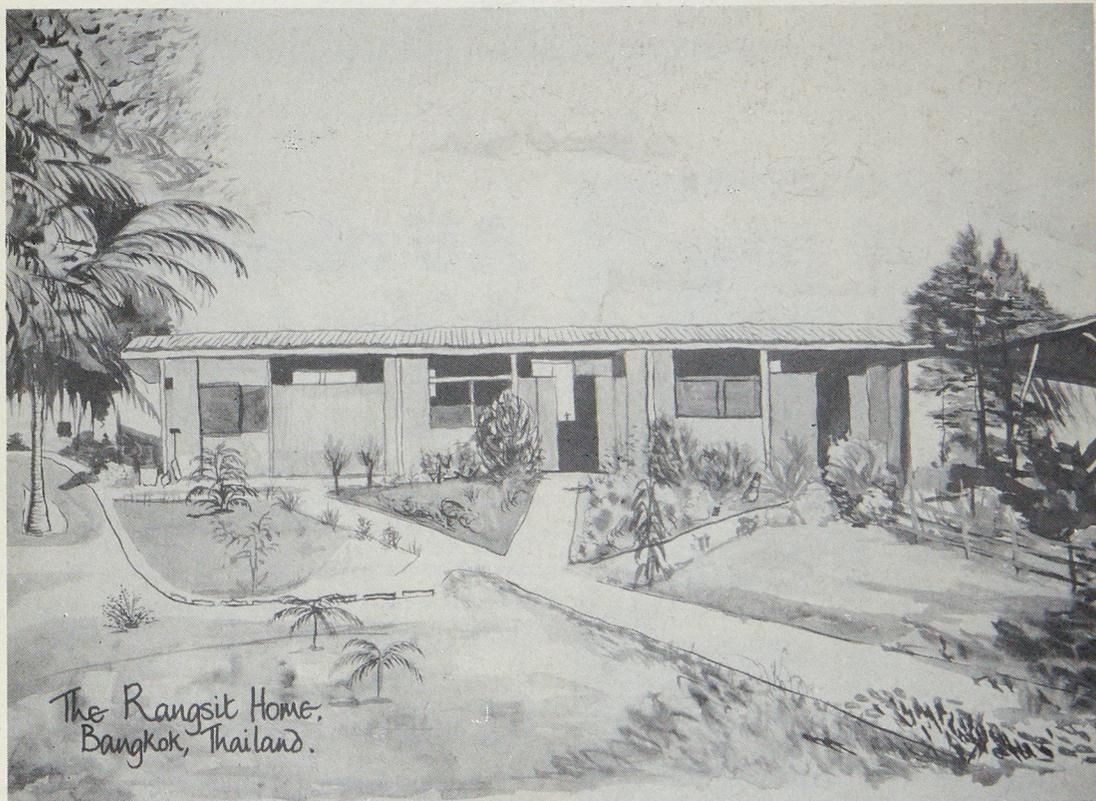


# Cheshire Smile

The Quarterly Magazine of the Cheshire Homes Price 10p

Spring 1979



*The Rangsit Home,  
Bangkok, Thailand.*

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The Quarterly Magazine of the Leonard Cheshire Homes

Vol. 22 No. 13 Spring 1979

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# The Chairman's Page



I am writing this immediately after the conclusion of an election campaign which, whatever one's political preference, seemed to dominate the papers, the radio and the T.V. screens for an unconscionably long time. And now we have a new team of political masters with whom we will have to learn to co-operate and work in harness, as we did with their predecessors.

It is certainly good news that the Conservatives have decided to continue with the appointment of a Minister for the Disabled, an innovation introduced by the last Socialist regime. We all remember the good work done by Mr. Alf Morris, a real friend of the Foundation, in this post; and it is re-assuring that he will be succeeded by someone of the character and calibre of Mr. Reg Prentice. We much hope that the new Secretary for Social Services, Mr. Patrick Jenkin, or Mr. Prentice, will be at our annual conference in October.

Of one other thing we may be sure: whatever the government there will be an awkward economic situation still to be faced by the nation as a whole; and this will include ourselves. There will be no more money in the kitty for health and social activities and we should not fall into the trap of expecting miracles just because we have a new party in power. As always, the continuing welfare of the Homes and of all our people will depend upon our own efforts. Thank heavens, we have long ago learnt the lesson of self-help and reliance upon the

support of our own people and associates. I am always observing this encouraging aspect of our work, but never more than on a recent tour that I have made of the Homes in South America and the Caribbean. Times are very hard in such places as Guyana and Jamaica and there is much poverty and deprivation; yet the Homes flourish and somehow manage not only to maintain the scope and standard of care, but even to plan for its expansion.

In a world of troubles we still have much for which to be thankful; and, most notably, the spirit and determination of our people everywhere.

Sincerely

*Christopher Farquhar*

Chairman

## VIEWPOINT

With the new government now in office, and the new parliamentary appointments having been announced, while it is only natural to look forward and wonder what the new thinking and practice in the field of residential accommodation and general attitudes toward the disabled will be we can also look back for a moment and reflect on the changes that took place in the last administration.

Alf Morris, as Minister for the Disabled took a very close and sympathetic interest in all matters concerned with the improvement of living standards for the disabled, and particularly in that of their mobility. His, became a household name which was recognised in every home where there was a disabled person, as well as by all those voluntary bodies, groups and organisations who are working and doing so much to encourage a better understanding and provide a fuller, freer and less frustrated life for their handicapped members, whatever their disability.

Although Alf Morris did not achieve everything for which he worked and strived and fought, his achievements were considerable; he was always approachable and ready to listen; his heart was in the right place, we have much to thank him for and his name will not be forgotten.

We wish Reg Prentice well in taking over the reins of the office, and are pleased to hear him say at the outset "I admire the work Alf Morris did in this field, and I expect there will be quite a lot of continuity". There is so much still to be done in the wider fields of disablement but perhaps the greatest need is to educate the public at large to accept the disabled for what they are, a normal and integral part of society, to be talked with, listened to, to have arguments, debates and discussions with, and in short, in all ways to be treated as equals.

Reg Prentice can only continue where Alf Morris left off. Yet so much of the task must rest with us, in whatever capacity we find ourselves; first of all as individuals in our own right, but secondly as part of the Leonard Cheshire Foundation whether as residents, trustees, voluntary workers, staff or

management committee members; as such we all have a part to play and to a considerable degree are dependent on each other.

How true are those words spoken over 400 years ago by John Donne "No man is an island".

1981 (less than 3 years away) is to be The International Year of the Disabled, and this will give the Foundation a wonderful opportunity to provide what should be, a very valuable contribution to world thinking on the problems and solutions for overcoming disablement, and NOW is the time to start thinking about it.

In our last issue's "Viewpoint" we suggested that groups might get together and discuss perhaps in greater depth some of the matters raised (and reported) at the Annual Conference, but as we go to press, not a word has been heard.

One sometimes sits . . . and thinks . . . and wonders. Is too much being done for residents? is too much being provided? is insufficient incentive being given? is responsibility being taken away? Why the complacency? Where lies the answer?

Despite the contribution by one of our reader/resident's from Oaklands entitled "There must be a Better Way" which we are pleased to print in full on another page of this issue, and the implied criticism of the way the homes under the Foundation are run, one is left wondering (from one's own experience) how many residents are as dissatisfied as he makes out and would appear himself to be. How many would wish to shoulder a greater responsibility in the running of the Homes? Those who could, and would, should as we see it by all means be given every encouragement to do so. They should take a full and active part in every aspect of the running of what is after all, their home, not only for their own good but for that of every resident.

Is not that the reason behind the clause in the Model Constitution for this and every Home that two members may be elected annually to the Management Committee by secret ballot from among the residents. Such residents should then, as they are encouraged to do in so many Homes, participate fully in all discussions and acts of decision making, and not, as some would appear to think, have as their only responsibility the presentation of complaints and domestic matters from residents to management.

Perhaps again, education in these matters is vitally important both at Management and Resident levels. At the same time it is perhaps worth bearing in mind that whatever our station in life, we must all conform to some form of discipline, of which self-discipline may be the highest order. In any family there must be tolerance and forbearance, and to a greater or lesser degree, we are all members one of another.

R.E.L.

# Counselling in a Residential Setting

## (I) A Consumer's View

by Rosemary Dawson-Shepherd

This article will consider some of the advantages of counselling severely disabled people in their own residential setting. Normally, clients will be found in residential care establishments, but this does not necessarily preclude clients who are in their own homes, dependent for care on husband/wife/sibling.

The premise for counselling in these situations is not that the severely handicapped person has any less or any more need of a service than the general public, but that the need for counselling by trained personnel who have some knowledge of the difficulties and frustrations experienced by the disabled client, is probably more prevalent than is realised.

Perhaps some brief information on my own situation would be useful as background for the reader. Since 1963, most of my life has been spent in residential care, mainly in establishments run by voluntary organisations for the younger physically disabled. For some time now I have been talking with various groups of professionals in training (nurses, care attendants, social workers, etc) on what residential life is like from the client's angle. I am interested in counselling, both as a potential client and as a potential practitioner. I am well aware that counsellors are few and clients are many and feel this situation could be remedied by training the disabled themselves for this function, though at present I do not know of any scheme which operates with this in mind.

The disabled client in residential care is at a great disadvantage if he finds himself in a situation where some sort of counselling is needed, in the form of talking through problems, either in the area of relationships or in the area of determining his own life-style. His ability to move around and organise some form of help for himself will be limited. In many cases he will have to rely on the people who are giving physical help (ie residential care staff) to organise emotional help. In some instances the client may well feel that the residential care staff are the appropriate people to discuss feelings of frustration even though (as care staff) this may put them in a position of having to cope with their own feelings of inadequacy to meet the client's emotional needs. It is difficult for a member of staff to assume two roles, that of the person who is giving physical care, and that of the person who is listening to the fact that for whatever reason, the client may feel that *no* kind of care will be adequate. For some clients who have never worked through

their feelings of anger about disability, towards a positive acceptance of it, no care is going to be adequate, because the only care that is adequate will be that which effects a cure.

Some staff will be able to cope with a dual role, but these usually have already taken some kind of training in counselling dynamics. Other staff will find the role very threatening professionally and probably be unable to cope. It is therefore quite important that this particular client group should have access to trained counsellors who do not have to provide any physical care for the client. In this situation the client should be able to realise that what he says to the counsellor will be treated in strict confidence; in particular, that nothing will be passed on to the warden, or person in charge of the establishment. This is a factor which most disabled clients appear to be most worried about, and very often they will not "open up" as much as their able-bodied peers simply because they are not sure that confidence is going to be respected. Many clients will have sometimes unrealistic views that any complaints they make about factors inherent in their situation may be reported back to the people who hold their security of tenure. This again is a very real fear and will inhibit progress in counselling.

Another advantage of having a trained counsellor available is that it is not always wise to involve friends or relatives in counselling. It is a skill, and as such has its dangers. It is totally unrealistic to expect an able bodied husband or wife to counsel their disabled partner. Analogous to this is the system where doctors may not treat their wives, husbands or children.

Having stated that counselling is a necessity and should be made available to the most severely disabled clients, there arises the question of the use of such a service. As a consumer, and a disabled person, I am aware that the frustrations, anger and generalised misery that is inherent in severe disability can be alleviated to some extent by talking problems out with someone who can put them into perspective. I am aware that unless this service were available, my own situation would be — at least for some of the time — untenable. As I am in a counselling situation, and have been aware of the service that can be offered, I cannot assess how much more under stress I would be if I did not have this kind of help, either available to me or known by me.

It is the hope that counselling can prevent more suffering engendered by disability, because some of the difficulties may be resolved by being allowed to talk them through with a trained person, or that some factors may become bearable if not able to be changed. This presupposes two things. The would-be client must know, or feel, that he needs this kind of help. The service must exist and be extended, so that it is easily available to the most immobile client. Where the able-bodied client might go to an agency for their counselling, it is up to the counsellors to be able to visit the disabled client.

## (II) A Counsellor's View

by Gillian Corney

In the last decade, disabled people have undoubtedly had far more help with the practical and financial problems created by their handicap, as a result of legislation like the Chronically Sick and Disabled Persons Act and the introduction of benefits such as the Constant Attendance Allowance, Mobility Allowance and, more recently, the Disabled Housewives Allowance. However, in another, perhaps even more important area of need — ie help with the emotional problems of disability — people with handicap have had an increasingly poor service.

The demise of the former local authority welfare departments with the coming of Seebohm and the introduction of generic social work have meant that, outside hospital social work departments, few workers have had opportunities to develop a special expertise in helping people with handicap. In practice, many social services departments have felt it necessary to concentrate the resources of their trained workers in the field of child care. This has led to disabled clients being rather haphazardly "lumped together" with the elderly, their needs seen almost entirely in terms of the provision of practical services which can be dealt with by untrained social work assistants.

This situation has been compounded by the fact that social work courses have increasingly moved away from their former emphasis on the importance of the one-to-one counselling relationship of casework, to a greater interest in the less specific and more political field of community work. As few courses include much teaching about the physical and emotional implications of illness anyway, few workers are emerging with any knowledge of, or interest in, work with people with physical handicap.

Thus the disabled person in the community finds that he must battle to the point where he has the necessary aids and services, as well as the statutory financial benefits. At the same time he receives little or no help with his emotional difficulties, and this comes all too often from inexperienced workers who change with alarming frequency. Having acquired all of his practical aids he is rarely visited (save perhaps once a year to see whether he is still alive), unless some major family crisis looms and he has to send a cry for help to his local social services department.

### The resident's situation

While the disabled person in the community is thus ill-served in terms of meeting his real need, the disabled person in a residential setting can so often be even worse off. When the harassed social worker has found a placement, the client is all too often thankfully "taken off the caseload" with the feeling that, even if he is not happy, at least he is being

cared for physically and is not likely to create a crisis which might just hit the headlines.

