

Cheshire Smile

Quarterly Magazine of the Leonard Cheshire Foundation SUMMER 1982 25p



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The Quarterly Magazine of the Leonard Cheshire Foundation

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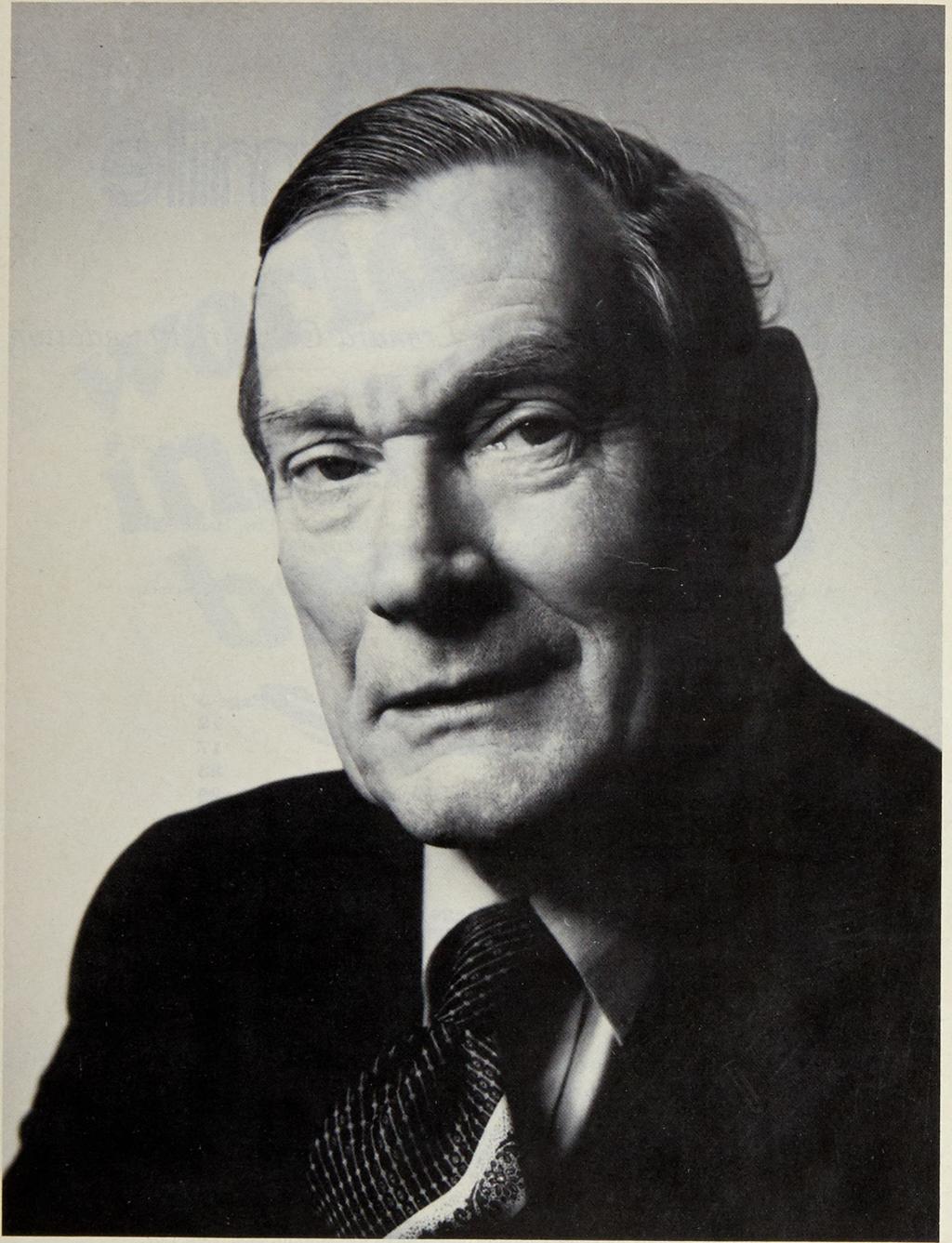
All communications regarding advertising in Cheshire Smile to be sent to the Secretary.

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Cheshire Smile is edited and managed by disabled residents at Le Court. Contributions to the magazine are invited from all readers. Opinions put forward in individual articles do not necessarily represent the official view of the Leonard Cheshire Foundation. It is the Editors' aim, however, to encourage free expression of ideas but they reserve the right to shorten, clarify or reject, at their discretion, material received for publication.

Publication dates fall roughly in the middle of March, June, and September, but in early December. If you would like to ensure that you receive Cheshire Smile regularly, we should be glad to put your name on our mailing list. Last date for contributions for Autumn issue 28th July.

Front Cover: Shiela Phillips has the thrill of standing with the help of Hydon Hill's special wheelchair



Mr. Peter Rowley, MC new Chairman of the Leonard Cheshire Foundation

Peter Rowley, M.C., M.A., Becomes Chairman of the Leonard Cheshire Foundation

Mr. Peter Rowley, M.C., M.A., is a Senior Partner of a City of London firm of solicitors. He is 64 years of age.

He began work as an office boy at the Middlesex County Council, and, on finding that the Clerk of the Council was a solicitor, decided to become one himself, and started studying for a Law Degree at night school.

In 1939, at the outbreak of war, as a Territorial Rifleman with the Queen's Westminsters he was mobilised and sent to guard the South Coast. He was later commissioned in the 14th Battalion of the Sherwood Foresters and saw active service as an Infantry Officer from the Battle of Alamein and subsequently in Iraq, Syria, Palestine, Libya, Algeria and Italy. He was awarded an M.C. when the break out from Anzio took place.

After attending Middle East Staff College at Haifa he was appointed Brigade Major of Thirteen Brigade and saw active service with them in Germany and at the crossing of the Rhine, and until VE Day, after which he was a Staff Officer until demobilisation in 1946.

Mr. Rowley then resumed studying for a Law Degree at University College, Oxford, and graduated with an Honours Degree. His favourite subject was Real Property Law in which he has since specialised and at Oxford his Property Law Lecturer was Professor G. C. Cheshire, father of the Founder of The Leonard Cheshire Foundation, Group Captain Leonard Cheshire, V.C., O.M., D.S.O., D.F.C.

In 1948 he became an Articled Clerk with the firm in which he is now Senior Partner.

He first became interested in Cheshire Homes ten years ago when his wife sponsored a resident of Seven Rivers, Tunbridge Wells, Kent, on a visit to Lourdes, and decided to do all he could to help. He was appointed Honorary Treasurer two years later. During his seven years as Honorary Treasurer the income of the Headquarters of the Foundation has increased beyond all expectations.

Editorial

In the spring edition, the first Plan Chest report was published. Mention was made by several homes of their latest moves to plan for more individual accommodation to their existing buildings. Some homes have already completed new building extensions, giving residents the privacy of a single room and incorporating amenities which will enable the more able residents to do their own washing and ironing, and even to cook the occasional meal. This certainly encourages a more independent way of life within residential care. Perhaps more homes will endeavour to place such facilities in their plan chests.

Several ideas for organizing a holiday have been published, giving the disabled person a wider choice. Some agencies have created new areas by offering holidays abroad whilst others offer self-catering holidays in many areas of Britain. The joy of taking a holiday is in the planning and budgeting. The monthly Mobility Allowance, for those who receive it, is the most likely income to be used and saved for this purpose. But for those not in receipt of this, financial help can sometimes be obtained from voluntary charitable sources.

In this edition we report from the IYDP Conference held in Madrid last November. We print the report in its entirety, as we believe it is both an important and interesting document and demonstrates clearly the problems faced by disabled people throughout the world in the attitudes of society.

Though the report deals principally with the problems facing the underdeveloped countries, it also has a good deal of relevance to the situation existing in the developed world.

A Word from the New Chairman

It is with considerable trepidation that I take over the reins from Sir Christopher, who has guided the affairs of the Foundation so ably and successfully for almost eight years. Having worked with him for much of that time as Hon. Treasurer, I know well the value of his advice and am very glad that he will remain available to assist the Foundation as Chairman Emeritus, whenever required.

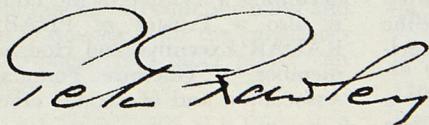
The change in the Chairmanship is not the result of, nor does it foreshadow, any major change in the policy of the Foundation. We believe that our affairs are in good order, both financially and from the aspects in which the Foundation cares for disabled people. However, we must take advantage of every opportunity to enable Care Staff in our Homes and in our Family Support Services to ensure that the care which we offer is consistent with modern standards and approaches, which continue to change and improve.

My main task, initially, is, I think, to consolidate the enormous progress which has been made in recent years. There are still a number of cases, mainly as a result of Homes having started in older, historic or isolated properties, where living conditions do not equate with those expected today in modern houses, and it must be our object to ensure that conditions in all our residential Homes are in no way inferior to those in our own houses.

Secondly, we have to ensure that the expansion in the number of Homes, the institution of Family Support Services and the increase in the facilities provided by the Central Administration does not result in a bureaucratic organisation or an over-large Headquarters Staff. This may well involve getting individual Homes to co-operate with each other on a Regional or Area basis and to play a greater part in the running of the Foundation generally.

Dennis Greig will take over from me as Hon. Treasurer of the Foundation. Having originally been Chairman of a Home and, since then, a Trustee for six years, he is aware of the financial matters which arise in running, extending and building Homes and well qualified to give due weight to Homes' requirements when considering the financial affairs of the Foundation.

I hope that I shall have your support and will devote as much as possible of my time to the future of the Foundation.



Peter Hawley

Profiles

Pamela Farrell

Pamela Farrell became involved with the work of Group Captain Leonard Cheshire in 1956 through her husband, the late Sqdrn/Ldr Ginger Farrell DFC who, after qualifying as a doctor contracted M.S. and before he died was Welfare Officer for the Cheshire Foundation.

She founded Heatherley and Seven Springs Cheshire Homes and was involved with setting up Chipstead Lake and Appley Cliff Homes. She also founded the Farrell Charitable Trust which provides housing for families with a disabled member; eighteen houses and bungalows have now been gifted to the Cheshire Foundation. The activities of the Trust also include providing holiday accommodation for such families and there are two houses in Bognor, two mobile homes in Selsey and a holiday chalet in New Milton.

Pamella Farrell is Trustee with special responsibilities for Heatherley, Seven Springs and St. Bridgets Cheshire Homes, and is a member of the Executive and Overseas Committees. She is a Freeman of the City of London and a Justice of the Peace.

She has two sons, one a doctor, the other a TV presenter with the BBC. She is married to Colonel John Tredinnick and lives in Sussex.



Information on the holiday accommodation can be found on page 42.

Peter Wade

Peter Wade was born in 1932 with brittle bones and spent many years in and out of hospitals. After a brief interlude abroad and 6 years in a private nursing home, he became a resident at Le Court Leonard Cheshire Home. During a sojourn at Le Court he organised an Association of Friends of the home, started "Holidays for the Disabled", worked on the Cheshire Smile and on the Residents' Association.

Ten years at Le Court was followed by a period living abroad where he married then

returned to England, where he has lived in Hampshire for the past twelve years. He was Honorary Director of fund raising to provide Le Court with single-room accommodation. He was a Management Committee Member for Le Court, which he relinquished upon becoming a Trustee of the Foundation. Peter is also a Trustee of PHAB, member of RADAR Executive and Housing Committee, member of Cheshire Foundation Housing Association and of various other committees.

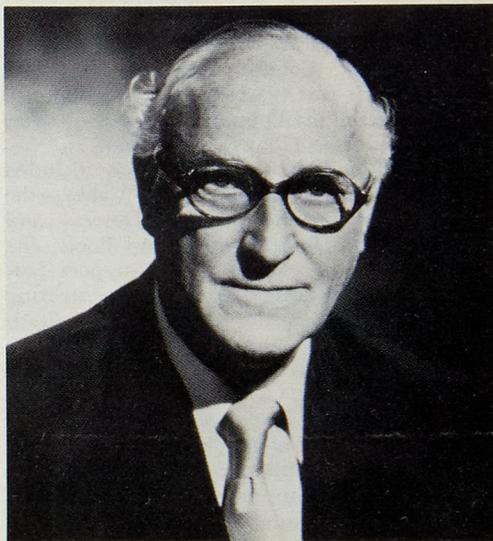
Geoffrey Reid Herrick

Mr. Geoffrey Reid Herrick of Normanton-on-the-Wolds, Nottingham, was appointed Trustee in 1974. He is 71 years of age and was educated at Kingswood School, Bath. He says the distinguishing features of his school days were "rugby, cricket, indolence and a growing and continuing love of words".

From 1928 until 1939 he worked in newspapers and advertising. He then joined the RAF and served until 1946 as an air-sea rescue skipper, mostly on the North Sea. In 1946 he joined John Beales Limited as Export Manager, retiring in 1976 as Chairman of John Beales Associated Companies Limited. He then became Chairman of the Knitting, Lace and Net Industry Training Board.

In 1959 he joined the Nottingham Support Group of Staunton Harold, a Group which under his chairmanship became firstly the Steering Committee and then the Management Committee of Holme Lodge which opened its doors in 1961.

Mr. Herrick is married and has two sons. He says his recreations are rugby, cricket and watching the world go by—all, alas, spectator sports.



Playing Card Holder

The card holder can be used for any card game and enables a one handed player to participate without problems or embarrassment. The use of the holder is as follows:-

- (a) It is made from wood with a varnish finish and is free standing on a table. Its construction is such that it cannot be readily knocked over and only one hand is needed to use it.
- (b) After a hand of cards has been dealt, the player would pick it up with one hand and place it in a stowage with the card faces towards the player. No other player can see the cards.
- (c) The cards are placed, one at a time, in a transverse slot and the hand arranged to the player's wishes. The complete hand

thus faces the player in the same way as they would if they were held by hand.

- (d) A security screen prevents other players from seeing the cards, thus privacy is ensured.
- (e) The player then plays the cards in a normal manner.
- (f) It has been proved that the sorting of a hand of cards takes no longer using the holder than a two handed person takes.

The holders are made as a hobby by Group Captain D. C. Williams and anyone interested in obtaining a holder should contact him at 170 Lytham Road, Warton, Nr. Preston, Lancs., PR4 1AH.

The holder is covered by Patent Application No. 8120874.

Foundation's Family Support Conference

Air Chief Marshal Sir Christopher Foxley-Norris presided over a Family Support Service Conference held at Baden Powell House, Queen's Gate, London SW7, on Saturday, April 24th. It was his last official appearance as Chairman of the Foundation before he takes up his position as Chairman Emeritus.

Those attending the conference included representatives from the Stour Valley, the South West Wilts, West Dorset and Sherborne, the Bournemouth and Poole, the Chiltern and Dacorum Family Support Services. Representatives from three steering committees—Newcastle, Oswestry and Godalming, were also present. Trustees at the conference were Mr. Hampden Inskip, Lady June Onslow, Mrs. Geoffrey Pattie, Mr. Peter Wade and Dr. Wendy Greengross.

Opening the conference, Sir Christopher said that Family Support Services were an extremely important aspect of the Foundation's work. Those new in this field might perhaps be feeling rather lost and under-confident. The conference has been designed to give them re-assurance by the exchange of ideas and experiences that would take place. It was not the intention to tell individual services exactly how the job was to be done but to provide maximum encouragement and advice.

Reports from each Family Support Service already operating and from Steering Committees in the process of starting up were very encouraging and indicated expansion and progress.

Dr. Monica Stewart, Senior Clinical Medical Officer (Adult Health) for Basingstoke and North Hampshire Health District then spoke

on the subject of 'Personal Support for Elderly People'. She said that support within the home was very important because the minute someone gave up their front door key they ceased to be an independent person. There was a lot of mythology about ageing, which was in fact a normal process. It had been said that the only difference between the old and the young was that the old suffered more disability, had more spare time and less money to spend. It was very important that old people should have options open to them, and at the moment there were not nearly enough of these. It was an increasing problem because history had never seen so many people living over the age of seventy years. In the United Kingdom, for example, there were two million people over the age of seventy five years. Family Support Services were therefore increasingly vital to the welfare and happiness of elderly people.

Mrs. Mary Hopcroft, Organiser of the Hants Care Attendant Scheme, explained how she went about the business of monitoring the work the scheme did, and Mr. Arthur Hunt, Director of Social Services, Hampshire, explained the ways in which Social Services Departments can help Family Support Services. He expressed the wish that more Social Services Departments and Area Health Authorities would agree to joint funding where Family Support Services within the community were functioning.

The conference broke up into groups to discuss what more should and could be done to protect clients receiving Family Support.

GLIB. BY TONY



How Does Your Garden Grow?

What is it that you look out upon each day through the windows of your Home? . . . sweeping lawns surrounded by beautiful shrub borders and dotted with attractive flower beds? As you venture outside during periods of fine weather are you able to enjoy the shade of the trees and appreciate the tidy, well-kept borders? If you have an interest in gardening yourself are there places where you can pursue your hobby in comfort?

You may be fortunate enough to be able to answer these questions in a very positive way, but it is a sad fact that the grounds of some Homes are in a state of neglect or include no special provision for resident involvement. Unkempt gardens are a headache for the management committee and of little satisfaction to the residents and staff and visitors to the Home.

