**Film Transcription**

**Rewind – Leonard Cheshire Disability, supported by the Heritage Lottery Fund.**

**Film Title:** It Could Happen to You

**Duration:** 43:45

**Transcription Date:** 11th August 2016

**Archive Number:**

**Summary of Main Points**

00:28 – Leonard Cheshire explains how society needs to change in order to help disabled people

04:00 – Trinny discusses the accident that she was involved in when she broke her back

06:29 – Mr Silvella from Spain discusses his treatment at Stoke Mandeville

08:18 – Dr Hans Frankel explains the importance of Stoke Mandeville for rehabilitation from spinal injury

15:57 – Phillip Scott describes his motor racing accident at Thruxton

19:29 – Gill Brown a former physiotherapist, discusses her condition and how she tries to improve the lives of other disabled people

28:06 – David Nother explains how he has overcome many barriers by finding employment at Martonair

31:18 – Alan Dight talks about his blindness and how he managed to overcome barriers, eventually working at BBC Radio Bristol

38:30 – Tony Northmore who narrates the film, explains how he became disabled and the fact that he was unable to take up a teaching post due to his disability, highlighting the problem of discrimination

41:18 – Leonard Cheshire finishes the film by explaining that the International Year of Disabled People is an opportunity for society to help improve the lives of those living with disabilities

**Start of Transcription**

00:00 – 00:27 [No sound and titles].

00:28 **Leonard Cheshire:** When I first started our first home at Le Court I knew nothing at all myself about disabled people. In fact, we had started for old people who couldn’t get into hospital and had nowhere else to go. Then I discovered that the real need was for young, disabled people for whom at that time there was no provision whatsoever, except in chronic wards and that meant amongst the old and the senile. When they came to Le Court, I found to my surprise that instead of wanting me to do everything for them, they wanted to do everything for themselves. In a word, they wanted to lead a life of their own choosing, they wanted the freedom to do that and then I discovered how different everyone was from the other. I think that we tend sometimes to talk about the disabled as if they make a separate group, different from the rest of us but essentially each one is a person, unique and the fact that he or she has a disability is incidental. And what is more, not only are they different in themselves and their social background and everything but also in their disability. Because disability comes in so many different forms and at different stages of a person’s life. You can be born with it, it can creep gradually on you later in life or it can come very suddenly. Half an hour from now you might walk out into the street [Cheshire makes noise with hands] and you’re hit by a car and then you’re almost totally disabled. Technology clearly has increased the risk of disability but at the same time has opened great new horizons for disabled people. So that no matter how disabled he or she may be I think you can say that everybody, every one of them can lead a life of his choosing and make a unique contribution to society. But it means that society in its turn has got to give the help, the technical aids and gadgets and the living environment that each person needs. That is what we have to do.

03:02 – 03:59 [Song ‘It Could Happen to You’].

04:00 **Trinny:** I was out one evening with my boyfriend and we’d been to a pub and um we’d met up with my brother and several other friends and it was when we were driving back. I was on the back of his motorcycle and um we hit a stationary vehicle. Both my boyfriend and I were injured. He broke a leg, I broke my back. Which is why I’m now in Stoke Mandeville Hospital.

04:28 **Tony Northmore:** 1 person in 10 in Britain is disabled. Trinny is one of them. Just a few months ago, she was leading a normal, healthy life of a teenager at school but now we see her at the National Spinal Injuries Centre at Stoke Mandeville. One of the doctors treating Trinny, Director of the National Spinal Injuries Centre, Dr Hans Frankel...

04:48 **Dr Hans Frankel:** Well the disability we deal with here is spinal cord damage which in most cases is caused by an accident there are few diseases that cause a similar, severe impairment of the spinal cord of sudden onset. But most of our patients are from accidents. The commonest being road accidents, err cars, motorcycles, pedestrians and next commonest being industrial accidents where people fall off buildings or things fall onto people. And finally there are quite a lot of sporting accidents, gymnastics, horse riding, diving into shallow water. And all these injuries can damage the spinal column which can injure the spinal cord which runs within it. The spinal cord is the main nerve supply to the body and if the nerves in the spinal cord are physically severed there’s nothing known to medical science at the moment which can mend those nerves. The consequences of that are immensely serious, not only is there paralysis of all the muscles below the injury, there’s also loss of feeling and a great deal of trouble with the bladder and bowel functions.