Because so few skilled workers are available, the disabled resident may quickly find himself without any regular access to counselling help. This may not be too important if he is lucky enough to find himself in a place where the officer in charge is trained and where, because of this influence, staff are also being trained, either on outside courses, or within the home. Given such a situation, the client will find that staff are alert to understandable difficulties in adjusting to life in a residential setting, to giving up his own home in order to share the irritations and difficulties of life with a group of people with whom he has little in common, and with whom he would not have chosen to live. His misery and fear at the prospect of losing more and more physical independence because of progressive disease will be recognised and talked through, while he will be treated with dignity and care. His depression will not be labelled as "apathy", and however great his physical dependence, his right to independence of thought and decision-making will be fiercely guarded at every level.

### Staff attitudes

In such a setting, the client who has need to grieve for the life that he enjoyed before disability and which he can enjoy no more, the client who needs to grieve for a richness of life which, because of congenital handicap he has never experienced, will find sensitive and able staff who will create an atmosphere in which he can reveal distress and vulnerability and receive help of a very positive kind, both practically and emotionally. Such staff will have no hesitation in seeking the added help of a trained counsellor if the client's problem is one which they cannot help with. They will respect utterly the wishes of the client who indicates that the nature of his problem is such that he would find it easier to talk to someone outside the home, whom he will not have to see daily thereafter. Ideal indeed. But sadly, with such a small percentage of staff in residential homes having received any relevant training, the resident is likely to find himself much more unhappily placed. At worst, cared for by staff who see their task as that of feeding, washing and toileting, with no perception of a client's emotional needs or problems. The matron-in-charge is perhaps someone who, given that "her" residents are kept clean, warm and fed, feels that they are somehow ungrateful if they do not immediately and happily settle to the joys of basket-making and ashtray manufacture, or the happy community life of the "family" in the home. To such staff, emotional problems are matters to be tackled with firmness and straight talking, while the resident who opts out in despair or depression, because his undealt with problems are now chronic in nature, is promptly labelled as "difficult" or apathetic.

There is no way in which a client in despair can bring himself to discuss his problem with staff who are so insensitive and incapable of dealing with his need. Such staff, too, are likely to be desperately threatened by anyone coming from outside to counsel a resident, feeling that this is, by implication, a reflection on their own ability to help. Again, they may fear that a resident encouraged to look at his problems and to begin, however painfully, to deal with them is going to be "stirred up" and made more difficult to "cope" with because of this added attention. Thus threatened, such staff will also be unable to accept the resident's absolute need to feel that his confidentiality will be respected by the counsellor and that without the client's permission, staff cannot expect to know what the client has said. Worse still, petty reprisals can sometimes be taken against residents who have sought outside help.

### **Easy access to counsellor**

If, then, the client in the residential setting is to have the kind of emotional help he needs, it is imperative that he should first of all have easy access to the counsellor. Her name, address and telephone number should be readily available in every home which she visits, but for those residents who cannot write or telephone for themselves, and who have no one they can trust to do this for them, it is important that the counsellor should make regular visits to the home, whether or not she is asked to go for a specific purpose.

In this way, the resident who is not sure whether the counsellor is the person with whom he can share his confidence, can have an opportunity to observe her before asking to see her. For the client who does not want everyone in the home to know he has a problem contact is also made easier if the counsellor makes a point of talking to quite a number of residents in their own rooms, whether they have a problem or not. This, of course, is made more difficult in homes where residents have to share rooms with two or three other people, and where the counsellor rather obviously taking someone off to the "quiet room" or the garden is to invite curiosity.

Again, some residents may have a problem so deep-seated that they are unable to recognise it clearly, knowing only that they are in misery, the effect of which is for them to react either by opting out or by responding to all approaches with bitterness, anger or irritability. If the counsellor is able to visit the home regularly and is seen to talk at some time to every resident who is prepared to meet her, then there is an opportunity of a relationship developing between the despairing resident and the counsellor. In this relationship, as it develops with sufficient trust and respect, the client may begin to talk about his feelings. In this way there is a chance that during their talks together the resident will become aware of his real problem and

can, with the counsellor's help, begin to tackle it. Effective help could never reach such residents if they were left to ask for it themselves, or if they had help thrust upon them.

### **Building staff confidence**

From the point of view of the staff, if the same counsellor visits the home each time, they too can have an opportunity of really getting to know and assess her far more easily than if they have to deal with a great assortment of counsellors who, knowing little of the background problems of the home which may be affecting staff, simply flit in and out on flying visits. Given regular contact with the counsellor, sensitive staff very quickly learn to appreciate professional expertise, and far more readily suggest to residents that the counsellor's help should be sought. Though perhaps over a much longer period, even the more suspicious and less sensitive staff find that the counsellor is prepared to listen and appreciate their difficulties. Having received help with their own problems, they begin to warm to her and are then perhaps more open to suggestions on how they can be more sensitive to residents' likely difficulties.

Establishing such trust with staff within a home is vital if the counsellor is to have their ready co-operation in helping the resident. This does not mean that information will be divulged to staff without the resident's permission; *real* trust from staff means that they will not expect her to do this. Meanwhile, trust from suspicious staff increases if the counsellor always demonstrates that, if a resident has a complaint about something within the home, she will (while supporting the resident in his complaint if it is justified), nevertheless encourage him not to report his difficulty to a higher authority without the head of the home first having an opportunity to deal with it.

Time spent in the office or in the staff-room is, therefore, important to good resident service and, if the counsellor has integrity and self-awareness, does not develop into a session of colluding with staff or opting out of the task of making time and skill available to residents.

### **The constraints**

Having hopefully won the trust of residents and staff alike, the major difficulty in providing the disabled client in a residential setting with effective emotional help remains that touched upon at the beginning of this article – namely, the difficulty of being able to employ sufficient trained counsellors, with particular knowledge of the emotional problems of clients with disability. For if a resident has a particularly deep problem – which many have because of the desperate effects of disability upon them – then if the counsellor is to help at all effectively, she may need to visit that particular resident weekly or fortnightly, at least in the initial period. Such

frequent contact can, however, be impossible – for example, the counsellor employed by a voluntary organisation may find herself responsible for 20 or more homes scattered over a region of some 200 miles, each home with 20 or 30 residents, any of whom could need help at any time. It would be a great help in some instances if the counsellor, having assessed the resident's problem, could then refer that resident, with his permission, to a local social worker for intensive and skilled help. Given the problems outlined earlier, this is rarely possible. In this situation, even if the counsellor makes every effort to visit a particular resident frequently (if only for a limited period) the client may still not get the best and most skilled care from a counsellor who has arrived tired from miles of motorway travel and who, in the course of a brief one- or two-day visit, may rapidly become blunted with the intensive interviews needed to deal with the problems of a number of residents and staff during that limited period.

The counsellor may also feel the added pressure of trying to make herself available to other residents who, without having a particular problem, simply like to talk to someone from the outside world. Such residents can make the counsellor feel very guilty if time is not found for them during her visit. It is hard without hurting them, or breaking other confidences, for the counsellor to point out that other residents' calls on limited time may be greater at that point. It would, however, be much easier to say this if she could, with certainty, promise to come again the following week.

### **Are there alternatives?**

Given this situation of few trained counsellors being readily available to help residents, what of the idea of seeking such help from willing and sympathetic volunteers, or perhaps peer counselling from another resident in the home who has experienced, but overcome, similar problems?

When a resident has a serious emotional problem, a volunteer, however willing, is often not sufficiently skilled to tackle such problems adequately. Also, the need to bear deep distress and unhappiness with a resident, in order to help him to work through his necessary grief, can prove too stressful for someone who has no training. Similarly, while peer counselling can be of great value at certain stages of adjustment to disability, at the point where people are deeply distressed in the initial stages of illness, they are often unable to even begin to relate to someone who has moved two or three stages on. Added to this is the very real feeling of some residents that they do not want to share particularly distressing personal griefs with a resident with whom they will have to live from then on.

### **Skilled counselling a necessity**

To sum up, it appears to me that the problems, both practical and emotional, created by disability are intense and painful; when the tension of life in a residential setting is added to these basic difficulties, life for many clients can become intolerable, a living hell, or death in all but the clinical sense, unless skilled and trusted counselling is available to support and extend the caring already being offered by staff in the home. Clearly this most valuable and necessary service of counselling cannot be effective without trained staff in homes, who are quickly aware of resident need and concerned and professional enough to seek skilled aid for those whom they cannot themselves help.

Such skilled help cannot be provided without sufficient well-trained counsellors readily available in local authority social services departments and voluntary agencies. Accurate identification of the difficulty and opportunity to follow through in a constructive and trusted relationship is essential, to the point where the resident is able to feel he has reached a stage when he can begin to live life to the fullest despite disability. Surely the cost involved in ensuring the availability of properly trained counsellors is but a small price to pay in order to prevent the social death of so many able and valuable people in residential homes?

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Both of the foregoing articles appeared in the March 1979 issue of Social Work Service and have been reproduced by kind permission of Her Majesty's Stationery Office.

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## OPERATION DRAKE

*Round The World*

By

**Paul Hanson of Hydon Hill**

Born a spastic in 1931, I spent most of my younger days at home in the West Country with my mother and younger brother. My mother did almost everything for me. Eventually, I went to live at Le Court in 1957 and spent 14 very happy years there.

I gained much independence, both physical and mental, having got away from the protective, restricting influences of home life. In 1968, I met my future wife, Hazel, at Le Court. She is also disabled, with Spina Bifida, and had come to Le Court from her home in Guildford, Surrey, on a month's assessment holiday. Eventually getting engaged, we moved to Hydon Hill Cheshire Home in November 1971, and were married in January 1972.

### **Message from H.R.H. The Prince of Wales, KG, KT, GCB**

In a message from His Royal Highness, The Prince of Wales, KG, KT, GCB, said:

Many young people, I believe, long to have the chance of tasting adventure, of achieving something through personal endeavour or simply giving service where it is needed.

Therefore, I am particularly pleased to be so closely associated, as Patron, with Operation Drake – A two year, round the world expedition for young people.

Operation Drake will help bring to fruition a number of scientific and community projects; it will also provide many young explorers with the adventure of a lifetime.

The greatest reward for the young explorers participating in the Operation will be enhanced awareness of their own personal capabilities and the practical experience of cooperation with people of other nations.

This is a unique opportunity for young people not only to benefit from this experience but also to contribute to better international understanding.

CHARLES

In April 1976, Major Gordon Mitchell, who had just retired after 37 years in the Scots Guards, came to Hydon Hill as Warden. He had the foresight to see the potentialities of the Home, especially with the aid of good publicity. With this in mind, he spoke to his good friend, Lt Col John Blashford-Snell, with whom he had been on the great Zaire River Expedition in 1974, and asked John to give Hydon Hill a mention in the various talks he gave around the country.

In 1977 plans were announced for an expedition, to be called Operation Drake. This was to celebrate the 400th Anniversary of Sir Francis Drake's circumnavigation of the world in 1678. Operation Drake was to take two years to go around the earth. Archaeological, zoological, medical and community projects were to be performed in nine three-month phases in various parts of the tropics. A 150 ton square-rigged brigantine, the "Eye of the Wind", was to serve as a floating base and laboratory for scientists running various research projects.

Helping the scientists work on each phase would be 25 to 30 young people between the ages of 17 and 25. The Young Explorers were to be put through a tough selection process, and would be sponsored by either their employers or other industrial concerns, charitable organisations or individuals, etc., at a cost of £2,000 each. Operation Drake was to be sponsored by the Scientific Exploration Society, and made possible by the generosity of Mr Walter Annenberg, former American Ambassador to Britain. H.R.H. Prince Charles would be its Patron. Gordon Mitchell saw the possibility of involving Hydon Hill in Operation Drake in some way, and got the Home enrolled in a support role. It prepared and sold the very attractive Commemorative Philatelic Covers being issued in aid of the Expedition. He also had the idea of sending a disabled resident on one of the phases of the Operation and asked me, as chairman of the Hydon Hills Resident's Committee, what I thought of the idea. Then he asked if I would be willing to be the participant. I readily agreed and was duly involved in the Panama phase, nominally as a radio operator, because of my Amateur Radio qualification.

On January 14th, John Hockley, a young Police Cadet from Surrey Constabulary, and I set out by air for Operation Drake's Tactical Headquarters in Panama City and Phase 2 of the Operation. Although not selected for the Operation himself, John had volunteered to come as my helper.

We spent our first month at Tactical Headquarters getting acclimatised to the tropics and doing clerical work and radio operating. Although temperatures were between 70 and 90 degrees F., I personally didn't find it as hot as I had expected in a place only 15 degrees north of the Equator. In fact, I found it very pleasant, not unlike a good English summer. But I like the heat and was glad to miss most of the snowy English winter.

We moved to Caledonia Bay, 150 miles east of Panama City, by air on February 12th. Although

## Paul Hanson in the Panama with John Hockley



*Paul Hanson, resident of Hydon Hill Cheshire Home, Godalming, Surrey, and Police Cadet John Hockley of Surrey Police, in the Darien Jungle at Caledonia Bay, Panama, during Operation Drake.  
(Photo: Christopher Sainsbury – Operation Drake)*

we'd been told that the temperature at Caledonia Bay would be ten degrees higher, we found the weather dull, cool and windy, with some rain, mainly at night. This went on for about a week, then it improved, got warmer and was very pleasant.

The main problem was sandflies, which were a great nuisance, except in windy conditions or at sea. We spent most of our time onboard the "David Gestetner", a giant inflatable raft. This was being used by an RAF/Army Diving Team, investigating two wrecks, "The Maurepas" and the "Olive Branch". Results were interesting as far as the "Olive Branch" was concerned. I also spent some time in the Archaeology tent on a palm-fringed beach. My job was washing pottery brought in from Fort St. Andrew, site of an ancient Scottish settlement across the Bay from Base Camp. Another interesting project is investigation of a site thought to be that of the "Lost City" of Acla, just along the coast from Caledonia Bay. A programme of medical treatment is being carried out on the Cuna Indians of Mulatupo in a village near Caledonia Bay.

Another exciting project is called the Walkway. In the jungle inland from the bay, an Aerial Walkway, suspended 150ft up in the trees, is used to study the wildlife of the Forest Canopy, and also trying to find out how the Rain Forest regenerates itself, as very little is known about this.

