the benefits which they previously enjoyed removed from them, and nothing comparable put in their place. Disabled people are given a choice which is no choice at all due to the inadequacies of public transport.

Mobility should be reaffirmed as a right for all, and the responsibility of the Government. It should not be dependent on public donations, as proposed by Motability.

A small passenger-carrying car, designed to cater for the needs of severely disabled people should replace the invalid trike.

In order to achieve freedom of choice for disabled people the requirements of the non-ambulant traveller should be taken into account in all future designs of buses, taxis and trains.

The mobility allowance on its own will *erode* rather than increase the independence and mobility of certain groups of severely disabled people. Let us remember this as we strive to move forward along the road to wider mobility and greater freedom of choice.

Copies of the full report may be obtained from GLAD, 1 Thorpe Close, London W10 5XL. Price 25p inc. p. & p.



MATTERS FROM THE MINISTRY

ISLANDS OF DEPRIVATION MUST BE HELPED

Opening the 30th Anniversary of the NHS conference entitled "Working together to Reach the Disadvantaged", at the King's Fund Centre, London, Mr Roland Moyle, Minister of State for Health, said: "I believe that there is real advantage in taking stock once in a while - taking stock of the extent to which the enthusiasm and the ideals and the vision of our predecessors have been translated into reality.

"Thirty years ago the Prime Minister, Clement Attlee, broadcast to the nation on the eve of the inauguration of the National Insurance Scheme and the National Health Service, reforms which were heralded as ending insecurity for millions of our people and affording a universal health service available free of charge to 'rich and poor alike in accordance with medical need and by no other criteria', he said, that the basic aims and principles of these pioneering reforms and the spirit and the vision which they embody are not the exclusive property of any party, group or social class. On the contrary, they are the enlightened response of a civilised people as a whole - a people who believed then and still believe now that they have a positive duty to work together to prevent avoidable ignorance, squalor, ill-health and want.

"Yet received doctrine must needs be tested; I have no doubt that many will be concerned particularly when we come to analyse in detail specific problems associated with the delivery of health care and social services to disadvantaged groups within the community.

"I believe that often 'islands' or 'pockets' of clearly identifiable disadvantage of many different kinds persist within communities which are relatively rich in resources. What factors inhibit the delivery of effective remedial and preventive

care? How well adapted are the statutory and voluntary bodies to perceive, to analyse and then to deliver appropriate care to disadvantaged groups?

"In short what mechanisms determine whether or not a disadvantaged group receives effective care? Can statutory and voluntary bodies be adapted to work together more efficiently? Are there steps that we can take to enable the community as a whole to care more effectively for those of its members who suffer disadvantage?

"These are a few of the questions which come to my mind, and I hope that we can share our wisdom, establish more precisely what are the fundamental issues, locate possible areas for priority action, and, above all, identify successful techniques and new ideas which can be developed into national policies".

LIFT RESTRICTIONS ON DISABLED

A call to remove the barriers which force millions of disabled people to lead needlessly restricted lives was made by Mr Alf Morris, M.P.

At the annual convention of the National Society for Mentally Handicapped Children in London, Mr Morris said: "Let us end the myth that disabled people are a problem. The very last thing they want is to be regarded as objects of pity. They want to be a part of society and not apart from society. The 'upstairs-downstairs' approach to the disabled is both disgraceful and intolerable.

"Yet every day they are shut out of buildings and social facilities because of access problems. If some of the needless restrictions placed on disabled people were applied to the able-bodied, there would be a riot.

"It is up to all of us to be much more aware of the problems of access and to take every opportunity to tell those responsible for facilities that it is just not good enough for them to be inaccessible to disabled people.

"This country must have no second-class citizens".

GIVE THE DISABLED A CHANCE TO LIVE

Alfred Morris, M.P., Minister for the Disabled, emphasised two main aims that must be strongly pursued if all disabled people are to be given the chance to live their lives as fully as possible within the community.

"First, we must work to see that they have both financial security and the services they need to help them live normal lives.

"Secondly, and no less important, we must strive further to improve public attitudes to disabled people".

Addressing an open meeting at Ashleigh Training Centre, Basildon, on the problems of disabled living, he continued: "The disabled have as much right to jobs, good housing, mobility, access to shops, cinemas and theatres, and the means to enjoy a full life, as anyone else. So the battle to improve the well-being and status of people who are physically or mentally disabled has to be fought on many fronts. Their requirements are not standard. There is no 'identi-kit' disabled person. There is, therefore, no single or simple answer to all the problems – social and medical – that arise from disability.