06:07 **Tony Northmore:** Before the Second World War paraplegics died but through the pioneering work of Sir Ludwig Guttmann at Stoke Mandeville, paraplegics and tetraplegics, people who have broken their backs and necks can now look forward to long and active lives. It’s because of this vast experience that the hospital has always attracted patients from overseas. Mr Silvella...

06:29 **Mr Silvella:** Well, I had a car accident in Spain, in my own country and I was sent to a government hospital and err after some days, my family decided to send me to one of the most experienced hospitals for spinal injuries in the world which is Stoke Mandeville because all the treatment that I needed, it was much better in this hospital than in any hospital at home. They have experience of 40 years which is very, very important.

07:12 **Trinny:** When you first come here you are just kept absolutely immobile in bed for a couple of months. Um, the nursing has to be very intensive and and they’re very careful, the way they treat you because you’re not in a brace or a splint or anything. And after the couple of months are up and they establish that your back is, the bone has healed, they start to put you up in your chair. And from then on you have 2 types of treatment, one just to keep you occupied and keep you happy because obviously that is an important point and another to actually prepare you for the world outside. And that takes the form of physiotherapy which is rather gruelling. And you don’t think you can do it right at the beginning but gradually everything comes together and the physiotherapists are very good. And everyone seems very kind.

08:05 **Female physiotherapist:** Ok Trinny shall we start? Nice big lift, high as you can, that’s right and down. Good, good girl.

08:18 **Dr Hans Frankel:** Now someone who has broken their neck high up has very few muscles left and a great deal of work is done to make the maximum use of what they have, including their brain. Patients with lower injuries can become fully independent and some with the lowest injuries can learn to walk with callipers and crutches and some even without that. And, err we have a great experience of combining all these methods at the same time. And that’s what’s very difficult to achieve in a general hospital.

08:51 **Mr Silvella:** Now we have a new, big hospital near Madrid with the, the same facilities as here, no? Good hydrotherapy but the main problem is that I believe that the doctors should have more experience for treatment of spinal injuries. And err also the physiotherapists, which is very important in the treatment of a patient of a spinal injury have to be really the best. So facilities are more or less the same but here the most important thing is the experience.

09:42 **Trinny:** To occupy your mind as well as improving things like balance which are dreadful. Um, you have things like archery and swimming and there’s occupational therapy where you can do handicrafts, sewing and really generally what interests you. Everyone’s very keen to make sure that you are enjoying yourself as much as possible. I am keeping on with my education here. They have tutors come in to keep me up with my A-levels and I will go back straight into the same stream as I left. In fact the school has been very good and I can go back to the same one with my same friends which will be which is worth quite a lot. I don’t, I don’t think I’d want to start again.

10:27 **Dr Hans Frankel:** A family is invaluable in the rehabilitation of a patient and naturally we make as much use of them as we can. Err they’re also invaluable in the resettlement of the patient. If the patient is very severely disabled, they can never reach the degree of independence that enables them to live totally independently outside a hospital or institution. If they have a family even the most severely disabled can often live at home or in an adapted home.

10:57 **Trinny:** I’ve got a wonderful boyfriend and family and they’ve been marvellous all the time I’ve been here. They’ve taken me out and I’ve gone home at weekends so that really I haven’t lost contact that way at all. As I say, I’ll be going back to the same school. I’ll know all the same people, I hope they won’t treat me any differently because I don’t feel at all different. And errm, my life I think will just be fairly normal. In fact, I hope eventually obviously to marry and have children. I don’t see why I shouldn’t be able to. Errm basically I don’t think it will be any different from how it was before. As long as there are the amenities and everything that will be there which I hope, I haven’t discovered that yet but I’m hopeful that it will allow me to do all these things.