One of the main reasons for the decline in the standard of grounds generally is that with the growing concern for the welfare of disabled people the response to their need to live lives that are as normal as possible has been to concentrate almost exclusively on their immediate comfort and material well-being. This has quite rightly brought improvements in the "standard of living" of many disabled people. Purpose-built homes are now more common and in older properties thoughtful conversions have been carried out to minimise the affect of disability on people's lives (eg. handrails, ramps, low-level switches and work surfaces, adapted toilet facilities, etc.)

Although all these changes in provision for the disabled are very welcome they have centred on the immediate environment within buildings and have often detracted from the need for an equally positive approach to the external environment—which for most of us is also an important part of life. Although members of a highly technological society full of helpful gadgets we generally appreciate the remaining countryside around us and also attractive gardens around our buildings. Many people have a keen interest in gardening as a hobby. How, then, can we use the grounds around our Homes to best advantage?

New Gardens Scheme

At Greenhill House, Timsbury, a landscaping project has been undertaken to demonstrate the potential for much wider enjoyment and

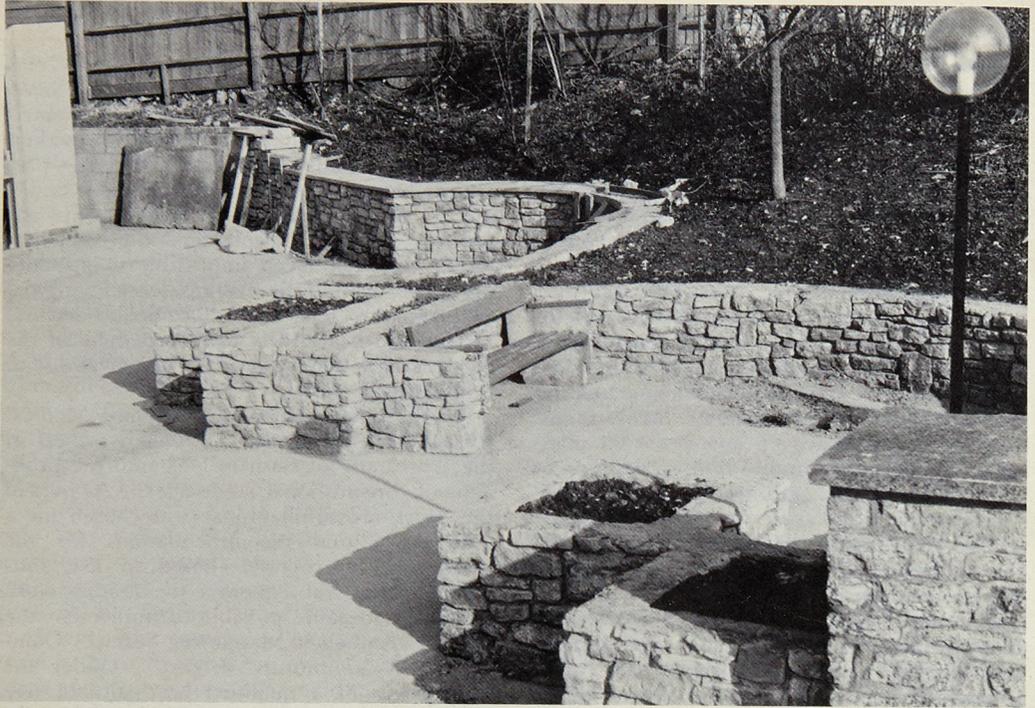
use of grounds in long-stay Homes. Great improvements in building facilities have been made recently when in 1980 a 20-bedroomed extension was built at the Home, providing new single rooms for residents who had previously been accommodated in the older building in shared rooms. The new rooms are spacious and give the comfort and privacy that in the past had been impossible to provide. However, around the new residential wing the grounds were in a state of complete decline. For several years little had been done in the gardens in anticipation of the upheaval due to building operations.

In 1979, The Rehabilitation and Medical Research Trust funded a research project at the University of Bath to look into the problems of "institutional landscapes". As part of this work Greenhill House was chosen for a case study and recommendations for the grounds were proposed—based on new landscape designs. Subsequent to the building work in 1980 it became possible to implement the designs through a Manpower Services Commission "Community Project". Under the supervision of a qualified horticulturist five unemployed teenagers have been working to transform the grounds from their state of dereliction to a garden that is not only pleasant to look at but also provides raw materials for handicrafts and areas where residents themselves can do some gardening if they wish.

The use of raised borders is not a new idea—there are several other Homes that have provided similar facilities. However, there is more than that entailed in the Greenhill House scheme. The whole of the 3¼ acre site is being landscaped with the needs and desires of its users in mind—its "users" being not only residents but staff and visitors as well.

To begin with all has been done to try and ensure that each resident has something of interest to look out upon from their bedrooms. This has been a difficult task since the new wing is surrounded on three sides by steep banks. Not only does this tend to create a closed-in, "oppressive" atmosphere but it also limits the range of features that could otherwise have been incorporated. The spring-flowering bulbs planted on the slopes give added seasonal interest amongst the various groundcover shrubs chosen for ease of maintenance.

This highlights another important aspect of the garden designs. No longer does the finan-



The forecourt of the home prior to planting. The construction of the semicircular seating areas and the plant boxes is nearing completion

cial situation of most Homes allow for gardens that require a high level of labour input. Therefore to include many flowerbeds in the grounds would simply increase the burden of maintenance upon the staff of the Home. At Greenhill House a "low-maintenance" design has been chosen—one that still has interest and beauty but that, once established, will not require high levels of maintenance.

The particularly colourful show for which flower borders are popular is not completely absent. Several residents have their own gardens outside their rooms and being free to plant what they wish they have already begun to produce very attractive flower displays. The gardens are individually designed to suit the requirements and capabilities of the particular resident. Some are raised to a level to be worked from a wheelchair and others, for the more ambulant residents can be comfortably maintained from a standing position. To increase the area of soil within reach and also to avoid the body-twist required when working

on the conventional type raised borders, some of the residents' gardens are of the table-top form with an overhanging ledge under which the front of the wheelchair will fit.

In the least-sloping section of the grounds a level area has been cut out of the banks to form a secluded lawn surrounded by shrubs and trees. This gives the residents a quiet rest area away from the buildings. The staff of the Home also require a degree of privacy during their breaks and at weekends and for them another corner of the site is being landscaped to make a peaceful area for those who like to be outside during the summer months.

Prior to the start of the landscape project the tarmac forecourt of the Home did nothing to enhance the appearance of the buildings and offered little interest in terms of the surrounding plants. As part of the scheme two semicircular earth-retaining walls have been built in conjunction with further plant boxes to make an attractive seating area from which to enjoy the views of the countryside. The plants

will help to soften the hard lines of the buildings and make the whole place look less like a bleak institution and more like the friendly, lively community that it is. It will then give more of a welcome to visitors.

What can other Homes learn from the Greenhill House scheme? Firstly, there is a need to recognise that the external environment is important. The majority of people have an appreciation for nature even in the somewhat contrived form of attractive gardens. Experience has shown the value of horticulture as a mental and physical therapy. Many people have a keen interest in outdoor hobbies such as gardening and some residents may be unable to employ their energies in these directions simply because the facilities have not been provided. If this is the case at your Home, why not approach the management committee about the possibilities for development of your gardens?

Secondly, the cost to the Home of the design, construction and maintenance of new gardens need not be high. Careful design of appropriate features is often cheaper than broader, more elaborate schemes. The cost of construction will vary according to the size of the project, but in the case of Greenhill House this was covered (almost entirely) by the funding of the M.S.C. Scheme. For the basic Project comprising one supervisor and five unemployed teenagers the annual per-capita support for tools, materials and plants etc at present stands at £400 (ie. £2,400 for the year). Other Homes would do well to investigate the possibilities offered by the Youth Opportunities Programme.

The maintenance of the completed gardens at Timsbury will be highest during the first 2 or 3 growing seasons as the plants become established, but after that initial period the



One of the residents, Nellie Youldon, working on her raised plant box

plantings are such that the maintenance requirement is low.

Finally, and of greatest importance, it is the whole of the Home's community that should benefit from such work. Not only do the grounds become more attractive and easier to maintain, but there can be many specific features that encourage residents to venture outside more frequently. For those that wish, the practical involvement with the garden maintenance or hobby gardening on their "own patch" can be a useful and enjoyable therapy.

Are your grounds in need of improvement? Is the most being made of this asset that most Homes possess? How does *your* garden grow?

Landscape Project Supervisor—PETER R. SKINNER BSc (Hons) Horticulture.

*I would be interested to hear any comments that readers may have regarding this theme. My address is:—
Peter R. Skinner, Greenhill House, Cheshire Home, Timsbury, BATH, Avon. BA3 1ES.*

My Safari to England

by Meshack Ayenza

It was in early 1981 when I received a message from a Director of Kenya Trout & Salmon Flies that I had been selected to attend a big Cheshire Homes Conference in England for disabled people.

At first I could not believe it was true and could not believe it was worthwhile for a person like me to go abroad and attend such a conference. I also could not imagine I would fly in an aeroplane . . . it was like a wonderful dream!!

The time came when I started to panic because I did not have a Birth Certificate or Passport, and without these I would not be allowed to fly in the aeroplane or visit another country. I was very worried but kind people helped me to obtain all these things.

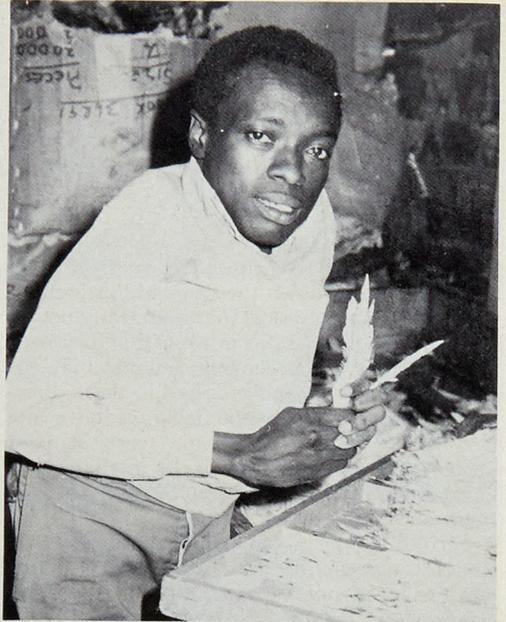
The day came when I was supposed to leave, but I wasn't sure until the time we reached the airport when I knew I was now departing. I was accompanied by Mr. Wafula, our Workshop Manager, who was also going to the conference in London. The journey was very comfortable and exciting and it only took twelve hours. Surprisingly enough, at London Airport I was welcomed by kind people who I did not know and perhaps those that I could not meet again in my lifetime.

My first stop in London was the Tara Hotel—a very exciting place I have never gone before since I was born. What good mankind people I met there. This is where I obtained delicious food and met many friends of different cultures and background.

For me I am a simple boy, and due to my handicap did not go to school until I was 13. Then I got my big chance to leave my village and go to Joytown Home for Crippled Children at Thika.

Dr. John McCaldin, who employed my father, helped me and I studied to Standard 7 Primary. In 1978 his wife got me a job with Kenya Trout & Salmon Flies which is a part of Cheshire Homes in Kenya, and now I am in London for this big conference.

Apart from meeting so many wonderful people there are some places and visits I will never forget. The Tower of London, Imber Court Police station, Kensington Town Hall where we had a big meeting, and Lancaster House where Kenya was granted Independence.



Meshack teaches the disabled workers how to tie fishing flies

A very important occasion was when we all met Queen Elizabeth. At first I was fearful because I thought Queens were "kali" (severe) to people; but I found she was so nice and friendly to everybody.

I must say about my journey to Nottingham where I stayed at Holme Lodge, and there I met many kind friends.

To end I should give my regards to the Group Captain Leonard Cheshire who has founded so many homes for handicapped people like me all over the world, and this is a big family. I must not forget Sir Henry Marking who took us to see a very nice film called "My Fair Lady". Mr. Al Lord who is still searching for my new crutches and Mr. Roy at Holme Lodge who gave me a beautiful record player which we use at our workshop and in my room at Dagoretti. Miss Julia Dunn who tried to teach me to play the piano, and also the Police Cadets who took me to lots of places.

My best thanks also must go to the organisers of the conference, and finally to all the disabled and other kindly people who welcomed me as a member of our Society which is for the disabled.

Rehabilitation at the Community Level

World Health Organization background report from IYDP Conference held in Madrid last year.

Magnitude of the Problem

According to recent estimates, two out of three disabled in the world today live without the help they need. Since the number of disabled is estimated to total over 400 million, most of whom live in developing countries, the potential need for rehabilitation among the disabled in the world is immense. These needs are not likely to decrease in the future since analyses have shown that without effective measures of disability prevention, even the occurrence of disability tends to grow rather than diminish, and with the projected population growth the number of disabled will increase rapidly.

The World Health Organization has conducted surveys in the developing countries about the problems of the disabled. These surveys show clearly that the quality of life of the disabled is lower than that of the able-bodied. It is well known that mortality among disabled children is much higher than among unimpaired children. The main contributors to death among children with blindness, mental retardation and mobility difficulties are malnutrition and gastro-intestinal and broncho-pulmonary infections. Disabled children also have less opportunity to attend school than normal children.

It is known that the presence of one child with visible and stigmatizing disabilities in the family has negative consequences for the social acceptability and relations of all the family members. Disabled persons are very often socially segregated. This affects particularly persons with visible disabilities, usually from a communicable disease or an accident, but also persons who suffer from mental retardation, psychosis, epilepsy, etc. The social segregation of the disabled is commonly deeply rooted to cultural and religious tradition, contributing to harmful fears and beliefs. Negative attitudes and discriminatory behaviours toward the disabled are extremely widespread in the world.

Due to social segregation, disabled are usually excluded from any participation in planning and decision making in their communities. Since they form a minority group

with an almost complete lack of power, the disabled have only minor influence on policies and services aimed at them, which results in the neglect of their needs.

From the viewpoint of education, the disabled are an underprivileged group, especially in the developing countries. It is an accepted fact that disabled persons receive less education and vocational training and are more often unemployed than the able-bodied. Partly as a result of this, they are not often able to sustain themselves financially, and despite supportive activities, the economic situation and standard of living are considerably lower among disabled persons and even in families with disabled.

Many of the above problems are also found in the developed countries. The main theme of the International Year of Disabled Persons, "Full Participation and Equality", obtains therefore a strong foundation in the problems of the disabled described above.

The solution provided presently by countries with larger resources for the problems of the disabled have turned out to be inadequate in the long run. The construction of specific institutions for the care, rehabilitation or education of disabled is a widely applied approach, but this has faced increasing difficulties. The number of places has remained insufficient in view of the needs; the expenses of building and running the institutions have been intolerable and finally the institutions have greatly contributed to the social segregation of the disabled. Simultaneously, funds have not been available to support other approaches to the problem, leaving the needs for rehabilitation unmet for the majority of the disabled. It is evident that it was timely to search for other solutions to these problems.

New Approach to Rehabilitation

The situation of the disabled persons in the world is expected to be greatly remedied by strategies striving for the goal of Health for All by the Year 2000. The target is "the attainment by all peoples in the world of a level of

health that will permit them to lead a socially and economically productive life". This health target provides a definitive objective for activities aimed at the better social integration of the disabled.

Primary health care has been unanimously accepted by all governments of the world to be the main strategy toward the above goal. This strategy emphasizes the role of social development, social justice and multisectorial approach with active community participation. Primary health care is essential health care which focuses especially on the main health problems of the community and provides promotive, preventive, curative and rehabilitative services. Disability prevention and rehabilitation are a definite component of primary health care and therefore an integral part of global WHO strategies and approaches.

In the early 1970s, preparatory work was started to reorientate the WHO policy from the traditional way of delivering rehabilitation services by highly trained specialist teams and institutions toward less costly and essential services which could have a much higher coverage of the disabled population. The new policy was endorsed by the World Health Assembly in 1976, which recommended that the WHO policy on disability prevention and rehabilitation be oriented to: (1) the promotion of effective measures for the prevention of disability; (2) the encouragement of the application of effective approaches and appropriate technologies to prevent disability while integrating disability prevention and rehabilitation into health programmes at all levels, including into primary health care; (3) emphasis on those problems of disability that can be solved most efficiently and effectively and in a manner acceptable to the populations; (4) the inclusion of the appropriate disability prevention and rehabilitation methods into the training of all relevant health manpower. The Health Assembly also drew the attention of the Member States to the importance of disability prevention and rehabilitation as an integral part of health and social services and to the need for collaboration between all agencies concerned with health promotion, including social welfare services.

In light of the above principles, a recent WHO Expert Committee recommended the provision of rehabilitation using the primary health care approach as the specific strategy to solving the problems of the disabled. The services should be community based, with

appropriate systems for supervision and referral, provide total coverage of all populations, deliver at least the most essential services and should form an integral part of the national socio-economic development programmes, including the health care and other relevant national systems. The Committee also emphasized that it is necessary to restructure and reorient the present organization and delivery of services in all countries in order to reflect the new strategies and approaches.