Geoffroy's Tamarin, a monkey limited to Panama, is also being studied. Regular week-long Jungle Survival Courses were held to teach the Young

Explorers about the jungle and how to survive there by hunting and fishing, etc. One group of Young Explorers is following the route taken by the explorer, Balboa, across Panama, from Acla, near Caledonia Bay, to La Palma on the Pacific Coast. It is taking a month to cover nearly 150 miles, staying with and getting to know the local people en route. It is also planned to sail the "David Gestetner" back to Panama City from Caledonia Bay. It will take five days, allowing for two diving sessions on the way.

One morning I had the opportunity of visiting Fort St. Andrew, to see the site and have photographs and film taken. The film was for Independent Television News. I travelled to and from the site in a small Avon inflatable boat – quite an experience. I also did quite a bit of typing for Operation Drake – scientific reports at Caledonia Bay and Press Releases at Tactical Headquarters.

We had various social activities at Caledonia Bay, including several beach parties and barbecues. One party was in honour of a visit by General Sir John Mogg, Chairman of Operation Drake. He was accompanied by the British Ambassador to Panama and his wife, Ruth Mindel and Jim Masters from Operational Drake Headquarters, London, and three British Press correspondents. We had our own bar at the bay.

After returning to Panama City from Caledonia Bay, we spent a week at Tactical Headquarters before returning to England and home.

One of the most exciting and enjoyable experiences was spending an afternoon at sea on the "Eye of the Wind" during some sea trials – a most enjoyable experience, once you got used to the motion caused by the heavy swell on the sea. This was the first time I'd been on a sailing ship of any kind. I was only sorry that the sails were not actually used.

What have I gained from this unique experience? To start with, several "firsts". It was the first time I'd travelled outside Europe, or to a tropical country; – the longest time I'd been away from home, and the first time I'd travelled in an inflatable boat.

I've also had the experience of visiting and getting to know a very beautiful, friendly country, which is far too little known by most people. I was particularly attracted by the very friendly, colourfully-dressed Cuna Indians.

The most important thing I gained was friendship from all concerned with Operation Drake, but especially from the Young Explorers. They were a truly great group of young people, who couldn't have been more willing or helpful. I am deeply grateful to them all for making my stay in Panama such a memorable one – also to John Hockley for all his help. It was indeed a privilege to meet such a wonderful group of youngsters.

My only regret was that my wife, Hazel, was unable to join me, because she felt the climate would be too much for her.

The main reason for my involvement in Operation Drake was to give other disabled people

encouragement. I was the only really fully disabled person on the Operation, thus not only representing the Cheshire Homes, but also all disabled people around the world. In this respect I was particularly interested and pleased to meet Anna Richards, a Young Explorer from Canada who has an artificial leg.

It is my hope that other disabled people may follow my example, both on Operation Drake and future Expeditions. I am bearing in mind that 1981 is to be declared the "Year of the Disabled".

Lastly, I would like to give sincere thanks to Eric Young of Jersey. Without his generosity in sponsoring John and myself, this adventure would not have been possible.



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## Director's Tribute

### HIS COURAGE INSPIRES THOUSANDS

In a report given by Lt Col J. H. Blashford-Snell, Director of Operations, it was said of Paul: Whilst conditions at the Headquarters were reasonably comfortable, those at the tented camp were far from satisfactory for a disabled person. There was no running water, toilets were the typical Army field type and the weather was extremely hot and very humid. Sand flies were a constant nuisance and the occasional snake was found in the tents.

Paul contributed in no small way to the success of the expedition.

The staff at base camp were afraid that conditions would prove too much for him. However, his willingness to undertake any task and his cheerful attitude soon overcame their fears.

His courage, humour and determination were an example and an inspiration to all.

He has certainly shown that severely disabled people can overcome a great deal of difficulties and amazed everyone. I believe Paul is a great credit to the Cheshire Homes and do hope that his achievement will inspire other disabled persons.

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*Paul we are all proud of you. Ed.*

## Leonard Cheshire's T.V. Appeal 9th May 1979

The grand total reported to the B.B.C. on 9th May was £41,952 representing 4,565 donations. The Foundation received £33,613 in 3,973 donations, and the remaining £8,339 was sent to individual Homes.

The Foundation is very grateful to the B.B.C. and the result is exceptional. In due course the total figure will be announced in The Radio Times. The October figures published in the edition of 3rd March showed the appeal for the British Kidney Patient Association topping the list with £24,856, with Raymond Baxter's T.V. appeal for the Battle of Britain Museum second with £21,000.

There are 14 T.V. and 52 Radio appeals each year on the B.B.C.

The Headquarters staff at Market Mews would be interested to learn how the more successful Homes publicised the appeal, in which, it is suggested probably local radio played a great part.

However, the whole operation was tremendously heart-warming, receiving so many letters and tributes with sums of money, great and small, an enormous number coming from old age pensioners who sent cash or postal orders.

The task of listing, banking and thanking everyone, was very considerable, and many kind people gave a great deal of voluntary time and effort, and we cannot thank them enough.

There is a 16 mm. film of the appeal available, which Homes can borrow for special events. Something so brief which introduces our Founder and the work of the Homes in the U.K. could be very useful, and may be shown provided that no fee is charged.

The following is a list of the 24 Homes which received £100 or more. A complete list is available if required.

	£
1. Greenacres	1,121
2. Appley Cliff	999
3. The Grove	478
4. Marske Hall	430
5. Le Court	318
6. St. Michael's	311
7. Mote House	280
8. St. Cecilia's	245
9. Springwood House	239
10. Heatherley	226
11. St. Bridget's	225
12. Oaklands	221
13. Douglas House	210
14. Chiltern	197
15. Forches House	180
16. Honresfeld	180
17. Seven Springs	175
18. Seven Rivers	168
19. Greathouse	161
20. Chipstead Lake	146
21. Arnold House	131
22. Mickley Hall	117
23. Matfen Hall	108
24. Cann House	100

*Ann Sparkes*

### **Mr. W. G. TAYLOR**

*Hon. Treasurer and Business Manager of The Smile 1971-1979*

We are very sorry indeed to have to record the death of our very good friend and Honorary Treasurer and Business Manager, Mr W. G. Taylor, who died on Friday, 20th April, 1979.

Bill Taylor had been working in an honorary capacity on the Smile for eight years, and was responsible for the whole of the business side of the magazine, organising the distribution of the accounts, the mailing lists, and not only supervising, but actively working on the enveloping and despatch.

He was always keen that no time should be lost once the magazines had been received from the printers, and was instrumental in getting residents at Greenacres keyed up for the job as soon as they arrived.

He had been ill for quite a few months before he finally had to give up, and died within a month of doing so.

Bill will be greatly missed by all at Greenacres and the Smile will be the poorer for his passing.

We extend to Mrs Taylor and the family our deep sympathy in such a sad loss, but at the same time we thank them for lending him to us so generously, for a job that he loved doing.

We have been fortunate in getting Mr Clem Batstone to take on some of the work that Bill did, and with our new Secretary, Mrs Rosemary Collings, we hope to continue to provide a magazine that is interesting and acceptable to all our readers.

R.E.L.

### **Have you worn your Musquash Jacket lately?**

A lady's light brown musquash jacket (size 16) was apparently taken away by mistake from Sutton Coldfield Town Hall after the Annual Conference on 30th September last, leaving a slightly smaller one in its place.

A lady who was attending another function there that same day, realised that the one she collected from the cloak room is not hers, when she had occasion to wear it again recently.

Please telephone the Smile office 021-354 7753.

### **Maggie Toner**

*Overseas Secretary*

We were very sorry to learn that Maggie is in hospital again and we take this opportunity of sending her our best wishes assuring her of our thoughts and prayers, and hopes that she will soon resume the place she has filled so effectively at Market Mews, particularly with the overseas homes with which she has built up such a wonderfully happy relationship.

God Bless you Maggie.

# Around the Homes

## Camera Club at Seven Springs

We at Seven Springs Home have formed a small camera club with 8 members to date and we are on the threshold of forming a 'Dark Room' with equipment suitable for developing and printing in the Home.

We wonder if any of the other Homes have had experience of such a project? Any suggestions to overcome any likely problems would be appreciated.

We are all very handicapped but are hoping to cope, with a little help from our able-bodied friends.

We should welcome any other Homes' ideas on our new venture.

*Miss Betty Masren*

## National Scrabble Competition

We were pleased to see that in the Final of the National Spastics Scrabble Competition – held on February 10th, 1979 at Spastics Society's H.Q., Park Crescent, London, George Wilkins and Dorothy Douglas both residents at Seven Springs Cheshire Home, Tunbridge Wells, Kent came 4th and 8th with 377 and 311 points respectively.



## Mobility Allowance Mobilised

You can't keep a lively-spirited pair tied down to one spot – and two disabled friends from Seven Rivers Cheshire Home, Great Bromley have proved just that. Mr Bert Smith, 57, and his companion Miss Mary Cook, 44, found that by pooling their mobility allowance they could run their own van for outings. Bert suffers from muscular dystrophy and Mary is afflicted by the wracking pain of severe arthritis. But that does not stop them enthusiastically enjoying the freedom of the roads.

Bert Smith is an entertainer. He finds the van invaluable for taking him to concerts far and wide where he plays the harmonica and sings for senior citizens and disabled audiences. But the two-year old Ford Transit, which has been specially equipped by a friend is used for more than just that. The vehicle is regularly put to use for outings for the residents of Seven Rivers. The van supplements the home's 'official' vehicles. "It gives us a form of independence," explained Bert, "and we like to spread it around."

Their gleaming beige coloured van was resprayed and fitted out by Mr Dale of Grangeways Garage, Colchester. It has special ramps and fixtures for taking wheelchairs. Mary thinks the van is a great boon. She met Bert in the home four years ago, and admits to being like Bert 'something of a rebel'. "We like to do our own thing," she enthuses, "I like to go out and meet people." Bert, who played professionally in a dance-band in the 1950's, says he hopes that their efforts to get mobile will serve as an inspiration to others who might not get out-and-about as often as they would like.

The van, driven by friends and volunteers, is hardly out of use. "It had 6,000 on the clock from the end of July," maintains Bert. The vehicle gives a remarkably smooth ride, he reckons. "It's just like having our own family saloon." The van continues to give the freedom of the road to disabled residents and a good social whirl to people who would otherwise be housebound.

## Triple Celebrations at Arnold House



Three 21st birthdays were celebrated at Arnold House, on the 18th November 1978.

Sue Stevens, John Wagner and Rekha Thakrar (left to right in photograph) all members of the Service Corps celebrated their birthdays within a month of each other.

Guests totaling 80 plus, including residents, staff and our friends, helped to make this a very happy evening. A buffet was laid on by Sue, John and Rekha. Afterwards plenty of people joined in the dancing, all part of our Joyful Party Mood.

## Towards Integration at Green Gables

Whether or not two Springtime events were planned with the specific intention of leading us towards the goal of integration this was, in fact, what they achieved. It is the goal to which we should all be aiming.

These were events enjoyed by the residents but not by any means resident-orientated, as they were meant to be enjoyed by committee members, supporters, residents and staff in equal measure.

On March the 20th a professional Dance Company which had been much appreciated on its visit to Alfreton Hall, came to Green Gables to give a performance of ballet.

The EMMA Dance Company is unique and the first of its kind in the country. The Company was founded by East Midlands Arts to provide audiences in the East Midlands with contemporary dance of high quality at very reasonable fees. The work has proved highly successful and popular throughout the East Midlands and the Company has visited schools, colleges, arts and community centres, village halls and small theatres. This was their first visit to a Residential Home.

Our spacious lounge was very suitable but as the ceiling is too low and it was not possible for the dancers to complete their full repertoire. However, one short ballet, "The Teddy Bear's Picnic" was performed perfectly and would have had us rolling in the aisles had we not been packed like commuters in the London Underground! It was hilariously funny and ended with a horrified expression on the face of the non-bear dancer and the application of a spray to the bears!

The second event was a visit by Mr John Stiles of Radio Derby.

John began by telling us how broadcasting really began with what was virtually local radio, for there were no powerful transmitters in the early twenties. In due course the BBC set up in business at Savoy Hill and now we have three-layer broadcasting, National, Regional and Local. We have come full circle back to the local transmitters.

We were told that the local stations came back in the first instance to combat the pirate broadcasts from the sea which at one time were a danger to shipping. The pirates were invited to take jobs with the BBC – including Terry Wogan!

John kept us highly amused with his tape recordings. He must have had great fun sticking together all the amusing bits of tape – many of them made when the broadcaster was not aware that he was being recorded. These had to be taken out when the tape was edited before transmission. One tape consisted of the 'errs' and 'ums' with which many people punctuate their conversations. These had all been taken out and stuck together to form a separate tape. It was suggested that if someone could set them to music they would have a Hit!

John Stiles has a delightful personality and it was a great pleasure to have him with us. Committee members and friends assured him a receptive and vocal audience.

During these two very happy evenings there was no "them and us" feeling. We were all happy human beings responding according to our capacities to first class entertainment.

Homes will have had some contact with their local radio stations, so it should not be difficult to arrange this type of entertainment. The address of the EMMA Dance Company is Mountfields House, Forest Road, Loughborough, Leicestershire LE11 3HV.

*Elizabeth Greenwood*

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## Winnowings from White Windows

Anne Clegg who has been a resident at White Windows for 22 years and says she likes the home very much writes:

We have lost Margaret Cooper and Bernard Mahoney this year, but Harry Brinsley, Caron Levers, and John Brook have come in to join us.

We have had a lot of new bits built on. In my time a new piece has been built comprising single and double bedrooms, some are on the first floor and the other on ground level. There is a new shop, office, a telephone booth, and a new complex as well.

The chapel will be put on the top floor again.

We call our bird 'Goldie' now.

*Miss Anne Clegg*

## Enclosed Fire Escape for the Cotswolds

The enclosed fire escape at the Cotswold Cheshire Home is one of the most up-to-date available. It covers five floors, and the fire authorities are extremely pleased with the speedy evacuation of residents during practice.

The fire escape is a feature of the extension named after Jack Threadingham, who was Chairman of the Management Committee when the extension was built.

When he launched the Appeal Fund, together with our benefactor and patron, Mrs V. Northcroft, Jack Threadingham stressed the need for a new enclosed fire escape which has now been completed.