11:48 **Mr Silvella:** Well I tried to explain all those things we need to the Spanish authorities. For us, it’s very important that for everybody to go to the theatre or to the cinema or to a restaurant. And that’s the reason that I think that the Spanish authorities must do those facilities for us. You know that we can go to all those places.

12:16 **Dr Hans Frankel:** Unfortunately, some patients have no family able to care for them, some lose their family as they get older. And this is really an unsolved problem for many elderly disabled people, that they have no one to help care for them. They’re not really disabled enough to need to be in an institution but because they have no one else they often end up there.

12:38 – 12:59 [Song ‘It Could Happen to You’].

13:00 **Trinny:** This disability is definitely not the end of my life, it’s, it’s going to be a change, it’ll be a new beginning. I’ll have to think more about what I can do rather than what I can’t. And there is a lot still open to me with help which I will need sometimes from family and friends which at the moment is overwhelming I should be able to lead a very full, normal life. And hopefully without any regrets over my previous life.

13:31 **Tony Northmore:** Although at the moment, Trinny is getting complete support, when she returns to society she’s going to face the reality of life in a wheelchair. Often, people have to change their home environment and the way they live after becoming disabled. For some people, a house or bungalow may be adapted so they can get around in a wheelchair. Others may need the facilities of a residential home such as Le Court, a Cheshire Home in Hampshire. The residents are encouraged to develop their independence and some to such an extent that they are able to move out into their own homes either with a married partner or on their own.

14:11 **Tony Northmore:** [Resident uses technology]. In Le Court, residents are encouraged to use modern technology to help them cope with their everyday needs.

14:24 **Tony Northmore:** But some equipment is costly and if necessary, the Leonard Cheshire Foundation can assist financially. It’s because of the Foundation that many young, disabled people are saved from the geriatric wards with no opportunity to develop their independence and are able to lead as near normal a life as possible. Le Court might be the answer for some people but still more would like to live in the community. But provision is still inadequate. Inadequate in housing, inadequate in care facilities in most areas and inadequate in financial provision for many. In other countries such as Sweden and the Netherlands they have realised that there is a need for disabled people to have their own homes in the community. And in Britain, this is what the disabled are striving for, choice.

15:16 – 15:50 [Television commentary of athlete, followed by racing cars at Thruxton].

15:51 **Tony Northmore:** One disabled person who decided Le Court was the type of environment he wanted is Philip Scott.

15:57 **Philip Scott:** I was working um, in the film industry and doing a variety of jobs there um and I also started doing motor racing too at err Thruxton. Err, it was whilst at Thruxton, I had a slight accident, it was quite colossal at the time. I was doing a practice day and err, it was a cold, wet morning and I was going through a series of kerbs and it was just coming out of 1 of those kerbs I hit the dreaded mud. I missed the mud, I just happened to get 1 wheel on it and [unclear] the car up sideways. Um, I was doing about 80 at the time I think roughly coming up the corner and I went straight into a marshal’s post and the force of about 80 miles an hour sideways just broke my neck. The ambulance came very quickly and the fire brigade. And it was quite a bit of time until they actually got me out of the vehicle indeed because they had to go and cut the middle section of the car to pieces because it was imperative that my neck wasn’t moved, bent or anything. And err, they then lifted the middle section of the car into the ambulance and I was then cast off to Salisbury. There I spent my first night in hospital in Salisbury and a day later, I went to Stoke Mandeville which was a very different experience than I ever experienced before. Yet I still enjoy going to motor racing, in fact I went quite recently and saw a friend of mine, Carl Genes and I remember when he was err sitting in the car and I was chatting to him that I was wandering what he was thinking about just before his race. I’ve had some drivers say that after they came to visit me in hospital they had very bad times when they, when they drove around the circuit because it must affect you in some way, um to see a friend or colleague lying in there who got there purely because he was going about enjoying something that he was doing quite a lot of or sort of thing. But, yes, people do tend to slow down and think after a while what they’re doing. I realised after a while that I had been accumulating many new bits and pieces and the wheelchair was really something I hadn’t really thought about too much and when I had a powered wheelchair and I had the [unclear] this really did increase my mobility tremendously. I don’t need anybody to push me thank goodness and err I can just keep on plodding where I like. To help me get about the furthest distance, I drive my wheelchair straight up onto the back of this van and err this enables me to get about quite large distances. Chariots are very comfortable, I have these 2 large windows each side which in fact are tinted glass and err this enables me to have a good view of where I’m going. Although I do have a slight problem in as much as the front of the van is slightly lower over the driver and the front passenger and I can’t quite see as well out forwards as I’d like to but it’s not too bad really. It’s very nice to go back to Salisbury as I mentioned before I saw Salisbury from the inside of an ambulance just after my accident. But today I’m going back to be shown around by Gill Brown who is a great [unclear] for the disabled, she works for Remap and also helps the access for disabled people in, in Salisbury. Today she’s going to show me around.