Task of Rehabilitation

Rehabilitation activities should aim at the full social integration of the disabled, implying their active participation. This implies that adequate provisions have been made for the rehabilitation of the individuals and the reduction of handicapping conditions in all aspects of their environment.

The concept of rehabilitation is understood to include all measures aimed at reducing the impact of disabling and handicapping conditions in individuals and at enabling them to achieve social integration.

Rehabilitation aims not only at training and adapting individual disabled persons, but also aims at intervening into their immediate physical and social environment and the society as a whole in order to facilitate their social integration.

The above reasoning suggests that rehabilitation should be community-based, which involves measures taken at the community level to utilize and build on existing resources in the disabled persons themselves, their families and their environment. The disabled persons, their family members and communities should thus be involved in the planning and implementation of rehabilitation measures.

Rehabilitation should start as early as possible in the disabling process. There is not even a clear line where prevention ends and rehabilitation begins. Rehabilitative measures should be initiated at the latest when disability is present but a handicap has not yet developed. Disability, in the context of health experience, is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. Disability may lead to handicap, which, in the context of health experience, is a disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal (depending on age, sex and social and cultural factors)

for that individual. Handicap can thus be considered as a society-oriented rather than individually-oriented problem. Rehabilitation, which aims at the prevention of handicap, is also called third-level prevention. The earlier rehabilitation can be started, the better its outcome usually is.

As distinct from medical care, rehabilitation is to be understood as an interdisciplinary measure, which has a strong social component, supporting the disabled to overcome the problems in his social environment by changes in this environment as well as in the disabled themselves. Consequently, rehabilitation activities are divided into many sectors of society and action in many areas, e.g. medical, educational and vocational, are needed.

Rehabilitation in Developing Countries

The rehabilitation of the disabled in the developing countries is a front-line activity between the disabled person and his immediate social setting. Therefore, it can only be community-based, utilize the essential available means, and be a part of primary health care, emphasizing simultaneously multi-sectorial approach and the involvement of the whole community in the spirit of socio-economic development. There should be sufficient professional support from the higher levels of health care.

The biggest constraint on the development of community-based rehabilitation in the developing countries is the shortage of appropriately trained manpower. The implementation of the disability prevention and rehabilitation programme depends crucially on the first line members of the local community. The family and other community members are to be trained to be able to carry out the training of the disabled. Local persons together with primary health care workers should receive training so that they could identify the disabled, motivate them and their family members who will undertake the training, offer instruction and follow up the progress of rehabilitation in the community.

In view of these needs for education and training as part of the reorientation of the WHO policy, an experimental manual on disability prevention and rehabilitation for developing countries entitled "Training the Disabled in the Community" was developed in consultation with UNESCO and ILO for

the educational and vocational components. The first draft was published in 1979, after which it has undergone field testing in several developing countries. A revised experimental version of the manual was published a year later, and this is being extensively evaluated in many developing countries and has been translated into local languages and adapted to local conditions where it is being tested with the support of UNICEF. The final version of the manual is due to be published in 1982. It is expected that the manual will inspire the preparation and publication of national manuals and training packages adapted to local conditions, so that the present situation of the disabled could be effectively ameliorated in the developing countries at an acceptable cost.

The manual contains not only detailed instructions and guidance for the disabled and their families for solving the essential problems caused by disability, with the help of their own and community resources, but also includes a description of the means by which such a community-based rehabilitation programme can be put into action at the local, intermediate and national levels.

The manual describes a set of innovative approaches. The process of rehabilitation has been demystified by breaking it up into component parts, each of which is described in such a way that rehabilitation can safely and effectively be carried out by lay persons, such as a family member or a friend of the disabled, or by the disabled persons themselves. The components form training packages, which have been arranged in six different booklets for six major disablements: difficulties with moving, seeing, hearing and speaking, learning, fits and strange behaviour. It also includes guides for policy-makers and planners, local supervisors, community leaders and teachers dealing with the entire system for implementing community-based rehabilitation and disability prevention.

In the community-based approach, the rehabilitation technology is based on local materials and local skills for use in the community setting. Technical aids should be developed for the essential needs of the disabled to support their integration into normal community life, including family, education and work. The WHO manual contains many suggestions for such technology. The necessary transfer of technology may not succeed unless technological knowledge and experience from different countries are shared so that the tech-

nology could be adapted to the specific needs and situations of each country.

The development of a community-based disability prevention and rehabilitation programme relies heavily on the availability of other community services such as health care, education, opportunities for employment, housing, etc. All measures for integrating as a normal member of the community need contributions not only from rehabilitation but also from these sectors.

Rehabilitation in Developed Countries

Recognising the problems of institution-oriented approach to rehabilitation in many developed countries, innovative activities supported by a primary health oriented health policy are necessary.

A disabled person is still perceived by the public as a young person sitting in a wheelchair or being blind. This results from the bias of earlier institutions and rehabilitation services years ago. The scope of disability and rehabilitation should be widened to incorporate all types of disability, whether physical, mental or social. With the rising average age of the population in the developed countries, the elderly now comprise the majority of the disabled, which has brought about new challenges to rehabilitation, increasing simultaneously the needs for it. Obviously the tasks of rehabilitation may vary depending on the age group of the disabled, and each country should carry out a review of how the services should be best developed to cover at least the essential needs of the major groups of disabled.

From the economical point of view, irrespective of the humanitarian aspects, it is obvious that whether or not rehabilitation services are provided, the occurrence of disability creates a major economic and social burden to the society, and the costs can be greatly curtailed by effective disability prevention and rehabilitation programmes.

The recent WHO Expert Committee did not wish to recommend any single model for the organization of rehabilitation services as the generally most appropriate one in the developed countries. Both specialized and non-specialized approaches have proved valuable. Since the major rehabilitation needs of the population are not yet commonly met, no efforts should be spared to strengthen the coverage of the services at the community

level, supported by more specialized services at higher levels.

Community-based rehabilitation should accordingly be promoted also in the developed countries, and the appropriate human resources required for these activities should be trained and made available. Firstly, the training should encompass the disabled themselves and their family members. Evidence suggests that self-training and provision of therapy at home by family members or other lay persons supervised by professionals will lead to similar physical and better psychic results than training and therapy provided by a professional in an institution.

Secondly, the training of the relevant professional groups are to be reoriented in order to facilitate their role in instructing the disabled and their families in self-care instead of directly providing therapy. All possibilities should be used to motivate lay persons and volunteers to participate in different forms of rehabilitation and care of the disabled, including activities for reducing their social segregation and feelings of loneliness.

Relevant research, including simple studies, with an emphasis on research and development and on evaluation, are indispensable because the development of disability prevention and rehabilitation uses new approaches to deliver services. The questions to be studied will include, i.e. alternative schemes of service delivery, different training modules, social and psychic factors affecting the results of community-based programmes, promotion of locally developed technology and effectiveness of all measures taken.

Implications for Education

It can be concluded from the above that rehabilitation includes interventions acting upon (a) the disabled individual directly (b) the individual's immediate environment and (c) the community as a whole. Education, training and information are some of the most essential means of these interventions with the broad aim of the social integration of the disabled and of reducing obstacles to it in the disabled individual's immediate environment or in the community.

It is not sufficient to introduce changes in the training of health manpower only. Although the teaching and training of relevant parts of rehabilitation procedures need to be included in the training of all health man-

power, and the curricula of training rehabilitation personnel should be reoriented to reflect the community-based approach to rehabilitation, the need for rehabilitation is so large and the scope of feasible rehabilitation activities so varied that many other persons than the specialists alone are needed in this work.

The education activities supporting the social integration of the disabled should start from the disabled themselves and their family members. As regards the disabled children, their sufficient education should be one of the priorities. Increasing evidence from different countries suggests that the majority of the disabled, including the physically handicapped, visually impaired, those with impaired hearing or speech and many of the mentally retarded, can be educated through the normal educational system. Although this solution may not always be implemented without difficulties, it is economical and helps to support the social integration and educational opportunities of the disabled and, what is also very useful, teaches the able-bodied individuals to communicate and collaborate with the disabled.

Teachers especially at the primary level but gradually at all levels should receive a specific training to cope with the new educational needs caused by the integration of the disabled in to the normal educational system. To initiate teacher training, special short-term courses including practical training should be given to the teachers by specialists in the education of the disabled. Elements of this specific training programme should be included in the curricula of all teachers for the educational system. Since neither sufficient training material nor methods are yet widely available, the support of UNESCO will be needed in this important area, which may have wide educational as well as social implications.

Since the disabled will often need additional help in their studies or simply in going to and

from school, the parents of the disabled should participate in these educational activities by providing specific help in individual educational programmes and in transportation. The active role of the parents would also affect their views about the problems of their disabled children, which could have a wider impact on their attitudes and expectations.

The parents' action should be further strengthened by local and community activities. Interested and continuous community support to the educational integration of the disabled calls for wider education and information activities. Every citizen should be better informed about the reliable ways of preventing, curing and rehabilitating disabilities. For the present, completely wrong beliefs and accordingly negative attitudes are extremely widespread. After the disabled, the first target group of information campaigns are their family members, teachers, administrators and planners. Health education in a broad sense is needed through all possible information channels at community, regional and national levels. Finally, these information programmes should reach each member of each community, whether in big cities or in remote villages, since the problems of the social integration of the disabled are very similar in different communities and through a proper education a lot can be achieved in alleviating them.

Much work is still needed to plan and implement the suggested changes in the educational system and to enhance the necessary collaboration between the educational and health activities. The role of specialized institutes is indispensable in conducting research and evaluation studies, preparing curricula for different categories of teachers and manpower, supporting and developing the integrated education of the disabled and providing services to those of the disabled whose problems cannot be solved at the community level.

Norman Whiteley Receives MBE from Queen

Immaculate in top hat and tails, Norman Whiteley went to Buckingham Palace on Tuesday, March 23rd, to receive his well earned MBE.

When the Queen presented the medal, she said: "We've met before, haven't we?" This was perfectly true because Norman had been presented to the Queen during the Royal Reception at the Tara Hotel, Kensington, during the Cheshire Homes International Week in June 1981. The Queen met so many people it shows what a remarkable memory she has.

Norman also met and exchanged a few words with Prince Charles.

After the Investiture, camera bulbs flashed in the forecourt of the Palace and Norman then made his triumphant appearance at Leonard Cheshire House for lunch where those present included Sir Christopher and Lady Foxley-Norris, Mr. Peter Rowley, Mr. Arthur Bennett, and Mr. and Mrs. Geoffrey Pattie.

Sir Henry Marking, Chairman, International Committee, had sent Norman a magnum of champagne to celebrate his honour and glasses were all raised in his direction.

Congratulations Norman!



Norman Whiteley, MBE with, left to right, Mrs. Marjorie Tallis, Mr. Don Sloman, Miss Barbara Buckland and Mr. George Wilson. The two ladies give secretarial help and the two gentlemen are voluntary ambulance drivers



Star Gift

Freddie Pyne, who stars as Matt Skilbeck in YTV's *Emmerdale Farm*, is well known for his efforts on behalf of the young disabled. Having raised enough money to purchase a Meyra Power Chair for Neville Simpson, a severely disabled patient at the special purpose built unit in Lewisham, he decided he could not leave out his room-mate Christopher Price. By means of a sponsored swim and help from other members of the *Emmerdale Farm* cast, funds were quickly raised and Christopher now has his new Meyra Power Chair.

Around the Homes

Greathouse

Lord Oaksey, Chairman of Greathouse Appeal Committee takes a hammer to the old out buildings of the home in March, in a ceremony attended by The Mayor of Chippenham, Mr. John Ovens, Mr. Bryan Jones, Chairman of the Management Committee, Mr. C. W. Garnett, Patron of Greathouse, and a number of residents.



Treorchy Male Choir Concert at Salisbury Cathedral

On Saturday, 24th April the Treorchy Male Choir, conducted by John Cynan Jones, were the Ambassadors for Greathouse Cheshire Home's £300,000 appeal in the south of the county, when they sang at Salisbury Cathedral.

The choir has sung at St. Andrew's Parish Church in Chippenham at Toc H sponsored concerts on five occasions since 1971, and on this occasion it was decided to stage a concert in Salisbury in a bid to publicize the work of the Wiltshire Cheshire Home there. During the concert the conductor spoke of the magnificent work carried out at Greathouse, and the need for the extensions, which have

recently been started and will provide 15 single rooms and 2 double rooms. The choir were proud to have been associated with Greathouse since 1969, and have adopted a room there. He hopes that other associations throughout Wiltshire would similarly become involved.

The choir was particularly happy that most of the handicapped residents of Greathouse were able to attend the concert, and to their great delight, the choir sang a group of spirituals especially for them. Two of these have been specially arranged for the Treorchy Choir by Bryan Davies, who accompanied them for this concert. Soloists were Sam Griffith, baritone and Gillian Petheram-Davies, who was accompanied by Peter Wilkinson. The concert was supported by a number of Treorchy fans from Chippenham, and one admirer had travelled all the way from Walsall. Most of the work of the choir is for charity, and the residents of Greathouse are particularly close to their hearts. Their Chippenham area fans might wish to know of a concert being given in the Royal Albert Hall on the 12th February, 1983 in aid of Spina Bifida and Hydrocephalus.

Greathouse has French Visitors

At Easter Greathouse had two parties of French visitors. The first were from the town of La Flèche, Sarthe, which is to become Chippenham's twin town, and were Veterinary Surgeon Dr. Maxime Mulocher and his journalist wife, Denise.

The twinning has come about following the six month stay of their student son, Maxence,



Dr. Maxime Mulocher and Mme Denise Mulocher chat to Alice Hounslow and John Smith

who as part of his University course at Lille, came to work at Kingston Langley in 1980. During this period he visited Greathouse on a number of occasions with a member of the Management Committee, and it was therefore appropriate that his parents should also call whilst making a weekend trip to Chippenham. The fortitude and happiness of Greathouse residents impressed these visitors.

Older residents well remember Christmas 1971 when besides having Irene Periera of the Portugal Cheshire Home as their guest, they also had a visit from a young French soprano. At Easter Mme Isabelle Riffault, now the wife of Dr. Guy Riffault of Tours, came again to sing, and was recorded for Chippenham and District Tapes for the Handicapped, which makes 150 copies per month of seven one hour programmes for distribution in the North Wiltshire District around Chippenham. Isabelle has appeared on most editions of "Music Hour" since the first edition in September 1975, and on this occasion she recorded several operatic arias, to be heard over the next few months by tape listeners.



Mrs. Sylvia Stables at the piano with Mme Isabelle Riffault

The Hill, Sandbach

Self-portrait George Manders

My life is restricted now, but looking back, I am thankful for the variety of it and the friends I've made.

I joined the Royal Navy as a trainee in 1942 when I was sixteen. My first berth was in H.M.S. Camperdown, a destroyer out of Liverpool joining a convoy bound for Russia. I saw a lot of the world like many of my mates in those days: West Indies, Australia and, after the war ended, Japan.

I then tried my hand with various Repertory Companies but couldn't make a living, so I joined the buses at Stoke-on-Trent as a conductor. At the nearby Trentham Gardens, in the days when bands like Geraldo and Ted Heath played there, I met the girl who was to be my wife. While at Stoke-on-Trent I attended the City General Hospital—looking back, it was probably the first sign of M.S.

As a member of the T. & G.W. I became a Shop Steward Convenor and was sent to a college at Harlech for Trade Union studies. Later came a State Scholarship to Bangor University and a B.A. in Economics. Interested in local politics, I was also a member of the Borough Council while at Stoke.

For personal reasons I moved to London where I joined Thorn Industries, the television people, becoming packaging foreman, and during the time here M.S. was finally diagnosed. They were very good to me and put me on light duties when in a wheelchair. I was able to take sick leave each year and this enabled me to attend the Paraplegic Olympics in Tel Aviv, New Zealand and Toronto either as a member of the team or as a reserve. After leaving Thorn Industries, one of the bright spots had been as a Red Coat at Butlins helping as best I could with other disabled.

I eventually found myself at The Hill and grateful I am for it and the opportunity to keep up with some of my other interests; like the show at Skylarks, one of the homes run by the Winged Fellowship Trust near Nottingham put on by the Highway Theatre Company. Twenty two disabled performers from all over the country.

We've got a good quiz team at The Hill—ask Radio Stoke, and we're always ready for a challenge. We beat the local Fire Service the other night!

A Country Life

by Kath Coffee

I was born in Sussex on an estate where my father worked. He was one of the first men to drive a tractor, and the estate belonged to Lord Delaware who, I believe, was once Post Master General. I remember my country childhood very well. It was in the early days of the last war. There were the rides on the back of the cart horses as the waggoners led them in from the hay-field to unharness in the stables. And how gentle they were when sometimes a five year old used to lead them on her own.

I remember stories my mother used to tell about my grandparents and their horses. My grandmother was Swedish and my grandfather Finnish who, when he came to England, refused to be naturalised and had to report regularly to the police all his life. They lived on an island off Helsinki and in winter time drove a sleigh pulled by horses across the ice to Russia.

When I was eight we moved to another farm in Sussex. Much later on I was to meet John working on the same farm, and then we married and moved next door to my in-law's cottage. A family came along and my mother-in-law and I opened a dress shop in Edenbridge in Kent. I worked part-time there and sometimes took my small daughter and put her in a play-pen in the shop, which wasn't a bad idea as it attracted other young mothers.