To meet the need for the modernisation of the old lift in the original building, the residents organised a competition. The 1st prize was a beautiful crystal table lamp graciously donated by H.M. Queen Elizabeth, the Queen Mother, and this resulted in over £1,000 being raised – a good start towards the substantial sum needed.

It is with deep regret that we mourn the loss of Katherine Payne, a founder resident of the Cotswold Cheshire Home, who died on March 17th 1979 aged 73.

*Bob Hughes*

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## “The Hill” has a Christmas Present to Remember

It was on a frosty, foggy morning of December 22nd, that we received our new bus. It was a grand sight to see, as we had been promised it for a while. It is green and is a smashing bus to ride in. It has got all new fasteners on the inside, which I have not seen before and once you are fastened in you are very comfortable. It will take 24 wheelchairs when fully loaded and has a hydraulic lift at the back, which is much better than our old one; it loads us much quicker. It cost £16,000, it is a lot of money but a bus is essential to every home, as it is our only means of transport. We are looking forward to some good weather so we can put it to good use.

I hope we shall go far and wide in it.

*E. Cross*

## Edinburgh ‘Hearts’ United at Mayfield House

February 14, St Valentine’s Day, for many is a time for playful intrigue and romance. This was particularly applicable to Mayfield House in Edinburgh recently, when Brian Thackray Common married Cynthia Mary Scott in the morning of St. Valentine’s Day.

The wedding took place in the Cheshire Homes as Thackray and Mary have very limited mobility. The couple were certainly well acquainted as they had known each other for approximately five years. The subsequent reception attended by a number of fellow residents, staff and others, turned out to be a pleasant occasion. This was a unique day for Mayfield House and particularly so for the Registrar as it was the first wedding he had officiated at outside the precincts of the Registry in his long career. The occasion on St. Valentine’s Day must have been infectious as far as ‘birds choosing their mates’ were concerned, for no sooner than the clearing up was completed for the day, another residents’ wedding within the Home was being contemplated and subsequently a day was fixed by Bunty and Douglas for 17th April.

Unfortunately, Mayfield House, like many other residential establishments, finds great difficulty at the moment in the provision of suitable accommodation for married couples. So a lengthy period may elapse before suitable rooms can be provided.

(We wish them well. Ed!)

# The Service Corps

## A Tribute to May Hopcraft



At the end of March, Mary Hopcroft retires from the post of Administrator of the Service Corps. During the time that she has been in charge we, at the Chiltern, have had some fifty-five of her students who, with very few exceptions, have been kind, well-motivated, hard working people with the interests of the handicapped at heart.

Mary has recruited and selected these boys and girls and before they have been "let loose" on the Homes they have been imbued with the right attitudes and taught the basics of care so that they have been an asset to the caring team almost from arrival.

It is, I am sure, totally due to her efforts that those of us fortunate enough to be called "training Homes" have received such an excellent nucleus of staff able to contribute so much to the lives of our residents. They join me in thanking her most sincerely for her tireless campaign to improve the quality of their lives in so many ways through her enlightened instruction of the students.

When the new training liaison officers are in post, we hope that Mary's ideas and ideals will be magnified and passed on to a much greater number of care staff in a larger number of homes. She has sown the seed and nurtured it through the early stages of growth. We now look forward to the fruition of her efforts on a much wider scale reaching many more deserving people than was hitherto possible.

*Shirely Hughes*  
Head of Care

A delightful old lady a Mrs Hilda Henn of Sutton Coldfield, aged 86, who has since died recited the following piece of poetry to me when I was visiting her in hospital a year or so ago. She had in turn, she said learnt it as a child at her own grandmother's knee. (Ed.)

### THE TWO BEARS

In an old country town dwelt a man and his wife  
Who led such a quarrelsome wrangling life  
That the neighbours declared to their shame and disgrace  
There was not such another vile pair in the place  
Like a cat and a dog they would snarl all day long  
So cross was their temper and lawless their tongue  
And louder and louder their voices were heard  
As each madly struggled to have the last word.  
But lo! all at once they grew gentle and meek  
Their tongues a new language had now learned to speak

The turbulent passions that rent them now ceased  
And their home was a picture of quiet and peace.  
At last the strange fact was so bandied about  
An old lady vowed she would ferret it out.  
So our Miss Bizzy, (by that name she went)  
Goes straight to the Snarls to see what it meant  
'Good morning' said she 'Mrs Snarl, How d'you do'  
What a change has come over your husband and you  
Tis the talk of the street, and I really must know  
What strange thing has happened to alter you so'  
'Well Ma, you cannot this verse have forgot  
'Bear each others burdens' tis so, is it not'?  
Forebearing in love, in love make the pair  
And the names of the couple are BEAR AND FOREBEAR.

How Miss Bizzy felt, we cannot venture to say  
But at least she went home the wiser that day  
For now it is plain, happy christians they came.  
Twas seen in their place and felt in their home.  
Of course all their neighbours were sorely perplexed  
at the strange alteration, and wondered what next?  
But none could account for the change that had come  
So suddenly to the Snarls and their home.  
Make friends with these friends, they cost nothing to keep

They never annoy you awake or asleep  
Wherever they're welcome, all bickerings cease  
And bring to a household sweet concord and peace.

# LETTERS TO THE EDITOR

## **"There Must be a Better Way"**

The purpose of this article is to try to bring to the people's attention the need for a change in the present system of running a Community Home for the Physically Handicapped.

It is an article based on the belief that the way in which a Community Home is run affects, to a great extent, the attitude Society has towards the physically handicapped. It is in fact a criticism of the Cheshire Foundation and the method they have chosen to run their Homes.

In it I have attempted to point out the disadvantages of the present system and the adverse affect it has, not only upon the residents who live in a Cheshire Home, but also upon the attitude of the general public who come into contact with them.

The Cheshire Foundation's way of running a Home differs very little from that of a Government Institution. They have both imposed a system based on the principle of taking responsibility away from the people who actually live in a Home and placing it in the hands of a Matron or Warden.

When the general public comes face to face with a situation of this kind they naturally assume that the people concerned, i.e. the residents – are not capable of being responsible for themselves. When they try to compare this situation with that of any other minority group the only suitable comparisons they are able to make are with those of children, who are denied responsibility because they are not considered mature enough to accept it, or the mentally handicapped, who are denied responsibility because they are not considered mentally capable of coping with it.

This, I believe, helps to explain the tendency of the general public to treat the physically handicapped as though they belonged to one or both of these groups. There is, however, no acceptable reason for denying the physically handicapped this kind of responsibility. To deprive a normal, mature adult of the right to make the everyday decisions which affect his or her life is a blatant infringement of human rights.

The fact that Matrons and Wardens exist at all in Cheshire Homes is an insult to the physically handicapped. As long as these parental figure-heads continue to exist, society will never come to accept the physically handicapped as being normal, adult human beings. Until that happens, the integration of the physically handicapped into society will remain a dream.

Yet, *this* is the system the Cheshire Foundation has chosen to adopt!

It is a system which is specifically designed to be of benefit to the people who run an establishment rather than the people who live in it.

It is a system which caters for the material, with total disregard for the psychological needs of the people who live under it.

It is a system which destroys individuality and initiative along with such basic values as pride, self-respect and dignity.

It is, in fact, a system which creates the apathy and so called "passive disinterest" which is prevalent throughout all Cheshire Homes and all similar institutions.

The need for change is obvious!

Organisations like the Cheshire Foundation are in a position to help bring about that change by setting an example to the rest of Society. By showing in a real way THEY accept physically handicapped people as being normal people. By introducing a new system of running a Cheshire Home.

A system which will call for the removal of Matrons and Wardens.

A system which will place the responsibility of running a Home where it belongs – in the hands of the Residents.

A system which will preserve the right of the Residents to decide for themselves who nurses them; who cooks their meals; who cleans their Home; who decorates their Home; or indeed, whether or not their Home needs to be decorated.

A system which will help to change the attitude of Society towards the physically handicapped.

A system which will help Society to see the physically handicapped for what they are – NORMAL people, as capable of handling responsibility as anyone else.

*S. Smith  
Oaklands*

We are pleased to print the foregoing article entitled "There Must be a Better Way" submitted by Mr S. Smith of the Oaklands Home at Garstang, and feel that if anything will incite our readers to action in replying, this must.

From one's own observations over 15 years close association with 'Greenacres' in particular, it would seem that every Home has its own way of running which must depend tremendously on the attitude of its residents. At the same time it must be said that the Foundation has always encouraged Management Committees to include residents as full participating members on those Committees. Perhaps the great difficulty in many Homes is to find residents who are willing and able to take part.

However, there is so much to be said – we for time being will say no more – except to ask that readers will bombard us with their reactions in good time for printing in the Summer issue, so please let us have them before the end of June.

P.S. For the information of newer readers and residents we give below a reprint of The Singapore Declaration of What a Cheshire Home should be.

20th April, 1979

### CHESHIRE HOMES

As we see it, a Cheshire Home should be a place of shelter physically and of encouragement spiritually; a place in which the residents can acquire a sense of belonging, and of ownership, by contributing in any way within their capacities to its functioning and development; a place to share with others and from which to help others less fortunate; a place in which to gain confidence and develop independence and interests a place of hopeful endeavour and not of passive disinterest.

## The Cheshire Foundation

### Oxford Hostel for Disabled Students

#### Holiday Vacancies

Dear Sir,

During the summer vacation students will not be in residence, and the Management Committee would like to offer holiday accommodation to any disabled during this period who would like to avail themselves of an opportunity to visit Oxford as detailed below:

Holiday accommodation is available at the Oxford Hostel for Disabled Students, 16 Osler Road, Headington, Oxford, from 7th July to 15th September, 1979, for any disabled who may wish to visit Oxford. If anyone would like their own care-helper or companion to accompany them, arrangements may be made to accommodate them also. Care-staff (not qualified nurses) are in residence. Transport is also available.

If anyone is interested, and would like further information with regard to fees, etc., would they please write to:

Mrs A. Dee,  
Green Ridge,  
Lincombe Lane,  
Boars Hill,  
Oxford.

Hampshire Gate, Langley,  
Liss, Hampshire  
22nd March, 1979

Dear Sir,

I have just read, in your winter issue, "Hydon Who?" by Gay Corran, reproduced from the Cranleigh School magazine, and I wanted to write at once to say how much I admired the member of the school who wrote it.

While I realise it was obviously written for the young, and for the school, I am sure the reason that you published it was that you realised its validity for everyone connected with disability, the disabled themselves, the staff, the volunteers, the families, the friends . . . (How right you are – Ed.)

Never in my 19 years' connection with Cheshire Homes have I met anyone who had the courage to put into words the first reactions of so many who become involved with the disabled. I cannot believe that even the most sensitive physically handicapped person would not recognise these reactions and accept them, realising that from such a start relationships valuable to helpers and helped grow under the best conditions, comradeship and compassion without pity or self-pity.

It may be hard at times for the disabled to see their disability from all angles, but when they gain the maturity to do this, it is then they will find themselves treated as part of the community with the rights, the duties, the risk-taking, the true praise and the true criticism which will enrich their lives.

Truthful adjectives may sound brutal in print, but what disabled person has not seen them in the eyes of passers-by in the High Street? What matters is that people who *care* go beyond the shock, the condescension and misunderstandings to forge links of friendship and shared humour, shared experiences and learning from each other.

I cannot imagine that any readers in the Homes will not realise that someone with the insight of Gay Corran will surely be of value to any disabled community and will open the eyes of other who follow the same path.

Yours sincerely,  
Dickie Finucane

# Special Aids for Special People

## Demonstrated at 'Douglas House'

A one-day Course organised by Roger Jefcoate, Consultant Assessor and Lecturer in Aids for the Disabled, was held at Douglas House, Brixham on 25th January 1979, and the following account by Christine Finch, Course Co-ordinator, gives some indication of the wide range of matters that were raised and discussed.

This was the first course of its kind to be held within a Cheshire Home, and indeed the first of its kind held anywhere within the West Country. Registrations for the course came in thick and fast, and by the second week in January, delegates were being turned away. Then it snowed!! Despite the weather conditions and the cancellations which followed, 80 delegates gathered at Douglas House for this unique course and exhibition on Aids for Disabled People.

After the welcoming address by Mr N. Trahair, Trustee of the Foundation, we were then treated to an hour long humorous, but nevertheless serious paper delivered by Mr Bill Hargreaves, who is himself handicapped, and has been awarded the M.B.E. for his work in helping handicapped people.

## Coming to Terms

Bill emphasized the importance of coming to terms with ones disabilities and accepting ones capabilities. Born in Australia 59 years ago, at the age of 5 he was still unable to stand or walk. His stepmother was very dedicated and devoted, but like many households where there is a disabled child, life revolves around that child and hence he/she becomes spoilt.

By the time he was able to stagger around, his parents decided, that he should mix with other children, and therefore he was sent to school, and life was extremely happy, he had no worries, people were giving him chocolates and patting him on the head.

Then, when he was 11 they came to England and eventually he was placed in Boarding School at Southport. It was here that he learned what life was all about and the fairy-land existence ceased. His father had the good sense to say to the Headmaster - "my son may be disabled but he is a boy. He needs the same discipline in life as any other boy", in fact as Bill said himself. "We who are physically disabled in a largely able-bodied world, need a great deal more self discipline than the average able-bodied people need in order to survive the emotional impact of struggling to keep ones head above water, and not feel the distress of stares and whispers of the general population".

Bill found it incredibly difficult to cope with other normal children. He wasn't known as Bill, but as



*Mr. P. Rabbitts, Chairman Douglas House Man. Committee; Mrs. C. Finch, Course Coordinator & Office Administrator D.H.; Mr. R. Jefcoate.*

Gammy. The school bullies had a whale of a time, but he had his friends too. There was many a fight over him. But as Bill said, "The Schoolmasters didn't understand me either. Didn't realise that although I was slow, it was not slowness of intellect, it was difficulties created by being unable to act as quickly as anybody else, even though my thought process was as quick if not quicker. But, my God I learnt. I learnt that when the crunch comes, it's what we do for ourselves that is most important. You can only encourage. You can only aim, but in the end it is we who have to do the work, I can assure you. And so I was brought up in a generation where there was an almost total lack of special training in how to deal, and how to help with disabled children. I can give you two instances, of why I consider I benefited to such a degree. Firstly it was because I learned the basic facts that it was I, and no one else, who had to do the survival. Secondly I was able to measure my deficiencies against the efficiencies of the others, and to realise how much catching up I had to do in order to be on a par with other people.