"The Chronically Sick and Disabled Persons Act has itself profoundly influenced attitudes towards disabled people. It has given formal recognition that disabled people are entitled to the same basic rights as the non-disabled, it also ensures that disabled people will have the right to speak for themselves on matters which concern them.

"Everyone who can should join with disabled people in pressing for the further improvements they want to see. At the same time, while pressing for more, all of us must seek to ensure that disabled people are receiving all the help to which they are entitled here and now.

"But in all this one thing is absolutely clear. We must go on consulting disabled people themselves about their hopes for the future. For it is *their* well-being and status we are seeking to improve".

I must go shopping

I must go shopping, I am completely out of *generosity*, and want to get some.

I also want to exchange the *self-satisfaction* that I picked up the other day for some real *humility*; they say it wears better.

I want to look for *tolerance*, which is worn as a wrap this season. I saw some samples of *kindness*, and I'm a little low on that right now; one can't get too much of it.

I must try to match some *patience*. I saw it on a friend and it was so becoming. I must remember to get my *sense of humour* mended, and keep my eyes open for inexpensive *goodness*.

Yes, I must go shopping today.

Author Unknown

Deaths

Baynton: on 17th July, 1978, WINNIE BAYNTON, aged 62 years, a resident at Alne Hall.

Begley: on 20th March, 1978, LENORA BEGLEY, a resident at Heatherley since 1961.

Bennett: on 11th June, 1978, HAROLD VICTOR BENNETT, age 57, a resident of Cann House since February, 1961.

Calver: on 8th January, 1978, JOHN HENRY CALVER, age 59, a resident of Cann House since 6th November, 1972.

Carr: on 3rd June, 1978, PETER JOHN CARR, age 51, a resident at Cann House since 2nd September, 1975.

Catchpole: on 3rd May, 1978, ALAN CATCHPOLE, age 52, a resident of Cotswold Cheshire Home.

Coyne: on 12th May, 1978, PATRICK COYNE, (husband of our dear Matron) at Champion House.

Freeman: on 14th February, 1978, JOHN FREEMAN, age 58, a resident at Champion House for 6 years. "His manner was perfect, his nature very gentlemanly, he never complained and was loved and respected by residents, staff and visitors".

Goodman: on 3rd December, 1977, MARJORIE GOODMAN, age 64, a resident at Green Gables since 9th February, 1973. Marjorie was an active member of the Home and is very much missed.

Head: on 14th April, 1978, ROBERT HEAD, age 57, a resident at Greenhill House since November, 1977. His passing is a sad loss.

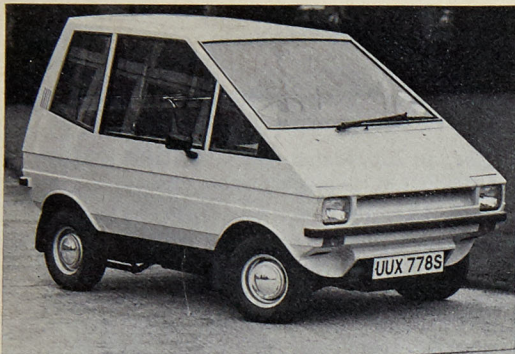
Jolly: on 9th January, 1978, RICHARD HENRY JOLLY, age 67, a resident of Cann House since 1st April, 1966.

Jordan: on 28th March, 1978, PEGGY JORDAN, age 62, a resident at Greenhill House since April 1965. Her death is a sad loss.

Pilley: on 1st February, 1978, JOYCE PILLEY, age 53, a resident of Cann House since 18th April, 1977.

Shelton: on 27th January, 1978, GEORGE SHELTON, age 63, a resident at Green Gables since November 1972, formerly of Staunton Harold. George was a quiet man who bore his illness with fortitude. Much missed by his wife, Mercia, and by all at the Home.

Tufrey: on 24th March, 1978, ARTHUR WILLIAM TUFREY, age 60, a resident of Cann House since 29th March, 1976.



GKN Sankey car for the disabled

The GKN Sankey car for the disabled was submitted as a prototype and as such it receives a Design Council Commendation. The vehicle won the admiration of the panel of judges appointed by the Design Council "because of the fundamental dedication of its design to the special requirements of the disabled driver. Anyone capable of controlling a conventional wheelchair can get in and out of the car unaided and without having to leave the wheelchair. The door design and mechanism was designed specially for this purpose and the wheelchair, securely located, becomes the driving seat".