My husband owned a garage then and I did everything I could, the accounts, driving, petrol, the lot. We had been married four years when M.S. was diagnosed. This year we are celebrating our 24th wedding anniversary with a holiday in Greece. I've already been to Vienna and Bruges on holidays from The Hill.

After leaving the dress shop and selling the garage business we bought a cottage in Wales, which we did up over the years, and John

worked as an agricultural engineer. I loved the beauty of the place as soon as I saw it—it was like coming home.

The the dress shop was sold and my mother-in-law died. My father-in-law opened an antique business, and we opened one in Wales. So he came to Wales to buy antiques and returned to sell them in the King's Road in Chelsea. He knew Augustus John the painter and other famous locals. By a great coincidence his son Edward, also a painter, lived in a cottage just down the lane from us.

When I could no longer walk I had an electric wheelchair for shopping and getting around. Best of all I loved sitting quite alone in the hills near the cottage. It was a busy day if I saw three cars, and even then the noise irritated me. I think I must be a frustrated painter because the clouds and the sky, and the beauty of the countryside mean so much to me. Perhaps it's because my grandfather was a sailor and my father a farmer. Where ever I am I buy a map so that I know exactly where I am and where the sun rises and sets.

I came to The Hill in 1979 and eventually settled down, but because I love peace and quiet it was quite difficult to learn to live in a community, even though I've made some very good friends. I feel I'm lucky because I've always got my husband and two daughters to support me. In June I'm going back to Sussex to see my four brothers; two of them are married with families. Last year there were nine of us at the family reunion.

I hope the readers of Cheshire Smile have found a little of my life interesting.

Bedfordshire—Agate House

On the 22nd May the new wing was officially opened by the Marquess of Tavistock. We entered this completed new wing on the 3rd February and may of use are looking forward to trying our hand at cooking, washing and ironing in the well-equipped kitchen and utility rooms, as well as enjoying the games and the other activities that the extra space has made possible. The short stay rooms are being occupied and already there is a waiting list.

James Burns House

'Happy Burns-Day'

Friday, 26th February must rank as one of the happiest occasions in the history of the House. It was held in honour of Dr. James Burns—after whom the home is named—whose 80th birthday it was the following day. All unknowing, Dr. Burns arrived on his usual Friday visit, to be greeted by a full-throated rendering of "Happy Birthday to You" from the assembled members of the Management Committee, the House & Appeals Committee, Support Groups, and staff, three residents of The Grange and residents of James Burns House. Despite the surprise, Dr. Burns was, of course, more than a match for the occasion and expressed the enjoyment he had always taken in working for the Cheshire Homes movement and for the House itself, and his pleasure at this greeting. To general acclaim, birthday gifts were presented to Dr. Burns by Mrs. Redfern for the Management Committee, and on behalf of the residents by Muriel Taylor, who spoke of the respect and affection in which they all held him.



Dr. James Burns

A Stitch in Time

Well over thirty knitters took part in a sponsored knit and raised the magnificent sum of £300.83. For one and a half hours James Burns House was alive with the sound of needles and the buzz of conversation, and the ladies would have been knitting yet had not Mr. Gee called "Time" and begun to measure each knitted strip—when there was even some surreptitious tugging at the shorter lengths by their pro-

ducers. As an "end-product", Mrs. Laws has been able to make, single-handed, two beautiful bedspreads. So great was the enthusiasm that one knitter, unable to come, had a personal "knit" at home, and four residents of Magpie Close had their own time at the home a few days later. The event, most fortunately suggested and organised by Mr. and Mrs. Laws, was so much enjoyed that it may well become an annual one.

John Masefield Home

As their contribution to last year's International Year of the Disabled Person, the fourteen residents of the John Masefield Home in Oxfordshire decided to devote the entire proceeds of a coffee morning to an overseas Cheshire Home . . . a sum which (with a little help from their Management Committee) rounded off to an impressive £150.

They chose a very auspicious day to send off their gift, too—the first-ever Founder's Day. The overseas home they eventually chose to receive their gift is situated some twenty-seven

kilometres outside Addis Ababa, in Ethiopia, and is a home for between forty and seventy children. One of the senior boys is 18 year old Tibebu Derbie (our picture shows him chatting to one of the home's regular visitors, Mrs. Janet Roberts, the Chairman of their Management Committee, and the wife of the United States Charge d'Affaires).

Tibebu first had to take to a wheelchair at the end of 1980—he suffers from acute arthritis in his knees and hips, and walking is virtually impossible without suffering a great deal of pain. However, despite the fact that he is largely confined to a chair, he is full of confidence that physiotherapy will eventually enable him to leave the home and live a normal life outside in the community; toward this end, in fact, he is enthusiastically continuing his education by correspondence (his command of the English language is already very good indeed) and he is absolutely determined to attain his Grade 12 which will make him eligible for a place in the capital's University.

Editors' note: a letter from Tibebu Derbie was published in the spring issue of Cheshire Smile.



Llanhennock

Twenty Years of Caring

Llanhennock Cheshire Home recently celebrated twenty years of caring for the sick and disabled. It opened in January 1961 with just six residents. Now several extensions and many improvements later it cares for 30 residents. Many of the original committee and friends were invited to the celebration tea party.



Left to right: Bill Morgan (resident), Mrs. H. Latham, Mrs. R. Rees, Dr. I Burge, Mrs. M. Stewart, Mrs. V. Trump. Front: Elsie May Davies and Nellie Pugh—residents

Focus Hydon Hill

By Kay Christiansen



A happy group of residents with some of the staff

There are seventy-six Cheshire Homes in the United Kingdom and each one is as unique and different in character as the residents who live there.

The Cheshire Smile feels that it is time we all knew more about each other and proposes, therefore, to feature a Home in depth in this and subsequent issues.

This month the spotlight turns on Hydon Hill, situated in beautiful woodland grounds two miles outside Godalming, in Surrey.

The Home began in 1968 in a series of primitive wooden chalets built in 1939 to house evacuees and later Hungarian refugees—totally unsuitable and a grave fire risk. Today the thirty-eight residents live in a beautiful one-story Guildway purpose-built home, bright with the colours they chose themselves, and with glorious fresh flowers brought in and arranged with flair by volunteers, the chief of whom is Miss Jane Firth, a member of the Management Committee. As a Fellow of the Royal Horticultural Society she is also responsible for the grounds.

The running of the Home is very much a team effort. The enthusiastic and forward-

looking Management Committee backs to the hilt the Captain of that team, the Head of Home for the past five years, Major Gordon Mitchell, a lively fifty-nine year old Scotsman who is totally dedicated and wholly involved. He describes himself as a “workaholic” and enjoys nothing more than being around the Home. His thirty-seven years with the Scots Guards have been invaluable to him, and he brings all the organisational skills he acquired as a one time Regimental Sergeant Major to benefit the Home. He has a keen sense to public relations and relishes getting involved with outside agencies.

Major Mitchell is skilled at recruiting volunteers, too, and makes full use of them. Over Easter, for example, he roped in forty-five Guildford High School senior girls, who came to feed the twelve residents who need help at mealtimes. He also has a rota of seventy-five volunteers, twenty-five of whom are nearly always available to take residents out each week.

An indispensable member of staff is Matron, Mrs Jackie Harwood, known to everyone as Jackie. It was her concern which prompted the

HYDON
CHESH
HOM



Feeding time for the birds



A corner of the Occupational Therapy room



A view of Hydon H.V. O



Two residents enjoying a chat in the garden outside their single rooms

ON HILL
CHESHIRE
HOME



A discussion on the Foundation's Handbooks between, at left, Major Gordon Mitchell, Head of Home, Mrs. Joan Inskip, a member of the Management Committee and Mr. Jimmy Spiers, Chairman of the Management Committee



on Hill Cheshire Home



Volunteers sorting out waste paper for re-cycling



Resident, Elsie Parrott, in the greenhouse tending the plants. With her is Shelly Talbot of the Occupational Therapy department

purchase of a special wheelchair which enables its user to stand upright. Although she is highly used to the many problems of severely handicapped people she said it was one of her most moving experiences when a resident used the chair for the first time and stood up. In great excitement he said "Jackie, I can stand. I'm a man!" Jackie leads her team of 34 full and part time care staff with a gentle strength which makes her a loved and respected member of the community.

The chief concern of all the staff is, of course, the welfare of the residents, who are closely involved with the running of the Home. There is a good Residents' Committee, two residents on the Management Committee (as are two members of staff) and three on the Admissions Committee. Two of the residents are particularly skillful in helping to select suitable staff. They are consulted by the outside caterers, Catering by County, as to suitable menus. A resident runs the shop, others help with the telephone, distributing papers and the post, organising help for the bar, putting together outings etc.

Major Mitchell explained that he saw "stimulating interest and maximising independence" as the most vital aspect of his job, and that the residents were very supportive and most of their suggestions very constructive. "However", he said, I don't want it to sound too idyllic. Sometimes a new activity flares an interest, but then it wanes. After all, our residents re-act just like anybody else and enthusiasms do sometimes diminish.

"One problem we try to surmount is that many of our residents come to us at the age of about forty-five (although we have no age limit) after being cared for by loving relations who have done everything for them. One can see that sometimes a chap really could hang his own coat up, and we have gently to point that out. In most cases they do become more independent, and of course that brings its own reward", he said.

Residents may be severely handicapped but they are certainly not idle, because there is a tremendous programme of activities, with, for instance, shopping trips, visits to the theatre, trips to the Changing of the Guard, to polo at Windsor, to skiffle evenings, darts matches, swimming, riding, Bingo sessions and so on. In addition, residents can attend a Yoga class which is laid on for them, and the ladies enjoy make-up lessons from a member of the Red Cross, have a manicure or profit from a facial.

As well as all this, Shelley Talbot, an Occupational Therapy Aide who is the Workshop Co-ordinator devises interesting work such as basket making, rug-making, painting and gardening. Plans are afoot to build a small kitchen where residents can cook a meal of their own choice and invite their friends to share it. This activity already takes place in a makeshift kitchen, and Shelley and the residents select delicious menus such as avocado pears, followed by trout or seafood, washed down with a nice bottle of wine.

Physiotherapy sessions are much appreciated and bring great benefits.

Enormous efforts are made to fulfil a resident's wishes. For example, Milly is a mad Frank Sinatra fan. Major Mitchell managed to persuade the organisers of his London concert to yield up a much sought-after ticket for her. "She was in her seventh heaven", he recalls. "I don't think she'll ever forget it".

With all this action, one might make the mistake of thinking there was no time for fund raising. Not so. One abandoned chalet is piled high with old newspapers and used computer paper. This is sent for re-cycling and brings in a regular £5,000 to £6,000 each year. Tin foil is also collected and sale of this brought in over £644 last year.

But the biggest money-spinner is undoubtedly the second-hand clothes donated to the Home. A large chalet houses clothes of every conceivable type—evening dresses, blouses, sweaters, day dresses, suits, shirts, shoes, coats and underwear. It is estimated that there are at least 10,000 items currently in stock. Everything is sized and priced and hangs neatly on rails. Sales are held at regular times and the whole clothing operation is master-minded by the Major's wife Betty. Much help is also obtained here from the Home's five active Support Groups. So successful is the sale of this clothing that the Home benefits by at least £6,000 a year.

What of the residents? The youngest is 20 year old Lee Webber, a victim of cerebral palsy. He asked to come into residential care because he was anxious not to be a burden to his parents and felt he should become more independent. He has many interests including typing and pop music, and he gets on well with the older residents. However, it is a measure of the concern felt for each individual that Lee is at present on assessment at Hart's Leap to see whether this would better suit his needs. His place is being kept for him until he

has made his choice.

The oldest resident is Edward Soutter, who despite the fact that he is 85, is an active member of the community, and makes regular contributions to the life of the workshop.

Rose Fudger, as ex-WAAF was staying for a month's assessment, and she said she likes the Home tremendously, and was very happy to be there after a long session in hospital.

A married couple are Paul and Hazel Hanson. Paul is an enthusiastic Ham radio operator and sprang to fame when he went to Panama with Operation Drake as its radio operator. He was a resident at Le Court and came to Hydon Hill, having met and married Hazel, ten years ago.

All in all, Hydon Hill is an inspiring and positive place and there is a heartening sense of purpose and hope within its walls. Visitors are always welcome, whether they come from the local neighbourhood, other Homes or overseas, and it is the hope of everyone involved with the Home that they leave with the feeling summed up by Harold Macmillan on leaving the Grenadier Guards: "It is a great thing at some time of one's life to be associated with something quite first class".

Photographs by Margaret Murray

ARTSLINE

A unique telephone service, to give advice and information on every facet of the arts to the disabled, has begun operating from 48 Boundary Road, London, Tel: 01-625-5666. The line is open on Tuesdays, Wednesdays, Thursdays and Fridays from noon until 4 pm, and on Saturdays from 10 am until 2 pm.

It was the concept of the Greater London Arts and Disability Working Party represented by various Arts bodies, individual community artists and disabled members who began by focussing on how better to inform disabled and disadvantaged people of the creative opportunities available to them. It also became apparent that there was a need to use the information gathered to create a climate which would encourage people, previously cut off from the arts, to participate.

Research was carried out by Enid Church and Susan Beattie. Financed initially by Capital Radio, John Whitney, Managing Director of Capital, says, "We are happy to have been able to help with Artsline because we feel that it will open some doors for the disabled who are so often frustrated in their attempts to lead as normal a life as possible. Through our own Helpline, we have come to be very well aware of these frustrations. In the Year of the Disabled, it seemed a very fitting scheme to back".

Twenty Years Ago in the Smile

The annual Spring Conference was held in London under the Chairmanship of Lord Denning who announced his retirement following his appointment as Master of the Rolls. Dr. Beswick told the conference that Honresfeld had decided to use the red feather emblem and proposed that the Foundation should adopt this as our national emblem. No decision was made!! There were 34 homes in the U.K.

Quotation from the late Paul Hunt—

"... to give people (disabled or not) a high standard of physical comfort can be a basis for growth, but of itself it does not touch more than the fringe of their problems; only when opportunity for the exercise of freedom and responsibility is added, will growth and fulfilment of personality be likely to take place."

Dear Editors,

I would really like to write a short book in reply to Miss J. M. Thompson's article in the winter issue, as so many topics come to mind on reading it.

I believe that Boundary Road is one of the best things that has happened to disabled people with a craving for total independence. What I would like to point out is that there are many different groups of disabled, and this should be recognised and appreciated. By no means do I wish to categorise, but I will try and express my meaning generally. There are those who have been disabled from birth, and may have had the misfortune to be born at a time when society was extremely narrow-minded. These people have been reared in a state of almost total dependence and pity, so they have been made to feel almost inferior because of their handicaps. When middle-aged, or even younger, these people often have no inclination to live life in any style other than that to which they are accustomed—and they should not be forced to. Other disabled folk are in limbo—whilst wanting to be more independent, they may be very wary of stepping out of a haven of security; or there are those that fill their time so well that they may feel there would be little time to organise their own food, cooking, laundry, etc. We all appreciate that these last are the basic functions in life, but who are we to say that a disabled person who has built up a satisfying and active life whilst having their basic needs catered for, should give up maybe half their time to doing them themselves? Able-bodied people often have a cook or housekeeper so that they can get on with their work/hobbies.

Whilst saying all this, I must point out that those people who strive towards total independence have my every encouragement and admiration.

On the question of staff, many variations on the topic are in existence. The inhabitants of Boundary Road regard their staff in a purely functional light, almost as numbers, and as long as there are people willing to work in these conditions (and there obviously are) that's fair enough. What I cannot understand is why a disabled person cannot be independent and have a friendship with a member of staff at the same time. A true friendship is a two-way thing, and surely anything in this world that can make a person's life richer and more meaningful, disabled or not, shouldn't be treated with disregard. It is not normal for

people to be treated like robots. Disabled people have fought so hard not to be; yet some appear willing to impose this role on others. It is unnatural for people to be treated as such in any working situation, and those who do not see this are not being realistic.

The aim of all caring staff is to enable disabled people to live their lives as they want to, and as we are ALL individuals, lifestyles are bound to vary.

Yours sincerely,
Miss C. V. Sandford

Dear Fellow Editors,

I would like to congratulate you upon the new format of "The Smile" and I hope you receive all the contributions and support you deserve.

I have been giving thought to the Annual Conference and I would like to suggest that a greater part of the next event be given over to a discussion of problems being experienced by various homes, and an "airing" of ways in which they have (or may) overcome them. I feel that every home has *something* of value to say that could be used by other homes.

When talking to a handicapped lady recently I was interested to hear that she had read Hampden Inskip's Book, and she felt, good as it was, there was no indication that the Foundation could allay the fears of a handicapped person as to what is to happen to him/her when—

- (a) She can no longer manage at home
 - (b) Has become too old for admission to a Cheshire Home
 - (c) Is too mentally alert to adjust to life in an aged persons or geriatric home.
- Perhaps this is another topic that should be put on the Conference Agenda.