## Growing Up

"All went well until I was sixteen, everyone forgot I was becoming a young man. Forgot to tell me anything about sex, and I worried myself sick at night, wondering what was happening to me. I used to cry myself to sleep, wondering if I would ever have a girlfriend. Need I have worried. I have a very beautiful wife, a son and a daughter, and the most gorgeous five year old grandson you could wish to have. So I do know what life is all about.

"What are we to do about helping our fellow disabled people, and here, please remember, I keep using the word, disabled, because I am a disabled person, I am only handicapped when there is snow on the ground. So let us forget the word handicapped. Let us remember disability, but let us be only as handicapped as is brought about by our disability.

"To me there is only one method of helping disabled people and that is, to help them prove to themselves that they are able to do much more in life than society leads them to believe possible. To do this, it is necessary to face them in 'at risk' situations. It's up to them to decide. They then begin to become decision makers in their own right, and Masters of the own destiny".

## Do it Yourself Clubs

So it was the concept of do-it-yourself clubs for the congenically physically handicapped was conceived. From small beginnings the first club in London formed in 1962 eventually branched out to 35 such clubs nation wide. Named "62 Clubs", because the first one was formed during that year, and because the disabled themselves, did not wish to take on a name that had any connection with handicapped or disability. They have proved immensely successful in enabling very many quite severely disabled young people to stand on their own feet, to decision make, and to take their own action.

What do we mean by disabled? For those in wheelchairs it is quite obvious to the onlooker that they have difficulties. For those who stagger around, few people have any real understanding of the sort of difficulties that beset them. I know. My son was asked "Is your Dad always drunk?" As I said "Splendid disabilities!"

A person with difficult speech may be in a quite serious situation, more so than the attractive young female in a wheelchair who possesses good speech. And so these Clubs are confidence builders for people with all sorts of grades of physical disabilities and difficulties. The clubs help them to adjust to society.

## Field Studies and Outdoor Pursuits

*by Dr. M. J. Cotton*

Dr Cotton is a practitioner trying to provide a range of leisure activities at a Centre in Lanlivery, Bodmin, Cornwall. Churchtown Farm as it is known opened 4 years ago and provides Field Study and Linked Education/Adventure holiday courses for all types of handicapped children and adults. Accommodation is in a mixture of purpose built residential blocks and converted traditional stone barns. There is a well equipped laboratory, classroom with audio visual aids, library, photographic darkroom and art room. The dining hall and common room is to be found in the old barn area and an exciting feature of the development is an indoor heated swimming pool. All the buildings and facilities are linked by the imaginative use of ramps and a covered concourse.

Churchtown Farm can accommodate 48 students plus the necessary visiting staff. All the accommodation has been specifically designed for the handicapped with particular emphasis on the toilet and shower areas.

Courses are provided in natural sciences, rural studies, adventure pursuits and leisure activities.

The Centre is admirably situated close to the coast, river and moor, and it has its own nature reserve and nature trail. An educational farm with a wide variety of animals is a recent attraction.

Parties attend with their own teachers and/or care staff. Visiting staff are instructed by the Warden on matters relevant to the course. Courses are conducted by the Warden and his staff.

A number of courses have places available for non-handicapped students.

Transport is available both for courses, and to collect parties from the local railway station. Courses commence and finish on Wednesdays. Applications should be made to the Warden, either by Heads of Schools, Centres or by private individuals.

Churchtown Farm has far exceeded the initial expectations of The Spastic Society and was expanded to its present capacity, not in five years but in three.

Dr Cotton spent some time showing slides of the various activities that take place "down on the Farm"

The Nature Reserve, the Marsh area of which has been drained to make a natural pond, has an extensive path system put down to enable wheelchair users to go around at their leisure. There is a bird hide, with observation slates for bird watching.

The farm with its buildings has a good stock of animals – pigs, calves, beef cows, dairy cows and goats.

There is fishing, sea fishing, sailing, wheelchair hikes, horseriding, canoeing, rock climbing, even mountain climbing. In fact all the things that before were practically impossible for the disabled to become involved in.

After the slides came Question time:

- Q. Do you only take Groups?  
A. No, individuals as well, we do have "Independent Weeks" written into the programme.
- Q. How long do people stay?  
A. Usually for one week, but sometimes two.
- Q. How do you finance the project?  
A. Through the Spastic Society, but there is a fee for the course.
- Q. Do the handicapped have to have care staff with them?  
A. Not quite so much a question as have to, but generally speaking they do. Most groups bring a ratio of staff to handicapped, depending on the severity of the handicapped.
- Q. What about those coming on an independent week?  
A. Well, they don't have staff, but they may come down in a family situation.

# The Milton Keynes Project

by Ann Panton

The Spastic Society, together with the Milton Keynes Corporation have designed a development within the Milton Keynes City to accommodate disabled people – it is built rather like a village, with mews type houses and flats. There is one particular area where all the pavements are ramped, all the buildings are accessible for wheelchairs. The Spastic Society is bringing people out of care back to where they belong – in the community.

The flats will not be all together, but will be interspersed within approximately one square mile of the community. There will be 18 two-person flats, and 6 single-person flats, which will be attached to an Intellectual Workshop. The workshop will double up as a meeting place for tenants of the estate.

To qualify for a flat at Milton Keynes the disabled person will first go to the Spastic Society Assessment Centre in Birmingham, to see for themselves if they can adapt to starting a new life, thinking and doing things for themselves, deciding what their living pattern is going to be. This assessment is exhausting but very rewarding, it allows people to see exactly what they can do.

The care staff at Milton Keynes will cover 24 hours a day. They will be "Jacks of all Trades". There will be a comprehensive call system through the estate, with pressure pads, two-way speech communication points in all the flats and in the workshop.

There will be two schools on the estate, each of which will have a community annexe for when the schools are not in use. All buildings will be accessible to wheelchairs. The shops, when built, will be accessible and what is more important is that the whole City will be accessible on foot or by wheelchair because there is a grid system so that footpaths are divided from the traffic, therefore you can travel through the City and never cross a main road. They either have bridges across or an underpass.

The new City Centre which is going to be one of the largest in Europe, will open in August this year. It is only two miles away from the flats. The average electric wheelchair will do 8 miles, so they have another 4 miles left to go around the shops. The Corporation will install various re-charging points throughout the City.

The tenants of the flats will be sponsored by their local Authority, the same as they would be in residential care.

## Helping the Disabled to Live More Meaningful Lives

by Roger Jefcoate

Roger is concerned with technology, and using



Mr. R. Jefcoate with remote control toys on the Aids Trust stand.

technology to help handicapped people lead more independent and meaningful lives. He is Britain's only independent advisor on Electronic Aids for severely handicapped people; is totally supported by major agencies concerned with handicapped people, and not in any way supported by any manufacturer. This means he is able to visit at no charge to the handicapped person, anyone, anywhere, in this Country; to give them independent advice free of any vested interest. Roger is one of the original trio who developed and invented the Possum, but his proudest invention is not £2,000 worth of Possum but a 20p bird food hanger, and this is why.

One day he visited a friend who said to him, "Roger I am very grateful for all these electronic boxes that you have fixed me up with, but see those birds on the bird table, well I can't. I am on my back in an Iron Lung". She had been that way for over 20 years and saw life through a mirror. She really was saying "Is there anything you could do to bring those birds closer to the window"? That was a challenge. He went away and came back with a plastic sucker with a sprung stainless steel arm. You stick the sucker to the window and place your bread, bacon rind or whatever, on it in such a way that the elbow doesn't quite touch the window and you will find that when a little blue tit lands it will swing down and tap on the window, and it actually tells you it is there – simple technology, which gives a great deal of pleasure, and helps make life more meaningful for the handicapped.

Roger showed several slides on equipment he had been involved with . . .

An Aid Switch linked to intercom system to enable a resident to call for help without waking her friend in the next bed.

Wireless Intercoms plugged into the nearest power supply give high quality two-way communication from unit to unit – one of the most common pieces of equipment Roger recommends.

A portable unit which is placed on a windowsill and plugged in to the main power supply. This monitors the sky at night, and when the time is right, automatically turns on the light. Again this little device is manufactured by disabled people.

Some of the more complex gadgets Roger showed on his slides were the Possum Units installed into the homes of disabled people, some controlled by the means of sucking down a tube.

IBM make available reconditioned typewriters to disabled people at the nominal price of £50 and all because of a friend of Roger's who wrote asking if they could supply him with a slightly sub-standard typewriter more cheaply. This letter happened to fall on the desk of a fast moving Executive who was himself familiar with handicap, his own father being disabled. And so the scheme, which has been copied throughout the world started.

Next came a slide showing Robert Belmont.

In Roger's own words . . .

"Robert and I founded quite a little well known group, called The Possum User's Association, which is really doing an excellent job, for severely handicapped people. But it isn't because of that that I tell you about Robert now.

"Robert is one of these people, happily increasing, who was not content to watch television for the rest of his life. He has a rare brand of muscular dystrophy and is very much twisted up. Incredibly he weighs less than 3 stone. Our team was the first to adapt his wheelchair, so that he could work it by puffing and sucking down the tube.

"In the background there he has his electronic typewriter. Now he uses this because he wanted to become a really useful member of the community. He wanted to do a useful remunerative job of work. So he taught himself accountancy. He did a postal course, passed all his exams and became a Chartered Accountant in his own right. He now specialises by working at home and he earns his living as a result".

He then talked to us about a group called "ACTIVE".

"ACTIVE" was set up by him in 1974. It brought together at informal meetings, occupational therapists, toy designers, engineers, nursing staff, teachers, workshop supervisors, and parents of handicapped children, to work together on ways and means of sharing good non-commercial ideas to benefit the play and communication needs of handicapped children.



Membership is now world-wide, embracing all professional and non-professional interests of those involved with the profoundly handicapped.



Thus, parents, teachers, toy library organisers, therapists, clinical psychologists, designers, technical engineers, can exchange ideas through the auspices of ACTIVE.

A newsletter is despatched to all members each quarter, containing articles by members, and broadcasting ideas or problems. Seminars, conferences, and informal groups are also held, arranged by regional representatives.

ACTIVE has moved on in four years to widen its area of interest to include not only the needs of children, but also handicapped adults, who need just as urgently to enjoy their social hours, and who could also derive benefit, pleasure or comfort, from the use of an adapted, modified or specially created item.

THE AIMS & OBJECTIVES of ACTIVE are:

1. To collect practical information about adaptations and non-commercial designs, to toys, games, equipment and communication aids.
2. To encourage interest and development in such areas as aforesaid.
3. To pass on the suggestions and ideas received from members to the membership.

The days proceedings ended at 4.30 pm. It was snowing very heavily, and many participants faced long and cold journeys home, though I am sure, journeys made with heads full of new ideas and possibly people in mind with whom these ideas could be implemented.

*Christine Finch*

# OVERSEAS

มูลนิธิศิริวัฒนา-เชสเชียร์

ในพระบรมราชินูปถัมภ์

SIRI WATTANA-CHESHIRE FOUNDATION

UNDER THE ROYAL PATRONAGE OF HER MAJESTY THE QUEEN



Residents at handicraft work.

## Annual Report on Rangsit Home

At the end of 1977 we very much enjoyed the visit of Sir Christopher and Lady Foxley-Norris, who saw both Homes and gave us good reports.

At the beginning of 1978 we started out with a new housemother who has settled down very well and does her utmost for the residents of whom on average we have had between 25-30 throughout the year.

Parachuab who is paralysed and one of our best workers in handicraft has now decided to raise chickens, and with the help of the gardener has put up a large chicken-run and we are waiting to see what is going to happen. His wife who is blind helps him with the handicraft and also has many jars of different fish which she looks after very well.

The Sisters from the Holy Jesus Convent often visit the Home and are very kind to the residents.

One of the nurses from the clinic next door comes to the Home every day to help the housemother with any dressings, to give injections and give her advice.



Visit of Sir Christopher & Lady Foxley-Norris, Mrs. Mary Jayadeva, Mr. & Mrs. H. Link & two residents.

We also have a lady physiotherapist who comes twice a month and brings a doctor with her, on a Sunday, her day off from the Paolo Hospital were she has a permanent job.

Two other ladies go to the Home to teach handicraft, which is a great help.

We have been very lucky to receive many donations both in cash and kind from various firms and private people, also from America. The Rotarians helped with various articles and these arrived in a 20-ft container, which was driven into the Link's compound and took nearly four hours to unload and stacked up in the Beer-Hall.

At the commencement of this year 40 residents from both Homes came to the Link's home for lunch, a change they very much enjoyed. The Manager of The World Travel Service again this year loaned us a lovely air conditioned bus, and a friend brought along a band so that we would be sure to have plenty of noise!

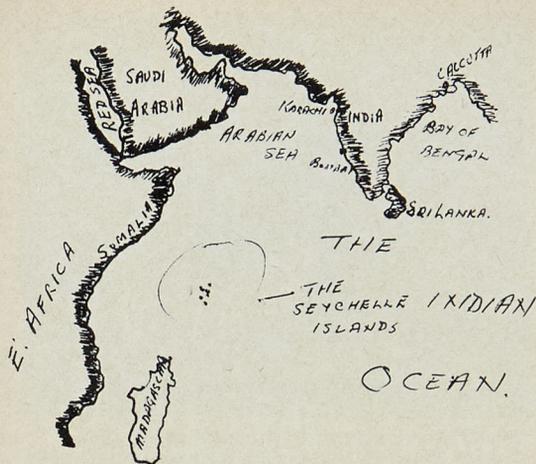
*Love affairs are still a great problem, but on the whole we are able to straighten things out.*

We are trying to instal running water at Rangsit Home. It will cost us a lot of money, but we feel we have suffered long enough from lack of a water supply.