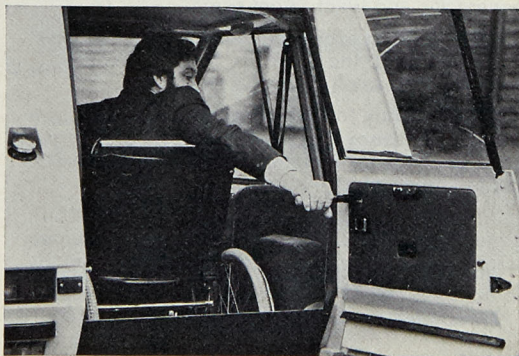
This car is the only four-wheeled, petrol driven vehicle in the world which can be driven by a disabled person seated in a wheelchair locked securely in the centre of the car with sufficient space behind the driver for two adult passengers facing inwards. The short wheelbase of the car allows it to be end parked to the pavement for safe exit without the front impeding the normal flow of traffic past designated on-street parking bays.

The original idea for such a compact vehicle came from William Towns, a car designer with specific interests in short wheelbase "City" cars. The proposition was accepted on the understanding that the final car would possess the engineering integrity and appearance of a conventional modern car but with such provisions for the disabled as automatic transmission and hand controls.

Because the price of the vehicle had to be competitive, the decision was taken to use tried and tested, volume produced components from an existing range of motor cars. The BL Cars Mini engine and automatic transmission, the engine sub-frame, wheels and suspension satisfied all the engineering and financial requirements of the project and produced the spin-off advantage that the car can be serviced and maintained by established BL Cars agents.



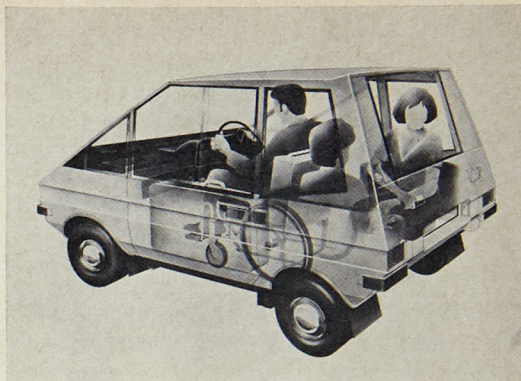
The GKN Sankey car for the disabled is built on these volume produced components but its very distinctive glass fibre body owes much of its pleasing and very practical shape to the Towns City car. The outward opening rear door is of adequate proportions to allow a conventional wheelchair access. Behind the door a ramp is fitted and this can be lowered by the occupant of the wheelchair who can then propel the chair up the ramp and between the folded-up rear seats. A hand lever to the right of the central driving position enables the driver to retract the ramp. A well proportioned handle inside the rear door can be reached by the wheelchair bound driver.





With the rear door closed the driver moves forward in the wheelchair so that it automatically locks securely in position. A bonnet type lock secures the front of the chair and a pair of hooks locating on the rear cross rail of the chair ensure that it becomes an integral part of the vehicle. Plans are in hand to link the engine ignition to the chair locks. A lever on the dashboard allows the driver to disengage the locks when it is time to leave the car.

A roll bar is incorporated in the body shell for additional safety and a second door is fitted on the left-hand side of the car. This door provides additional access in case of accidents but it is anticipated it will find favour with arthritic people who are not confined to a wheelchair when right- or left-hand drive models of the car become available. At the present time, the centre drive is only available in prototype form but it is nearing the completion of the National Type Approval tests which is an essential requirement before it can go into quantity production.



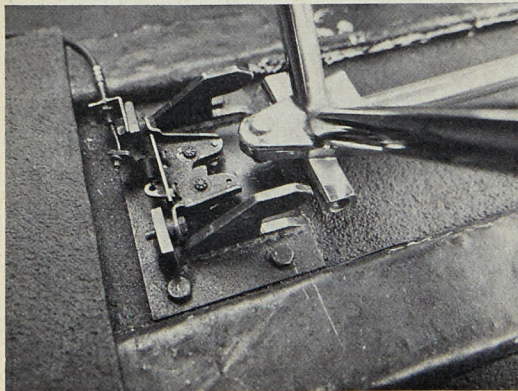
*Designed and manufactured by GKN Sankey Ltd.,
PO Box 214, Hadley Castle Works, Telford,
Salop TF1 4RE.*



AA Guide for the Disabled 1978

The Automobile Association has brought out a 1978 edition of this guide. It lists in county order, hotels and guesthouses throughout the British Isles which provide accommodation suitable for those confined to wheelchairs. The booklet also lists motorway service areas which provide facilities for disabled people and public conveniences. (The latter is compiled from RADAR's own Guide to Public Conveniences of England and Wales).