Yours sincerely,
Arthur L. Chattell
Vice Chairman Bedfordshire Cheshire Home
Management Committee

"COME ON FOUNDATION"

Dear Editor,

Having read the comments by Mr. S. Smith of Oaklands Cheshire Home in the spring edition of "Smile", I have to admit that there is a lot in what he says. I also read his original letter "There must be a better way" and some of the inane comments he had in reply. I do think however, that he might have forgotten one thing; but first may I state that there is no doubt in my mind that a Cheshire Home can and should be run by disabled people. There is no need for any able-bodied person to be on Management Committee (indeed, there is no need for management!), Head of Home or, for that matter, the Foundation itself except for the fact that the majority of the residents throughout the homes don't want to get involved at any price—and that includes freedom of choice.

A few say that they will do this and that, but when it comes to the crunch they back off. The small minority who are left and could do this work are looked on as trouble-makers who have to be tolerated. This is extremely sad because in that small group scattered throughout the homes there is a great deal of talent

which is lost to the Foundation and to other disabled people: talent which we can ill afford to lose at any time.

It would be silly to say to the S. Smiths of this world, "If you don't like it, you can always get out," and I'd bet more than a few people have wished it even if they haven't said it. No. It's about time the Foundation found out how many residents feel the same as S. Smith, and if they want to have a go, then suitable premises should be found where they can get on with living free to "shape their own future and destiny."

It was wrong for the Foundation to give the homes complete independence without guarantees for residents, and I don't mean care. There are still far too many able-bodied people telling disabled people what they should like and how they should like it, so COME ON, FOUNDATION, YOU CAN DO BETTER. I know all about your support services, Housing Association, etc., but they are not suitable for all. There is no other a disabled person cannot do if he WANTS to.

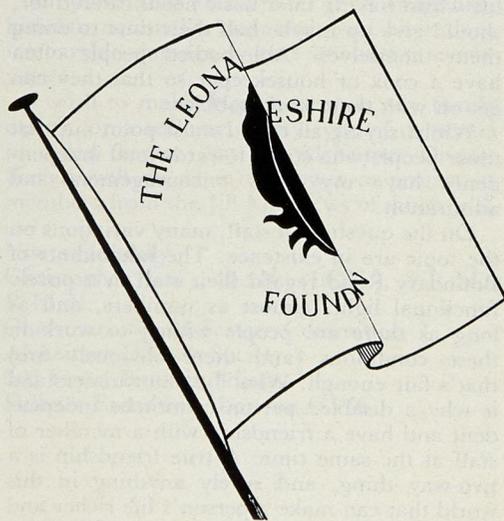
Yours faithfully,
W. H. Firmstone

Cheshire Homes Flag

Spofforth Hall have been investigating the production of a Cheshire Homes Flag and have been asking U.K. homes if they would be interested in buying one. So far they have received only 11 orders, but hope that further homes might show some interest

The flag shows the red feather with black lettering on a white ground. It is dye printed on one side only, and the fabric is 75% nylon/25% wool bunting to Admiralty standard. The flag measures 6' x 4' and costs approximately £30 plus postage and packing.

Perhaps eventually we may see the majority of homes flying the Cheshire Homes flag.



Plan Chest

Keith Cook

"Homes Planning" at Leonard Cheshire House in Maunsel Street receives a steady flow of information about the hopes and plans of residents, staff and management committees for their own local home. I would like to highlight three of these homes which have recently corresponded with me and which illustrate the concern of us all to achieve buildings best suited to our needs.

The structural condition and amenities of "Mayfield House" in Edinburgh came under scrutiny by its committee and residents earlier this year and, as a result, their architect has now produced an imaginative scheme to rehouse sixteen residents in a ground-floor block, made up of four groups of rooms nestling around a common lobby. Each group has four single rooms complete with bathroom facilities, and the scheme should provide good room lay-outs with a greater degree of privacy than is normally obtained without the need for a substantial increase in passage and circulation areas. In trying to achieve a compact lay-out architects often find a limited amount of external wall in which to provide necessary window space, but at Mayfield it is hoped that the design will capture the best outlooks and provide good lighting levels without increasing unnecessary floor space. As level building sites are hard to find, particularly around Cheshire Homes, the architect in this instance has achieved a good control of the changes of level and will be incorporating easily accessible terracing.

"Hawthorn Lodge" has posed a different problem, for here the committee and staff have been considering ways in which they can make the lay-out of their accommodation more normal for the children. Work has now started on this 'normalisation' and their aim is to provide self-contained units, incorporating all the normal facilities of a home, which are not impinged by any of the other areas of activity needed by the residents or staff. They aim to provide conditions and a lay-out where the children can learn to associate every-day actions, such as eating, washing and sleeping within distinct areas of their home and where they can enjoy relaxation and privacy at any time. There are, of course, many restrictions in an existing building, but by discussion with

those who live and work within the home, a more natural situation can be achieved.

I sometimes have the added pleasure of being invited back to a home which has completed all its planned improvements, and this occurred recently at Hydon Hill where the home and its architect have created a lay-out, appearance and, with the particular help of the residents, an atmosphere which is natural, homely and to a suitable human scale. In the spring some of the Maunsel Street Staff were invited to visit the home and it seemed as if the countryside was invading the grouping of the buildings and this, coupled with the great community involvement, seems to compensate for the more isolated position. Our two resident guides were able to show the finer points of planning, which can only be appreciated when viewed through their eyes.

The prerogative to plan is not held by an elite of architects but has to originate from the person who lives, works and relaxes in the "planned" area. In my wisdom I suggested to James Burns House that rooms could be made more private by arranging for bedroom doors, in the new extension, not to be opposite one another and I was kindly, but firmly told that the residents had chosen which rooms they would occupy and which friend would be across the corridor. So, to continue a conversation, the doors would have to be in line.

It is essential that we should know what practical choices are open to us and it is also necessary to establish our true requirements. A well-considered "brief" is essential to our architect, not only to ensure that we achieve what we choose for our home, but also to forestall premature ageing in our professional advisers. One of our homes, faced with the necessity of moving to a completely new site, briefed their architect on the accommodation required by the residents and staff and from this he produced a detailed schedule of all the rooms with their expected areas, access and amenities. This provided the home committee with a basis for assessing the final size of the buildings, the land area needed and an approximation of the total cost involved. The architect was then free to use his expertise to achieve the best lay-out linked with the chosen living concept.

As there is so much scope in the types of building construction and lay-out now available, it is essential for the local building committee to give adequate time for consideration of the possibilities before making a commit-

ment, and the approval and support of the Trustees should be sought as early as possible.

I hope to be able to give more news of the new replacement homes in the next edition, and expand on the human element involved.

“It’s Better to have Lived”

by Bernard Dormer

I am often asked by friends if I think it is better to have lived a very full life before disablement, or not to have known those pleasures and therefore—not feel their absence so much now that I can do so little. From my viewpoint, it is easier to accept my disability now—because I lived so fully before. I would not have it any other way. I live on my memories, my past experience. I’m even inspired enough sometimes to imagine I might be able to do some of them again someday.

After all, I ran several businesses. I was a haulage contractor with H.G.V’s. and I knew how to service them. I was used to making decisions, and I took financial gambles, few of which failed. I later had my own general provisions shop and service garage in Liskeard, where I eventually settled down to a happy family life.

My son Malcolm was born there, and he soon got to share my love of horse riding, so I bought him his first pony at an auction. My own horse was a magnificent brown mare called “Valley”. She was 17 hands high and very spirited. She suited my personality very well as I always enjoyed getting my own way with the ladies and she was perfect because she couldn’t talk back! I was very aware at this time of my own good fortune, my businesses were prospering and I was secure and happy. I felt I had come a long way since I was a shop manager in children’s wear, but even at 17 I had been making a steady living buying and selling.

At that time I had a great passion for motorbikes—riding them very fast indeed—and I took part in the Isle of Man TT

Races, and had my share of spills and accidents, but managed to avoid serious injury by wearing all the correct leather gear and crash helmets. It is ironic to think that not wearing protective headgear on a later occasion became the reason that I now write in this vein, but then over confidence can come with age and experience.

I don’t remember much about that particular occasion however, it was years later, and I was a very experienced horse rider, well used to joining in the local hunt, but it would have been a sunny day and Valley and I would be enjoying a gallop over the Cornish Moors. It must have been a rougher ride than usual that day, for Valley returned home alone, and I was found unconscious hours later, gravely injured. I shall never know what really happened, and I was unconscious for eight months.

Now, many years later, I have fought my way back to what I would say was another sort of full life, where each month that goes by may have shown some small progress in my ability to enjoy life a little more. Meanwhile I can talk about—and remember—the feel of a powerful motor bike beneath me, and the pleasure of riding a beautiful horse over wild moors. I know what it is like to have been a successful business man, and to have had a fine son of my own. Nothing can ever take all those memories away, and now—what I have to look forward to most of all, is that with each year that passes, I remember it all more and more.

From “THIS AND THAT”, Douglas House

The Project Phoenix Trust

Everyone likes a break from familiar surroundings. For many people it is just a question of picking up a phone, or making a visit to the local travel agent, and providing they have the time and the money, they can go anywhere they like.

For some people with a physical handicap it is not quite so easy. And this is why Project Phoenix has been formed. It is non-profit making, and the Trustees (all of whom are very experienced in taking part in mixed physical ability study tours and interest holidays) will be organizing and running visits for mixed physical ability groups of adults who would like a holiday which has a focal point, such as art, history, etc., or would need some physical help in order to make such a visit possible; or may need some financial assistance in order to take part.

Most groups will number between 12 and 20 people, with a ratio of 1½ able-bodied helpers to 1 handicapped participant. This allows for adequate caring provision for those people whose handicaps may be severe, who are heavy and need lifting, who may need turning during the night, etc. All the visits will be accompanied by a group leader, at least one tutor, sometimes two, and at least one SRN in addition to other assistants.

The costs will be kept as low as possible, while at the same time maintaining a good standard of accommodation providing suitable facilities. Rooms will be twinbedded, all with bathroom and toilet (bath or shower), and hotels will have lifts able to take standard sized wheelchairs. Wherever possible, special transport capable of accommodating occupied wheelchairs will be used, and if this facility is not available, it will state so on the details of that particular visit.

According to the resources of the Trust Fund, it is hoped to be able to offer from, time to time, some sponsorship for the participants. This may take the form of an overall reduction in costs for all participants, and sometimes additionally as a grant to particular individuals. In the latter case, it may be necessary to ask for some evidence of financial need. Only in exceptional cases will grants be made to cover 100% of the costs.

For those applicants who require physical assistance, it is probable that a member of the Project Phoenix team will visit, by arrangement, to assess whether the specific caring needs can be met for the selected visit, and just as importantly, for the applicant to ask ques-

tions and reassure him/herself that this visit is really what they want. All able-bodied members of the group work to a rota, changing daily, so that everyone in the group has an opportunity of meeting all the others, and this helps to minimise any minor difficulties or personality conflicts which can arise in any group of people. While married couples, friends and family are welcome, it must be understood that the policy of Project Phoenix is that the rota system should be adhered to, and if anyone feels that they could not accept or give help, save to or for one individual only, these visits are not for them.

It is important too, to remember that the Project Phoenix study tours and interest holidays are *group* activities. The group is entirely interdependent, and there is only very limited scope for individuals to go off and do their own thing. At the same time, it is by no means totally regimented, nor is it like Colditz! It is only fair to point out that Project Phoenix visits are not "do as you please holidays", but are structured to cater for those who enjoy learning something new, or extending their current knowledge in a particular field, in company with other like-minded people. The excursions and visits to museum, churches, towns and cities, etc., are all carefully selected because of their relevance and importance to the particular theme of that visit.

Full briefing notes are provided beforehand, including wherever possible, maps and information leaflets on the country or countries to be visited. Except where specifically stated, the quoted price will include return air fare from London, accommodation and full board, transport during the visit at the destination, excursions, entrance fees, tipping in the hotel and at the airport. Individuals would be expected to take responsibility for extra items such as wine, beverages and all soft drinks, laundry, telephone calls and personal spending money.

The programmes take account of rest periods, climate and facilities available. Usually two half days are left free for individual sight-seeing, shopping, or just resting. Wherever possible, the programme will include contact with local people and organisations, so that members of the group can feel like "visiting friends", rather than just "tourists".

If you would like further information or an application form for any of the visits scheduled for 1982/3, please write, enclosing a SAE to: The Secretary, Project Phoenix Trust, 68 Rochfords, Coffee Hall, Milton Keynes, MK6 5DJ.

Around Venice in a Major Buggy

by Valerie Lang (a disabled member of the Executive Council of the Spastics Society)

In the late Autumn a friend and I had a short, but absolutely marvellous holiday in Venice. For me, it was the fulfilment of an ambition. I had long wanted to go.

When we finally arrived, after a stormy trip, the sun came out, the skies turned blue, and Venice showed herself off to perfection. For three days the sun sparkled on the canals, it was still warm enough to linger in canal-side cafes, and we could admire the city in our own time.

And then it rained. High tides co-incided with strong winds, and the pavements quickly became flooded. That too, is an aspect of Venice. Very soon one could tell who belonged, and who was a tourist. The Venetians have an enormous assortment of practical waterproof footwear, varying from tasteful green wellingtons to long thigh-boots.

To my mind, Venice is fabulous. It looks just like all the pictures one has ever seen. The buildings are still as they were three or four hundred years ago. There really are no cars or lorries. There are no roads for them. Where other towns and cities have roads, Venice has canals. All the bridges are built in the form of staircases; high enough so that men in canal boats can remain standing as they pass below.

Venice is not a place for the chairbound. Admittedly it is quite easy to get a wheelchair onto the vaperetti—waterbuses—but once on dry land, one's route is constantly interrupted by bridges. I felt that I was climbing up the staircase of yet another bridge every hundred yards.

In fact it was noticeable how few disabled people we saw. I think I counted seven in six days, and that included one old lady who was just having to walk very slowly. Of the others, five were in wheelchairs, on waterbuses, and might well have been day-trippers from another part of Italy. Only one young man in a wheelchair looked local, and I wondered how far he was confined to the small area bounded by the nearest canals.

In spite of this, I found the Venetians—and others—to be very helpful. Whether this was the result of IYDP, or whether it is just customary to help the infirm over the many bridges which strew one's path, I don't know, but my one word of Italian "Grazie"—"thankyou"—was much in use.

Having said that Venice is not a city for the chairbound, I have to confess that our Venetian holiday was a spectacular success largely because we took with us a chair—or rather, a major buggy. This was not for me an easy decision to make. Within the Spastics Society, I am one of the lucky ones. I learned to walk at the age of six, and I have been able to walk, even if rather inelegantly, ever since. People in a similar position will understand that the ability, even to stagger, from place to place means a lot. It came a little hard to have it pointed out that since I tire easily, and fall a lot, a buggy might enable us both to go a great deal further on our sight-seeing trips.

Alan wanted me to see as much of Venice as possible in the six days we both had to spare. He is a friend of many years' standing, able-bodied, and under no illusions about the extent of my disability. I am falling more than I did. That much is becoming crashingly obvious, even to me. Nevertheless I did not want to take a buggy. I invented numerous





good reasons why it would not be a good idea. Alan said that I need only use it when I was tired. It would fold up and sit on his arm when I did not want it.

We took the buggy!

We were able to borrow one from the Family Services Centre at Fitzroy Square, and it really did make all the difference. I rode in it a great deal, saving my energy for taking in the sights. I was surprised to find it was quite comfortable. Moreover no-one looked at me as if it was odd to see an adult in a buggy. Of course

I kept having to get out for bridges! There is no doubt in my mind that I saw vastly more than I would have done if I had attempted to walk everywhere.

The buggy came even more into its own when we went inside some of the old buildings. The Venetians, when they built these grand palaces, had a passion for painting pictures on the ceilings. I could not help wondering how people had looked at them in those days. They were not equipped with major buggies like mine. It so happened that Alan had discovered that the best place for our shoulder bag full of guide books and extra sweaters, was slung across the handles of the buggy. Its strap made the ideal neck-rest for me, and I could lean back in comfort and look at paintings, or gaze in wonder at the incredible mosaics in the Basilica of San Marco.

The buggy did allow Alan to take me a lot further than I could have walked. I am glad that I decided to accept an extra aid to mobility, on what was an extra special holiday. For anyone who can walk far enough on most occasions, it might be worth considering a loan of a buggy just for that holiday when sight-seeing is important. We found the major buggy well able to take my eight stones, to be fairly light-weight in itself, and ready to be folded up, out of the way, when not in use. It certainly helped me to have the holiday of a life-time.

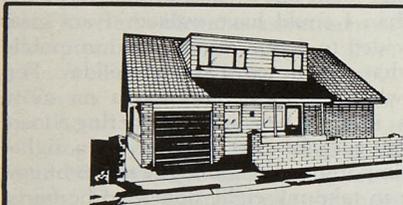
The Buggy Major (referred to as a Major Buggy) is obtainable from Andrew Maclaren, Station Works, Long Buckby, Northants. NN6 7PF. Price (£87.00) Will carry up to 10 stones. The Spastics Society's Family Services & Assessment Centre, 16 Fitzroy Square, London, W1P 5HQ may be able to arrange hire or loan.



Self-Catering Holidays for Disabled People and their Families

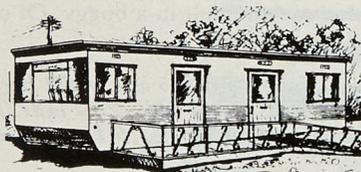
The Farrell Charitable Trust holiday homes provide a family with a handicapped member a holiday in ideal surroundings. They are all close to the sea, the shops and entertainments, are specially designed for disabled people and wheelchairs.