We have had several visitors from England, starting off with Sir Christopher and then Dr Wendy Greengross and a Mr Tim Grandage, a very nice young man. The last visitor was Mrs Phyllis Hough, a charming lady who is on the committee of the Wheelchair Fund in London. We have on two occasions had help from this Fund, but at the moment we are quite well off for wheelchairs as we received five from America.

We especially look forward to another visit from our beloved Group Captain Cheshire, whom we have not seen for a long time.

Alma Link



## Seychelles – Islands of Enchantment

**But human problems still exist**

Someone has described the Seychelles as a string of pearls strewn across the Indian ocean; others assert that here was the original Garden of Eden. Certainly it would be hard to find a truer approximate to Paradise than these islands of golden sands, blue seas and skies, and underwater world of enchantment with its infinite variety of corals and fishes of every shape and colour. Here one can find primeval forests of strange exotic plants and trees found nowhere else on earth – orchids, varieties of palms, spices and plants such as are tenderly raised at Kew grow here as weeds. On some islands, birds peculiar only to the Seychelles, live protected and unmolested, unafraid of the visitor who can touch them with his hand. Lizards, giant spiders and tortoises over three foot long make garden pets; whole islands of coconut palms contributing to Seychelles reputation as the producer of the finest copra.

Of the 90 odd islands only 3 are inhabited and the total population is under 62,000. The largest

island, Mahe, is only 17 miles long and 5 miles wide, with Victoria, the capital, of 1500 souls. Until comparatively recently this was an unknown part of the world (apart from momentary fame when the late Archbishop Makarios was exiled there during the Cyprus troubles), but since the opening of the airport in 1972, tourism has now arrived and planes bringing in sun-starved northerners in search of warmth and relaxation touch down on the runway – itself constructed from reclaimed land in an island which is more vertical than horizontal. Certainly no travel brochure could be too eulogistic about these wonderful islands, where the people are gentle and courteous and of such a rich mixture of origins – European, African, Indian and Chinese – as to leave no room for racial prejudice or colour bar.

But even such an idyllic environment has its human problems. People meet with accidents and diseases causing permanent disability. Children are malnourished in spite of the seeming abundance of fish and fruit, for there are many fatherless families with too many children, families too poor or ignorant to be aware of such things as balanced diets. Furthermore, 80% of the population is infested with internal parasites causing anaemia and other complications of malnutrition.

These conditions then gave rise to the welcomed establishment of the Cheshire Home which was opened in November 1977 by the President, Mr Albert Rene. Both he and his wife have been keen supporters of the project since its inception earlier the same year, following a visit to Mahe by Capt Andrew Duncan. Through their efforts a large stone-built house was made available by the Government, and Caroline Shaw from the Retford Cheshire Home came out to help in the initial stages. And so the first residents moved in; four wheelchair patients from the local hospital and some half-dozen infants recovering from malnutrition.

The Home commands a splendid view of the harbour and off-shore islands and to the left, Victoria with the mountains rising above it. Fortunately it stands on the only level piece of ground in the area. Terraces fall away from the edge of the lawn and on these bananas, paw-paw, lettuce and tomatoes have been planted in an effort to be partially self-supporting. More food is grown in another garden at the back of the house. The Home has become a focal point for the neighbourhood, but at least this brings the residents into social contact with others and has brought many new found friends and helpers.

At first the residents were very apprehensive of their new home after spending nearly 2 years in hospital, and conditioning to a new environment was quite a traumatic ordeal for them. The situation facing a disabled person living at home may be imagined if one lives halfway up a mountain with no access other than a rocky path strewn with large boulders and running streams. In these conditions wheelchairs and calipers are of little use, and chances for work and socialising are remote to say

the least. The Cheshire Home has certainly alleviated some of these conditions although there are still constant problems of employment and occupation, medical conditions of pressure sores that won't heal, urinary infections and other accompanying hazards of spinal injuries. But over one year the family has jelled so-to-speak, and now the days are full with physiotherapy, handicrafts, the music group (guitars and singer) which has even broadcast on the local radio, and sports activities, the latter being introduced by two friends from the Kenya Sports for the Disabled Association, including archery, javelin, discus and shot putt – very popular activities. Now there is a contest to look forward to in Nairobi this year against teams from Kenya, Sudan and Egypt.

The ground floor of the house is occupied by the wheelchair residents now numbering 7, while the upstairs is taken over by the children although they being mobile have free run of the house.

Up to 12 children can be accommodated and they usually stay for a period of one to three months to fortify them for their return home. Naturally these problems don't end there and even with the follow-up service and home visits, the social conditions are often not conducive to the continuing progress of the child. However, the Home is one facet of a national campaign to improve the standard of nutrition, with demonstrations in schools and villages to create an awareness of the needs for better food and hygiene. The educational needs of the children are also catered for by a government-run playgroup which operates every morning in the Home and is attended by outside children as well, thus making the Home even more part of the community.

A keen and conscientious committee run the Home and its members participate fully in all its activities. Round Table and other groups organise fund-raising events and it is hoped by now that the Home owns some transport. Bread for the World (Germany) has contributed very largely to the running expenses of this year.

Compared with U.K. Homes this one lacks many of the material benefits, such as hoists and other equipment (though mention must be made of Norman Whiteley's invaluable supply of wheelchairs); nevertheless there can be few Homes where one can experience such breath-taking beauty and tranquillity as that of watching the dawn from the verandah of the Home, the sea and sky pearl grey and the rose glow of the sun-tipped clouds mirrored in the sea below and the silence broken only by the occasional awakened bird or early bus! Suddenly the sun is there and it is time to prepare breakfast and start the mad hectic day . . . but the memory of those few brief moments of peace and poignant beauty one hopes never to lose.

*Denise Tabernacle*



## A First for Kenya

*Limuru Cheshire Home, Nairobi*

Whilst in Africa recently, Ronald Travers visited Nairobi which coincided with the graduation of the six students who had just completed an 18 month course in the care of physically handicapped people.

The Training Centre is situated in Limuru, about 20 miles north of Nairobi. The occasion was coupled with Family Day for the Home and there were many parents and friends who had travelled many miles to be present. The six successful students completed the pilot Training Course and one of them will return to Dagoretti Childrens Centre; one to the Nyobondo Rehabilitation Centre, which is a rather large rehab centre in the Kisumu District, and where it is hoped in time to set up a small Cheshire Home for those who have been rehabilitated but cannot return home. The other four will continue to work for the time being in Limuru and help to train others in the care of the physically handicapped.

Sister Jane Doyle, who has been the Director of the course for the past eighteen months is now returning to London and a new Director is being sought. As soon as this has been done the next group of students will be taken in. It is hoped that the government will send social workers on future courses, as for those who come across disability in their work but have no training in the care of it, a short course with the Cheshire Foundation in Kenya will enable them to go out into the community and it is hoped to keep people longer in the community with their own families.

As always, finance is an enormous problem in developing countries, and although people give generously to the Homes, to appeal for funds for training is never quite so attractive and funds are urgently needed to continue the courses.

There are now 21 residents at the Limuru Home – all very young and many very severely disabled and needing a great deal of care.

When Ronald Travers presented the Certificates to the six successful students, Kesiiah Kegiah replied on behalf of all the other students that she would like to express her sincere gratitude for the encouragement given to her by the Cheshire Foundation, especially the Founder, The Kenyan



Foundation and the Managing Body of the Limuru Cheshire Home. She thanked Sister Jane and the Head of the Home, Mrs Mwangi for their support throughout the time. Kesiah finished by saying how delighted they all were with their Certificates and that they wanted everyone to know that every student wished to sacrifice their time in following the Cheshire policy of being united.

Ronald Travers then said that this was not only a very proud day for the Cheshire Foundation International but a really proud day for the Homes in Kenya as this was the first country to set up its own training scheme outside the United Kingdom.

The Kariobangi Cheshire Home is coming on well and the first unit for six old people is nearly finished. The project will eventually be for 24 old people from an area of Nairobi which is extremely poor, and units such as this would mean that they would have 24 hour assistance in accessible accommodation in a loving and caring atmosphere.

### Kenya Trout and Salmon Flies

The fig tree planted by the Founder on his last visit to Kenya is still thriving and the television set, which was given to the girls hostel at the same time, is very much appreciated.

The staff, which now includes 25 handicapped men and women, are extremely busy fulfilling orders for international distribution of trout and salmon flies to countries such as England, Canada, Switzerland, Germany, France, Holland, Denmark,

Iceland and latterly Japan, while small orders have been received from the United States which has considerable potential.

The Japanese client has classed the flies as the finest in the world which was a great topic of excitement when Ronald Travers visited the workshop.

Confirmation of the E.E.C. grant for the development of the new factory and hostels is still awaited and this is conditional on Kenya being able to raise an equal amount from varying resources. However, they are still hopeful that through Norad (Norwegian Aid) this will be achieved very soon.

It is hoped in time that the trout and salmon flies will be able to support the other projects in Kenya but one does not command the world market overnight and it is to the credit of Geoff Jeffries that the project has grown as it has. The Kenyan Trust is absolutely right in its intention to create a commercial project to support their charitable work as money is not easily forthcoming, either from the poor communities in which the projects are set, or indeed from government which is pouring vast amounts into education, which means that the residential care of disabled people is well down the list.

All feathers for the flies have to be imported as the sale of feathers is now completely banned in Kenya and if anyone can help, the management will be more than grateful to receive:

- Pheasant tail and wing feathers
- Mallard – breast and wing feathers
- Any other water fowl wing or body feathers.

Ronald Travers will be pleased to send details.

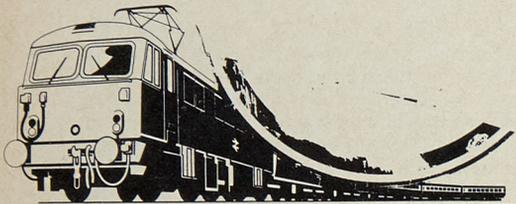
The Foundation has a very good future in Kenya but it is going through a very difficult period at the moment and needs support. The Chairman, Dorothy Hughes, gives unstintingly of her time, and energy but the more support we can give her, the more likely we are to establish the success of the Cheshire Homes in Kenya for the future.

### Dagoretti Children's Centre

Al Lord visited Kenya last November and it was at Dagoretti that he made many recommendations for up-grading the dormitories and ablutions. The Kenya Foundation was enormously grateful to Al as he was able to help them in so many ways. This Home is for 100 children and thanks to the hard work of the Administrator of Cheshire Homes Kenya, Diana Stephenson, there is a great deal of interest now being placed in the children by local nursing paediatrician officers, consultant orthopaedic surgeons and several government departments, which is very exciting as the Home accommodates a complete mixture of children and must in the future be structured in a unit system of age and disability in order to make it successful. Diana is working very hard on this at the moment and we certainly wish her every success.

# News From R.A.D.A.R.

(The Royal Association for Disability and Rehabilitation)



**Inter-City**

*Have a good trip!*

RADAR, with the co-operation of British Rail, has now produced a revised edition of the British Rail Guide which was originally published in 1975.

BRITISH RAIL 1979 – A GUIDE FOR DISABLED PEOPLE gives information on travel arrangements for disabled people, special facilities for the blind, new rolling-stock which takes into account the needs of the disabled traveller, and how to make rail journeys easier by giving prior notice of travel arrangements.

Details of parking, access, ramps, refreshment and toilet facilities and telephone numbers of 420 stations are included in the Guide, to enable prospective disabled travellers to contact the stations concerned for information and assistance.

The Rt Hon Alfred Morris, MP, who was Minister for the Disabled said of it:

"The latest edition of this important Guide to British Rail for disabled people emphasises again their concern to help disabled travellers.

"I pay warm tribute to the progress made over the last few years to improve facilities on British Rail. At the same time, I commend the staff of British Rail who in their day-to-day dealings with the general public give the highest level of service to disabled people.

"I know this Guide will be found invaluable to disabled people in the arrangement and planning of their rail travel."

Enclosed with the Guide will be the latest leaflet on rail travel prepared by the Joint Committee on Mobility for the Disabled. This gives full details of all rail travel facilities for disabled people.

British Rail 1979 – A Guide for disabled people is available from RADAR Publications, 25 Mortimer Street, London, W1N 8AB. price £1.15, including the cost of postage and packing.

*Ack. Radar*

## ACCESS

### Barriers Disabled People Meet in the Planned Environment

A conference sponsored by the Royal Borough of Kingston-upon-Thames in association with the Kingston-upon-Thames Association for the Disabled and RADAR was held on Thursday, 1st March 1979. It proved to be an interesting seminar in which town-planners, architects, disabled people and others, were able to discuss ways in which access could be improved.

Dr Robert Miley, who is confined to a wheelchair, described with the aid of slides the physical barriers he meets every day and included in his list were steps, steep ramps, slippery floors and small lifts. He also criticised London Transport for the lack of lifts at many underground stations. Public toilets, bars, car parks and telephones also came under attack. Dr Miley said that even some modern hotels which were advertised as suitable for accommodating the disabled often had bathroom doors too small for a wheelchair to squeeze through.

Mrs Cornell, an occupational therapist, who has a 10-month old baby, wanted easily accessible facilities not only for wheelchair users but also for mothers with prams. She explained that she was sometimes barred from shops and public buildings because of her "wheels" and she added, "the fewer obstacles we come across the better and if we restrict these problems to the minimum, then we are all going to benefit!"

### British Society of Dentistry for the Handicapped – Planning an Exhibition

The British Society of Dentists for the Handicapped is planned an Exhibition on dental care for handicapped people. The exhibition will be concerned with all types of handicaps and with all age-groups, from pre-natal education right through to adult life. It will concentrate on aspects relating to maintaining dental health and will aim at increasing the awareness of health professionals, CHC members, and other concerned people, about the need for and provision of dental health services.

The Society would be interested to hear about local schemes, however modest, for providing dental care for handicapped people, not only from dentists themselves, but any other people who may be involved in this field.

If you feel there is a service – or some aspect of a service – operating in your area which might be of interest in preparing this exhibition, or if you would like more information about the Society and its work, please contact Mrs Brenda Fox, Area Dental Officer, Uxbridge Health Centre, George Street, Uxbridge, Middlesex.