The AA Guide for the Disabled 1978 is free to AA Members. For non-Members it costs £1 and is available from the Publications Department, The Automobile Association, Fanum House, Basingstoke, Hampshire, RG21 2EA.



THANKSGIVING

Sue Ryder

We extend to Lady Sue Ryder O.B.E., C.M.G., wife of Group Capt. Leonard Cheshire V.C. our warmest congratulations on her appointment as a Life Peer in the Queen's Birthday Honours List published in June.

We are sure that her deep understanding of the needs of the underprivileged in society, and particularly those in the Third World will prove to be of immense importance and value in any contributions she makes as she takes her seat in the House of Lords, and we wish her well.

Those who walk on the path of pride crushing the lonely life under their tread, covering the tender green of the earth with their footprints in blood;

Let them rejoice, and thank Thee, Lord, for the day is theirs.

But I am thankful that my lot lies with the humble, who suffer and bear the burden of power, and hide their faces and stifle their sobs in the dark.

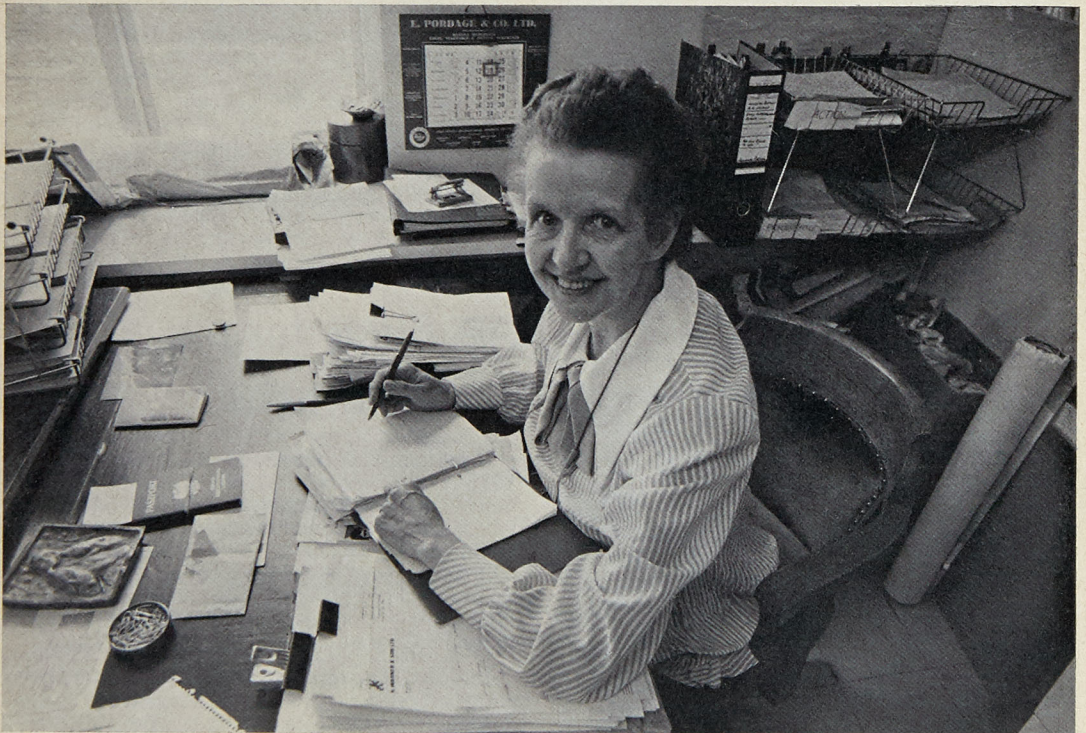
For every throb of their pain has pulsed in the secret depths of Thy night, and every insult has been gathered into Thy great silence.

And the morrow is theirs.

O Sun, rise upon the bleeding hearts blossoming in flowers of the morning, and the torchlight revelry of pride shrunken into ashes.