Beach Lodge, Felpham, Bognor Regis, which is open all the year round, is a spacious modern house on a private sea-side estate. Although the house is on split levels, all rooms are accessible to wheelchairs and there is a lift. Beach Lodge can sleep 8 people including 2 severely handicapped. There are hoists and other necessary aids. Shops are approximately $\frac{3}{4}$ mile away.



27 Nelson Road, Bognor Regis, was designed specifically for disabled people. Up to three wheelchairs can be accommodated. Hoists and other aids are available and a ramp leads from the large sitting-room to the secluded garden. The seafront is about 8 minutes easy, flat walk away. 27 Nelson Road is open all the year round.

The caravans, situated at West Sands Leisure Centre, Selsey, Nr. Chichester, are 45 ft. long with accommodation in each for a maximum of six people, of which two may be wheelchair users. The kitchens are fully fitted with gas cookers, refrigerator and dining areas—electricity and gas are provided in the cost of hiring. The caravans are on main drainage and have specially designed lavatory and shower units. The caravans are available from March to October.



The new chalet at New Milton, Hants., is situated on Naish Farm which is a holiday village laid out in 110 acres of countryside, with all the facilities that make a self-catering holiday a relaxing and enjoyable time. There are two bedrooms with two single beds in each. It is fully furnished and equipped for four people and a hoist etc. is available. The chalet is open March to the end of October.

In each holiday unit you will find details of local facilities, shops, entertainments etc. Information such as milk deliveries is also provided, and addresses of local Churches, Hospitals, Doctors and Dentists.

For further information contact: The Farrell Charitable Trust, Sandgate House, South Strand, Angmering-on-Sea, Sussex, BN16 1TN. Tel: Rustington 5454.

I Truly Believe

A broken neck and paralysed body are generally thought to amount to a personal disaster. But do they? Mike Oliver questions some easy assumptions.

The image of disability as a personal disaster is deeply embedded in our social consciousness. A recent television programme (Sunday Best), featured a number of handicapped children and was spattered with words and phrases like "courage" and "coping with shattered lives," all of which reinforce this image.

The only problem was that the personal reality of the disabled children did not seem to accord with this image. They were seen taking part in sports, talking about going to discos and doing the same things that all children do. One young man, who had recently become paralysed after falling out of a tree, replied to the interviewer's question: "Did you find it difficult to adjust to the terrible impact of your sudden disability?" with a firm "No."

My own experience of disability mirrors this apparent contradiction between social consciousness and personal reality. I truly believe that my own personal disaster, which occurred when I broke my neck by diving into a swimming pool 20 years ago, was the best thing that ever happened to me. From being a rather directionless youth, a grammar school reject at 17, I have had a variety of experiences and opportunities that would have remained unknown and unavailable. Not only do I have a happy family life and a rewarding and interesting career, but I also like being disabled. I like being treated as different wherever I go, I like being the one to stand out in crowds, and I like not doing the gardening and decorating at home.

That is not to say that I have not experienced problems since I became disabled. Living in unsuitable housing has sometimes proved difficult for both my family and me. Acquiring personal mobility whilst living on a fixed income was a hard trap to break out of, and finding a job when nearly everyone thought I was unemployable was no joke. My own experiences mirror those of many disabled people. Disability may be a disaster, but for most not a personal one, rather an economic disaster, an employment disaster, a housing disaster and so on.

The implications of this are clear if we as a society want to take the disaster out of disability. Disabled people need a national disability pension fixed at realistic rates, and they

need it urgently; many more units of wheelchair housing in both the private and public sectors are needed to augment the current pathetic total of less than 3,000; and firm legislation is needed to reduce the rate of unemployment among disabled people, which is nearly three times higher than the national average.

As well as knowing what is needed we also need to be clear about what is not. We do not, for example, need to beat our breasts about improving public attitudes, which is usually a recipe for doing nothing. In my own experience, individual members of the public are nothing but kind and helpful. For the past 15 years I have on average twice a day asked people unknown to me to lift my wheelchair out of my car, and only once have I been refused help. If we are to be concerned about attitudes, it is the institutionalised attitudes of politicians, service providers and bureaucrats which should concern us, not the attitudes of individual members of the public.

Professionals do not get off the hook either. By and large they have based their approaches on the image of disability as a personal disaster and orientated their activities accordingly. To take just one example, many researchers have asserted that disabled people suffer from "poor body image". I am paralysed from the neck down and have no sensation in my paralysed parts with all that implies.

However, I have a happy and meaningful relationship with my own body; I have to treat it with respect, eat and drink sensibly and not simply take it for granted. In fact I often feel sorry for those who have obviously treated their own bodies to gross abuse. I sometimes have the urge to tell the unfit or overweight that I'm sure I feel sorer for them than they do for me and that I wouldn't swap bodies for all the tea in China.

Why then does this image of disability as a personal disaster persist if it does not reflect the personal reality of disabled people? One possible answer might well be that to acknowledge that the problems of disability are caused by the failure of our society to provide disabled people with the economic and material resources to live life to the full, is to acknowledge our failure as a caring society. By con-

tinuing to see disability as a personal disaster we can justify our own failure, for after all a disaster is disaster, and nothing can compensate for such a happening. Can it?

(Mike Oliver is a lecturer in social work and handicap at the University of Kent.)

(From The Guardian, February 24th, 1982)

"Freedom Fighter" Launch First Record

The "Freedom Fighter" Group posed with Mr. Hugh Rossi, Minister for the Disabled, when they presented him with their first album. The Bournemouth based group consists of seven musicians, six of whom have muscular dystrophy and are wheelchair bound, and have themselves written all the songs in the album.

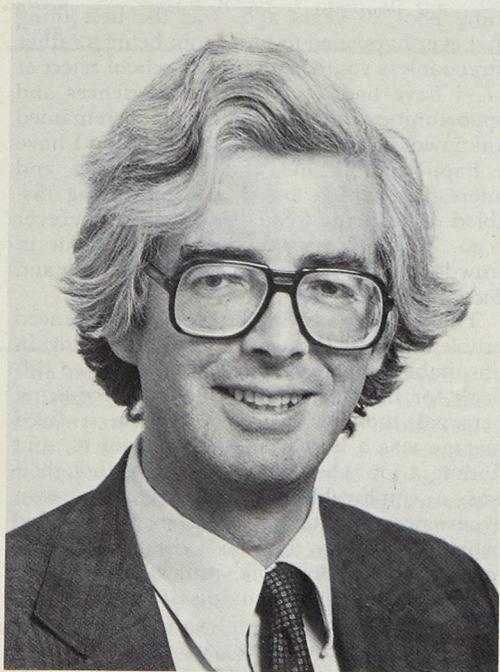


Left to right: Bernie Hughes, Alvin George, Daryl George, Mark Sawyer. Behind them are Claudette Evans and Mr. Hugh Rossi

Lord Elton visits the Leonard Cheshire Foundation

Lord Elton, Under Secretary of State, Department of Health and Social Security, paid an informal visit to The Leonard Cheshire Foundation during March, where he met and spent some time with Michael Libby, Head of Mental Care, talking about various aspects of mental handicap and mental care.

He also visited Nicholas House, in Old Nicholas Street, London, E2, a Cheshire Foundation hostel for the rehabilitation of ex-psychiatric patients.



Why?

Life's mysteries deeping, with each newly born day,
That is one of the reasons, I am feeling this way.
The worries of life—show in my face,
But, that to me is no human disgrace.
Recently, my troubles were finished, so I thought,
Now I discover, they certainly are not.
Peace and kindness—were what I longed for,
Just exactly what I found, but behind a closed door.
So, what do I do, or where should I go?,
Although I am human, I'm confined to be slow.
Why should I worry, or why should I care?
As long as I know, I'm one of the few—rare!
Simple things, that for me, once were,
Are awkward now, but I've just got to bear.
I have chosen my bed, now can I quietly sleep,
With a clear conscience—yes! only after a good weep.
Go for a meal, and I've got to be fed,
Even each night, retreat to my room, to be tucked into bed.
What does he mean? you'll most likely ask,
A quick glance at me, will prove no hard task.
Therefore, who am I who can't ignore what I see?
Or enjoy living a life, I don't wish it to be.
You are to be cruel to be kind, so I've heard,
But I think it much better—if you don't say a word.

Malcolm Stewart

naidex'82

13 — 15 October 1982

NATIONAL AIDS FOR THE DISABLED
EXHIBITION AND CONFERENCE

NAIDEX '82, the National Aids for the Disabled Exhibition and Conference, will take place at the Cunard International Hotel, Hammersmith, London, W6. from 13-15 October, 1982. The Conference will consist of a series of one day seminars and topics to be discussed will include "INCONTINENCE", "INTEGRATED TRAVEL AND EXCHANGE" and "HOUSING AND RELATED CARE SERVICES".

The New Quiklok

For over ten years the Quiklok clamp has been used in many countries for anchoring wheel-chairs in vehicles. During that time it has been adapted to fit rails, and minor improvements in design have taken place.

Now there is a New Quiklok clamp with four times the strength and a mechanism which gives instant release. The ease of release will not be affected if the clamp has been over tightened, and the lever which performs this is clearly marked "press" on a fluorescent red background which will quickly show up in an emergency.

With the additional strength of this new clamp it has been possible to make provision for the attaching of safety belts to the main casting and these are now available.

Existing customers will be able to purchase the new clamping head separately to up-date their existing equipment and all enquiries should be addressed to the Manufacturers: C N Unwin Limited, Lufton, Yeovil, Somerset.

International News

News Report from Michael Palmer

Far Eastern Region

One of the most encouraging pieces of news was the visit to JAPAN by the Head of the Le Court Home, John Regan. He had a very successful and comprehensive visit in September and October, and one of the main results has been that we can now welcome to the Cheshire family the Harima Juritsu No Ie Home just outside Kobe, opened on October 12th. We have sent £500 as an inaugural gift and very much hope that it will be the start of many more homes in the country.

HONG KONG: The committee are busy raising money for the ambitious new home planned on land given by the Government. One of the features of this home will be chalet-style accommodation for the residents.

INDONESIA: Toh Puan Sadiyah Sardon, Chairman of the Regional Council, visited Jakarta and attended the seventh anniversary celebrations. The home now has 28 residents and there are plans for expansion. The Government Social Services Department is now giving substantial financial support.

MALAYSIA: Matthew Hollington has been working in the Selangor Home as a volunteer and the committee is looking for a replacement when his period is over. Since we do have the opportunity from time to time to place volunteers, either skilled or unskilled, perhaps homes who could make use of such help would drop us a line. The Sabah Home is hoping to complete its new £100,000 building in February and the Foundation has made a grant to the Wheelchair Fund so that twenty wheelchairs can be purchased and shipped out there.

THAILAND: Peter Rowley visited the homes at Rangsit and Bangping. A new building for female residents has been completed recently at Bangping.

Eastern Region

BANGLADESH: January saw the opening of the new home at Uttara Model Town, Dacca in the presence of the Bangladesh President. On a sadder note, Mimi Beeson has left Bangladesh after many years service to the Cheshire Home there. She will be sadly missed.

INDIA: The Calcutta Home celebrated twenty-five years in operation in December—an outstanding achievement. Good news also from Kerala in the South where plans are afoot to start a home for the physically disabled under the auspices of the Mar Thoma Church.

SRI LANKA: A detailed reaction has been received from the Mount Lavinia Home on the six points which emerged from last year's International Week, particularly on bringing help to the disabled villager. Peter Rowley, on his trip to Thailand, visited this home and the one at Negombo and found conditions at both homes generally satisfactory. We are anxious, however, to hear news from the other two homes on the island at Jaffna and Matale.

Central Region

ETHIOPIA: The home in Addis Ababa is running extremely well. We are looking into help with transport there and the committee is considering building a physiotherapy unit.

KENYA: The Trout and Salmon Flies factory goes from strength to strength and seems to be making a big bid to break into the European market. It recently exhibited at a fair for Kenyan firms here in London and the Foundation will contribute towards a stand at a European fair in the summer. At the Limuru Home we have been very fortunate to have the services of two Sisters from the Irish Order of Sisters of Charity who will be there for a year before a local order of nuns takes over the running of the home at the end of the year.

Lilian Clift will be handing over to the two Sisters and a big vote of thanks is due to her for taking over a difficult situation. We very much hope that she will not be lost to the Foundation.

ZIMBABWE: Denise Tabernacle is helping the Central Trust with the two homes there at Westwood and Baines Avenue. The staff at Baines Avenue will shortly be supplemented by an assistant Head of Home paid for by the Foundation.

NIGERIA: A number of wheelchairs have been sent to the Lagos Home and a school has been opened in the grounds of the Ibadan Home.

Northern Region

MOROCCO: Urgent repairs are needed to the roof of the home, the old Portuguese Chancellery. The committee there are now preparing the best quotations and the Foundation will be contributing to the structural repairs. We are also hoping that the Peace Corps will be providing technical assistance.

IRELAND: Now that there are seven homes there is a need for an Executive Officer in Dublin and the grant recently made by the

Foundation's International Committee will help make this a reality.

Western Region

TRINIDAD: The International Committee has voted money to ensure that the building for the home is completed following a terrible situation caused by the builder going into liquidation.

GRENADA: Steps have been taken to ensure that money is available to repair the roof of the home.

UNITED STATES: The Founder opened three new homes in Gulfport, Mississippi; Arlington, Virginia and Madison, New Jersey. The residents at the Santa Cruz Home in California were safely evacuated when mudslides followed torrential rain.

CANADA: Representatives from most of the homes came to a conference in Montreal in November as well as people working with the handicapped in other provinces but who are not yet part of the Foundation. It was a successful meeting and it was decided that the Foundation would spearhead an effort to draw together all the many organisations working in the field of housing and support services for the physically handicapped across Canada.

Cheshire Homes Uganda—a new beginning

This article was compiled from a recent report on the Ugandan Homes by Michael Palmer, International Director, The Leonard Cheshire Foundation International and Father Kevin Doheny C.S.Sp. Liaison Officer, Cheshire Homes of Africa.

Uganda is a country of rich natural resources, having very fertile land and favourable climatic conditions for food production. It has a population of approximately 14.5 million, mostly concentrated in the south. About 50% of the people are Christian, and 10% are Moslems. The country is politically divided into 32 districts.

Like many African countries, including its neighbours, the Uganda Government has chronic foreign exchange shortages and the damage to plant and equipment will take years to repair. The collapse of the economy is very severely felt by the people. Wages are very low and prices are very high. Economic recovery remains potential rather than actual.

Prior to the coup staged by Idi Amin, there were three Cheshire Homes in Uganda. One for handicapped boys, one for burnt-out leprosy cases and another for paraplegics. Despite thwarted attempts to enter the country by officials of the Cheshire Foundation during the Amin years, contact with the homes was lost, partly through the gradual dissolution of the local committees and partly on the ban on gatherings imposed by the former regime.

At the International Conference of Cheshire Homes in London in 1981, held in conjunction with IYDP, the first real contact with Uganda was made. As a result of this we were asked to look at four homes for the handicapped with a view to these becoming Cheshire Homes.

These were for handicapped girls at Budaka near Mbale, two homes for the destitute elderly at Soroti, and Mkokonjeru, and a school for the blind near Soroti.

The Budaka Cheshire Home caters for 18 girls who have varying degrees of deformity. Some of the children require simple operations. The home is really only a hostel for disabled children who wish to attend the primary school run by the Catholic Mission. Because of lack of trained staff and transport facilities, no medical assistance is available to the children who leave the home in the same condition as they entered.

The Little Sisters of St. Francis is responsible for the primary school and Sister Elizabeth Namino is in charge of the 180 boarders. Another Sister looks after the disabled as far as meals and accommodation are concerned.

The home is a solid building, but urgently needs repairs. A few broken wheelchairs badly need repairs. Food comes from the common kitchen which feeds the 180 children who pay fees. This home, which serves a useful purpose, must turn its attention to the medical rehabilitation of the children. As well as an improved water supply, the home urgently needs furniture and general repairs.

The Catholic Church is to be congratulated on having kept the home going in spite of the turmoil through which Uganda has passed for the last 10 years. Bishop James Odongo, Bishop of Tororo, is keen that the Cheshire Foundation should play a more active role in running the home.

Butiru Cheshire Home/Centre. The object of the Centre is to make handicapped children self supporting citizens through education. The Centre is non-denominational and accepts children of all tribes in Uganda provided there are places for them at the Centre.

The Centre at Butiru was started in 1964. Accommodation exists for 25 boys, but in case of need more can be taken in. It was the aim of the committee to raise the intake at the Centre to 50 by constructing additional dormitories and a recreation room and store. The home, in its initial stages of development, provided the boys with primary education only. However, the specific aim of the Centre was to make it self-supporting by adding facilities for technical education so that the graduates are able to support themselves on leaving the Centre.

The building programme includes the con-

struction of two buildings to accommodate 25 boys as well as dining room/recreation room and a staff house to accommodate Sisters/nurses who would look after the boys. It includes also the construction of a water reservoir and generator to provide electric light.