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### **BBC Need Ideas and Suggestions for Programmes for 1981: International Year for Disabled Persons**

The BBC Further Education Department are looking ahead to 1981: International Year for Disabled Persons and would welcome any contributions of ideas and suggestions for programmes which they might make in 1981 as their contribution to the International Year.

If you have any ideas please write to Charles Pascoe, Further Education Department, BBC TV, Villiers House, The Broadway, London, W5 2PA.

## **Bookstall**

### **“Able to Work” by Bernadette Fallon**

£2.50+50p postage and packing  
“Able to Work” is essentially a practical book aimed at providing disabled people with the appropriate information to enable them to succeed in the labour market. Bernadette Fallon, using the same style as she did in her previous publication “So you’re paralysed”, starts by showing that there is no reason why many severely disabled people should not be able to join the nation’s work force.

She discusses Disablement Resettlement Officers and the services available to prepare people for work. A substantial part of the book is allocated to education after school and includes paragraphs about how to choose a university, which course to apply for, how to obtain grants, etc. Other sections include the problems faced by disabled people who are seeking professional employment. She discusses how disabled people can find work in the computer industry, the advantages and otherwise of being self-employed and how to obtain sheltered employment.

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### **The Disabled Traveller’s International Phrasebook by Ian McNeil**

This very useful phrasebook is designed to help overcome the problems that disabled people may encounter when they go abroad, as, to date most of the language phrase books that are available are largely lacking in those words and phrases that are essential and often specific to the problems of physically handicapped people.

The book concentrates on the West European languages such as French, German, Italian, Spanish, Portuguese, Swedish and Dutch. Ian McNeil, who compiled and edited this book, said that he tried to include all the normal needs, eventualities and emergencies that may confront the disabled traveller. However, he would like to hear from people who have read his book if they feel that he has omitted any necessary phrases. Hopefully, he will be able to incorporate these in a later edition.

The phrasebook costs 80p including postage and packing from RADAR, or it can be obtained from the Disability Press Ltd., 60 Greenhayes Avenue, Banstead, Surrey. Price 70p + postage.

## **RADAR is Seeking Your Views**

While the Election is now a thing of the past and we have a new Conservative Government, there are a number of issues of particular interest to disabled people on which it will be interesting to have the views of those who have been elected as our representatives.

RADAR prepared a number of questions on disability set out below, which you may care to put to your new member of Parliament with a view to obtaining some action, but it will only come if you take action in the first place.

1. A year ago the Court of Appeal ruled that a handicapped person could only complain to the Secretary of State if a Local Authority failed to provide a service under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (provision of telephones, homehelps, aids, adaptations etc). In the last session of Parliament Eddie Wainwright, MP, presented a Bill which would have given the county courts power to direct an authority to make arrangements which it had agreed were needed but which it failed to carry out within a reasonable time. The Bill was lost at dissolution.  
*Questions:* (a) Will you support a similar Bill?  
(b) Will you go further and support a Bill which also gave the county court power to decide if a local authority was reasonable in rejecting an application for a service?
2. Sections 4-8A of the Chronically Sick and Disabled Persons Act 1970 require the providers of various new buildings (those to which the public have access, places of education and employment etc) to make provisions for the needs of disabled people – "where practicable and reasonable". There is, however, no method of enforcement.  
*Question:* Will you support an amendment to the Town and Country Planning Acts making such provision a condition of planning consent?
3. A major barrier to the full participation of severely disabled people in society is the extra expense their handicaps impose on their ordinary daily living.  
*Question:* Will you press for a comprehensive disability income for all handicapped people regardless of age, sex or cause of disablement equivalent to the disablement pension awarded to the war disabled and the industrially injured?
4. At present those incapacitated from birth or early in life only qualify for Non-Contributory Invalidity Pension at 60% of the full Invalidity Pension rate.  
*Question:* Will you press for adequate income maintenance for all those unable to work regardless of cause of handicap or contribution record?
5. Many handicapped children still receive a second class and socially inhibiting education in special schools because their local schools have not the facilities in terms of staff, equipment and premises to cope. In 1976 Parliament accepted the right of handicapped children to special education in ordinary schools by passing Section 10 of the Education Act. This the Secretary of State has failed to bring into effect.  
*Questions:* (a) Will you support an increase in expenditure to meet the costs of these facilities where required?  
(b) Will you press the Secretary of State for immediate implementation of Section 10 of the Education Act 1976?
6. The rate of unemployment among registered disabled people is consistently 2 to 3 times above the national average. Barely a third of employers employ their quota of 3% registered disabled people. The worst offenders are Government Departments, Local Authorities and Health Authorities.  
*Question:* Will you press for a selective tax as in Germany on all employers – public and private – who are below quota which was used to improve facilities for training and rehabilitation?
7. *Questions:* (a) Will you strive to get the Mobility Allowance set at a level to cover all the cost of obtaining a small car through Motability and of running it (insurance, repairs etc) excluding petrol?  
(b) also, that allowances to offset the extra expense of severe handicap such as the Mobility Allowance should be tax free?  
(c) and that the cost – often heavy – of adapting cars supplied by Motability be met from public funds?
8. Will you consider it as one of the Government's responsibilities to provide a specialist vehicle for those so severely handicapped that they are unable to drive or travel in any adapted car?

Send your replies and observations to:  
RADAR, 27 Mortimer Street, London W1N 8AB.



# CORAD

## Committee on Restriction Against Disabled People Launched

A searching examination has begun of the whole problem of discrimination against disabled people in Britain. This is the central task of the new Committee on Restrictions Against Disabled People (CORAD) which Mr Alfred Morris, MP, Minister for the Disabled, launched in London on 5th April.

Addressing the first meeting, Mr Morris said: "It does not seem so very long ago since I addressed the first meeting of the Silver Jubilee Committee. Yet I think we can fairly say that there has been real progress in improving access for disabled people. I am sure this is very largely a direct result of the work of that Committee and I am grateful for the sustained and successful efforts they made. The Committee's main achievement was an educational one. It heightened public awareness of the problems and brought home to large numbers of people who had never thought about it before what it means to be disabled and to be unable to get about.

"The report of the Silver Jubilee Committee pointed to the need to continue the momentum of recent progress. In particular, it called for a searching look at the question of discrimination against disabled people. This is what the remit of this CORAD is all about.

"There is a great fund of willingness to help disabled people among the public at large. But it needs to be channelled in the right direction. CORAD can be instrumental in helping to achieve this, perhaps by mounting another campaign, which could be specifically linked to the International Year of the Disabled Person in 1981. In parallel, you could encourage the establishment of more local access groups and access surveys. There are many possibilities but to maximise your effectiveness, it might be prudent to select a limited number of initiatives on which to concentrate rather than fight on too broad a front.

"As the Silver Jubilee Committee showed, it is not only the problem of physical access which can prevent disabled people from living full and fulfilling lives. The cases of blatant discrimination which the Silver Jubilee Committee came across filled many people with revulsion. This is an area of profound importance to all severely disabled people. There are many questions to which none of us can claim to

have universally acceptable answers. CORAD is ideally suited to consider these questions and to recommend answers including, if necessary, changes in the law.

"The Silver Jubilee Committee had a significant impact for the good on the quality of disabled people's lives. I hope that CORAD will be equally, if not more, successful. I am sure that I shall not be disappointed".

Mr Peter Large MBE, Chairman of the new Committee said: "In my opinion, one of the gravest threats to disabled people today arises not from malevolent, direct discrimination but from indirect and often inadvertent discrimination – discrimination by default, ignorance or apathy. The former is out in the open and thus easier to combat. The latter just happens. Nobody is really to blame because nobody has any responsibility to safeguard the rights of disabled people or any need to take account of these rights in deciding what to do or not do.

"For example, nobody intended fire and safety precautions to prevent disabled people from working or studying or enjoying themselves. But that is exactly what they are doing. Nobody intends Codes of Practice covering fire precautions to prevent disabled people from working or shopping or living in certain places. But that is exactly what will happen if steps are not taken to call a halt to what I regard as an insane quest for unobtainable ultimate safety. When parking meters, traffic wardens, yellow lines and pedestrianization schemes were invented, nobody intended them to stop disabled people working, shopping or enjoying themselves in certain places. But that is exactly what they are doing.

"Our job, as I see it, is to help correct those past practical mistakes and to devise means of avoiding similar mistakes in the future so that nobody has any excuse for discriminating against disabled people. *Somehow we have to devise a means of preventing society riding rough shod over the rights of disabled people. Whether this requires the club or the carrot, education, exhortation, or legislation, remains to be seen*".



## Mobility Allowance Extended to Age 60

Up to 8,000 more men and women will be able to claim Mobility Allowance from 7th March when the upper age-limit is extended to 60, Alfred Morris, Minister for the Disabled recently announced. The present upper age limit is 58.

The allowance is £10 a week at present and from November 1979 will be uprated with other Social Security benefits and inflation-protected.



# United Nations Committee for Disabled

Addressed by Alf-Morris M.P.

“Prevention Better Than Cure”

Addressing the first meeting of the United Nations Advisory Committee on the International Year for Disabled Persons held on 19th March, the Rt Hon Alfred Morris, MP, the British Minister for the Disabled and Chairman of the Rehabilitation International World Planning Group, said:

“All of us here know how important it is to foster world-wide programmes aimed at preventing disability. Many of the causes of disability can be controlled by modern science. But here, too, there is a huge gap in both knowledge and facilities to put preventive measures into practice in the developed and developing countries.

“I am also deeply interested in another exciting initiative in the field of prevention. This aims to remove the scourge of poliomyelitis from the developing world. There is no reason why this disease should not be brought under control in the developing world, just as it has already been in developed countries. For it is a relatively simple task to train people without prior medical skills to administer an oral vaccine. The governments of developing countries have many other conflicting calls on their time and resources, so the voluntary sector have a vital role to play in filling the gap. With this in mind the Council of World Organisations interested in the handicapped has just set up a sub-committee under the Chairmanship of Duncan Guthrie to look at the whole question of immunisation in close liaison with the World Health Organisation's Expanded Programme of Immunisation. This is yet another example of the voluntary sector and an international governmental agency working hand in hand in the fight against disability and disabling disease.

“All of this demonstrates that – given the right kind of help and support from society – severe disablement need no longer be a major social handicap. This does not mean that our task is virtually finished. Much more needs to be done. The International Year for Disabled Persons is an event of the first significance. I hope that the outcome of your deliberations will reflect, among other aims, the importance of ensuring that:

1. The incidence of disablement in every Member State is urgently and reliably assessed. The United Nations has estimated that there are some 450 million disabled people in the world today, but that is only a guesstimate. Until each State knows the size of the problem, there can only be limited progress towards planning to meet the needs of disabled people.
2. Every disabled person is made fully aware of his or her rights to the benefits and services available.
3. Such benefits and services are adequate to the needs of disabled people and aimed at enabling them to remain a part of, rather than apart *from*, the community of which they are members.
4. Every disabled person has the same right of access to all public and social facilities as the able-bodied. In this context legislation is necessary to ensure that at least all *new* buildings are totally accessible to disabled people.
5. Other restrictions or discriminatory actions that limit the freedom of disabled people fully to participate in society must be fully investigated and remedied, if necessary by law.
6. The abilities of disabled people must be given stronger emphasis than their disabilities and especially in the employment field.
7. The Government of every Member State should have one Minister who is charged with the task of co-ordinating all policies and programmes aimed at helping disabled people.
8. Member States should ensure that the appropriate non-government organisations are brought fully into all discussions on planning future provisions for disabled people.
9. Co-ordination of effort at the international level between all world agencies to maximise help for disabled people and to avoid duplication of effort.
10. The International Year for Disabled Persons is not the end of the road, but a springboard to continuing efforts and initiatives further to improve the well being and status of disabled people.”



# The Future of Voluntary Service

STATEMENT BY THE  
RT. HON. PATRICK JENKIN  
MINISTER OF SOCIAL  
SERVICES.

Over Easter it is right to pause for a few moments to give thought to the millions of people who, in a thousand different ways, benefit their fellow men in the voluntary services.

It has been estimated that in Britain today there are more volunteers at work in the social services than there are staff paid by the statutory authorities. The number of voluntary organisations has almost doubled since 1970 and these bodies, active in nearly every aspect of social service, greatly enrich the quality of care provided. Voluntary bodies often undertake the lion's share of work among groups who excite little popular sympathy. (How true we find this in the Foundation. Ed).

All parties are now committed to the support of voluntarism, but what is this likely to mean in practice?

Time was when volunteers and voluntarism were seen by some, as the outmoded remnants of a bygone age, dispensers of charity to the poor, ripe to be phased out as the all-embracing arms of the welfare state gathered more and more people into its embrace.

Happily, this view no longer holds sway. Local Authorities of every political hue help to found local voluntary bodies, and those who give of their time and their talents to voluntary work span the whole political spectrum.

So what do the voluntary bodies look for from a Conservative Government? First, and to my mind by far the most important, is a clear recognition that volunteers and voluntary bodies are not just another arm of Government. Nor should volunteers be regarded as a cheap pair of hands.

The voluntary sector is a hugely important sector *in its own right*. Its independence, its freedom to innovate and to experiment, its ability to stir men's hearts and engage their practical sympathies are assets of incalculable value. We must constantly

guard against the risk of allowing the springs of human compassion and concern to be dried up by well-meaning but wholly misguided attempts to dominate or dictate either from Whitehall or Town Hall.

On the contrary, it must be our aim to convince all who work in the voluntary sector that we wish to encourage them "to do their own thing". Where possible services for those in need can be planned together by voluntary and statutory bodies working in close partnership.

Another need is training. It is quite wrong to regard volunteers as raw amateurs and statutory workers as professionals. We must add steadily to the opportunities for volunteers to train in the skills needed for community work. Schools include courses on voluntarism, and colleges of further education should develop general and special courses for volunteers. National bodies like the N.C.S.S. and the volunteer centre must do more to give guidance to volunteers on working with the statutory sector, and to public officials on working with volunteers.

We must also help the voluntary and statutory services to develop more realistic guidelines on how to react to crises and emergencies. If one really believes that "Patients come first", then it simply will not do to let patients suffer for fear of upsetting trade unions on strike.