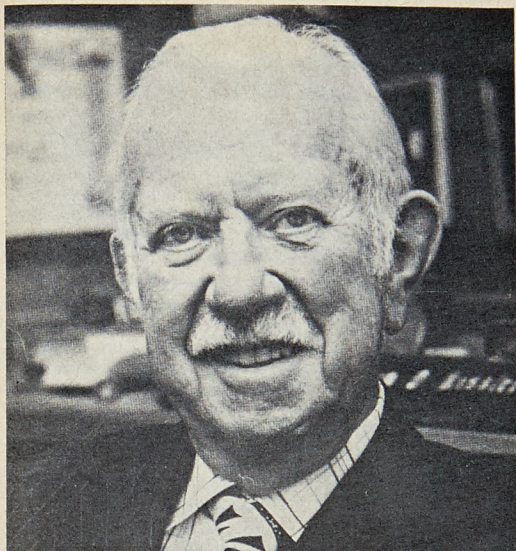
Rabindranath Tagore

*From "Fruit Gathering"
(Prelude to Sue Ryder's autobiography
"And the Morrow is Theirs")*



On the occasion of Her Majesty the Queen's official Birthday, Sue Ryder was created a Life Peer for her work amongst the sick and disabled of all age groups.

Reproduced by courtesy of "The Daily Telegraph".



HENRY H. KESSLER

In his 81st year, after a brave and spirited defence, Henry Kessler passed away on 18th January, 1978.

Pioneer in the field of rehabilitation, distinguished and innovative surgeon, doctor of philosophy, founder of the Kessler Institute for Rehabilitation, the President of Rehabilitation International during its rebirth after World War II, author, historian, *raconteur par excellence*, devoted husband and father, counsellor, friend – a man of many riches.

When I entered the rehabilitation field some 30 years ago, Henry was one of the first leaders I met. He told me there was nothing more important, more durable or more glorious than the human spirit. That, he said, was what rehabilitation was all about. Surgery and therapy, assessment and counselling, prosthetics and compensation were all important, but the primary resource was the human spirit.

He described people, seriously disabled in war and peace, who had found meaning in their lives

with the help of rehabilitation services, but, more than that, because of their own inner dynamism. Our task, he said, is to liberate that spirit and permit it to soar as high as it will go. Henry Kessler made that ideal the heart of his rehabilitation activity, whether the spirit being liberated was that of a disabled person or that of someone otherwise involved in the work of rehabilitation.

He was one of the first to see that there is a world rehabilitation community, a brotherhood and sisterhood of people whose lives have been touched by the struggle against disability and who have joined in a global campaign to protect the rights and dignity of every human being, regardless of race, nationality, religion or other grouping. He called it a "continent without boundaries". Not only could the liberated human spirit gain victory over disability, it could lead the way to international co-operation, human development and world peace. That, for Henry Kessler, was the other face of the rehabilitation effort, the other reason to make it his life's work.

We share with Dr Kessler's family the irreplaceable loss, but we rejoice with all mankind in the stature we have gained through his life and work, and through his faith in the ultimate value of ideas that are beautiful and things that are good.

Norman Acton

Ack: International Rehabilitation Review

Jumbulance 1977

A Week of Thrills in Germany

(see page 33, Spring issue)

We apologise for omitting to give credit to AUDREY JOHNSON and the Secretary to the residents at Kenmore, BETTY HANSON, for this story in our last issue.

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.

Trustees: Peter Allott, Esq./D. Andrewes, Esq./Group Capt. G. L. Cheshire, V.C., D.S.O., D.F.C./Mrs Sue Ryder Cheshire, C.M.G., O.B.E./R. E. Elliott, Esq./Mrs P. K. Farrell, J.P./D. Greig, Esq./Major T. V. Fisher-Hoch/G. Reid Herrick Esq./J. H. Inskip, Esq., O.C./Sir Henry Marking K.C.V.O., C.B.E., M.C./Lady June Onslow/Mrs T. Pattie/D. M. Roe, Esq./Peter Rowley, M.C./Mrs P. Rowntree/N. R. Trahair, Esq./P. Wade, Esq./R. B. Weatherstone, Esq./B. Worthington, Esq.

General Secretary: Mr Arthur L. Bennett.

Hon. Medical Adviser: Dr Basil Kiernander, F.R.C.P.

Hon. Treasurer: Mr Peter Rowley, M.C.

Homes Counselling Service

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

Subscription Form

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applicable

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).
James Burns House, Greenways Avenue, Bournemouth.
0202 523182

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.
Eithiog, Old Highway, Upper Colwyn Bay LL28 5YA.
Colwyn Bay 2404 (30047).

Dyfed

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

Gwent

Llanhenock Cheshire Home, Llanhenock, 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. K1G.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

Saskatoon 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 Chitlom
Lane, Bangkok 5
Cheshire Home, RANGSIT, 25 Chitlom 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.