19:29 Gill Brown: [Gill types]. I was a physiotherapist and I worked for some years in a children’s hospital and enjoyed my work a lot. I’ve got a rather err, obscure sort of muscle weakness problem so it took some time to find the diagnosis. But then I got to the stage where I had to give up physiotherapy altogether which I was very sad about. And I did some typing course then which has been, though I haven’t actually worked as a secretary, the typing has been very useful to me. For the last err 2 and a half years, I guess I haven’t been able to walk around outdoors and I have got an electric wheelchair which I use err to get around. My idea is that I, even though I can’t walk around, I’m alright. I don’t regard myself as err disabled at all I just okay I’ve got stuff, I can’t walk around as much as anybody else. So I want to get everywhere that I, is possible. Hopefully architects are now aware of the problems of access for disabled and elderly people whereas in former days err they weren’t. Since I’ve had the chair, I’ve had to sort of re-learn my way round the town, where I can go, where I can’t and which way round I have to go. I work for the access committee which we have here in Salisbury, we meet regularly and we try to attend to all grumbles that are brought to our notice about access, do what we can.

21:19 **Gill Brown:** Hello Philip, welcome to Salisbury.

21:22 **Philip Scott:** Haven’t seen you for a long time.

21:23 **Gill Brown:** It’s very nice to see you.

21:26 **Gill Brown:** The cathedral has some good points and some bad for access. As we’re going in today and it’s the summertime, the cloister door is open and that’s, that’s fine, that’s got a ramp down, you can go straight in which is very nice. But on Sundays and when this cloister door is closed, the winter and in the evenings it’s a slight problem. Um, we have a ramp in the north court which is the other way in but we have to rely on somebody finding it and putting it down. And there are ramps so that one can get round the back up to the Lady Chapel. But at the moment I’m afraid we can’t go and have a cup of coffee in the refectory, um nor can we go to the loo but those are things that I hope may be attended to in the future.