Finally, there is the vexed question of money. I accept the case for sustaining regular financial support for national and local bodies to help meet inevitable administrative expenses. But too much dependence on the State for funds must surely risk the loss of prized independence of action.

As taxes are cut, as people are left with more of their own money to spend or save, it is not unrealistic to expect that people will be ready to give more to help their chosen charity.

The new Conservative Government will be very ready to discuss with leaders of the voluntary movement how best to maximise private giving.



# 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

**Founder:** Group Capt. Leonard Cheshire, V.C., D.S.O., D.F.C.

**Patrons:**

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 Allot, Esq./D. Andrewes, Esq./Group Capt. G. L. Cheshire, V.C., D.S.O., D.F.C./Lady Sue Ryder Cheshire, C.M.G., O.B.E./R. E. Elliott, Esq./Mrs P. K. Farrell, J.P./D. Greig, Esq./Dr Wendy Greengross/G. Reid Herrick Esq./J. H. Inskip, Esq., Q.C./B. R. Marsh, Esq./Sir Henry Marking, K.C.V.O., C.B.E., M.C./Lady June Onslow/Mrs G. Pattie/D. M. Roe, Esq./Peter Rowley, M.C./Mrs P. Rowntree/N. R. Trahair, Esq./J. V. Tindall, Esq./Mrs E. Topliss/H. Turner, Esq./P. Wade, Esq./R. B. Weatherstone, Esq./B. Worthington, Esq.

**General Secretary:** Mr Arthur L. Bennett.

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

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

**Ass. Treasurer:** Mrs M. Burkmar

## 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, Mr Robert Hopkinson.

**Administrator Coordinator:** Mr Wally Sullivan.

**Overseas Secretary:** Miss M. Toner.

**Personnel Adviser:** Mr A. J. Keefe, F.I.P.M.

# 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 Councilors:** 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 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 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

*Resident telephone numbers in brackets.*

**ENGLAND****Avon**

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

**Bedfordshire**

Agate House Cheshire Home, Worbun Street, Ampthill, Bedfordshire, Ampthill 403247 (404470).

**Buckinghamshire**

Chiltern Cheshire Home, 27 North Park, Gerrards Cross SL9 8JT. Gerrards Cross 86170 (84572).

**Cheshire**

The Hill, Newcastle Road, Sandbach CW11 0JB.  
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 LA23 1NR. Windermere 2500 (387).

**Derbyshire**

Green Gables, Wingfield Road, Alfreton DE5 7AN.  
Alfreton 3610.

**Devon**

Cann House, Tamerton Foliot, Plymouth PL5 4LE.  
Plymouth 771742 (772645).

Douglas House, Douglas Avenue, Brixham TQ5 9EL.  
Brixham 6333/4.

Forches House Cheshire Home, Victoria Road, Barnstaple. Barnstaple 75202.

**Dorset**

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

James Burn House, Leonard Cheshire Home, Greenways Avenue, Bournemouth.

Bournemouth 523182 (515397).

**Durham**

Murray House, St. Cuthbert's Avenue, Blackhill, Shotley Bridge, Consett DH8 0LT. Consett 50400 (502363).

**Essex**

Seven Rivers, Great Bromley, Nr. Colchester CO7 7TT.  
Colchester 230345 (240463).

**Gloucestershire**

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

**Hampshire**

Le Court, Greatham, Liss GU33 6HL.  
Blackmoor 364 (229).

**Hereford and Worcester**

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

**Hertfordshire**

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

**Isle of Wight**

Appley Cliff, Popham Road, Shanklin PO37 6RG.  
Shanklin 2193

**Kent**

Chipstead Lake Cheshire Home, Chevening Road, Chipstead, Sevenoaks, Kent TN13 2SD. 0732-59510 (51855).

Mote House, Mote Park, Maidstone ME15 8NG.  
Maidstone 37911 (38417).

St. Cecilia's, 32 Sundridge Avenue, Bromley BR1 2PZ.  
01-460 8377 (7179).

Seven Springs, Pembury Road, Tunbridge Wells TN2 4NB. 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 SE19 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 8HP.  
Mulbarton 70279.

**Northumberland**

Matfen Hall, Matfen, Newcastle-upon-Tyne NE20 0RH.  
Stamfordham 212 (383).

**Nottinghamshire**

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

The Dukeries Cheshire Home, Hospital Road, Retford. Retford 705765.

**Oxfordshire**

Greenhill House, Twyford, Banbury OX17 3JB.  
Banbury 810679 (810667).

John Masefield Cheshire Home, Burcot Brook, Burcot, Oxfordshire OX14 3DP. Oxford 340324 (340130).

**Somerset**

St. Michael's, Axbridge BS26 2DW. Axbridge 732358.

**South Humberside**

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

**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).

St. Anthony's, Stourbridge Road, Wolverhampton WV4 5NQ. 0902-893056.

**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, 100 Whitecliffe Road, Cleckheaton BD19 3DR. Cleckheaton 872904.

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, Kirkmahoe, Dumfries DG1 1SN. Dumfries 4924.

**Edinburgh**

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

**WALES****Clwyd**

Dolywern, Pontfadog, Llangollen LL20 7BR. Glyn Ceiriog 303.

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

**Dyfed**

Coomb, Llangynog, Carmarthen SA33 5HP. Llanstephan 292 (310).

**Gwent**

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

**South Glamorgan**

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

**HOMES FOR PSYCHIATRIC AFTER-CARE****London**

Miraflores, 150-154 Worples Road, Wimbledon SW20. 01-946 5058.

Gaywood, 30 The Downs, Wimbledon SW20. 01-946 9493.

Nicholas House, 3 Old Nichol Street. Bethnal Green E2. 01-739 5165 (9298).

Hutchings House Cheshire Home, 32 Hillingdon Road, Uxbridge, Middlesex. Uxbridge 54815.

**MENTALLY HANDICAPPED CHILDREN****Cheshire**

The Green, Christleton, near Chester. Chester 35503.

**Cumbria**

The Garthwaite, Community Cheshire Home, 21 Kendal Green, Kendal LA9 5PN. Kendal 23396.

**Dorset**

Buckfield House, Lyme Regis.

Fairfield House, Lyme Regis DT7 3HH. 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, 1 Barstow Crescent, 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. Oxford 68620.

Training Centre:

Cheshire Foundation Service Corps, Study Centre, Le Court, Liss, Hants. Tel: Blackmoor 421.

**Leonard Cheshire Homes Overseas**

Secretary, 3 Market Mews, London W1Y 8HP.

Tel: 01-499 2267.

**Argentina**

Hogares Cheshire para Lisiados Casilla de Correo 896, BUENOS AIRES.

**Bangladesh**

The Cheshire Homes Bangladesh, 14/E Road 17, Bonani Model Town, P.O. Box 2342, DACCA 2.

The Cheshire Homes Bangladesh, C-53 Road 6, Bonani Model Town, P.O. Box 2342, DACCA 2.

**Barbados**

Thelma Vaughan Memorial Home, The Glebe, St. George.

**Brazil**

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

**Canada**

Ashby House Cheshire Home, 78 Springhurst Avenue, TORONTO

Carey House Cheshire Home, P.O. Box 985, Oakville, ONTARIO

Clarendon Foundation (Cheshire Home) Inc., 21a Vaughan Road, Toronto, Ontario

C.O.R.D.I. Home, 1604 Pullen Street, OTTAWA, KIG.ON7  
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**

Santiago Cheshire Home, Hogares Fundacion Cheshire de la Esperanza, Casilla 4087, SANTIAGO  
Concepcion Cheshire Home, Hogares Fundacion Cheshire de la Esperanza, Casilla 741, CONCEPCION

**Ethiopia**

The Cheshire Home, PO Box 3427, ADDIS ABABA (C)  
The Cheshire Clinic, PO Box 1383, ASMARA (C)  
The Gighessa Cheshire Home, PO Box 29, SHASHAMANE

**France**

Foyer Cheshire, FONTAINE FRANCAISE 21610

**Grenada**

Father Hilarion Cheshire Home, Mount Rodney, ST. PATRICK

**Guyana**

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

**Hong Kong**

The Cheshire Home, PO Box 5061, HONG KONG

**India**

The Cheshire Home, H. A. L. Road, BANGALORE 17  
The Cheshire Home, Opp. Buddhev 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

Meathmag Cheshire Home, PO Box 10, RANCHI Lucknow\*

Cheshire Home, Thoppur B.O. (via) MADURAI-625006. India

The Leonard Cheshire Home, Kuravankonam, TRIVANDRUM 3

**Indonesia**

Wisma Cheshire Home, 90 PO Box 3018 DJARKATA

**Ireland**

Ardeen, Shillelagh, Co. Wicklow, EIRE  
Rathfredagh House, Cheshire Home, Newcastle West, Co. Limerick, EIRE

St. Laurence Cheshire Home, Lota Park, Glanmire, Co. Cork, EIRE

St. Patrick's 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

**Jamaica**

Jamaica Cheshire Home, PO Box 80, KINGSTON 11

**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**

Johore Cheshire Home, Jalan Jamaat, Kanpong Ungku Mohsin, JAHORE BAHRU

Sarawak Cheshire Home, Ridgeway Road, Kuching, SARAWAK

Rumah 'Amal Cheshire Selangor, 7½ Mile Jalan Ipoh, Batu Caves, SELANGOR

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

Penang Cheshire Home, Rumah 'Amal Cheshire Pulau Pinang, Babington Avenue, PENANG

**Mauritius**

Tamarin 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)

Oluoyole 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**

The Sinag-Tala Home for Men, Carmel Subdivision, c/o Mr. Regio Sapida, End of Congressional Road, Project 8, QUEZON CITY

Sinag-Tala Home for Women, 74 Grants Street, c/o Miss Lily Zamora, G.S.I.S. Village, Project 8, QUEZON CITY  
Kakayahan Home, Road 13, Corner 22, c/o Mr.

Francisco Mariano, Urduja Village, Caloocan Boundary, QUEZON CITY

Bukang Liwayway Home, No. 7 Molave Street, c/o Mr. Jose Merillo, Project 3, QUEZON CITY

Pangarap Home, 31 Paraiso St., c/o Mr. John Antonio, Bo. San Agustin, Novaliches, QUEZON CITY

Bamay Mapagmamal, National Orthopaedic Hospital, c/o Sr. Roos Catry ICM, Banawe St., QUEZON CITY

Liwanag Home, Sumakwel Street, c/o Sr. Teresita Aranda ICM, Urduja Village, Novaliches, QUEZON CITY

Biyaya Home, No. 7 St. Michael St., c/o Sr. Marieke Gielkens ICM, Cubao, QUEZON CITY

St. Vincent de Paul Home for the Disabled, Our Lady of the Candelaria Chapel, Parish of Nuestra Senora de Gracia, J.P. Rizal St., (Nr. Gonzales Street), Guadalupe, Makati, METRO MANILA

Bamay Kasipagan, Caloocan, NR. MANILA

Tahanang Walang Hadganan, First Regional House with No Steps, Governor Pack Road, BAGUIO CITY 0201

Bamay Kasipagan, Caloocan, NR. MANILA

Tahanang Walang Hadganan, First Regional House with No Steps, Governor Pack Road, BAGUIO CITY 0201

**Portugal**

Lar Da Boa Vontade, Rua Joao Da Silva 3, CARCAVELOS PORT

**Seychelles**

Dr. Hermitte House Cheshire Home, Mont Royal, Victoria, MAHE

### Sierra Leone

Sir Milton Cheshire Home, PO Box 150, BO. (C)  
The Cheshire Home, PO Box 916, 18 Race Course Road,  
FREETOWN (C)

### Singapore

The Singapore Cheshire Home, Room 2-E, 2nd Floor,  
Singapore Council of Social Service Building,  
11 Panang Lane, SINGAPORE

### South Africa

Cheshire Home for Handicapped Adults, Eric Miles  
House, 20 Corsair Road, Sanddrift, MILNERTON 7405  
Chatsworth Cheshire Home, No. 74, Road 217, Bayview,  
Chatsworth 4092, DURBAN  
Queensburgh Cheshire Home, 890 Old Main Road,  
Moseley, Queensburgh, Durban, NATAL  
Anne Harding Cheshire Home, Randburg, TRANSVAAL  
Summerstrand Cheshire Home, PO Box 13148,  
Summerstrand, PORT ELIZABETH 6013

### Spain

Hogar de la Amistad, Calle Benedetti No. 60,  
BARCELONA 17  
Hogar de la Amistad, Calle Sugranes No. 103, Bajos,  
Sants, BARCELONA 2  
Hogar de la Amistad, Avenida de Navarra 68,4,4a,  
Masnou, BARCELONA 3  
Hogares Cheshire de Espana, C/n de Vinateros 127 7 B,  
Moratalez, MADRID 30

### Sri Lanka

The Wester Seaton Cheshire Home, NEGOMBO  
Sir James and Lady Peiris Cheshire Home, 17 Siripala  
Road, MOUNT LAVINIA

Matale Cheshire Home, MATALE

### Sudan

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

### Thailand

Siri-Wattana Cheshire Home Bangping, 25 Chitlom Lane,  
BANGKOK 5  
Cheshire Home Rangsit, 25 Chitlom Lane, BANGKOK 5  
The Siri Wattana Cheshire Home, San Pee Suea,  
CHIANG MAI

### Trinidad

The Cheshire Home, St. Andrews Gardens, SAN  
FERNANDO

### Uganda

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

### U.S.A.

Enquiries to: The Leonard Cheshire Foundation, Inc.,  
1211 Connecticut Avenue, N.W., Suite 600,  
WASHINGTON, D.C. 20036  
Cheshire Homes in Santa Cruz County, Inc., PO Box  
1334, Santa Cruz, CALIFORNIA 95061\*  
Mississippi Cheshire Homes of Harrison County, Inc.,  
PO Box 597, Gulfport, MISSISSIPPI 39501  
Cheshire Home, Inc., One Madison Avenue, Madison,  
NEW JERSEY 07940\*  
Cheshire House of Broome County, NEW YORK\*

### Venezuela

Hogares Cheshire de Venezuela, 41a Avenida de  
Campo Alegre No. 24, CARACAS

### Zambia

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

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