**Leonard Cheshire Resonate Project**

File title: ‘John’ interviews GLC about his life and work part 9

Duration: 11:45

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Start of Transcription

00:00 GLC: Slate 4, take 1, wild track.

00:05 John: Do you think there’s been an alteration in the attitude of the state to the chronically sick since the Cheshire Homes first started?

00:12 GLC: There’s been a tremendous alteration, you’d hardly know it was the same world. To begin with, the idea of starting an empty old building now was quite unthinkable. When we began, the state hardly knew about the disabled. In the very early 60s, I went to the then Minister of Health to ask him whether he would be interested in a special training course - he wasn’t interested, he didn’t even want to discuss it. Now, you see the state positively moving into the field, we might almost say giving a lead. Clearly, the state can’t cover all fields, it never will. But it’s extremely active in training, it’s providing all the care training courses that we know of; it’s doing a great deal in home help; it’s providing its own units for the young disabled. Of course, the area between rehabilitation and the long-term care homes such as we’re thinking of is fairly flexible, it’s difficult to tell where one ends and the other begins. The state’s extremely active in that grey area. There is no doubt that as the years go on the state will do more and more. Perhaps, above all, it’s setting us a standard. You now have to build to a very high standard. We now know that if we don’t provide the kind of care that comes up to that standard, then we won’t be filling the need - Not exactly what we’d be done out of business, because that’s not what I mean - but we realise now that society is demanding a high standard of care. Society is demanding that the disabled are integrated into the…

[recording skips ahead]

02:22 GLC: Slate take.

02:25 GLC: Society is demanding that the disabled are integrated into the community; is demanding that they’re not isolated. Now, it’s no use disguising that this does really present a problem. It’s very easy to talk about integration, and I’ve heard many people - both residents and others - talk about little unit homes that are going to mean real integration. But the fact remains that disability does, in a sense, segregate - it’s no use getting away from that fact. The sheer physical difficulties of having to live in a wheelchair does, in a certain sense, separate you from the other person. It can be made up for in all sorts of ways, and there’s no doubt that the public at large, and I suppose myself as well, are at fault and our attitude is wrong - even with the best will in the world, we still probably approach the problem with not quite the right attitude. This is something that we’ve got to learn and overcome. I think there’s no doubt that a disabled person does feel that he’s pushed to one side.

03:41 GLC: Now, I have a very vivid recollection, in quite a different field, but of leprosy. There was great good will in this particular city in India, where the Rotary Club was going to mount a very large programme to do something for them. They were going to put all this group 40 miles outside the city and build a sort of prototype beautiful home for them. They didn’t realise that that’s just not what they wanted. They wanted to be looked upon as you and me. It is difficult, there’s no doubt - there is this psychological little barrier in each of us, and I think it’s one of the things that in a small way I’ve begun to appreciate. You begin by thinking that you are… we can stop there.

04:32 John: Cut.

[muffled exchange between John and GLC]

[recording skips ahead]

04:38 GLC: Slate 5, take 1.

04:44 Man: Camera ready.

04:45 John: Action.

04:47 John: Do you think that since you’ve started the first Cheshire Home at Le Court the state has changed its attitude towards the chronically sick?

04:56 GLC: You’d hardly know it as the same thing. To begin with, the idea of starting an empty building like we did at Staunton or St Theresa’s - completely unthinkable. Not only is the state now very heavily involved, I think you could almost say it’s giving a lead. Clearly the state is never going to cover every aspect of it, that’s completely impossible - we must never think the state’s going to do everything, we can relax, but there’s certain fields that the state is certainly the main and prime mover. Particularly in-home help, in rehabilitation, in helping to integrate the disabled… can we stop?

05:46 John: Cut.

05:47 GLC: Yes now—

05:48 John: You lost it.

[recording skips ahead]

05:51 GLC: Slate 6, take 1.

06:01 John: Action.

06:02 John: Leonard, there seems in amongst the residents to be disagreements as to their exact role in society - is it to be emerging from as they were as cabbages, are now saying we have a determined part in the running of our homes. Have you had much to do with that yourself?

06:20 GLC: Yes, I really think this is central to the whole work we’re each involved in. The question of residents’ participation, communications between every different element of the Foundation, in the same way that that whole is good for society as a whole. Now, one thing that is absolutely certain is that communication is essential. Participation is absolutely essential. The question of how you do it is another matter, and I don’t feel that I can really pretend to know the answer. Or, to put it another way, I think that one must beware of postulating one answer for everybody. You see, I go to one home, and they will say to me, “Now, what is absolutely essential is that there should be residents on the committee”. In that particular home, it’ll work extremely well. But I know other homes where I’m convinced that it would not work. It would not be wanted by the majority of the residents, and it would create problems. In life, one danger is that we all tend to think that our own idea is right for everybody. I know that I do. As one gets old, I think one realises there are hundreds of different ways of approaching the same problem. So, I do really think we’ve got to be flexible about this. We’ve all got to be prepared to be open minded about it. I know that all of us are at fault in one way or another, that a committee will tend to be too authoritarian, a committee will like to sit and manage; at the same time there must be authority. The matron, or whatever you happen to call is, is responsible for the wellbeing of those who live there, and there may be occasions where she has to say, “no, you must not do that”. I’ve often heard it said that the only difference between us and the disabled - you, the able-bodied - is that they have wheels, and you have legs. But of course, without generalising, that isn’t completely true, because disability inevitably brings certain complications. You’re not always so fit, you can’t always keep going in the same way, sometimes your judgement can be impaired, the same as any of us can when we happen to be ill. There are different forms of disability. So here you cannot generalise. And I think that this is a field where really, we have to use a great deal of flexibility of approach and give and take. But I know that we have not really solved this problem. I think that probably, we’re only beginning to face up to it in the Foundation. And I look forward to the day when we can really say we have made a significant advance.

09:12 John: Cut.

[recording skips ahead]

09:16 GLC: Sorry, it’s intro…

[muffled speech]

09:21 GLC: Intro, slate 5, take 1.

09:31 John: Action.

09:33 John: Leonard, there’s a fine rare combination of talents, Sue and yourself with the Sue Ryder homes and the Cheshire homes. How did you first come to meet?

09:42 GLC: Well, I don’t really want to intrude my own personal affairs on you but may I just for a moment introduce my office and my home and my family. I’m sitting in my office at the moment, it’s where I do most of my letters. We live here in the Sue Ryder home, that’s my wife’s home. She started her own work immediately after the war, for those who’d suffered in the war in the concentration camps. And here in this house there are 30 survivors of those concentration camps. We both met in 1955 at Ampthill, when she was starting up her own actual organisation as distinct from being an individual case worker. And I was trying to get Ampthill going, and on a nice, cold February day, we met. So, this is our happy outcome here at Cavendish. It’s a very lovely quiet village, and if you look in through the gates to this house, you’d think, “what a beautiful, quiet, old world house”. But when you come inside it, I think you’ll find it’s not quite so quiet, you can probably hear. There are 30 bods, as Sue calls them - they are people who’ve been through the dreadful concentration camps, and this is their home now for the rest of their days. It’s also the headquarters of her organisation; everything’s administered from here, and the cards are sold, the Christmas cards, everything’s done from here. So, it’s a combined house. But of course, for me it means that all around me are the disabled. And also, as they’re called, the slaves. There are always about 10 young people, girls and boys, who’ve come for a month, or a week, or 6 months sometimes, to help. We’re a household of 60. So, although I’m quiet in my office, I feel that I’m part and parcel of the world of those who are trying to do something, and work with the disabled.

11:41: Speech ends

11:45: End of recording

End of Transcription