22:20 **Gill Brown:** Going down from the cathedral to the shopping area, we’ll go down the road through the high-street gate [unclear] and there’s a crossroads, the way I usually go is straight down the high-street in fact, keep to the side and hope for the best. Still can’t get straight into the Old George Mall because there’s no dropped kerb and it’s much too hard to climb up. So I have to go right past the George Mall and then we can get up by the pelican crossing and then double back on our tracks to get in. The Mall is quite a good shopping area, in fact there’s only one shop which hasn’t got level access which is very nice to find such an area. There’s quite a variety of shops along there as well which is useful. Um butchers, bakers which are fine and um we have a good Marks and Spencer at the end which is very useful, we can get around there quite easily and they’re very obliging if you want to go upstairs, no problem you can use the lift. And they’re very helpful with err taking you up. At the end of the Mall, um, there’s a disabled loo, we call it the disabled loo because it says disabled and I think anybody using it is. Now to get into the loo, as you can see there’s a, a wall near a very small loo which makes the whole thing a very tricky manoeuvre. You’ve got to go and open the door for a start and that’s not easy and I don’t think I could do it without my stick gadget so what would I do without that I don’t know and I have got weakness in my shoulders which does cause me more problems but I’m not blaming that. Here I go forward and get the door open and I would come back again, turn round and back into the loo. Now as you can see it’s a very tight manoeuvre because you’ve got a 90 degree bend to get into the door. Once I achieve that and I don’t know how I’d do it without my mirrors err, then you’ve got to close the door. So somehow and it’s got one of those rather stiff spring, I have to hook my stick around the edge of the door and then holding onto the stick and controlling the chair, back up to be beside the loo, pulling the door with me. Altogether very tricky. In fact, if you were in a self-propelling chair I just don’t know how you’d do it. On a Tuesday and a Saturday there’s an open market in Salisbury but um you’ve got to cross a very tricky cobbled area to get down to the Poultry Cross. It is very tricky and the chair shakes you in as out but people on crutches and sticks and blind people it really is rather dangerous because the surface is so uneven. People are their usual pushing self, I think they are in any market so you have to be prepared to push yourself in your chair as well. And stalls are rather low so you’ve got to sort of stick a little hand up on some of them otherwise you wouldn’t get noticed. But the actual market holders are, are very helpful. It’s quite fun. The Post Office, that causes another problem because although there is a rail on the side err, there’s a great big step. We’ve had a lot of correspondence with the access committee about the Post Office but it seems that it’s a great pity there isn’t a central Post Office in Salisbury, in the whole of Salisbury, where one can go and get one’s benefit, even stamps and things. Because there’s new stores in Salisbury which we’re very thrilled about and when one approaches the doors they swing open, absolutely super. And they’re nice wide aisles so you can get around. And there’s a wide till where you can get out with your chair, the ordinary tills are too narrow but they have got this 1 extra wide 1 with a good sign above it where you can go straight through. And staff are helpful if you can’t reach things from the shelves, makes a great deal of difference. It’s quite a joy to go to the Playhouse because one can get in there, it’s all on the level where you need to go and also if you let the management know when you’re booking they will arrange to take out the front seats so that you can go straight in, in your chair, err and right through to the theatre so I’m able to enjoy a play with everybody else. I hope that in the future in Salisbury there will be quite a lot of improvements so that more disabled people can contribute more to life by being able to get to more places. You can’t get anywhere, you can’t do anything, you’re really stuck.

27:52 **Tony Northmore:** As we have seen, access is crucial for independence and even more so for a disabled person trying to obtain work. For many people, work is the key factor to the improvement of their standard of living. David Nother...

28:06 **David Nother:** I was born disabled anyway, years ago they used to call it infantile paralysis. I don’t know what they call it now, I think they call it polio, I’m not sure. With illness today you can do almost anything you like to help them but years ago if you had it, the illness you had it. Just it and full stop. No chance of getting any help from government or anything. I’ve been in and out of hospital. I went into hospital when I was 13 months old, come out when I was 12 years old and ever since then I went to college. I were at [unclear] Hospital, come out of there and got the job at Martonair ever since then, you know. I think I’m fortunate to live at home than some people who have to live at Cheshire Homes and other homes that are made for them because I can get out when I want to get out, come back when I went to come in, it’s as easy as that, you know. My mother goes to bed when she wants to go to bed, if I’m out, that’s it. Oh, I manage alright with my disability and everything, it’s, I think it’s a good idea of the invalid car, if there was no invalid car there would be a lot of people not being able to move out of their houses even. I just think that the government are wrong when they try and cut them away from people. My car’s not bad at all, it does 30 miles a day backwards and forwards to work, oh, you can still get spare parts you know yeah but they’re getting harder as times go along now. I got my job from my brother being at Martonair. He applied for a job for me and I went for it and got it. And I’ve had the job ever since, 16 years now which occurs of more on the assembly line all the time. You know, you can’t really describe it all because there’s so many different parts. I know Martonair’s pretty good to me anyway so I can’t moan.