Due to the situation prevailing in Uganda for the past 10 years, it has been impossible to go ahead and develop the home, in fact it was a great struggle to keep the home open. However, progress has been made in the medical rehabilitation of the children in addition to the schooling. Fr. Vergeer is fortunate to have a car and so can bring the children to Kumi Leprosy Centre for treatment. The committee of the home is very business-like and are planning for the future by way of improved services and further expansion. The Centre is recognised by the Government and receives a subvention from the Ministry of Culture and Rehabilitation.

Kumi Leprosy Centre. Kumi opened as a Leprosy Centre and it has enjoyed the support of many international funding agencies, including the Dutch Government. It has recently expanded its service to provide general medical care to the immediate surrounding district and now 40% of the workload is general medical work. Kumi Leprosy Centre (K.L.C.) is very interested in the disabled and very keen to co-operate with Cheshire Homes—in the past they have helped Fr. Henry Vergeer with disabled boys from Butiru.

Madera Cheshire Home. Situated 3 miles outside Soroti town, the home adjoins the Catholic Church property. It was started in 1969 by Fr. E. J. Rassel and Mr. Keripe. There are presently 11 women and 13 men in the home. Many of them are burnt-out leprosy patients who have no one to care for them. The Sisters provide food, clothing and bedding for them, and some of the residents are able to do some simple work such as knitting.

Soroti, being on the main road, witnessed hard times during the Amin regime and the war. It is also near the area of great famine, Karamojo. The home gives a beautiful service to the very old and unwanted, and the Sisters have done marvellous work to keep it going when so many other services were in a state of collapse. The needs at the present time are for clothes, blankets, some beds and food. Some radios would be much appreciated to enable them to listen to the news and hear some music.

Soroti Cheshire Home. This home caters for 43 blind children between the ages of 6-17 who are given seven years of education. They are brought there by the parents, by Missionaries or by Government officials. The school is run very efficiently by Sister John Joseph, who is responsible for the children and has had 2 years special training in Liverpool. The district from which the children come pays school fees, though these are inadequate to cover the costs.

Bulupa Cheshire Home. This home was started by Dr. Wallace, a very famous doctor, who was Provincial Medical Officer of Health in the area. It was opened on 9th December 1969 and is located within the hospital grounds. The hospital is being run by the Franciscan Sisters for Africa from Dundalk, Ireland. The home was built by the Cheshire Foundation and local funds. It caters for 8 people, many of them burnt-out leprosy cases. A second unit of 8 rooms was constructed by the people of a parish near Glasgow, Scotland. Since both units provide the same services it was proposed that they become a Cheshire Home for 15 residents. The residents each have a small room and a small plot to cultivate. It is fascinating to see them cultivating a little tobacco and vegetables for personal use. Other activities include knitting, sewing, weaving and blanket making. The medical needs are met by the hospital, within which compound they live. Food comes from the farm attached to the hospital. As with most of these homes, the need is for bedding, clothing and above all wheelchairs with solid tyres.

This Cheshire Home fulfills a real need for those who are socially and physically deprived. The residents have security and comfort for the remainder of their lives.

Katalemwa Cheshire Home, Kampala. The home is situated about 5 miles from Kampala on a very beautiful site, in very quiet rural surroundings. The property consists of 4½ acres plot, on a sloping hillside. It was started in 1970. The building is a very large, single storey rectangular one, the design was determined by the fact that the prefabricated material was originally a sports pavilion which was bought very cheaply. The entire structure is in extreme need of urgent repair and renovation.

A new committee was formed and Mr. G. Kamya, a surgeon in Mulagu hospital and former Chairman of the Cheshire Home, was reappointed as Chairman.

Third New Home in Thailand

When the building of the home was finished the committee in Chiang Mai were very keen for Her Majesty Queen Sirikit of Thailand to perform the opening. She graciously accepted the request and so the home was officially opened on 28th February, 1982. Invitations were sent out for this important occasion and eleven committee members attended from Bangkok, including the two house-mothers from Rangsit and Bangping and one resident from Bangping. Malaysia sent six committee members, and several hundred people from Chiang Mai came to watch.

Everybody became excited when they saw Her Majesty's car come in sight, and there was absolute silence as the Queen alighted from her car, as beautiful as ever. The guests from Malaysia and others were presented to Her Majesty. She was then escorted to a pavillion where there was a small altar where she went to pray, together with several priests.

The Queen was then escorted outside to perform the opening of the Chiang Mai



Her Majesty Queen Sirikit of Thailand



A view of the home

Cheshire Home, the third in Thailand, together with the Rotary Memorial Hall. There was a big board saying that the Rotarians of the Dhonburi Club helped to donate the home.

The buildings were then visited and the Queen spoke to each resident. She also examined the handicraft which was being done by the residents, and gave cash to specially deserving residents.

There were two messages of congratulations to be read out to Her Majesty, one from Group Captain Leonard Cheshire, the Founder, and the other from Michael Springate, who was in Bangkok for several years and is actually the man to start the homes idea in Chiang Mai by visiting different people and asking them if they were interested in a home there.

The messages were read by Herbert Link, who is adviser for our Bangkok committee, and has been a great help to us all.

Her majesty, Queen Sirikit honoured us both greatly by talking to us for about ten minutes before leaving.

Khunying Alma Link
Past President and Committee Member

A Profile in Courage

from Sr. M. Valeriana Baerts, Liaison Officer, Philippines.

"If people come into this world with so much courage, the world has to kill them to break them. And of course, it kills them. And afterwards, people grow strong on the broken places. The world kills the very brave, the very gentle, the very bad impartially." Ernest Hemingway

There is much to be said of a man who refuses to call it quits when the odds in his life are practically stacked high against his favour. And certainly, there is much to be said of a man, physically broken, who not only refuses to throw in the towel but insists on continuing the fight until the last gong has been sounded, when all that is left of him is a shell of man and a couple of dreams. Such a man is Augustito "Epog" Gomeri, aged 48, polio victim, repairer of shoes and broken umbrellas and out of order kerosene stoves—a man broken physically, but whose spirit is as undaunted as Job's of the Bible.

Epog, roams the baragay atop his "wheels", a converted kiddie tricycle, which he tried to paddle over dry and bumpy lands to pick up a pair of worn-out shoes, or deliver the umbrellas now restored into serviceable conditions, with his hands and knees covered with thick leather and discarded flattened tin cans to

protect them from the sharp stones and the wear and tear of earning a strenuous living, a portrait of a knight errant, not necessarily an entirely unrediculous sight and not entirely mournful either. The measly sum earned by Epog from the practice of his "profession" could barely keep body and soul together as far as the able-bodied men of Guinhalaran are concerned, but to Epog, the amount is a well-earned, honest living.

A five minute talk with Epog is a therapy session for able-bodied people. One comes out of that talk more hopeful, more confident and certainly a more optimistic individual. For the humour, the romantic optimism that suffuses Epog's whole being is contagious, affecting and rubs off on anyone who comes in contact with Epog. Epog has never been heard to grumble for having no shoes this Christmas or any other Christmas, nor has he grumbled for having lost the use of his feet. On the contrary,

Epog would have praised the Lord for leaving him a pair of hands that he could use effectively to pay his way in life and in this world.

The "no-read-no-write" able-bodied people would learn their lessons from Epog. He finished his elementary grades in Manila and would not have quit first year high school had the school he was attending been only a few blocks away from his residence.

The "ungainfully employed and the loafers" will learn that Epog has never received a free meal without working for it. Epog has never been a mendicant either on some busy street corner in Manila or in the various church doors of the cities and towns of Negros Occidental. He has insisted on earning his keep and contributes his fair share of the board and lodging expenses in his brother's household in Maninihon.

The "cynics" will be shocked to see that Epog is a clear-eyed optimist, uncomplaining about his lot, not whining for the kind of living he has been reduced to, not grumbling for living at most four feet above the ground, the height he has been accustomed to atop his tricycle for almost 38 years. Epog keeps at life, hoping, always hoping that a shoe repair kit and a complete set of long nose pliers and cutters will come his way and enable him to double his "efficiency" and his daily earnings, so that at the end of the day he can indulge in one visible luxury in life: talking with friends in the afternoon on some street corner, his way of unwinding after a particularly tiresome day. His unflinching sense of humour which never seems to run out, and a pair of shoe lasts are as wands to Epog as the real ones of a fairy godmother in nursery books of children, a longing to have one or two which Epog said were one of the regrets in his life.

The "indifferent" will be ashamed to see Epog during the 7th April Plebiscite and the 16th June elections jostling his way around the crowded polling stations in Guinhalaran to make known his stands on issues and his choice on things and affairs which do not directly affect him, a demonstration of his faith in life and in the country.

Of course, Augustito Gomeri has had his share of tragedy in life. A group of men in Manila offered him a busy street corner, "his turf and territory" where he could beg all day long to well-heeled passers-by, the daily take to be shared with the syndicate on a 70-30 basis, with Epog getting the meager share. Epog never entertaining the thought of being

a professional mendicant in his life, turned down the offer cold, an offer which could have meant for him and his loved ones a more or less lucrative life. Bitter but not scared, Epog had to practically crawl his way back to Maninihon and live with dignity with his brother Amado and his family.

The world may have broken Augustito Gomeri physically but it may take a little while to break him spiritually. For you see, courage, like ambition, is made of sterner stuff and Epog's courage is the sternest.

As William Faulkner would have said of Epog, "as a man, he will not only survive but will prevail."

Four Pigeons and a Dozen Eggs

by Sarah Holloway

Early morning in Khartoum, the traffic gradually builds up, jamming the roads, each vehicle apparently oblivious to the presence of any other and chaos ensues. People appear as if from nowhere, the souk is alive and bustling, stalls crowded together, sellers perched upon them while others squat on the floor. Donkeys and horse carts jostle alongside lorries overflowing with green bananas. Small boys carry baskets for shoppers, sell handfuls of lemons and bundles of salad. The smells of rotten meat, fresh vegetables and fruit mingle in the dusty air. Men weave deftly through, carrying large round trays of sweet coffee and tea. Shops and offices open. Long queues for bread and petrol form.

At the home the day begins early too. Twelve children, aged from four to twelve years old, have to be washed and dressed. Wherever possible they are independent. Sayeeda and Miriam, the two nannies, supervise oiling the children's brown faces and hair, pulling that of the girls into small neat plaits. Most of the children have had polio, putting on calipers can take longer than dressing. When ready, they clatter across the tiled floor with metal walking frames, the more able pushing those in chairs, some propelling themselves on skate boards. Around a low table on the veranda they drink their hot sweet milky tea. The arrival of the day staff is announced by the children chanting their names in unison,

as they come through the gates, and at 8.0 am school begins.

No day is typical, except Friday which is the day of rest, and on a Sunday an out-patient clinic is held when the surgeon attends to assess all new patients, select cases for surgery, and review old patients. Anything can happen! The problems of individuals seem endless and each is convinced that they are the most important and their case most pressing. Many have travelled across the desert for miles on a train or lorry, perhaps waiting hours for the doctor, sitting patiently in the garden accompanied by many family members, and somewhere in the midst of them all their disabled child.

An elderly desert nomad dressed in simple cotton garments carried his young son in to see the doctor. He cannot understand why his child has not been cured instantly and why does he have to come back in six weeks for the plaster of paris to be removed from the boys feet? Patiently the doctor argues. The father is perplexed. What about his camels? By then the tribe will be in the far north!

During the week day mornings, out-patients attend for treatment or new appliances. Anyone is likely to turn up who has been to the home since it opened. Some insist it is only a few months since they last came, when really it is a few years. Time has little meaning in Sudan.

One day a family present me with a string shopping bag. Puzzled, I am eagerly urged to open it and find inside four pigeons and a dozen eggs! Impatiently the bag is taken back from me and the extremely large uncle squats down and proudly presents the fowls and their eggs to me from the bag, one by one onto the floor.

It seems that government vehicles are flexible in their uses. One father brings his child and wife for out-patient treatment in a refuse lorry. On one occasion when we needed to visit the government appliance centre some distance away the father insisted taking us there himself—in the dustcart. An army lorry

driver regularly brought for treatment his small daughter Awadia, perched up front in the lorry cab. One day he arrived on a bicycle looking somewhat crestfallen, to explain he hadn't brought Awadia for sometime as (perhaps not surprisingly), he had been taken off lorry driving.

A regular caller balanced crosslegged between two large paniers on his donkey, is an old wrinkled man known for selling rotten fruit. He shuffles in wearing too large slippers, working his toothless jaw and argues insistently at you to buy his wares, and, in spite of them rarely being wanted, deposits them on the floor, refusing to remove them until bought. If in the mood he will even make you the offer of being his third wife!

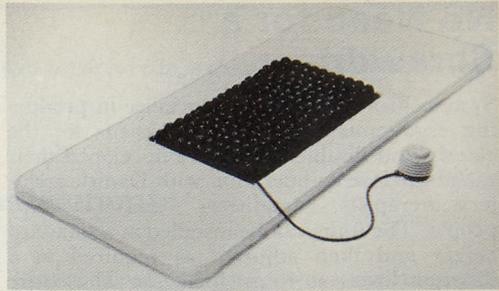
Mid-morning, breakfast is taken on the veranda. The children are noisy and excited after being restrained in school. Nafisa, the large and jolly cook, has prepared filled sandwiches. After breakfast there is more school, though the little ones may leave at this stage.

Later it is a free-for-all as the children rush in for games as fast as they can move, some abandoning calipers for a quicker pace on all fours. A rest before lunch follows and they sleep quietly with deceptively angelic faces on small beds underneath rotating fans. Until 2 o'clock the temperature climbs, then the working day is over.

In town the traffic jams resume, the streets and market slowly empty, shops pull down their shutters and only the sun, litter, and a few slumbering bodies remain. Everyone sleeps. The Blue Nile and The White Nile flow swiftly towards each other, joining at the broad confluence and continue northwards together. Gradually the sun dips. Along the river banks bathers swim and splash in the muddy waters, their clothes hung out to dry on the bushes and trees. As the light fades the sun spreads a glorious red glow and the kites rise to circle slowly over the river. An evening muezzin calls the people to prayer, the heat ebbs out of the day and with nightfall the town comes to life again.

Roho Mattress and Levelling Pad

The Roho wheelchair cushion has been widely in use for a number of years now and users will agree it is most successful in reducing the dangers of pressure and subsequent sores. However, it must always be remembered that aids of this nature will not totally eliminate pressure, but will prolong the time that individuals may sit without being lifted or turned. Following the success of the seat cushion, the manufacturers have produced a mattress section, measuring 20" x 34" which fits into a levelling pad. This is then placed on top of whatever mattress is normally used. The Roho mattress is very simple and easy to take away on holiday. No wires or electricity are needed. Detailed instructions come with cushions.



The Roho mattress is £150 and the levelling pad is £56. These items are exempt from VAT with a Doctor's certificate.

Further details from: Raymar, Hodgkinson and Corby Ltd., P.O. Box 16, Henley-on-Thames, Oxon. Tel: 04912-78446.



MATTERS FROM THE MINISTRY

Help for Disability Groups

Hugh Rossi, Minister for the Disabled, announced in March an extra £125,000 in special grants for voluntary bodies who work with people with a physical disability.

The extra grants will be £50,000 for the Disabled Living Foundation, £40,000 for the Invalid Children's Aid Association and £20,000 for PHAB (Physically Handicapped and Able Bodied).

In addition, the Disability Alliance will get £5,000 towards its Disability Rights Service and Queen Elizabeth's Foundation for the Disabled will receive £10,000 to help its Driving Assessment Centre.

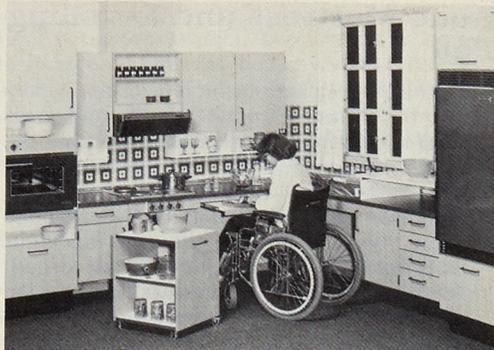
In announcing these grants, Mr. Rossi said, "The Government has now made grants totalling about £1,750,000 to different groups who help disabled people. This is clear evidence that we are not going to forget the needs of disabled people just because the International Year is over. The grant to the Invalid Chil-

dren's Aid Association will mean they can keep up their good work giving advice and help to disabled children and their families as well as running schools for children with asthma and speech and communication disorders. The grant to the Disabled Living Foundation and the Disability Alliances Disability Rights service will ensure that their information service on aids, services and benefits can still cope with the significant increase in demand. The money for PHAB will help their valuable work in bringing disabled and able bodied people together for various leisure activities. The Driving Assessment Centre, set up by Queen Elizabeth's Foundation, will assess the ability of severely disabled people as potential drivers and suggest the sort of vehicle and adaptations which will minimise their handicaps. This should be a further contribution to their mobility—a very important matter if they are to take a full part in society."

No Need for a Screwdriver

System Flex of Denmark specialise in producing ergonomically designed kitchens for the elderly and disabled and have developed their range in close co-operation with Danish architects, therapists, engineers and disabled people. The units can be installed at a standard height and then adjusted as required to 6 different levels at 4 cm. intervals. The entire kitchen can be altered in height by one person in an hour without the need for even a screw-driver!