30:06 **Martonair executive:** Martonair employ approximately 11 hundred people throughout the United Kingdom. Um, in that number, we employ quite a number of disabled people. With 1 or 2 minor exceptions of course, they are treated in exactly the same way as a normal person. Their rates of pay, their sickness benefits, their holiday um any other benefits that appertain to normal employees are extended to disabled people. In fact, the disabled employees tend to bring a happier atmosphere into the company. I mean for example David has been with the company now for over 16 years and we’ve got other employees with 10 and 12 years’ service.

30:45 **David Nother:** Well the lad that sits alongside me, he’s, well I can’t really say, I’m not sure but I did hear that it was an operation that put him like that. I think Martonair is about one of the best firms I know for employing disabled people. I think a hell of a lot more firms should help but they don’t, they don’t want to know.

31:08 **Tony Northmore:** Traditionally all disabled groups have been employed far below their capabilities and frequently exploited with few opportunities for advancement. Alan Dight has his own experiences.

31:18 **Alan Dight:** I became blind about 8 years ago. I say about because it’s funny but I seem to have been blind for so long that I forget how long I’ve been blind. My blindness was caused through a detached retina. And this happened suddenly and I became blind in a matter of 20 minutes. Initially I thought that I was the only person in the world that was blind and I thought that there was nobody around who could possibly understand what it was like to be blind. And I can remember lying in hospital crying for about 3 weeks and I sat up 1 morning and I said to the staff nurse, so I’m blind, so what and that sort of hit me at rock bottom and at that point, I started to come back. I first heard about Guide Dogs through the mobility officer and this is a special person who is local authority based and he is responsible for training blind people to be mobile. It costs 1000 pounds to supply a blind person with a Guide Dog today, Annette and that’s the name of my dog, she’s been my literally eyes really she sees everything I want, she makes friends with all the people I need. There are disadvantages though to having a Guide Dog and that is she always wants to go into butcher’s shops and she always likes to go into public houses so you have to make sure that your dog is continually concentrating on her work and not taking you where she wants to go. I heard about the workshops for the blind through BPRO and I got employed down there as a basket maker. I didn’t really like the job, it was much too monotonous and you had to do what somebody else told you rather than doing what you want to do yourself. I heard about the programme for the blind that Radio Bristol was running at that time called Insight and I was asked quite casually if I’d like to help and started doing the odd interview. Now this was on a voluntary basis but David Wane, who was our station manager at that time err spoke to me and said like would I like the job on a full-time basis. I was approved in 1974, well I’ve been at Radio Bristol ever since. I started off with various producers, you had to learn how to conduct an interview, learn how to put your interviewee at ease. You had to convince sighted people that I was able to travel around town and that they were quite confident in sending me out on different jobs.

33:53 **Alan Dight:** Oh, that’s fine then. Yes, hang on I’ll err, I’ll just make a note of that, hold on. [Alan Dight types]. Well that’s fine so I’ll err, come to reception and ask for you and then I can talk to probably one of the press operators as well.

34:15 **Alan Dight:** As far as employment for the blind is concerned, it’s getting increasingly difficult for blind people to get the job they like. Workshops for the blind have changed considerably over the last 10 years and there is no longer the basket shop and the mat shop. They are now engineering and shrink packaging but I feel that if a blind person wants to get on in life then he’s got to find the job he likes. And he’s got to make it work himself. It’s no good relying on the disabled resettlement officer or the blind person’s resettlement officer to find you a job. You’ve got to find that job, bang on the manager’s door and say ‘I can do it and I want to start on Monday’ and that’s the approach today because jobs are so scarce. There’s so many sighted people out of work that we’ve got to really push hard to make sure they’re going to take their 3 per cent which they should take under the government regulations. [Unclear] service operate a scheme called Aids to Work. Now this means that if there’s any technical gadgets like in my case, tape recorders, editing machines, timing machines, braille writing machines, if I can prove that those gadgets will aid my work and possibly mean that I could do my work quicker and get more work, then they supply all of those aids to you for free. Ok Adrianne, I’ll run the tape...

35:51 **Alan Dight:** Adrianne, I understand that from Jeff Mann that you are the latest recruit to come into the workshops for the blind. How long have you actually been here?

35:59 **Adrianne:** Now it’s err, 7 weeks today.