The secret of System Flex is in the three special components. A strong steel rail supplied by length is mounted to the wall at a fixed height. Every individual unit comes complete with concealed steel brackets having 6 integral hooks which can be hooked onto the wall rail. Finally, each unit has finger operated adjustment screws to allow for varying wall depth, e.g. wall tiles. Handles are easy grip and all



catches magnetic for easy opening by hand-capped users. Each drawer and most inserts are mounted on telescopic runners to allow easy, safe access without the danger of drawers falling out.

Further information from: F. Llewellyn & Co. Ltd., Carlton Works, Carlton Street, Liverpool, L3 7ED.

New Hearing Aid Battery

Berec (Ever Ready) Limited announce the full national launch of their new A675 zinc air battery.

This revolutionary hearing aid cell, which will outlast two conventional mercury RM675H cells, is designed for use in all hearing aids that operate on a 675 size battery, including the high power aids (e.g. push-pull).

The extended performance life will prove a boon to hearing aid users as they will find that the inconvenience and annoyance of changing batteries is halved and, because the voltage remains stable throughout the life of the battery, the volume control on the hearing aid does not need to be constantly adjusted.

Unlike ordinary hearing aid batteries, the zinc air cell uses air to produce electricity, and it means that each zinc air cell is factory fresh until the user activates it by removing the coloured sealing tab on the base of the battery. Only then does the current flow, so users can buy zinc air cells with confidence knowing that they will retain their power until needed.

At a recommended selling price to the public of 39p each, including VAT, this cell offers good value for money. As this is a longer life

cell, it comes in a pack of two instead of four, with a convenient push-through foil backing to the pack.



Publications

Historic Houses, Castles and Gardens, 1982

ABC Historic Publications. £1.30. Available from bookshops.

Historic Houses, Castles and Gardens is a comprehensive guide to properties open to the public. Properties are listed alphabetically by county and include appropriate symbols denoting the type of facilities available. The wheelchair symbol is used throughout to denote these places where wheelchairs can be provided. Times of opening and, in some instances, the cost of admission is given, together with information of public transport available. There are also six very helpful grid maps showing the site locations.

A very worthwhile publication for the holidaymaker with an interest in the historic houses of Great Britain. A guide to have at hand when you feel stumped for somewhere to visit.

“With a Little Help”

Written by Philippa Harpin, Dip.C.O.T.

“With a Little Help” has been divided into eight separate volumes, each with a spiral binding in order to make it easier for a disabled person to handle. The book is intended to be a personal account of solutions to aid problems rather than a mere catalogue of equipment, and much of the content has been based on the individual experiences of disabled people.

The author, Philippa Harpin, Dip.C.O.T. has arranged the aids into their separate groupings which cover a very wide range of items likely to be needed by an individual. The text is in a simple, easy to understand language with copious illustrations in black and white line drawings which explain far simpler than words exactly what the aid looks like and how it might be used. There is also a list of addresses of suppliers and a guide to the cost of many of the aids illustrated. The guide also gives addresses of sources of help both from the statutory and voluntary sectors with expla-

nations of what is available from each.

“With a little help” from these eight little booklets, your search for the right aid could be over more quickly than you thought possible. The Muscular Dystrophy Group of Great Britain, together with the sponsorship of Rank Zerox (UK) Ltd., should be congratulated on publishing a very useful source of information.

All residential establishments for severely disabled people should make a point of obtaining a copy of “With a Little Help” for it will be a source of continued help for years to come.

Published by The Muscular Dystrophy Group of Great Britain, Nattrass House, 35 Macauley Road, London, SW4 0PQ. Price £10.00 (inc. P & P); £7.50 (inc. P & P) to disabled people who are members of charities similar to the M.D. Group; and free to all members of The Muscular Dystrophy Group.

Putting Teeth in the Act

A Report Published by RADAR

Following a conference to mark the 10th anniversary of the Chronically Sick and Disabled Persons Act 1970, fourteen charities under the aegis of RADAR set up a project to try to secure enforcement of the act, in particular Section 2, which is the one most directly concerned with the well-being of the disabled person at home. The project was the result, partly at least, of disappointment and frustration at the implementation of the act at a local level in some cases and the official attitude of encouragement of the act rather than enforcement, combined with the new government's cost-conscious attitude.

Complaints fell roughly into two categories; firstly, local authorities acting within the law yet failing to meet needs; and secondly, local authorities failing to meet their statutory obligations. The RADAR project dealt with the latter kind. “Putting Teeth in the Act” outlines this background to the project before examining and reporting on the first twelve months of its operation.

In its concluding section, the report notes that the attitude of the Secretary of State for Social Services is an important factor (and hence presumably the attitude of the government as well). The final sentence sums up the present situation: "in present circumstances, however, any improvements which require legislation are a pipedream and voluntary organisations must continue to attempt to enforce the law as it stands".

Julian Crowder

GLAD have now produced an updated edition on *Holidays for Physically Handicapped People*. These sheets are free to disabled individuals on receipt of a stamped addressed envelope. Further copies of the sheet are available for organisations at a cost of 50p each or £2.50 for 50, plus postage and packing.

Please contact: Information Department, Greater London Association for the Disabled, 1 Thorpe Close, London, W10 5XL.

Deaths

John Buchanan Glendinning, affectionately known as Jock, arrived at Carnsalloch in October 1974. His gentleness and quiet nature soon won the hearts of residents and staff alike. His passing from us on 31st March 1982 was as peaceful as his life within our family unit.

Gordon Neill McDonald, a member of our family at Carnsalloch since April 1962. A proud Scot with a dry wit. His contribution to our home was by example, we can only hope we all learnt.

Miss Joyce Small, aged 68, had been a resident of Cann House since February 1968. Although severely handicapped with cerebral palsy she was a great asset to the home in

many ways and made an important contribution to fund raising by going out into the streets in her wheelchair with a collecting box. She died on 12th March and was cremated at Weston Mill, Plymouth.

Mrs. Lucy Marion Pearce, aged 67, died on 3rd May after an illness of many years. She came to Cann House in 1976 and was suffering from severe rheumatoid arthritis. She leaves a daughter. Her burial took place at Drake Memorial Park, Plymouth.

Miss Margaret Taylor died Friday, 16th April. A much loved resident for many years of The Hill, Sandbach. She will be sadly missed.

Obituaries

Mrs. Agnes Jarrett died 21st December, 1981. Nan came to Carnsalloch on the 15th December 1969. Although she was a very quiet and reserved person she was greatly respected and loved by all the family. She will always be remembered for her tremendous courage and her great concern and love for both residents and staff alike.

Catriona Dickson passed away very suddenly on the 16th March, 1982. Cathy as she was known to all her friends, was a very active member of our community at Carnsalloch. Her apparent concern for the progress of the household as a family unit was made obvious in her active participation as the residents' representative on the Management Committee. Also her ability as an organiser came to the fore in the way she made the collections for our twin home, Foyer Koutoubia, Marrakech. Cathy's advice was often sought and taken by residents and many friends. Her talent for public speaking was always to the advantage of the Foundation, and in particular to Carnsalloch when she would represent the household at meetings throughout the South West of Scotland. Her ability to make friends easily was much admired and she will be greatly missed by her many friends.

Anthony Hargate, a resident at Kenmore for nineteen years, died on the 19th February 1982, aged 34 years. Previously he and his brother John had been residents at Flanshaw Lodge, Wakefield. John died in 1967. Anthony

will be remembered for his keen and successful fund-raising. Also he will be missed by the many friends he made at the local Cricket Club. Although he had many difficulties, including failing eye-sight, he enjoyed life and was always willing to take part in any sponsored effort. He will be sadly missed by residents and staff.

Miss Sybil Collie, Mote House. Sybil passed away on the 19th April, aged 73. She came to live here on May 8th, 1961, a week after the home opened. Previously she was a resident at Love Walk Hostel for disabled women in London. For nearly 21 years she was an active resident, furthermore, her role as a handicapped person was admired by all who knew her. She will be greatly and sadly missed, her happy disposition and good personality was so noticeable.

She was a lover of art and painted a great deal herself. She enjoyed reading and maintained an up to date interest in current affairs. Her strive to lead an independent life resulted in her having a wide circle of friends in Maidstone, whom she would visit in her car. Her holidays included travelling by train to various parts of the country, and frequent visits to her relations. Probably the highlight of her life was meeting the Queen at Leeds Castle last year and presenting her with a red feather brooch.

Although we are sad to lose her, we would not have wished her sufferings to have continued, she was a faithful servant and is now at rest and peace.

THE LEONARD CHESHIRE FOUNDATION

Registered as a Charity Number 218186

Leonard Cheshire House, 26-29 Maunsel Street,
London SW1P 2QN. Tel. 01-828-1822

Patron: Her Majesty The Queen

Founder: Group Capt. Leonard Cheshire, VC, OM, DSO,
DFC

Past Chairmen: The Rt. Hon. Lord Denning, PC

Professor Geoffrey Cheshire

The Rt. Hon. Lord Edmund-Davies, PC

Chairman Emeritus: Air Chief Marshal Sir Christopher
Foxley-Norris, GCB, DSO, OBE, MA

Chairman: Mr. Peter Rowley, MC, MA

Trustees: Peter Allot, Esq.; Dr. F. Beswick; Group Capt.
G. L. Cheshire, VC, OM, DSO, DFC; Lady Sue
Ryder, CMG, OBE; Mrs. P. K. Farrell, JP; D. Greig,
Esq.; Dr. Wendy Greengross; G. Reid Herrick, Esq.;
J. H. Inskip, Esq., QC; B. R. Marsh, Esq.; Sir Henry
Marking, KCVO, CBE, MC; Lady June Onslow;
Mrs. G. Pattie; The Hon. Sir Peter Ramsbotham,
GCMG, GCVO; D. M. Roe, Esq.; Mrs. P. Rowntree;
J. Threadingham, Esq., OBE; N. R. Trahair, Esq.;
J. V. Tindall, Esq.; Mrs. E. Topliss; H. Turner, Esq.;
P. Wade, Esq.; R. B. Weatherstone, Esq.

Director: Arthur L. Bennett, Esq.

Hon. Treasurer: Denis Greig, Esq.

Asst. Treasurer: Mrs. M. Burkmarr

Head of Mental Care: Michael Libby, Esq.

Public Relations Consultant: Bill Simpson, Esq.

Information Officer: Wally Sullivan, Esq.

Personnel & Industrial Relations Adviser: A. J. Keef, Esq.,
FIPM

Homes Planning Officer: Keith Cook, Esq.

Leonard Cheshire Homes care for the severely and permanently handicapped. 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 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.

CARE ADVICE SERVICE

Office: Leonard Cheshire House, 26-29 Maunsel Street,
London, SW1P 2QN.

Care Advisers: Hugh Bryant, Esq. (SW); Robert
Hopkinson, Esq. (N); Harry Lowden, Esq. (Mid-
lands); Mrs. Alma Wise (SE)

FAMILY SUPPORT SERVICES

The Family Support Services aim to provide personal care and help for physically and mentally handicapped people living in their own homes. It thereby helps to prevent or alleviate stress in families with handicapped member(s) and enables disabled people, whether living alone or with their families, to continue living at home for as long as possible. It is probable that family support services for disabled people (including services under the umbrellas of other organisations) will be greatly expanded as they meet the needs and wishes of so many people.

Chiltern

Chairman: Mrs. Shirley Hughes SRN, c/o The Chiltern Home, 29 North Park, Gerrards Cross, Bucks. Tel: Gerrards Cross 86170

Organiser: Mrs. Gay Reid, Croft Cottage, 2 Rickmansworth Lane, Chalfont St. Peter, Bucks. Tel: Chalfont St. Giles 71158

Bournemouth & Poole

Chairman: Mrs. P. Seaward, 3 Cranwell Close, Bransgore, Hants.

Organiser: Mrs. E. Viney, c/o The Grange Cheshire Home, 2 Mount Road, Parkstone, Poole, Dorset. Tel: (0202) 740188

Sherborne & District

Chairman: Lt. Commander Mark Ross, MBE, RN (Retd), c/o Miss Carol Ringwald.

Organiser: Miss Carol Ringwald, Hawthorn Lodge Cheshire Home, Hawthorn Road, Dorchester, Dorset. Tel: (0305) 63271

South West Wilts.

Chairman: Peter Bancroft Esq., Little Leigh Cottage, East Knoyle, Salisbury, Wilts. Tel: East Knoyle (074 783) 510

Organiser: Mrs. Vicky Randall SRN, North Hayes Farm, Matcombe, Shaftesbury, Dorset. Tel: Shaftesbury (0747) 204

Stour Valley

Chairman: Miss Christine Hall, Phoenix, Hewletts Drive, Rivers Corner, Sturminster Newton, DT10 2AE. Tel: Sturminster Newton 72876

Organiser: Mrs. Clare Hadow, Dale Cottage, Fifehead Neville, Sturminster Newton.

West Dorset

Chairman: Mrs. Judy Wilson, Manor Farm, Wraxall, Dorchester, Evershot. Tel: (093 583) 294

Organiser: Miss Carol Ringwald, Hawthorn Lodge, Hawthorn Road, Dorchester. Tel: (0305) 63271

SPECIAL SERVICES

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.

HOUSING ASSOCIATION

General Manager: Ann Parkes, Leonard Cheshire House, 26-29 Maunsel Street, London, SW1P 2QN. Tel: 01-828-9535

The Leonard Cheshire Foundation Housing Association deals with requests from groups and individuals, or committees acting on behalf of physically and/or mentally handicapped people. To acquire property or land, apply for funding through the Housing Corporation or Local Authority, and arrange for the conversion or building of suitably adapted accommodation. The accommodation may range from hostels, group homes, sheltered housing or independent houses in the community.

THE RYDER-CHESHIRE MISSION (for the Relief of Suffering)

Registered as a Charity Number 235988

Founders: Lady Ryder of Warsaw, CMG, OBE, and Group Captain Leonard Cheshire, VC, OM, DSO, DFC, in association with Mother Teresa of Calcutta.

President: Mrs. Lakshmi Pandit

Chairman: The Hon. Sir Peter Ramsbotham, GCMG, GCVO.

Administrator: Michael Humfrey, Esq.

The Mission was founded by Lady Sue Ryder and Leonard Cheshire for the purpose of pioneering new projects which, although fulfilling a clear need and in keeping with their general aims and objects, would not quite fall within the scope of their respective Foundations. Five such projects are:—

Raphael, the Ryder-Cheshire International Centre, PO Box 157, Dehra Dun, U.P., India, which cares for some 300 people of all age groups who are 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 was assumed by the Ryder-Cheshire Foundation of Australia and New Zealand.

The administration is in the hands of a General Council and the Director is Major-General Ranbir Bakhshi MC (Retd.).

Gabriel, Mount Poonamallee Road, Manapakkam, Madras 600-089, India

Gabriel is a training unit for leprosy and other patients who are living on their own in Madras but who are incapable of obtaining work because they lack a trade.

The Unit is financed mainly from Indian sources, but some help is given by the Ryder-Cheshire Mission.

The Chairman of the General Council is Mr. N. E. S. Raghavachari, ICS, (Retd.).

The Ryder-Cheshire Home, Jorpati, Kathmandu, Nepal

This new home for 30 disabled young people will accept its first residents early in 1982. It is intended to comple-

ment the work of the existing Nepal Disabled and Blind Association which donated the land to the Mission. The home will concentrate on the rehabilitation of its residents and will share its training facilities with the N.D.B.A.

The home will be administered by a Governing Committee and a Local Administrator has already been appointed.

Because it is not possible to raise locally any of the funds needed to run the home, all the money required has to be found by the Mission within the United Kingdom.

The Ryder-Cheshire Film Unit, Cavendish, Suffolk

This Unit produces films and video-tape programmes about the work of the Founders and their respective Foundations. Details of these productions are available on request.

Raphael Pilgrimages

A pilgrimage to Lourdes is arranged annually for chronically ill and permanently handicapped people who might not be accepted on other pilgrimages. Willing helpers are welcomed on these pilgrimages.

The Leader of Pilgrimages is Gilbert Thompson, 23 Whitley Wood Road, Reading, Berks.

THE LEONARD CHESHIRE FOUNDATION INTERNATIONAL

Chairman International Committee: Sir Henry Marking, KCVO, CBE, MC

International Director: Mr. Michael Palmer

International Secretary: Miss Priscilla Arnold, Leonard Cheshire House, 26-29 Maunsel Street, London, SW1P 2QN, Tel: 01-828-1822

The Leonard Cheshire Foundation International comprises some 116 homes in 36 countries throughout the world.

SUE RYDER FOUNDATION

Registered as a Charity Number 222291

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

Founder: Lady Sue Ryder, CMG, OBE

Chairman: H. N. Sporborg, Esq., CMG

Honorary Councillors: Group Captain Leonard Cheshire, VC, OM, DSO, DFC; Miss E. B. Clarke, CVO, MA, BLitt (Oxford) JP; A. J. A. Green, Esq.; W. L. Morris, Esq.; J. Priest, Esq.; A. Powditch, Esq., MC; Lady Ryder of Warsaw CMG, OBE; Mrs. M. Smith, JP; John L. Stevenson, Esq., FCS, ACIS, FTIL.

The Sue Ryder Foundation was established by Lady 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.