36:02 **Alan Dight:** Has your impression of workshops for the blind changed since you came to work here?

36:07 **Adrianne:** My impression was the impression that most people have in general that err this is a place where people just sit and make baskets all day.

36:16 **Alan Dight:** One of the things which took me oh it must have been years to master was how to edit tape with a razor blade. But I’ve finally mastered this so I can now do the whole job. I can set up my interviews, go down and do the interviews, edit the tape and not present it, I’m, I’m not a presenter. Um, I know my limitations and I’m not able to remember reels and reels of facts and figures and present the whole programme so we have a different producer and at the moment our producer is Louis Robinson. He presents the show, I get the whole programme together, do all the interviews, edit them, decide what goes into the programme, give Louis the completed package. We then have a conference and he says ‘yes I like this idea, no I don’t like that, I think we ought to do this from a different angle, drop this and start it another way.’ [Tape plays interview with Adrianne].

37:24 **Alan Dight:** The programme is transmitted once a fortnight, Sundays at 3 minutes past 1. And it’s called Guideline and it’s transmitted through Radio Bristol.

37:34 **Male radio presenter**: The time on Radio Bristol is now 3 minutes past 1 and time for Guideline, our programme of special interest to the blind and disabled. It’s introduced by Louis Robinson.

37:44 – 37:56 [Music playing with sound bites from interviews].

37:57 **Louis Robinson:** Hello and this week we’re examining a claim that [unclear] radio could become the lifeline of the disabled but first, let’s meet Adrianne Goodfield, she’s now employed at the workshops for the blind here in Bristol where she operates a new machine which presses and cuts material called correx. It’s used for making boxes and cartons. Our reporter, Alan Dight, asked Adrianne who incidentally is the new recruit at the workshops what she’d expected to find when she first got there. [Tape plays of Adrianne’s interview].

38:30 **Tony Northmore:** In some ways Alan is fortunate to have had the initiative to break away from the traditional basket making-type occupation but it took all his tenacity and a great deal of luck to get this far. For the majority of disabled people trying to find work, the prospects are bleak. I’ve had my own bad experiences in trying to find employment. 18 years ago, I was a Royal Airforce Transport Pilot until a swimming accident in Honolulu landed me up in this wheelchair. I thought that with my past experience and educational qualifications that I could take a teacher’s training course at a local college. I was accepted by the principal all ready to start the term when a telephone call came through from the Ministry of Education rescinding the decision to let me take that course. So in this film we have shown you just how easy it is to become disabled. How we need more opportunities to integrate into society and hopefully we’ve made you more aware of disabled people.

39:29 **Trinny:** Before the accident I think I had a very typical view about disability, that it wouldn’t happen to me but it did and I think other people still look at me and sort of think that still isn’t going to happen to me, even people who know me.

39:49 **Dr Hans Frankel:** Most people still do not wear safety belts, most people still drive too fast err if people knew the consequences of spinal cord injuries, they would always wear their safety belts and they would always drive more slowly and more carefully. Err, unfortunately nobody thinks the accident is going to happen to them therefore I’m strongly in favour of statutory speed limits and compulsion to wear safety belts.

40:19 – 41:17 [Song ‘It Could Happen to You’ and credits].

41:18 **Leonard Cheshire:** In this film we’ve seen how various individuals have managed to lead a life of their own choosing. And in doing that, have made a real, unique contribution to society. But we have to remember that despite all the advances that are being made in these years, there are still young, disabled people, mentally alert, locked up in chronic wards amongst the old and others who in different ways are leading restricted lives. And in this Year of the Disabled Person, I think that we should all unite to the upmost of our ability to try and provide more facilities of every sort and kind, to make more personal contacts so as to help disabled people to a greater freedom to choose their own way of life. To help break down the barriers, physical barriers that stop the person getting where he wants and the more subtle barriers of mental and social outlooks. And the more we can do this, the greater the freedom we give to disabled people.

42:38 – 43:45 [Song ‘It Could Happen to You’ and credits].

**End of transcription**